The Effectiveness of Child Welfare Grants in Namibia
The Effectiveness of Child Welfare Grants in Namibia

Ministry of Gender Equality and Child Welfare
GOVERNMENT OF THE REPUBLIC OF NAMIBIA

2010
“The child welfare grants are definitely making a difference. Even though it is only a small portion, I believe that it is spent on food that the child needs. The other needs can be divided into personal needs. At least we know that the money will make it possible for them to meet some basic needs of that household. Even if the money does not go directly to the child, you at least know that there will be food. Everybody including the child will be able to eat.”

– Social worker, Kavango

“When the parents get the money, they just buy food. Because if they do not buy food, we go to school hungry.”

– Tosh, FCG beneficiary, Kavango

“… it has made education possible for almost all of these children. I know that this grant is used for educational needs of the child, and this is outstanding.”

– Chief Clerk, Hardap
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As Namibia enters its third decade of Independence, it is appropriate to reflect on the achievements that have been made in meeting children’s rights in addition to the remaining challenges that prevent children from realising their full potentials. From a legislative and policy perspective, the Namibian Government has demonstrated a resolute commitment to the country’s children and youth. The Namibian Constitution contains provisions directed at guaranteeing and protecting the rights of children to life, health, education and a decent standard of living, while the Convention on the Rights of the Child was one of the first international agreements adopted by the post-Independence government. Successive national development plans together with the national long-term vision for the country, Vision 2030, have also recognised children as a critical target group. Recently, MGECW has also contributed to this legislative and policy framework for children in the form of the National Policy on Orphans and Vulnerable Children (NPOVC) in 2004, the National Plan of Action 2006 to 2010 (NPA) in 2007, and the review of the Child Care and Protection Bill at the end of 2009.

Yet, as with many other states in sub-Saharan Africa, despite strong political will, HIV and AIDS continues to affect the lives of innumerable Namibian children and expose them and the families that provide care for them to extreme suffering and multiple forms of deprivation. The pandemic has highlighted the need for large-scale, integrated responses that provide social protection to children and their families by promoting equity, basic security of income and access to essential services. It has also drawn attention to the urgency of identifying and addressing various barriers that impede the successful implementation of national legislation and policy. With these considerations in mind, the provision of child welfare grants in Namibia as a cash-based form of social assistance provided to OVC is noteworthy, as this social protection programme has the potential to reduce short-term and intergenerational poverty, and improve children's access to nutrition, education and health.

Following the transfer of the responsibility for children's social welfare from the Ministry of Health and Social Services (MOHSS) to MGECW in 2004, a Child Welfare Division was established to fulfil this mandate. The upgrading of the division to a full Directorate in 2006 is an indication of the importance that the provision of Child Welfare Grants has come to assume among the many functions of the ministry. In a situation where the numbers of orphans and vulnerable children (OVC) have been rapidly escalating due to the progressive impact of HIV and AIDS on the lives of the country’s people, MGECW has devoted considerable resources
and effort to expanding the coverage of the grants. The effect has been that the uptake of child welfare grants has increased dramatically from 9,000 in September 2002 to 106,000 in September 2009, which represents more than a ten-fold increase.

This development has imposed various demands on the Ministry in terms of the financial and human resources needed to effectively process applications and ensure grant access, while also raising questions about the effect that the grants were having in assisting children to meet their basic needs and access critical services. In 2007, a Human Resource and Capacity Gap analysis was undertaken, which made clear recommendations for increasing staff capacity at regional and constituency levels, while in late 2009 an assessment in the existing framework for foster care was completed. This qualitative study on the effectiveness of the child welfare grants represents an additional assessment that was commissioned to determine the extent to which the receipt of grants by orphans and vulnerable children is facilitating access to critical services such as education, health and nutrition, how partnerships with other governmental and non-governmental stakeholders can be strengthened, and make suggestions as to how grant administration can be improved.

The findings of the study are a salient contribution to the ongoing national (and indeed international) discussion about appropriate forms and design of social protection programmes for children affected by HIV and AIDS. Further deliberations are recommended at various forums and levels and between various stakeholders focusing on the rights and wellbeing of children. Open exchange and broad collaboration is going to be critical in rising to the challenge over the next 20 years of building on recent achievements and reaching children whose rights, needs and interests have yet to be realised, while ensuring sustained progress towards the ideals contained in Vision 2030, especially the ‘promotion of disadvantaged children, including orphans, in order to prepare them for and enable them to live meaningful and happy lives’.

Sirkka Ausiku
Permanent Secretary
Ministry of Gender Equality and Child Welfare
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Abbreviations

CCCW  Community Child Care Worker
ECD   early childhood development
FCG   Foster Care Grant
FGD   focus group discussion
HSRC  Human Sciences Research Council (South Africa)
MG    Maintenance Grant
MGECW Ministry of Gender Equality and Child Welfare
MoE   Ministry of Education
MoF   Ministry of Finance
MoHSS Ministry of Health and Social Services
MHAII Ministry of Home Affairs and Immigration
MoLSW Ministry of Labour and Social Welfare
NDHS  Namibia Demographic and Health Survey
NGO   non-governmental organisation
NHIES Namibia Household Income and Expenditure Survey
NPOVC National Policy on Orphans and Vulnerable Children
NPA   National Plan of Action (for OVC)
NPC   National Planning Commission
OAP   Old Age Pension
OVC   orphans and vulnerable children
PTF   Permanent Task Force (on OVC)
REC   Research Ethics Committee (of the HSRC)
SDF   School Development Fund
SMG   Special Maintenance Grant
ToR   Terms of Reference
TWG   Technical Working Group
UNICEF United Nations Children’s Fund
USAID United States Agency for International Development
Definitions

Child
A person who is under the legal age of majority

Orphan
“A child who has lost one or both parents because of death and is under the age of 18 years.”
(NPOVC, 2004)

Vulnerable child (1)
“A child who needs care and protection.”
(NPOVC, 2004)

Vulnerable child (2)
“A child –
(i) living with a chronically ill caregiver which caregiver was or is too ill to carry out daily chores during 3 of the last 12 months;
(ii) living with a caregiver with a disability who is not able to complete household chores;
(iii) of school-going age who is not able to attend a regular school due to disability;
(iv) living in a household headed by an elderly caregiver (60+ years) with no one in the household between 18 and 59 years;
(v) living in a child-headed household (a household headed by a child below the age of 18);
(vi) who has experienced a death of an adult (18-59 years) in the last 12 months.”
(NPA for OVC, 2007)

Vulnerable child (3)
S/he belongs to one or more of the following categories:
Economic Vulnerability:
(i) His/her parents or caregivers have insufficient resources to provide shelter, clothing and three meals a day to the children in their care.
(ii) S/he is living in a household headed by a child.
(iii) S/he is living on the street.
*Emotional Vulnerability:*

(iv) S/he is an orphan.

(v) S/he is neglected or abused by his/her parents, caregivers or other person.

(vi) S/he is infected with HIV or AIDS.

*Educational Vulnerability:*

(vii) S/he has such a burden of responsibilities in the home that school attendance is reduced.

(viii) S/he has disabilities which require specialised educational facilities, equipment or expert teaching interventions beyond those normally available in schools.

(ix) S/he is a member of an indigenous minority living in a remote area.

(Namibia Education Sector Policy for Orphans and other Vulnerable Children)

**Vulnerable child (4)**

A child who –

(i) has a parent who was very sick* for at least three months in the past year; OR

(ii) lives in a household where an adult has been very sick* for at least three months in the past year; OR

(iii) lives in a household where an adult has died in the past 12 months and was very sick* for at least three months before s/he died.

* In the definition above, ‘very sick’ means that the person was too sick to work or perform normal activities.

(NDHS 2006-07)
Executive Summary

Since Independence in 1990, there has been increasing political, policy and programmatic attention devoted to the situation and needs of orphans and vulnerable children (OVC) in Namibia. As with many other countries in the sub-region, the HIV/AIDS pandemic has resulted in significant numbers of children being orphaned as well as exacerbated their vulnerabilities in respect of poverty, food insecurity and access to critical services such as education and health. The interaction between HIV/AIDS and other determinants of poverty has also raised concerns about the straining and undermining of traditional family and community safety nets, thereby placing families and children at risk. This has generated a sense of urgency for designing and implementing social protection programmes, especially in the form of cash transfers, as an effective social policy tool for responding to the challenges of chronic poverty and vulnerability.

Four types of child welfare grants are provided for OVC in Namibia, namely the Maintenance Grant (MG), the Foster Care Grant (FCG), the Special Maintenance Grant (SMG) for children younger than 16 years with disabilities, and the Place of Safety Allowance. The Ministry of Gender Equality and Child Welfare (MGECW) is the lead government ministry tasked with ensuring that OVC are protected. In 2004, the MGECW inherited responsibility for the administration of child welfare grants from the Ministry of Health and Social Services (MoHSS). Since then, there has been a rapid scaling up in the coverage of child grants in the country, with the total number of maintenance and foster care grants rising from 9,000 in September 2002 to approximately 106,000 in September 2009. This impressive expansion has led to considerable resources being devoted to the grants, rising from N$57 million in 2001/02 to N$202 million in the 2009/10 financial year, as well as the need to increase human resources and capacity to meet the administrative demand at regional and constituency levels. It has also created interest in reviewing the implementation and impact of the child welfare grants and gaining a better appreciation of the relationship between the receipt of a child grant and access to other critical services, with the aim of improving efficiency and effectiveness of such support.

The purpose of this report, which was commissioned by the MGECW and with financial support from UNICEF Namibia and USAID through Pact Namibia in late 2008, is to provide a qualitative assessment of the effectiveness of the two principal child welfare grants – the MG and FCG – as a form of social protection to help address the needs of OVC in the country. Specifically, it aims to provide decision makers and other stakeholders with evidence of the barriers preventing access to the two main child grants, the use and effects of the grants in meeting...
the basic needs of children and facilitating access to essential services, in addition to the impact of grant administration on the capacity to fulfil other service delivery obligations to vulnerable children.

Methodology

The design for this qualitative study consisted of four principal components. Firstly, a review of available research relevant to the implementation of the child welfare grants in Namibia was undertaken. Secondly, focus group discussions (FGDs) were conducted in three administrative regions (Khomas, Kavango and Hardap) as the basis for eliciting detailed evidence on the expressed attitudes and experiences of caregiver recipients and non-recipients of the MG and FCG, as well as child beneficiaries and eligible non-beneficiaries aged 15-17 years. Factors informing this choice included: geographic spread and rural-urban location, variation in livelihood strategies, differentiated levels and ease of access to child welfare grants and services, and the relative performance at regional level in providing the MG and FCG to eligible children. In total, 25 focus group discussions were completed, with 171 participants. The third research component involved regional stakeholder interviews in each of the three study regions, based on a predefined list of government officials and civil society representatives familiar with the implementation of the child welfare grants and other critical services for children in need. Finally, a select number of interviews with senior government officials were conducted at central level to provide key contextual information about the administration and implantation of the child welfare grants and other critical services for children in need.

Barriers to accessing child welfare grants

Some of the barriers to accessing the MG and FCG cited by participants were: the transport costs associated with the grant application process; lack of awareness and incorrect application of eligibility criteria; bureaucratic challenges such as misplaced files, perceived inefficiency of officials and the need for repeat visits; and problems with essential documentation, especially birth and death certificates. Some of the factors mentioned that facilitate access to the grants were: having all the relevant documentation; knowing someone who can assist with the application process; and a willingness to make personal sacrifices in terms of time and expenses.

Grants facilitating access to other essential services

In terms of educational access, the study pointed to the disjuncture between the policy framework and practice in terms of exemptions for OVC. Most children in the study were not receiving school fee exemptions. Non-payment of fees appears to be resulting in the withholding of school reports and, in instances, children were even being prevented from attending school. There were also reports of learners whose parents were unable to pay
school expenses being reproached and pressured by teachers and textbooks being withheld. Yet, in spite of these experiences, children were still in general attending school. The most frequently mentioned reason provided for exemption policy implementation problems was that grant recipients may actually be relatively privileged compared to other non-beneficiary children. The child grant income sets orphans and their households apart from other poor households. In a context where large proportions of learners are unable to pay, schools are relying on contributions from the grant recipients to maintain the schools. While many standard concerns were raised about the quality of education, these do not appear to be acting as a disincentive to school attendance for grant beneficiaries or non-beneficiaries.

As for accessing public health services, there was also mention of OVC being turned away because they could not pay user fees in clinics and hospitals. Grant beneficiaries referred to trade-offs in expenditure priorities, with the payment of school fees serving to crowd out health expenditure, as well as the fact that non-payment was resulting in debt at health facilities. Where children were not being turned away, there were reports that they are made to wait for long periods as paying clients are attended to first. There were also some cases where participants felt that non-payment was resulting in inferior treatment. There were strong calls for exemption on health user fees for OVC.

**Child grant administration and MGECW human resource constraints**

Given the relative scarcity of social workers, especially at regional level, it is unsurprising that the study found that the processing of applications for FCGs is imposing significant strain on human resources. This, in turn, is creating unfortunate trade-offs in the provision of other critical services, such as psychosocial support and monitoring progress and general wellbeing of children. The FCG investigation process is extremely time-consuming, often involving complicated cases and considerable travelling distances. This has resulted in a situation characterised by backlogs, high caseloads and delays in follow-up home visits. Focus group participants complained that the period between application and approval can be as long as several years, while social workers feel overburdened, overworked and dissatisfied with the service they are able to render to children under current constraints.

**Spending of the grant income**

Each participating child grant beneficiary and caregiver was asked to specify the four main items (in order of priority) that the grant is spent on. Food was the most commonly cited spending item for all the focus group participants receiving a child welfare grant (40%). School fees were mentioned by 35% of participants as the main spending item. If one adds pre-school/child care, school hostel fees and other school expenses to this figure, then the percentage nominating education-related expenses as the main spending item rises to 43%. Therefore,
food and broad education expenditure alone represent the main forms of spending of grant income for nearly 85% of participants. In terms of the second to fourth grant spending items, school-related expenses remain of note, as does food to a lesser extent. The purchasing of children’s clothing (excluding uniforms) and spending for health care for children assume increasing importance. The use of grant income to support productive activities (e.g. agricultural inputs) hardly features among spending priorities. Therefore, while grants are contributing to basic needs, such as food and clothing, many caregivers are using the grant income for school fees and other school expenses for which they are supposed to be exempted. For many caregivers the grant is their main or only source of income but it is not enough to meet their own or their children’s basic needs. While many non-recipients expressed the view that the grants were being misused, there was little corroborating evidence to support that assertion.

**Perceived strengths and weaknesses of the child welfare grants**

There was generally positive sentiment about the child welfare grants among study participants, although this was offset by claims that the value of the grants is too low. Many regional stakeholders highlighted this as a weakness of the grant guidelines, with the grant amounts described as being inadequate to meet the needs of beneficiaries, especially with the rising costs of living. Other weaknesses that were cited included the long waiting period for beneficiaries to receive grants, as well as the potential for the misuse of the grants and grant dependency.

In terms of the National Policy on Orphans and Vulnerable Children (2004), participants were optimistic about there being a framework that prioritises needy children. Yet, they were concerned about insufficient inter-ministerial collaboration, the lack of effective implementation of policy provisions and human resources capacity to monitor progress, the continued need for OVC to pay school fees in practice, the absence of well-functioning government offices at constituency level, and the scarcity of social workers.

**Policy considerations and recommendations**

These considerations and recommendations are not prescriptive but are suggestions for improving the effectiveness of child welfare grants.

**Policy options relating to the child welfare grant system**

The foster care consultancy (MGECW, 2009) conducted parallel to this study recommended that the new Child Care and Protection Bill incorporate a clear legal distinction between kinship care and foster care. Kinship care refers to the care of a child by a member of the child’s family or extended family, while foster care is explicitly care of a child by a person
who is not the parent, guardian, family member or extended family member in terms of an order of the children’s court. A number of proposals are made that involve a reconfiguration of the grants system to better support both informal kinship care and formal foster care.

- The Maintenance Grant is adjusted so that it becomes a **means-tested grant for all poor and vulnerable children** in the country. Children in kinship care would be eligible for this grant rather than a Foster Care Grant. It is recommended the financial support to kinship carers is provided upon the transfer of parental responsibility to them.

- For children placed in foster care, a **Foster Care Grant** is provided to the foster carer at the time of placement once the court order has been issued.

- **Equalise the amount of the two main child grants** to address the situation where caregivers receiving a Maintenance Grant or a Foster Care Grant for more than one child are paid differential amounts (currently N$200 for the first child and N$100 for subsequent children).

- **Raise the current value of the two main child grants** in order to address concerns that the amount is insufficient to meet the basic needs of children and to accommodate the lack of inflation adjustment over the last decade. The new grant values reflect the real costs of caring for a child. It is considered whether the Foster Care Grant amount should be higher than the Maintenance Grant amount.

- In terms of **follow-up research**, it is suggested that the following policy options be properly costed in order to inform budgetary processes:
  - Equalising the grant amounts for all children who qualify.
  - Increasing the value of the child welfare grants by different amounts and under different assumptions about the number of child beneficiaries.

**Other cross-sectoral policy considerations**

- It is recommended to amend the foster care placement procedure: introduce a contract between kinship carers, parent or guardians and the MGECW in which roles and responsibilities are specified. This would render home visits and court procedures unnecessary, and in turn reduce the workload of social workers and the court.

- To overcome some of the barriers to OVC accessing child welfare grants:
  - Facilitate greater flexibility in grant administration, especially with respect to eligibility criteria, so that the option of affidavits as opposed to formal documents is considered in some instances.
  - Sustained public communication recommended on grant entitlements and eligibility criteria, as well as with MGECW social workers, record clerks and volunteers.
  - Co-ordination and communication between the MGECW and the Ministry of Home Affairs and Immigration (MHAI) should be strengthened with regard to accessing national documents for children and their caregivers. This could include options for improved service provision through mobile registration units.
• As a social protection programme complementary to the child welfare grants, it is recommended that additional and more in-kind services are introduced in order to extend their reach to all vulnerable children in the country, rather than orphans exclusively. In doing so, it is recommended that emphasis be placed on combined, multi-sectoral co-ordination. As an example, school uniforms could be provided free to children receiving grants in a joint initiative between government and NGOs involved in providing uniforms.

• Improved coordination between government departments and with other organisations involved in the provision of services to children in need is necessary.

• Address the social worker human resource issue:
  • From a long-term perspective, filling social worker posts by investing more in training additional social workers for the government sector.
  • Training social workers for the private sector.
  • From a short-term perspective, providing training to all workers in all directorates in the MGECW to increase capacity, as an innovative way of using current staff.
  • Re-defining the concept of a Child Care Worker and developing a clear job description as well as training programme for such workers.
  • Linking these activities with the human resource plan that is under review.

• Consultations recommended with the Ministry of Education to address school fee exemption policy implementation challenges. It is recommended that an automatic exemption of school fees and School Development Fund contributions be granted to children who receive a child welfare grant. Other related suggestions include clarifying the exemption policy across departments, and addressing the lack of uniformity in exemption forms and protocols.

• To overcome barriers to accessing health care facilities, it is recommended the MoHSS is engaged to discuss the study findings and find workable means of expediting progress towards proposals for promoting free health services for children in need. For children receiving child welfare grants, automatic exemption from paying the prescribed health fees is recommended to be considered.

• There needs to be a strengthening of complementary services for children. The provision of grants takes precedence over other equally important services, such as early childhood development (ECD), the counselling of abused children and victims of substance abuse, child protection and services to street children. As such, it is recommended to: explore the feasibility of rolling out ECD; explore the feasibility of supporting children beyond high school in the form of study loans and insurance; and better co-ordinate the activities of different ministries. In terms of child protection, it is recommended that: further education and awareness-raising programmes are considered in relation to the adverse consequences of corporal punishment; additional research is conducted on the nature and extent of different forms of child abuse in the schooling context; and the linkages to school service providers are strengthened to ensure that abuses of authority are prevented or investigated.
Since Independence, but particularly over the last decade, there has been increasing political, policy and programmatic attention devoted to the situation and needs of Orphans and Vulnerable Children (OVC) in Namibia. As in many other countries in the sub-region, the HIV/AIDS pandemic has resulted in significant numbers of children being orphaned, and has exacerbated their vulnerabilities in respect of poverty, food insecurity and access to critical services such as education and health (Save the Children UK, 2006). The interaction between HIV/AIDS and other determinants of poverty has also raised concerns about the straining and undermining of traditional family and community safety nets, thereby placing families and children at risk (Adato & Bassett, 2008). This has generated a sense of urgency for designing and implementing social protection programmes, especially in the form of cash transfers, as an effective social policy tool for responding to the challenges of chronic poverty and vulnerability.

Namibia is one of several African states with a longstanding history of providing cash transfers, and while the non-contributory Old Age Pension (OAP) has received some attention in social policy literature, comparatively little available research exists in relation to the government’s provision of child welfare grants. Four types of child welfare grants are provided for children in Namibia, namely the Maintenance Grant (MG), the Foster Care Grant (FCG), the Special Maintenance Grant (SMG) for children younger than 16 years with disabilities, and the Place of Safety Allowance. These grants are rooted in the Children’s Act 33 of 1960, a piece of South African legislation which came into effect in 1977.

The Ministry of Gender Equality and Child Welfare (MGECW), which was initially established in 2000, is the lead government ministry tasked with “ensuring that orphans and vulnerable children are protected and nurtured” (MGECW, 2007a). In recent years, it has made notable progress in relation to legislation and policies to protect OVC, with the adoption of the National Policy on Orphans and Vulnerable Children (NPOVC) in 2004 and the National Plan of Action 2006-2010 (NPA) in 2007. The MGECW also chairs the multi-sectoral OVC Permanent Task Force (PTF), which was established in 2001 by Cabinet and is responsible for coordinating implementation and monitoring of these frameworks. In 2004, the MGECW inherited responsibility for the administration of child welfare grants targeted to OVC and families caring for OVC from the Ministry of Health and Social Services (MoHSS). A Child Welfare Division was established to manage these new functions, and in late 2006 the
division was upgraded to a full directorate in recognition of the critical role of the system of social grants for children.

Since assuming responsibility for the administration of the child welfare grants, the efforts of the Child Welfare Directorate has resulted in a rapid expansion in the number of grant applications and beneficiaries, especially in relation to Maintenance Grants and Foster Care Grants. In response, with financial assistance from UNICEF Namibia and USAID through Pact Namibia, the MGECW decided in 2008 to “undertake a qualitative effectiveness study on access of orphans and vulnerable children (OVC) to critical services”. The Human Sciences Research Council (HSRC) was commissioned to undertake the research, while Survey Warehouse (formerly Research Facilitation Services, or RFS), an independent research organisation based in Windhoek, was contracted for the fieldwork component of the study.
2 Existing Child Welfare Grant Structure and Uptake

The eligibility criteria for the four basic types of child welfare grants that the MGECW provides as cash-based forms of social protection for OVC are outlined below. This is followed by a brief trend analysis of Maintenance Grant and Foster Care Grant beneficiaries between 1996 and 2009.

2.1 Current child welfare grant structure

The **Maintenance Grant (MG)** is intended for a biological parent of a child younger than 18 years whose other parent (a) is receiving an old age pension or disability grant, (b) has passed away, or (c) is serving a prison sentence of six months or longer. The grant is means tested, with the applying parent having to earn less than a gross income of N$1 000 per month in order to qualify for the grant. Children over the age of 18 years who are still attending secondary or tertiary school on a full-time basis may continue to receive the MG until the age of 21 years. The current value of the MG is N$200 for the first child and N$100 for each additional child up to a maximum of six children per applicant. These values have remained constant since 2000, signifying that the real value has eroded significantly over the decade.

A **Special Maintenance Grant (SMG)** to the value of N$200 per month is paid to the caregivers of children under 16 years of age who have been diagnosed by a state medical officer or doctor as being either temporarily or permanently disabled.

The **Foster Care Grant (FCG)** is designed to be received by any person who undertakes the temporary care of any child found to be in need of care and placed in this person’s custody in terms of the Children’s Act of 1960 (to be replaced by the Child Care and Protection Act once approved). The grant value is the same as the MG, with N$200 for the first foster child and N$100 for any additional foster children per applicant, with no upper limit on the number of children in this instance.
Finally, the **Place of Safety Allowance** is paid to any person or institution taking care of a child under 18 years of age who has been placed by a Commissioner of Child Welfare in accordance with section 33 of the Children's Act of 1960. The value of the grant is N$10 per child per day.

Before Independence, the child welfare grant system was discriminatory in nature in that the amounts paid varied on the basis of the applicant’s ethnicity, with white caregivers receiving significantly more than other ethnic groups. After Independence, an application was made by the MoHSS to the Ministry of Finance for the equalisation of the grant values, which was subsequently authorised in February 1997. The value of the MG and FCG after equalisation in 1997 was N$160 for the first child and N$60 for each additional child. The raising of the value of these two grants in 2000 represents the only time that the value has been adjusted for inflation since equalisation (Levine et al, 2009). This is part of a deliberate strategy employed by the MGECW to expand coverage of the grants first, after which the grant value was to be increased to keep pace with inflation. The Place of Safety Allowance was also equalised in 1997, though the value of the allowance has not been adjusted since. The consequence of not inflation-linking the child welfare grants is that the real value of the MG and FCG has reduced by 23% since 1999, while the real value of the Place of Safety Allowance has fallen by nearly half (46%) over the same period (Levine et al, 2009). The purchasing power of the grants has thus diminished considerably over the decade, which in turn is likely to constrain the spending choices of recipients in catering for the basic needs of children.

In terms of applying for the different child welfare grants, a Place of Safety Allowance can only be applied for at a magistrate’s office, after which the form is forwarded to the MGECW for processing. Applications for the other three grants are recommended to occur at the regional MGECW office closest to the applicant’s place of residence.¹

There are four modes of grant payment that applicants are able to choose from. These are an electronic transfer into a bank, collection at a post office or institution (old age home), or by cash disbursement via mobile paypoints. According to administrative data, approximately two-thirds (65%) of social transfers in the country are claimed by means of cash from a mobile automated teller machine (ATM) that is attached to an all-terrain vehicle (Levine et al, 2009). The cash distribution system has been operated by a private company, United Paymaster (a subsidiary of the United Africa Group), for nearly a decade. A biometric system based on the thumbprint identity is employed to verify the identity of the person claiming the payment.

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¹ There is an office of the MGECW in each of thirteen administrative regions, located in the following city or town: Katima Mulilo in Caprivi; Swakopmund in Erongo; Mariental in Hardap; Keetmanshoop in Karas; Rundu in Kavango; Windhoek in Khomas; Opuwo in Kunene; Eenhana in Ohangwena; Gobabis in Omaheke; Outapi in Omusati; Oshakati in Oshana; Tsumeb in Oshikoto; and Otjiwarongo in Otjozondjupa.
2.2 Grant uptake

In the late 1990s, one assessment showed that the number of beneficiaries of the MG and FCG combined was only around 3500, and concerns were raised about implementation problems, an apparent urban bias and regional asymmetries (with few children in the north receiving grants) (Subbarao, 1998). Since then, there has been a rapid scaling up in the coverage of child welfare grants in the country, with the total number of these two main grants rising from 9000 in September 2002 to 54000 in September 2006 and to approximately 106000 in September 2009 (Figure 1).

**Figure 1: Beneficiaries of Maintenance and Foster Care Grants in Namibia since 1996**

This impressive expansion in the reach of the grants has led to considerable resources being devoted to the grants, rising from N$57 million in 2001/02 to N$202 million in the 2009/10 financial year, as well as to the need to increase human resources and capacity to meet the administrative demand at regional and constituency levels. It has also created interest in reviewing the implementation and impact of the child welfare grants and gaining a better appreciation of the relationship between the receipt of a child welfare grant and access to other critical services, with the aim of improving efficiency and effectiveness of such support.

**Sources:** The 1996 data are from Subbarao (1998) while the 2001 figure is from Schleberger (2002). All subsequent data are from administrative records supplied by the MGECW.
3
Approach to the Study

3.1 Purpose

In its conceptualisation, the study has three overarching areas of focus:

(i) In the context of the implementation of the National Policy on Orphans and Vulnerable Children (NPOVC) (2004) and the National Plan of Action 2006 to 2010 for Orphans and Vulnerable Children in Namibia (NPA) (2007), the study explores knowledge of the child welfare grant practice guidelines, as well as barriers preventing access and factors facilitating access to the two main child grants – the Maintenance Grant (MG) and the Foster Care Grant (FCG).

(ii) Investigating the impact of child grant administration on the capacity of the Ministry of Gender Equality and Child Welfare (MGECW) to fulfil other service delivery obligations to vulnerable children (such as social work service provision).

(iii) Probing the use and effects of child welfare grants, with special attention to the manner in which they contribute to meeting the basic needs of children, and the extent to which they serve to enhance access to critical child services, such as health and nutrition, education and protection.

The intention is to use the findings of the study to make recommendations for improving vulnerable children’s access to child welfare grants, enhancing MGECW capacity to administer grants and other services to vulnerable children, and improving child access to critical services through the child welfare grants.

3.2 Methodology

The design for this qualitative study consisted of four principal components, as follows:

1. A review of available research relevant to the implementation of the child welfare grants in Namibia.
2. *Focus group discussions* in three administrative regions (Khomas, Kavango and Hardap) with caregiver recipients and non-recipients of the Maintenance Grant and Foster Care Grant, as well as child beneficiaries and eligible non-beneficiaries aged 15-17 years. A total of 25 focus group discussions were conducted, with 171 participants.

3. *Regional stakeholder interviews* were undertaken in each of the three study regions, based on a predefined list of government officials and civil society representatives familiar with the implementation of the child welfare grants and other critical services for children in need.

4. *Interviews with senior government officials* at central level to provide key contextual information about the administration and implantation of the child welfare grants and other critical services for children in need.

### 3.2.1 Review of existing studies

The review of existing studies and other documentation relevant to the child welfare grants ran concurrently with fieldwork preparation, and continued through to the analytical phase. The aim of the review was to provide a context to the study and build on existing work. The review covered material produced by the MGECW as well studies conducted by academic institutions and other research organisations.

### 3.2.2 Focus group discussions

The main component of the study entailed a series of focus group discussions (FGDs) in three of the country’s thirteen administrative regions, namely Khomas, Kavango and Hardap. Factors informing this choice included: geographic spread and rural-urban location; variation in livelihood strategies; differentiated levels and ease of access to child welfare grants and services; and the relative performance at regional level in providing maintenance and foster care grants to eligible children. Based on these criteria, it was ultimately decided that the research would be undertaken in one urban constituency in Khomas (Tobias Hainyeko), and rural constituencies in both Kavango (Ndiyona) and Hardap (Gibeon) (Figure 2).

Within each chosen region, a set of eight FGDs were planned as the basis for eliciting detailed evidence on the similarities and differences in expressed attitudes and experiences of participants. The eight focus groups consisted of:

- caregivers of children receiving the two grants (FGD 1-2);
- children aged 15-17 years who are beneficiaries of the two grants (FGD 3-4);
- caregivers of children who are eligible for, but not receiving, the two grants (FGD 5-6); and
- children aged 15-17 years who are eligible for, but not receiving, the two grants (FGD 7-8).

This focus group structure is depicted in Figure 3.
The Effectiveness of Child Welfare Grants in Namibia

Figure 2: The study regions and constituencies

- Gibeon Constituency in Hardap
- Ndyona Constituency in Kavango
- Tobias Hainyeko Constituency in Khomas
- Other constituencies in the three study regions (Khomas, Kavango, Hardap)

Figure 3: Structure of the focus group discussions conducted in each study region

Focus Group Discussions

- Beneficiaries
  - Caregiver
    - FGD 1 MG
    - FGD 2 FCG
  - Child 15-17 years
    - FGD 3 MG
    - FGD 4 FCG
- Eligible non-beneficiaries
  - Caregiver
    - FGD 5 MG
    - FGD 6 FCG
  - Child 15-17 years
    - FGD 7 MG
    - FGD 8 FCG
For the focus group discussions, two instruments were developed to collect data, namely a focus group schedule and a focus group participant information sheet.

### 3.2.3 Stakeholder interviews at regional and national levels

The FGDs were coupled with in-depth regional key informant interviews with a pre-defined set of ten government and non-government stakeholders (Table 1), using a semi-structured interview schedule. A select number of key informant interviews were conducted at national level in order to provide high-level contextual information about the policy and the institutional and operational framework within which child welfare grants and other critical services are provided to children in need in Namibia.

#### Table 1: List of regional stakeholders for interviewing

<table>
<thead>
<tr>
<th>Stakeholder Interviews: Government Officials</th>
<th>Stakeholder Interviews: Non-governmental Stakeholders</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Clinic nurse (health representative)</td>
<td>8. Traditional leader or other community representative</td>
</tr>
<tr>
<td>2. Social worker (MGECW)</td>
<td>9. Councillor of constituency</td>
</tr>
<tr>
<td>3. Volunteer assisting to register children as grant recipients</td>
<td>10. Non-governmental representative working on OVC issues</td>
</tr>
<tr>
<td>4. Unit commander of Woman and Child Protection Unit</td>
<td></td>
</tr>
<tr>
<td>5. Teacher or school principal</td>
<td></td>
</tr>
<tr>
<td>6. Magistrate</td>
<td></td>
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<tr>
<td>7. Record clerk</td>
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</tbody>
</table>

#### 3.2.4 Fieldwork

The study was field tested in early June 2009, with four FGDs and three stakeholder interviews undertaken in Khomas. Following minor post-pilot adjustments, the research instruments were translated into three languages, namely Afrikaans, Oshiwambo and Rumanyo. The main data collection for the study took place in July and August 2009. All eight FGDs were successfully conducted in each of the three regions. A supplementary FGD was conducted in Khomas with caregivers of eligible non-beneficiaries of the FCG due to a concern over a couple of participants not fulfilling the focus group screening criteria. There was a relatively good gender balance in the child focus groups, and there were more male caregivers than anticipated (though the numbers are still low). The regional stakeholder interviews were also largely completed, with only three of the twenty-seven unable to be conducted during the fieldwork period due to availability problems.

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2 The language Rumanyo is spoken in two dialectal variants, namely Rushambyu (or RuKwangali) and Rugciriku (or Diriku), and is found on both sides of the middle Kavango River in northern Namibia. It is the medium of instruction in local schools, and is used in educational materials and in broadcasts on Kavango Radio.
Research ethics: The study design and research tools were submitted for approval by the South African Human Sciences Research Council’s Research Ethics Committee (REC). The REC issued approval for the research study subject to (i) a letter of approval from a relevant ethics committee in Namibia or (ii) a letter from government saying that there is no relevant operational authority. A letter signed by the Minister of Gender Equality and Child Welfare was formally submitted for approval by the National Planning Commission (NPC). Authorisation for the study was subsequently granted by the NPC and, on this basis, the HSRC’s REC issued permission to proceed with the research. In terms of the data collection, after carefully introducing the study and explaining the issues of confidentiality and anonymity, potential participants were asked for written informed consent. Written permission for young Namibians under 18 years of age who were either beneficiaries or eligible non-beneficiaries of the MG or FCG to join FGDs was also secured from their parents/guardians.

Analysis: Transcript-based data was used to provide information for analytical purposes. The audio tapes from the FGDs were listened to and transcribed, and translated into English. For the purpose of analysis and write-up, participants were issued with identification codes in the form of pseudonyms that the participants chose themselves. No participant’s name was used during the analysis and write-up in order to guarantee the confidentiality of the participant information and transcript data. Thematic analysis, which is one of the most common approaches employed in qualitative research, was used to analyse the data. The research questions and the draft report structure developed and approved by the Technical Working Group were used as guiding documents in derivation of the themes.

3.2.5 Management of the research process

A Technical Working Group (TWG) was established to provide continuous oversight and support to the research process. The TWG convened at critical stages of the project in order to, among other things, discuss protocols, make final decisions on key design issues, approve instrumentation, discuss and debate emerging findings, and provide input into draft versions of the report. The TWG consisted of key officials in the MGECW, representatives of UNICEF and Pact, and the HSRC and Survey Warehouse research managers.

3.2.6 Study limitations

Owing to the study’s qualitative research design and the associated small sample size (171 focus group participants), it is important to acknowledge and caution that the findings are not statistically representative of the social groups studied and, as such, are not generalisable. Nonetheless, the intrinsic value of the qualitative approach is its ability to generate rich, in-depth response sets to key policy and implementation questions, in addition to serving as an informational resource with which to inform future quantitative and qualitative research. It is hoped that the research findings and the associated policy options outlined for consideration will serve as the basis for robust, earnest and policy-oriented debate on how best to continue improving the lives of OVC in Namibia as the country moves into its third decade of independence.
4 Focus Group Participant Profile

4.1 Demographic characteristics

**Gender:** Gender representation served as one of the key criteria in the focus group participant recruitment guidelines, though there was uncertainty about the ability to locate and secure the participation of male caregivers. In the caregiver focus groups, approximately a fifth of the participants (19%, n=16) were male, with little difference by grant beneficiary status. As expected, there was better gender representation in the focus groups with children aged 15-17 years (48% male and 52% female).

**Age:** While the mean age of child participants, in accordance with recruitment guidelines, ranged from 15 to 17 years, the mean age for caregiver participants was 43 years, ranging from 21 to 76 years. Less than 10% of the caregiver sample were under 30 years, with around two-thirds (66%) presently in their thirties or forties. Only 15% were in their fifties, with 10% aged 60 years and older.

**Child-caregiver relationship:** On aggregate, the primary caregiver of the child FGD participants was most likely to be the biological mother (38%), followed by a grandmother (22%) or an aunt or uncle (20%). Other immediate or extended family members accounted for a further 20%. There was some variation in relationship to caregiver based on whether the participant was a beneficiary of the MG or the FCG. The caregivers of MG beneficiaries were more likely to be their biological mothers (79%), while in the case of FCG beneficiaries, the caregivers were foremost aunts/uncles (38%) or grandmothers (33%). A broadly similar trend was observed for child participants who were eligible non-beneficiaries of the MG or FCG.

**Orphan status of beneficiaries:** Nearly half (47%) of the child participants reported that only their biological mother was alive. For a further 15% of the participants, only their biological father was alive, while approximately a third of the children (34%) were double-parent orphans.
A substantial majority of child participants who were beneficiaries and eligible non-beneficiaries of the MG were paternal orphans (84% and 70% respectively), with the remainder mostly maternal orphans. Approximately two-thirds of child beneficiaries and eligible non-beneficiaries of the FCG were double orphans. Child participants from Kavango were more likely (50%) than in Hardap (31%) and Khomas (19%) to be double orphans.

### 4.2 Human capital

**Education:** There were only minor variations in the educational levels of participants in the caregiver FGDs, with recipient caregivers exhibiting a slightly lower level of attainment. A stronger gradient of difference was observed by region. In Khomas only 13% of caregivers had not completed primary school education, compared to 39% of caregivers in Hardap and 60% in Kavango. All of the child FGD participants reported that they had attended school, with 98% further stating that they were currently in full-time education. The participant information sheet unfortunately did not probe how regularly the 15-17 year-olds had attended school in the current school year.

**Employment status:** Half of the caregiver participants were unemployed, with the majority of these indicating that they are actively seeking work. Only a fifth (19%) of caregivers were in full-time employment, with 13% in seasonal or infrequent employment, and 5% self-employed. A further 14% stated that they were either retired or too old to engage in any form of employment. There was again not much difference between caregivers of child grant beneficiaries and eligible non-beneficiaries, though the former did appear more likely to be discouraged work seekers. At regional level, participants in Kavango were more likely than average to be unemployed (67%) or retired (23%), with only 10% in some form of employment (formal or informal).

### 4.3 Possession of essential documentation

Since the possession of key documentation is regularly cited in the literature as a barrier to accessing social grants, participants were asked whether they had a select number of the documents required for the MG and FCG application process.

**Caregiver recipients:** Among the caregiver focus group sample, 87% of participants indicated that they had a Namibian identification card or permanent resident permit. Recipient caregivers were more likely to have the ID card/permit than eligible non-recipient caregivers (95% compared to 80%). These differences are especially pronounced in Kavango, where there is a 37 percentage point difference between recipient and non-recipient caregivers (93% versus 56%). Caregivers were equally likely to have a birth certificate for themselves (92% on aggregate), with the largest variation again observed between recipient and non-recipient caregivers in Kavango. Most caregivers had birth certificates for all children younger than 18
years in their care (92%), with the caregivers of non-beneficiary children again falling slightly below the average.

**Child beneficiaries:** As with the caregiver participants, there was a generally high level of possession of birth certificates among grant beneficiaries and non-beneficiaries alike (95% and 87% respectively). For all groups, figures are above 80%, with the exception of non-beneficiaries in Kavango, where only 56% reported having a birth certificate.

These findings are a reminder that, in qualifying for and claiming child welfare grants, possession of the essential documentation of caregivers matters equally as much as that of the eligible children. Stark differences based on geographic location and, by extension, socio-economic status are also readily apparent. It is worth noting that this marked geographic variation in birth registration mirrors what was observed in the 2006-07 National Demographic and Health Survey (NDHS), namely that more than 80% of children under five years of age were in possession of a birth certificate in Khomas and Hardap, compared to a mere 26% in Kavango (MOHSS & Macro International, 2008).

### 4.4 Household size and composition

The average household size reported by FGD participants was eight persons, which is considerably higher than the national mean of 4.5 persons derived from the 2006-07 NDHS. Household size appears moderately larger for child grant beneficiaries than eligible non-beneficiaries. The average number of children younger than 18 years in the household of the FGD participants is 4.1, with caregivers looking after three children on aggregate. Close to 60% of FGD participants did not have a person of pensionable age (60 years or older) living in their household, with a third (32%) having one such person and 10% having more than one person in this age threshold. Household size, number of children under the age of 18 years, and number of adults of pensionable age were found to be higher for focus group participants from rural Kavango and Hardap than for those in urban Khomas.

### 4.5 Access to other government grants

Focus group participants were asked to identify whether any member of their household receives each of the different types of government grants. Apart from the child welfare grants, around a third (36%) of participants stated that someone received an old age pension in their household, with access remaining constant irrespective of the category of participants. Nearly a fifth of participant households receive a disability grant for at least one household member. The War Veterans Grant and Special Maintenance Grant were virtually absent (less than 5%) from the households of the FGD participants.
4.6 Household-level deprivation

Given the complexities of accurately collecting information on household and individual income, two sets of measures were included in the participant information sheet to assess poverty and deprivation in the households of the FGD participants, namely the Afrobarometer lived poverty questions and the Demographic Health Survey basic material needs for children items.

Lived poverty: The Afrobarometer lived poverty questions ask respondents how often they were unable to secure the basic necessities of life over the last year (Mattes, Bratton & Davids, 2003; Mattes, 2008). Nearly 85% of all FGD participants, irrespective of their grant beneficiary status, indicated that on at least one occasion they had to go without a cash income, enough food to eat, or school expenses for their children in the year prior to interviewing. An estimated 60% of FGD participant households experienced shortfalls of medicines or medical treatment, clean water and cooking fuel at least once during the reference period. Looking specifically at the core deprivation or lived poverty, which refers to those who regularly (many times or always) go without the basic necessities, school expenses (49%) and cash income (37%) stand out, with the other items being regularly absent in between a fifth and a third of households. These results demonstrate that the households of FGD participants are characterised by substantially higher levels of deprivation relative to the nationally representative results for Namibia from Round 3 of the Afrobarometer Survey (2006). The study also finds discernible sub-group differences in household deprivation among FGD participants. A smaller share of households with a child welfare grant beneficiary experiences regular shortages of basic necessities than is the case for households of eligible non-beneficiaries. The only exception is in relation to cooking fuel, where the difference is negligible. Regional variation in household deprivation is evident, with participants from Kavango significantly more likely to experience shortages in relation to cash income, food and the paying of school expenses than participants from Khomas and Hardap. Two-thirds (65%) of the Kavango sample were often unable to afford school expenses for children, 56% mostly had to survive without a cash income, while 40% reported serious household food insecurity.

Basic material needs for children: The 2006-07 NDHS collected information on whether children aged 5-17 years in the household had basic material needs. Three items were focused on, namely possession of a pair of shoes, two sets of clothes, and a blanket. These questions were also asked of all FGD participants. Caregivers were asked whether all children aged 5-17 years in their care had the three items, while the child participants were asked whether they personally had the items. A third of caregiver participants had all three items for each child aged 5-17 years in their care. Recipient caregivers were four times as likely as eligible non-recipient caregivers to have all three items (55% versus 13%). Among child FGD participants, 40% possessed all three basic material needs, with child grant beneficiaries twice as likely as eligible non-beneficiaries to have the items. There were considerable differences in ownership of the items by region, and beneficiary status within regions. The study sample is unfortunately too small to be able to confidently assign these differences in the possession of basic material...
needs for children to the receipt of the grant income. However, the pattern seems quite stark and warrants further empirical investigation. The study does draw attention to the need to reach eligible non-beneficiaries of the child grants, given the extreme levels of household and child-specific deprivation that they are confronted with.

4.7 Description of child welfare grants

**Initial receipt of the grant:** A quarter of focus group participants had been receiving the grant for less than two years, while nearly three-quarters (71%) first began receiving their grant in the last five years (since 2005). Around a fifth (18%) began claiming their grant between 2000 and 2004, with very few stating that they started receiving the grant before 2000 (all in Hardap). Finally, 9% did not know when the grant started to be received – all were child participants, and mainly FCG beneficiaries.

**Mode of payment:** Nearly two-fifths (38%) of participants have the grant money paid directly into a savings account at a post office, and a tenth (9%) arrange for the grant to be deposited into a bank account. At regional level, grant payment was almost entirely through cash collection for participants from Kavango, while in Hardap and Khomas there was a strong reliance on electronic payment into post office savings accounts (and bank accounts in the case of FCG recipients in Khomas). These distinctions are probably partially explained by varied access to banks and post offices, and the costs of transport for accessing them. They could also be influenced by factors such as banking charges or lack of exposure to the banking system (Delaney et al, 2008).

**Grant collection:** Among the small sample of people included in the focus groups who received one of the two main child welfare grants, most (93%) reported that the primary caregiver of the child beneficiary assumed responsibility for collecting the grant payment.
This section briefly outlines the findings from the focus group discussions (FGDs) held with beneficiary and non-beneficiary children and caregivers, as well as interviews held with regional and central stakeholders.

5.1 Access to child welfare grants – experience of barriers and factors facilitating access

A number of barriers to accessing the child welfare grants were recorded in the FGDs. With regard to knowledge of the child grant access policy, while there could be some improvement among some in raising awareness about the child grant policy, it does not seem that this is an area for great concern. Those who are eligible for the grants seemed to be well versed in the policy with only a few exceptions. Knowledge of the child grants does not appear to be a factor that explains differential take-up in the three study regions.

Another frequently mentioned barrier to grant access was difficulty in finding the money for transport to complete the application for a child grant. FGD participants noted transport costs as a problem in terms of getting to and from application points and obtaining documents for an application. Respondents reported that a lack of transport money would delay an application or prevent it from taking place, and in some instances place applicants in debt. Transport costs were mentioned as a barrier to access in all three regions but mainly in Kavango and Hardap. This highlights the additional challenges of completing an application for a child grant in rural areas.

It may be the case that an application for a child grant is made but the applicant is told that they are not the correct person to make an application. This could be because the father of a child is still alive, something that is accurate for the MG but not for the FCG. In some cases the caregiver of the child was not able to apply for the grant because they were told that the father of the child was alive and that he was the correct person to make an application.
Another barrier to accessing the child grants is when applicants do not have one or more correct documents to apply. Several reasons were provided for this occurrence. It could be because a caregiver’s or child’s document is simply missing, due to accidental loss (such as fire damage) or by virtue of the fact that it was never possessed. It could also be because names do not correspond on different documents, for example the name of the child’s father on birth and death certificates. Another problem referred to were disputes between family members, which prevented documents being obtained for an application. Furthermore, some applicants experienced difficulty in obtaining proof from community leaders (affidavits) in the absence of a basic document required for a child grant application. Another difficulty arises when someone dies a great distance away and the documents are difficult to obtain because of the distance. Some documents in particular are mentioned as being difficult to obtain: baptism cards, full birth certificates and death certificates. Some applicants experience difficulties in getting their documents from the Ministry of Home Affairs and Immigration (MHAI), and here closer co-ordination between this ministry and the MGECW would be positive. Focus group participants requested that the introduction of more flexibility in the grant eligibility criteria be considered, especially in allowing for a greater reliance on sworn statements.

In terms of access, a number of stakeholders who deal with grant administration mentioned that there are more barriers to access for the FCG than the MG. A number of factors mean that the FCG approval process takes much time. These include an accumulation of FCG applications, the need for involvement by social workers, specifically social workers not visiting prospective foster parents or not doing so timeously, staying in a rural area where there are fewer social workers than in urban areas. It does not seem that the court process itself is a barrier to accessing the FCG.

Some factors that facilitate access to the child grants were also mentioned in the FGDs and by regional stakeholders. These include having all national documents in place, being willing to make some personal sacrifice (e.g. in terms of transport costs), knowing individuals who could facilitate the grant application process, and being conversant in English. Further decentralisation of services is also mentioned as a factor that would facilitate access to grants.

5.2 Quality of and access to other critical government services

In this section the quality of and access to Namibian social services will be elaborated upon through the findings from the FGDs. The reason this is done is to establish whether the quality of services may be a disincentive to accessing these services.

A number of those in receipt of the child grants spoke of not receiving any government services other than the grants.
Some FGD participants – all from Hardap – spoke of the services offered by the MGECW, some of which relate to the services offered at welfare offices. Some of these stories were positive, others negative.

5.2.1 Education

Some focus group participants were happy with the quality of education; others found it problematic that education has to be paid for. A number of other standard concerns about educational quality were highlighted. These relate to high teacher-pupil ratios and class sizes, teacher motivation and behaviour (e.g. teachers not teaching, or being rude or unpleasant to learners), the use of corporal punishment, teacher absenteeism, insufficient or non-existent textbooks, and the poor state of school facilities.

Despite these quality-related concerns, access to education does not emerge as a significant problem on the whole. Irrespective of what is often described as poor-quality education, and despite having to pay school fees, children are still attending school. Therefore, educational quality does not appear to be acting as a major disincentive to school attendance for either grant beneficiaries or non-beneficiaries.

While this is an important and positive message, a number of salient challenges remain. One of the critical issues raised through the study was the disjuncture between policy and practice in terms of exemptions for OVC. Through the provisions of the National Policy on HIV/AIDS for the Education Sector (2003) and the Education Sector Policy for Orphans and Vulnerable Children (2008), the Ministry of Education (MoE) has stipulated that no learner shall be denied admission or prevented from attending school due to an inability to pay School Development Fund (SDF) contributions or hostel fees and funds, or afford a school uniform. Similarly, the 2008 policy stipulates that no learner is to be prevented from writing examinations due to insufficient funds to pay examination fees, while practices such as withholding school reports or teachers admonishing learners because of parents being unable to pay SDF or other contributions are strictly prohibited. School Boards are tasked with exempting certain learners from paying the SDF contributions. The FGDs and stakeholder interviews clearly indicate that there is considerable work still to be done in the implementation of these laudable policy provisions.

It appears that School Boards are rarely employing the exemption procedure. While some of the FGD participants had obtained school fee exemptions, most of the children in the study were not receiving exemptions, despite having tried to access them. Most children are trying to pay school fees, although this is problematic for many. In Hardap and Khomas, it was widely reported that children who cannot pay their school fees are being prevented from attending school until their fees are paid. Furthermore, in Khomas and to a lesser extent Hardap, there were cases where non-payment of fees was resulting in the withholding of school reports. These practices have a potentially serious impact on the learners. The withholding of a school
report means that children have no proof that a grade has been passed. Being sent home from school because of non-payment was found to be a particularly negative experience for children, not least because education is being missed out on. Having to pay SDF contributions is therefore impacting on the ability to obtain a proper education for some. Other forms of discrimination are also evident towards those who cannot pay their school fees, such as teacher pressure and reproach and the withholding of textbooks. Therefore, in practice the school fee exemption policy does not yet seem to be effectively working.

The study provides some insight into the reasons for these exemption policy implementation problems. Schools need the SDF contributions in order to function. If school fees are not received due to multiple exemptions being granted, then under the current system schools will not be able to function properly. It seems that grant beneficiaries are expected to pay school fees because the grant provides their household with a regular income, something which is not the case for many non-beneficiary children. In this way orphaned child welfare grant beneficiaries may actually be better off than non-orphaned, non-beneficiary children. The grant income may therefore be setting orphaned children and their households apart from other poor households. In contexts where a large proportion of learners are not able to pay, the schools are relying on the contributions from child welfare grant recipients to maintain the schools. Grant income is therefore perceived as a means to pay contributions to the school.

5.2.2 Child protection

The focus group material from the study generated little evidence of or discussion on violence, abuse or neglect of children in the domestic or family context. There was, for example, no mention of domestic abuse or serious neglect, though the likelihood of such sensitive topics being openly raised in a focus group setting is limited. Despite receiving grants, some participants mentioned that children were still exposed to food insecurity, while others mentioned that children had to make do without basic items of school clothing, such as school shoes or a jersey. Others said that the grant income helped overcome such forms of deprivation. One eligible non-recipient caregiver from Hardap said that accessing the MG would mean that his children would no longer have to engage in practices such as begging and selling bottles at a bottle store.

The focus groups did nonetheless raise the issue of emotional or psychological abuse, intimidation and physical abuse in the school context, which warrants further investigation. Most of the experiences relayed by child participants in this regard focus on teacher behaviour in the classroom. There are reports of teachers using derogatory language, undermining children’s self-confidence, and using corporal punishment. As previously mentioned, teachers in certain cases are also emotionally abusing learners by criticising and placing pressure on those whose caregivers have been unable to pay school-related expenses, or depriving them of educational materials. Beneficiary children who participated in the study also commented on stigma associated with receiving the grant, with reports of verbal abuse, and teasing and...
malicious gossip by non-beneficiary children. Some FCG beneficiaries also referred to stigma associated with being labelled an ‘orphan’.

The **regional and national stakeholder interviews** provided some additional commentary on children in need of protective services. One specific issue discussed relates to the Woman and Child Protection Units (WACPs), the specialist units established jointly by the Ministry of Safety and Security and the MoHSS to provide comprehensive services relating to crimes of abuse which are now under the MGECW. Expressed concerns about these units relate to inadequate budgetary allocations and staff resources, the constraints imposed by high caseloads on the availability of social workers to provide additional psychosocial support at WACPs, and the strict criteria that exclude children in need who are not involved in domestic abuse from seeking assistance. Another issue raised by a number of stakeholders as an escalating social concern was the plight of street children and the need for additional places of safety to ensure that they can be provided with adequate shelter.

### 5.2.3 Health

Study participants did not always find it easy to secure **access to health services** because of the cost of doing so. The evidence suggests that many children are turned away if they do not have the money to pay for a clinic visit or hospital visit. For those children who are not turned away, the inability to pay user fees is also resulting in cases where debts are being incurred at health facilities, long waiting periods are experienced as paying patients are attended to first, or inferior treatment is being received. However, it seems that children are still trying to access health services despite this issue of affordability. Various suggestions were made for how to get around fee payment in order to access health services, such as ‘smooth talking’ health staff to allow payment on credit and making children wear their school uniforms when going to the health facility. While there is some evidence of children gaining exemptions from fee payment for health services, in general there was a strong call from the focus groups for a more consistent application of health user fee exemption for OVC.

Although some FGD participants were positive about the **quality of health services**, the majority expressed a more negative attitude. Common problems that were mentioned included long queues for health services, problems with nurse behaviour, inadequate staffing, and inadequate or incorrect health treatment. Negative stories about health care provision were especially evident in Hardap. Again, there is some evidence indicating that quality-related concerns do not appear to be acting as a disincentive to health-seeking behaviour for grant beneficiaries or non-beneficiaries.

### 5.2.4 In-kind services

A regular form of in-kind service provided by government is school feeding schemes. Other less regular and more **ad hoc** in-kind provision was also identified in the study. This includes
blankets, clothes (including school uniforms), food, textbooks, pens, school bags, mosquito nets, sleeping bags and payment of hostel fees and school fees. These services may be available to orphans or to children more generally.

5.2.5 Views on whether the grants enable access to other services

There was a broad consensus that the child welfare grants were facilitating access to other critical services. In particular, the grants have resulted in a greater ability for school fees and related expenses to be paid for many children, and for some children to access health services. There were some reports that the grants are also enabling some services to be more properly accessed, for instance by ensuring that school children have food in their stomachs and that transport costs for hospital visits are able to be paid. Non-beneficiaries also expressed similar priorities, indicating that, if they were to receive a child grant, they would use it to enable better access to education and health services.

5.3 Non-governmental support for children receiving (or eligible for) the FCG and MG

Some FGD participants – both beneficiary and non-beneficiary – accessed not only government services but also non-government services. In some cases, non-governmental organisations (NGOs) seem to reserve their assistance for non-beneficiaries who do not have the support of the grant income, thus targeting ‘vulnerable’ rather than explicitly orphaned children. There is awareness of a wide array of NGOs that provide support to children in need, though the most frequently cited across and within the study regions was Catholic AIDS Action. Participants outlined many different types of support that they were aware of that are being supplied by these NGOs, namely food (including feeding schemes), blankets, clothes (including school shoes and school uniforms), school bags, school books, money, payment of school fees and examination fees, bibles, counselling, toiletries, groceries, stationery, mosquito nets, exercise books and calculators. However it is important to note that NGO provision to children is generally ad hoc, with caregivers assuming greater importance in terms of provision for children.

5.4 Impact of child grant administration on MGECW social worker capacity to render other critical services to children

Social workers are scarce, especially in the rural study regions of Hardap and Kavango. Moreover, there is a range of work responsibilities that social workers have, including various groups and types of work – both relating to the FCG and not. The FCG investigation process is extremely time-consuming for social workers, to the extent that it takes them away from their other work responsibilities. As a consequence of this social worker capacity constraint,
the administrative situation is characterised by backlogs, high case loads and delays in follow-up home visits. Volunteers and record clerks are undertaking some of the work of social workers in some cases: participating in the investigation process, typing up reports and checking that grants are spent responsibly. The aim is to understand the impact of child grant administration on social workers’ capacity to render other critical services to children. This is an issue that is being looked at in the new Child Care and Protection Bill.

Table 2 emphasises the critical shortage of social workers in the country. The total number of social worker posts are motivated within budget constraints, meaning that even more social workers could be required than is stated here. The table shows that in 2007, for Namibia as a whole, about half of the social worker posts for the public sector were vacant. This was also the case in Kavango and Hardap, although the situation was not as dire in Khomas where over three-quarters of the posts were filled. By late 2009, the situation had not improved significantly – of the 106 available funded social worker posts at regional level, only 45 had been filled and 61 were still vacant.

Table 2: Filled and vacant regional and national social worker posts

<table>
<thead>
<tr>
<th>Regions and National Level</th>
<th>Posts on Staff Establishment</th>
<th>Filled Posts</th>
<th>Vacant Posts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Karas</td>
<td>6</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Hardap</td>
<td>5</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Omaheke</td>
<td>5</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Khomas</td>
<td>16 (incl. institutions)</td>
<td>13</td>
<td>3</td>
</tr>
<tr>
<td>Otjozondjupa</td>
<td>5</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Erongo</td>
<td>5</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Kunene</td>
<td>5</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Omusati</td>
<td>10</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>Oshana</td>
<td>6</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Oshikoto</td>
<td>6</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Ohangwena</td>
<td>10</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>Kavango</td>
<td>10</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>Caprivi</td>
<td>7</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>National Level</td>
<td>7</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>103</td>
<td>50</td>
<td>53</td>
</tr>
</tbody>
</table>

*Source: MGECW (2007)*

One of the main challenges in addressing the situation of OVC is the lack of skilled human resources in both the public social service and civil society sectors, especially the social workers and magistrates. Indeed the scarcity of social workers is described as a primary constraint for the MGECW (MGECW, 2007a). The high number of vacancies in social worker posts throughout the country has a negative effect on service delivery. The appointment of Community Child Care Workers (CCCWs) in recent years has undoubtedly relieved at least some of the immense pressure imposed by the rapid scaling up of grant applications. In order to further assist social workers and chief clerks in the regions to address the backlog in social welfare grants assistance, foster placements and other critical areas, the MGECW has
managed to create 112 funded positions for CCCWs. However, of these, only 53 were filled by December 2009 and the rest are with the Public Service Commission for approval. To address these CCCW vacancies and assist with clerical work at national level in the immediate term, 70 volunteers were to be appointed in January 2010 for an eight-month period and sponsored by Pact Namibia. While this is an important development to assist with critical human capacity shortages in the short-term, recruiting and retaining the staff complement required in order to effectively meet the expanding demand for child welfare services is expected to be a prominent feature on the MGECW’s agenda in the medium to long term.

5.5 Monitoring of the grant access policy

There are two means by which the grant access policy is monitored, namely the requirement of showing the school report and checking on whether the grants are being spent responsibly. Recipients of the child welfare grants are required to show the child’s school report once a year to the MGECW social worker. From a policy perspective, the grants were not designed as conditional cash transfers, yet in practice the interpretation of this requirement may be having a similar behavioural effect as a conditional grant. The study found that recipients of the grants are very aware of this prerequisite for grant receipt. Many caregivers regard this requirement as a signal that they must keep children in school, and there is a strong belief that the grant will not be forthcoming if it cannot be shown that the beneficiary child is in school. Some speak of providing school progress reports to the MGECW, the same process otherwise referred to as showing the school attendance report. For some the requirement is to show the report not only once a year but more often – in some cases every quarter.

While not widespread, there is some monitoring of how the grants are spent. One caregiver is visited yearly by a social worker for this purpose. In another instance, when the report is shown, the child beneficiary is quizzed on how the grant is spent.

5.6 Beneficiaries’ experiences of the two main child welfare grants

5.6.1 Views on the differences the child welfare grants make

Based on the focus groups, the child welfare grants are perceived to be making a significant difference to the lives of beneficiaries. Receiving the grant means that food can now be accessed by some. It also makes a difference to some in that they can now afford essential purchases such as food, toiletries and clothing, as well as school and hostel fees, and have no need to borrow or beg. The grants are not seen only to make a difference in addressing children's physical needs. Some respondents felt that the grants also yield psychosocial benefits for some children in that they minimise emotional stress and encourage the
children to ‘feel free’. Yet, in spite of these perceived benefits, in some cases receiving the grant does not mean that all needs are met, as the grant amount is insufficient to cover the full range of basic needs of the child beneficiaries. Nonetheless, while there are concerns over the low grant value, many still express gratitude for receiving it. Many non-beneficiaries speak of the difference the grants would make to their lives if they were to become recipients. These included not worrying about what they were going to eat, being able to pay school fees and purchase food and clothing, and not having to beg for money.

5.6.2 Perceptions of and reactions to those receiving child welfare grants

Grant beneficiaries and caregivers of beneficiaries spoke of others holding a perception that they are well off because they receive the grant income, and an assumption that all the needs of the beneficiary children will be met. In the comments of beneficiary children, there is evidence of stigmatisation towards them. This includes reports that they are being badly treated because they receive the grant, or being gossiped about, being socially excluded by neighbours and being labelled an ‘orphan’. A certain amount of jealousy of non-beneficiaries towards beneficiaries is apparent, though it is perhaps unsurprising that such sentiments arise given that the receipt of the grant may place the beneficiaries in a slightly better position than others not receiving it. However, the sense of relative deprivation and discord that the child welfare grants provoke in some is offset to some extent by the many descriptions from the focus groups of harmony between recipients and non-recipients.

5.7 Financial circumstances of FGD participants

As already highlighted in section 4.6 on household-level deprivation, some of the focus group participants were in very difficult financial circumstances. Being in challenging circumstances applies not only to non-beneficiaries of the grants and their caregivers, but also to beneficiaries and their caregivers. There are basic goods and also critical services that are needed but which these individuals go without – these include food, clothes, toiletries and some aspects of education. Study participants used a number of different means to ‘get by’. These included running small businesses (selling livestock was frequently mentioned in Hardap), doing temporary part-time work, going into debt with businesses, borrowing informally from friends and neighbours, and receiving a pension.

5.8 Spending of the FCG and MG

There appear to be different interpretations of what the grant should be spent on. In many cases, participants mentioned that they had been told that the grants must not be spent on things that do not relate to the needs of the child, especially alcohol. Some mentioned that they were told it should be spent on school expenses and other child needs, while others were explicitly told the grant income must not be spent on school fees. Two focus groups of
beneficiaries and caregivers of beneficiaries say they have received no information on how to use the grants.

5.8.1 Four main spending priorities of the child welfare grants

The FGD participant information sheets asked each participating child grant beneficiary and caregiver to specify the four main items (in order of priority) that the grant is spent on. From Table 3 it is apparent that food and beverages was the most commonly cited spending item for all the FGD participants receiving a child welfare grant (40%). School fees were mentioned by 35% of participants as the main spending item. If one adds pre-school/child care, school hostel fees and other school expenses to this figure, then the percentage nominating education-related expenses as the main spending item rises to 43%. Therefore, food and broad education expenditure alone represent the main forms of spending of grant income for nearly 85% of participants. In terms of the second to fourth grant spending items, school-related expenses remain of note, as does food to a lesser extent. The purchasing of children’s clothing (excluding uniforms) and spending for health care for children assume increasing importance. The use of grant income to support productive activities (e.g. agricultural inputs) hardly features among spending priorities.

**Table 3: Four main items in order of importance that grant income is spent on by FGD participants receiving grants (col. %)**

<table>
<thead>
<tr>
<th>EXPENDITURE CATEGORIES</th>
<th>ALL MG AND FCG BENEFICIARIES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>First item</td>
</tr>
<tr>
<td>Food and beverages</td>
<td>40</td>
</tr>
<tr>
<td>Housing, including utilities</td>
<td>3</td>
</tr>
<tr>
<td>Transport</td>
<td>1</td>
</tr>
<tr>
<td>Furniture and equipment</td>
<td>3</td>
</tr>
<tr>
<td>Clothing and footwear for children (excluding uniforms)</td>
<td>8</td>
</tr>
<tr>
<td>Clothing and footwear for adults</td>
<td>0</td>
</tr>
<tr>
<td>Educational expenditure</td>
<td>43</td>
</tr>
<tr>
<td>Pre-school (kindergarten, day care) or other child care</td>
<td>1</td>
</tr>
<tr>
<td>School fees</td>
<td>35</td>
</tr>
<tr>
<td>School hostel fees</td>
<td>1</td>
</tr>
<tr>
<td>Other school expenses (uniforms, transport, text books, etc.)</td>
<td>5</td>
</tr>
<tr>
<td>Health care for children</td>
<td>4</td>
</tr>
<tr>
<td>Health care for adults</td>
<td>0</td>
</tr>
<tr>
<td>Agricultural inputs</td>
<td>0</td>
</tr>
<tr>
<td>Recreation, entertainment and sport</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>100</td>
</tr>
<tr>
<td><strong>Base N</strong></td>
<td>80</td>
</tr>
</tbody>
</table>
At regional level, school fees were described as the most important form of grant expenditure by about half of the participants in Kavango, a fifth of those in Khomas and a quarter of those in Hardap. Almost all in Kavango stated that the primary use of the grants was on food and education. School-related and food expenditure dominate in Hardap and Khomas too, though to a lesser extent than in Kavango. There is also a variety of additional items and services that the grants are spent on for children and for households as a whole. This includes access to credit.

5.8.2 Corroborating evidence on spending priorities from the FGDs

The FGD information shows that the grants are contributing towards basic needs, namely food and clothing. However, it seems that because the grant is spent on school fees by so many who receive it, it is not spent on basic needs (that is, ‘legitimate’ spending). For many caregivers the grant is their main or only source of income but it is not enough to meet their or their children’s basic needs. Many non-recipients of the grants hold the view that the child grants are spent on ‘illegitimate’ needs – that is, they are misused. However, apart from one instance, there is no specific mention of how the grants are misused, so it is not clear to what extent these statements are based on conjecture. Certainly, from the evidence discussed above, the beneficiaries appear to be prioritising spending on children.
5.8.3 Intra-household distribution of grant income

Study participants also described a number of ways in which the child grant income was allocated within the household. It was described as being rrationed in certain ways. Some caregivers indicated that the grant income was being rationed across children over different months, so that one item would be bought for one child in one month, followed by spending on another child in a different month. Others suggested that they rationed across months in terms of what is purchased, for instance buying clothes in one month and toiletries in the next month. Many of the grant-receiving households noted that the child grant income is pooled and then allocated between all household members or alternatively between all children. In these households, the decision to pool income is premised on an appreciation that all children have individual needs that have to be met, and that, as such, spending on the beneficiary child exclusively is regarded as favouritism. In other households, the grant is spent only on beneficiary children or on beneficiary children and other household needs. The decision on what to spend on the beneficiary child comes either from the child himself or herself, from the caregiver, or from both.

5.9 Strengths and weaknesses in the child welfare grant policy and its implementation

Study participants were also asked for their perspectives on the strengths and weaknesses of the child grant policy and the OVC policy. There was generally positive sentiment about the child grants, although this was balanced by a perception that the amounts of the child grants are too low. In fact, many regional stakeholders highlighted this as a weakness of the child grant policy, with the grant amounts described as being at a level that would not enable the needs of beneficiaries to be met, especially with the rising costs of living. Other weaknesses concerned issues of child welfare grant access. Here, in particular, the time taken for beneficiaries to receive grants was raised. Further weaknesses had to do with how the grants could be misused. Another weakness raised was dependency on child grants.

Strengths of the OVC policy related to simply having something on paper that prioritises needy children. Government employees, whether in high positions or not, are seen as a strength of the policy by others. Other strengths include government liaising with the regional councils and the launch of a register for OVC in the Ministry of Education. Weaknesses of the OVC policy that were identified include ministries not working together, and this is mentioned as a problem with respect to data gathering of child-specific data. The lack of social workers was identified and the need for human capacity to monitor the implementation of the policy was also underscored. A lack of well-functioning government offices in all constituencies was also pointed to. Children having to pay school fees in order to go to school and a scarcity of social workers were two additional weaknesses.
6 Recommendations and Policy Considerations

The functions and budget for the child welfare grants was taken over from the MoHSS by the MGECW in 2002, and since that time there has been an appreciable increase in the number of children receiving the MG and, to a lesser extent, the FCG. A sizeable number of orphans are receiving one of the two grants – a laudable achievement. The number of children receiving a child welfare grant has not been constrained by the budget. The government has in place a system which makes a difference to the lives of children who have lost one or both of their parents. Yet there is some work that remains to be done. Poor children who are not orphaned are left out as child welfare grants are targeted at orphans. There are various options which are not scientifically formulated but which could be implemented to improve the situation of OVC in Namibia. One or more of these options could be adopted.

The various options outlined have been clustered into three broad groups:

(a) Policy considerations relating to alternatives to the current child welfare grant system
(b) Other potential amendments to the pre-existing child welfare grant system
(c) Other cross-sectoral policy considerations

Many of these options represent substantive policy decisions that are likely to require further deliberation at an executive level, particularly because of the budgetary and operational implications that many of the proposals entail.

It is important to emphasise at this juncture that the policy-related considerations that follow are merely ‘recommendations’ that draw on the study findings and insights derived from policy documents, programmatic information and other empirical literature. They do not necessarily reflect the views of the MGECW, nor do they have to be adopted by the Government of Namibia. Instead, their purpose is to assist the MGECW, the Government more generally, and other stakeholders to deliberate and make informed decisions on any policy option and its implementation.
6.1 Considerations relating to alternatives to the current child welfare grant system

The current eligibility criteria for the MG and FCG are strongly focused on the orphan status (single- or double-parent orphans) of the beneficiaries. This raises important questions relating to whether other poor, non-orphaned children with needs that are equivalent to or greater than many OVC are being excluded from accessing child welfare grants because of the priority that has been attached to orphans in determining eligibility. There is increasing evidence to suggest that the provision of grants for orphans as a category of children distinct from other children served may be bypassing the needs of considerable numbers of impoverished and vulnerable children in the country.

A recent study of food support programmes for OVC in northern Namibia found that orphanhood was not directly linked to vulnerability, and that not all households hosting orphans were poor and/or vulnerable. There were many children who were not orphans but were vulnerable to food insecurity and poverty. The study concluded that social safety net programmes as they currently stand do not address the needs of these vulnerable children who are not orphaned (MGECW and WFP, 2007). Table 4 provides estimates of child poverty based on the 2003/04 Namibia Household Income and Expenditure Survey (NHIES), using the official upper-bound line for the country of N$262,45 per adult equivalent expenditure per month in 2003/04 Namibian dollars (Central Bureau of Statistics, 2008). The results demonstrate that there is only a marginal difference in the incidence, depth and severity of poverty between orphaned and non-orphaned children under the age of 18 years (Roberts, Streak and Levine, 2010). Furthermore, approximately eight out of every ten poor children in Namibia (82%) are non-orphaned. These findings lend further credence to the view that targeting the child welfare grants to orphans overlooks other equally poor cohorts of children.

**Table 4**: Incidence, depth and severity of child poverty by orphan status, using expenditure per adult equivalent as the welfare measure and with the poverty line set at N$262.45 per month

<table>
<thead>
<tr>
<th>ORPHAN STATUS</th>
<th>CHILD POVERTY (0-17 YEARS)</th>
<th>Poverty headcount rate ((P_0))</th>
<th>Poverty gap ((P_1 - \text{depth of poverty}))</th>
<th>Squared poverty gap ((P_2 - \text{severity of poverty}))</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Rate (%)</td>
<td>Share (%)</td>
<td>No. of poor children</td>
<td>Rate (%)</td>
</tr>
<tr>
<td>Single or double orphan</td>
<td>45.3</td>
<td>17.6</td>
<td>64,610</td>
<td>0.155</td>
</tr>
<tr>
<td>Not an orphan</td>
<td>42.9</td>
<td>82.4</td>
<td>303,457</td>
<td>0.148</td>
</tr>
<tr>
<td>All children &lt;18 years</td>
<td>43.4</td>
<td>100.0</td>
<td>370,226</td>
<td>0.149</td>
</tr>
</tbody>
</table>

*Source: Roberts, Streak and Levine (2010) based on calculations using NHIES 2003/04 data*
Based on evidence such as this, it has been argued that social security provided on the basis of orphanhood “mistargets crucial resources, is inequitable, risks further overburdening the child protection system and is not a cost efficient way of supporting all poor children” (Meintjies et al. 2003). In the Namibian context, recognition of these limitations of the child welfare grant system ultimately leads one to consider policy options involving an alternative configuration of the social security system for children. These would involve critical reflection on who are the children in need, what are equitable and appropriate eligibility criteria to target resources to them, and other critical design issues such as the means test (Levine et al, 2009).

In addition to this concern about missing non-orphaned, impoverished children, another issue with the current structure of the child grants relates to the distinction between informal kinship care and formal foster care. The foster care consultancy (MGECW, 2009) which was conducted parallel to this study strongly recommends that the new Child Care and Protection Bill incorporate a clear legal distinction between kinship care and foster care. Kinship care refers to the care of a child by a member of the child’s family or extended family, while foster care is explicitly care of a child by a person who is not a parent, guardian, family member or extended family member in terms of an order of the children’s court. In order to address the situation where considerable numbers of children in kinship care are applying for foster care grants, placing undue demands on social workers and courts, it has been suggested that the grants system be reconfigured to better support both kinship care and foster care.

In this context, the option proposed is to draw on emerging national debates for extending the child grant safety net to reach and protect significantly greater numbers of poor children, and better address the kinship/foster care distinction, namely a means-tested maintenance grant with expanded eligibility for poor and vulnerable children.

6.1.1 A means-tested child welfare grant

It is recommended that the current MG is adjusted so that it becomes a means-tested grant for all poor and vulnerable children in the country. Children in kinship care would be eligible for this grant rather than a foster care grant, with this form of financial support being made available to kinship carers upon the transfer of parental responsibility to them. For children placed in foster care, it is recommended that a foster care grant be provided to the foster caregiver at the time of placement once the court order has been issued. Advantages include increased coverage of vulnerable children, limiting foster care grants to those explicitly in formal foster care while removing the need for a court process in providing financial support to kinship carers. Disadvantages include the fact that it does not offer as great a reduction in the administrative burden, though the option would make a considerable difference in the demands on social workers and courts given the separation of grant options for children in kinship care versus foster care. Again, a detailed costing exercise for this option needs to be undertaken. Moreover, it is recommended that a standard definition of the term “vulnerable child” is adopted for targeting purposes.
6.2 Other potential amendments to the current child welfare grant system

In addition to the broad options for reconfiguring the child welfare grant system outlined above, several options which are likely to improve the system’s effectiveness could be considered. These include: equalising the monetary value of the child grants across beneficiaries; raising the value of the child welfare grants; allowing for greater flexibility in grant eligibility criteria; and increasing the value of the old age pension.

6.2.1 Equalise the amounts of the child welfare grants

The grants appear to be having a positive effect on beneficiaries, though concerns about the low grant values were raised. There are differential grant amounts in cases where a caregiver receives a grant for more than one child in her/his care (first child N$200; subsequent children N$100). This practice makes budgeting difficult for the MGECW. The focus of the MGECW in recent years has been on increasing the coverage of the two main child grants. Given the impressive progress in this respect, one possible option for improving the efficiency and effectiveness of the child grant system would be to equalise the grant amounts for all eligible children. Not only would this redress a situation where eligible children are treated differentially in terms of the monetary value of the grant received, but also it would assist administratively in determining more precisely mid-term estimates of the budgetary requirements for the grants.

Options for consideration:
- The provision of a uniform grant value for all children who apply for a child grant.
- Costing of equalising grant amounts to be properly costed to inform budgetary processes.

6.2.2 Raise the amounts of the child welfare grants

This proposal again stems from concerns about the low grant value, and evidence that the basic needs of children are not being adequately covered by grants at their current threshold. The value of the grants has not been adjusted for inflation since 2000, due to a focus on expanding coverage before increasing the grant amounts to keep apace with inflation. The consequence of not inflation-linking the child welfare grants (as has been the case with the old age pension) is that the real value of the maintenance and foster care grants has eroded by 39% between 1996 and 2009 and by 23% between 1999 and 2009 (Levine et al, 2009). The purchasing power of the grants has thus diminished considerably over the decade, which in turn constrains the spending choices of recipients in catering for the basic needs of children.

Options for consideration:
- Raising the amount of the child welfare grants to account for inflation.
- Consideration is made as to whether the value of the foster care allowance/grant for foster carers could be increased higher than the grant value for kinship caregivers.
The justification for this would be to cover the costs of providing full-time care of children placed in foster care, while compensating foster carers who stay at home to provide such care.

- Undertaking a costing exercise to examine the budgetary resources needed to increase the grant value by different amounts and under different assumptions about numbers of child beneficiaries. As part of this activity, a detailed assessment of the real costs of caring for a child is recommended.

### 6.3 Other cross-sectoral policy considerations

#### 6.3.1 Amend the foster care placement procedure

Foster care placement – which involves a social worker investigation and case report – is extremely lengthy because of a scarcity of social workers and a large number of cases. Children are not receiving the support of the grants while the foster care placement is underway, a process which can take years.

Options for consideration:

- The removal of the court process from the foster care placement procedure.
- Leaving the foster care placement decision in the hands of social workers.
- Enabling kinship carers to agree on a contract with the MGECW which would make home visits and court procedures unnecessary.

#### 6.3.2 Addressing key barriers to accessing the child welfare grants

A lack of official documentation, coupled with inconsistent usage of alternative documents (affidavits, baptismal cards) and administrative problems (misplacing files, lack of or slow follow-up, availability of welfare officials), remains a persisting challenge to the application process. A further challenge is that while there is good awareness of the child grants, there remains imperfect knowledge of eligibility criteria.

Options for consideration:

- The introduction of a degree of flexibility in grant administration, especially with regard to eligibility criteria, so that the option of affidavits as opposed to formal documents is considered in some instances.
- Co-ordination and communication with the Ministry of Home Affairs and Immigration (MHAI) to ensure that a closer working relationship is established with the MGECW in the issuing of birth certificates and other key national documents for children and their caregivers. Further engagement could be considered in relation to mobile registration units, which would allow for the processing of essential documentation as well as the submission of grant applications.
- Sustained public communication on grant entitlements and eligibility criteria.
• Regular communication with MGECW social workers and Community Child Care Workers on child welfare grant eligibility criteria.
• Improving systems and codes of conducts at welfare offices.

6.3.3 **Introduce additional and more in-kind services**

The study findings show that a number of in-kind services (for instance food, school uniforms and scholastic material) are provided to some children in need by a range of service providers (government and non-governmental). However there is insufficient co-ordination among different role players, which may be leading to the duplication of services. A number of specific requests were made in FGDs and regional stakeholder interviews for different forms of in-kind provision to be made by government.

Options for consideration:
• Extending the reach of in-kind services to include all vulnerable children, not just orphans, as a programme complementary to the grants.
• Exploring mechanisms for combined, multi-sectoral co-ordination to improve in-kind service provision.

6.3.4 **Improve co-ordination between government departments and other organisations**

There is a lack of co-ordination between government departments and NGOs.

Options for consideration:
• A follow-up investigation of appropriate structures for high-level co-ordination, through which social development issues affecting children can be discussed and policy decisions made.
• Co-ordination in relation to child grants, services and policy.
• Co-ordination with regard to data-gathering between ministries.

6.3.5 **Address the social worker human resource issue**

There is a serious shortage of social workers in the MGECW to undertake the investigation for the FCG but also to do a variety of other types of work that also relate to children. Moreover, it is difficult to retain current staff. Two positive developments are the development of a human resource plan and the introduction of Community Child Care Workers to alleviate some of the work burden of social workers (task shifting).

Options for consideration:
• From a long-term perspective, filling social worker posts by investing more in training additional social workers for the country
• Training social workers for the private sector.
• From a short-term perspective, providing training to all workers in all directorates in the MGECW to increase capacity, as an innovative way of using current staff.
• Re-defining the concept of a Community Child Care Worker and developing a clear job description as well as a training programme for such workers.
• Linking these activities with the human resource plan that is under review.

6.3.6 **Address the implementation of the school fee exemption policy**

In some regions school reports are withheld from learners while in others pupils are sent home from school if they do not pay their fees. School fees were the main item that the child grants were spent on. In practice exemptions from paying school fees are not widely granted to OVC, despite their being eligible for them.

Options for consideration:
• Addressing the implementation of the exemption policy so that the policy works in practice, that is all children who receive either an MG or an FCG are automatically exempted from paying school fees.
• Clarifying the exemption policy across departments.
• Simplifying and clarifying criteria for school fee exemption.
• Addressing the lack of uniformity in exemption forms and protocols.
• As an alternative, finding other ways for the School Development Fund to be paid so that children do not have to pay school fees (an option which has already been costed).

6.3.7 **Overcoming barriers to accessing health care facilities**

According to the National Plan of Action (NPA) for OVC (MGECW, 2007b), the Minister of Health and Social Services is authorised to grant exemptions for the prescribed fees for health services for state patients. While the regulations do provide several categories of exemptions, none of these apply to OVC or provide for fee exemptions on the ground of poverty. Activity 4.1 of the Health and Nutrition plan in the NPA aims to improve OVC access to free health services by (a) disseminating information to communities, OVC caregivers and health workers on how to access health care services and on the procedures for being exempted from the fees for such services, and (b) amending health regulations to provide for exemptions for OVC and other state patients who cannot afford the prescribed health fees, and issuing an official circular to all health care providers and administrative staff on the proper interpretation and implementation of such regulations. The study clearly points to the challenges involved in accessing health care services due to an inability to pay user fees. A few regional stakeholders from Hardap and Kavango indicated that exemptions are given to some poor children who attend clinics.
Options for consideration:

- The MGECW engages in inter-ministerial discussions with the MoHSS to discuss the study findings and find workable means of expediting progress towards the proposals contained in the NPA for OVC for promoting free health services for children in need. In particular it is recommended that consideration be given to automatically exempting child welfare grant beneficiaries from paying health care user charges in order to encourage increased service utilisation.
- Recommend developing and communicating clear guidelines on user charge exemptions for OVC to health care workers and the general population.

6.3.8 Strengthen complementary services for children

The provision of grants takes precedence over other equally important services. Services such as early childhood development (ECD), counselling abused children and victims of substance abuse, and providing protection and services to street children, are sorely needed.

Options for consideration:

- Exploring the feasibility of rolling out ECD.
- Exploring the feasibility of supporting children beyond high school in the form of study loans and insurance.
- Better co-ordinating the activities of different ministries.
- With regard to child protection, it is recommended that the following be considered:
  - Further education and awareness-raising programmes in relation to the adverse consequences of corporal punishment.
  - Conducting further research on the nature and extent of different forms of child abuse in the schooling context.
  - Strengthening linkages to school service providers to ensure that abuses of authority are prevented or investigated.
Direct income transfers as a form of social protection has received mounting interest both internationally and in sub-Saharan Africa, driven primarily by strong evidence of their potential to reduce poverty and strengthen the human capital of children by facilitating improved access to health and education services. In Namibia, in the context of HIV and AIDS, the provision of child welfare grants has become an increasingly salient form of assistance aimed at ensuring that orphans and vulnerable children are protected and nurtured. This qualitative study has aimed to contribute to a fuller understanding of the barriers preventing access to the child welfare grants, the effect that administering the grants has had on the capacity of the MGECW to fulfil its mandate of providing a range of services to children, and the use and effect of the grants in meeting the basic needs of child beneficiaries and enabling access to critical services. This was achieved primarily through a series of focus group discussions as well as regional stakeholder interviews undertaken in Khomas, Kavango and Hardap.

It needs to be reaffirmed that, due to the study’s qualitative research design and small sample size, caution must be exercised in generalising the findings to the country as a whole. Nonetheless, analysis based on the in-depth information generated by the study does in many instances corroborate the results of other pre-existing research. It also suggests a number of policy options and considerations that it is hoped will enrich ongoing discussions and policy debates about the structure and administration of the child welfare grants and how to increase their effectiveness in improving the lives of poor and vulnerable children. The study further raises the need for additional research, especially in relation to determining the budgetary implications of various policy options suggested in relation to the child welfare grants and assessing the cost of caring for a child in Namibia.


Ministry of Health and Social Services (MoHSS) (Namibia) & Macro International Inc. (2008). *Namibia Demographic and Health Survey 2006-07*. Windhoek and Calverton (Maryland, USA): MoHSS & Macro International Inc.

Ministry of Health and Social Services (MoHSS) (1992). *The Official Primary Health Care / Community Based Health Care Guidelines*. Windhoek: MoHSS.


A few of the key documents and leaflets containing information on child welfare grants and other services for children in need in Namibia, published by the Ministry of Gender Equality and Child Welfare.