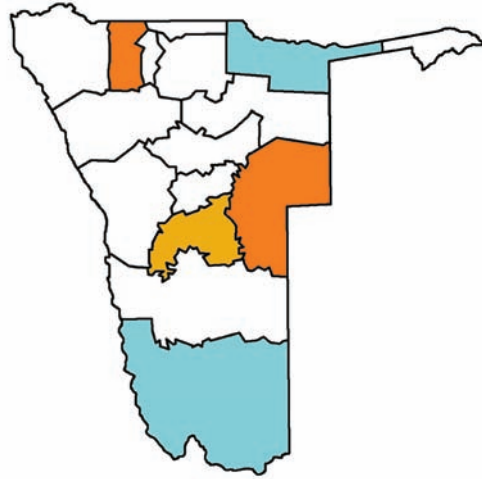


# Assessment of the Woman and Child Protection Services in Kavango, Karas, Khomas, Omusati & Omaheke regions in Namibia

Synthesis report



Republic of Namibia

# **Assessment of the Woman and Child Protection Services in Kavango, Karas, Khomas, Omusati and Omaheke regions to inform the development of an Integrated Protection System in Namibia**

Synthesis report

November 2012





# TABLE OF CONTENTS

## ABBREVIATIONS AND ACRONYMS |1

## EXECUTIVE SUMMARY |3

STUDY RATIONALE |3

KEY FINDINGS |3

Protection Concerns for Women and Children in Namibia |3

Legal and Policy Framework for Protection |3

Institutional Framework for Protection |4

Assessment of WACPU Services |5

CONCLUSIONS AND RECOMMENDATIONS |9

I. An Integrated Protection Service Model for Namibia: Strengthening the WACPU Model |9

II. The WACPU and the Child Protection System |12

III. Towards an Integrated National Protection System |12

## 01

### INTRODUCTION |15

1.1 Study purpose, aims and objectives |15

1.2 Key concepts and definitions: protecting who and from what? |16

## 02

### METHODOLOGY |17

2.1 Main study methodology |17

2.2 Methodological adjustments for the present report |18

2.3 Limitations to the study |18

## 03

### COUNTRY CONTEXT |20

3.1 Protection concerns for women and children in Namibia |20

3.2 Legal and policy framework for protection |21

Protection related legislation

Protection related policies

3.3 Institutional framework for protection |22

Government institutions

Non-governmental organisations

Institutional capacity constraints

Coordination mechanisms

Concluding observations



## ASSESSMENT OF THE WACPU SERVICES

### 4.1 What are WACPU? |25

- WACPU structure and management
- Staff roles and functional responsibilities
- Financing and resources
- Operating procedures

### 4.2 Addressing protection needs: WACPU effectiveness, efficiency, social acceptability, and user-friendliness |31

- Effectiveness of WACPU services
- Efficiency of WACPU services
- Social acceptability of WACPU services
- User-friendliness of WACPU services

### 4.3 Assessment summary and conclusions |39

### 4.4 Comparative analysis of the WACPU model and integrated service models addressing SGBV in Kenya, Liberia, Sierra Leone, South Africa and the UK |40

04

## CONCLUSIONS AND RECOMMENDATIONS |42

### 5.1 An integrated protection service model for Namibia: strengthening the WACPU model |42

### 5.2 The WACPU and the child protection system |46

### 5.3 Towards an integrated national protection system |47

05

## ANNEXURES |49

ANNEX 1: Recommended indicators for WACPU assessment |49

ANNEX 2: Comparative overview of the WACPU model and hiv/aids system in Namibia, and integrated service models addressing SGBV in Kenya, Liberia, Sierra Leone, South Africa and the UK |51

ANNEX 3: Recommended action plan for the strengthening of an integrated protection service model in Namibia |55



# ABBREVIATIONS AND ACRONYMS

ADPD	African Decade of Persons with Disabilities
AIDS	Acquired Immune Deficiency Syndrome
CBO	Community Based Organisation
CEDAW	Committee on the Elimination of Discrimination Against Women
CRC	Convention on the Rights of the Child
CSEC	Commercial Sexual Exploitation of Children
DDRM	Directorate for Disaster Risk Management
DNA	Deoxyribonucleic Acid
DVVSU	Domestic Violence and Victim Support Unit
ETSIP	Education and Training Sector Improvement Programme
EU	European Union
FAO	Food and Agriculture Organisations
FGD	Focus Group Discussion
FGM	Female Genital Mutilation
FSU	Family Support Unit
GBV	Gender Based Violence
GRB	Gender-Responsive Budgeting
GVRC	Gender Violence Recovery Centre
HBV	Hepatitis B Virus
HIV	Human Immunodeficiency Virus
IDP	International Development Partner
IECD	Integrated Early Childhood Development
ILO	International Labour Organisation
IPV	Intimate Partner Violence
LAC	Legal Assistance Centre
LNP	Liberian National police
MDG	Millennium Development Goal
MGECW	Ministry of Gender Equality and Child Welfare
MHAI	Ministry of Home Affairs and Immigration
MoE	Ministry of Education
MoHSS	Ministry of Health and Social Services
MoJ	Ministry of Justice
MOLSW	Ministry of Labour and Social Welfare
MOU	Memorandum of Understanding
MSS	Ministry of Safety and Security
NAMPOL	Namibian Police
NANASO	National AIDS Service Organisation
NANGOF	Namibia Non-Governmental Organisations Forum
NDP	National Development Plan
NGO	Non-governmental Organisation
NPA	National Prosecuting Authority of South Africa
NPC	National Planning Commission
OPM	Office of the Prime Minister
OVC	Orphans and Vulnerable Children
PEP	Post-Exposure Prophylaxis
SADC	Southern African Development Community
SARC	Sexual Assault Referral Centre
SLP	Sierra Leone Police
SOCA	Sexual Offences and Community Affairs Unit

SOP	Standard Operating Procedure
TWG	Technical Working Group
UNAIDS	Joint United Nation Programme on HIV/AIDS
UNDP	United Nation Development Programme
UNESCO	United Nation Education Scientific
UNFPA	United Nation Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WACPU	Woman and Child Protection Unit
WHO	World Health Organisation

## Study Rationale

There is increasing recognition worldwide and in Namibia that the protection of children and other vulnerable population groups cannot be effectively achieved by approaches that only focus on single issues such as violence against children, institutionalization, trafficking, sexual exploitation, child labour, or HIV/AIDS.

Much progress has been made particularly in the field of child protection to move away from issue-specific, responsive programming, which tends to leave significant protection gaps, and towards adapting a systems approach through “comprehensive, tailored, well-organized set of measures to prevent and mitigate the incidence of violations” whilst seeking to utilise resources in the most efficient and cost-effective ways.<sup>1</sup>

In Namibia, it has been proposed to develop a model that would use the lessons learned from the child protection field and apply a systems approach to the protection of not only children, but also of vulnerable adults, especially women. To inform the development of such a model a Technical Working Group (TWG), comprising the Ministry of Gender Equality and Child Welfare (MGEWCW), Ministry of Safety and Security (MSS), UNICEF, other UN agencies, and civil society, designated the MGEWCW to undertake a study.

The present report provides a synthesis of the broader study conducted by MGEWCW in 2011 in the form of condensed presentation of the main outcomes, with some adjustments to the method of analysis and in the presentation of recommendations.

## Key Findings

### Protection Concerns for Women and Children in Namibia

Although research data on protection issues in Namibia is limited, a number of studies conducted by the Government, UN agencies and local NGOs help to identify the key concerns that require urgent attention either due to their high prevalence or due to their particularly serious nature. In addition to the issues covered in the literature, a number of serious protection issues were raised by communities, frontline service providers and other stakeholders who participated in this study. Many of these were found to be common to all five case study regions, although there was some regional variation in the emphasis given to specific concerns.

Following its terms of reference, the study looked at protection concerns for women and children, and identified that communities in **Kavango, Karas, Khomas, Omusati and Omaheke** regions are most concerned about: *sexual and domestic violence particularly against women and girls, which is often fuelled by alcohol abuse; prostitution and commercial*

*sexual exploitation of children; child abuse, particularly in relation to orphans and vulnerable children; exploitation of child labour; teenage pregnancies; early marriage of girls; detention of children in conflict with the law; and birth registration. Other protection concerns reported in the literature include: baby dumping (infanticide); disinheritance of widows through land and property grabbing; and human trafficking.*

It must be highlighted, however, that due to the limited scope of the study the evidence base for identifying the main protection concerns for a broader protection system in Namibia is far from complete and further research is necessary.

### Legal and Policy Framework for Protection

The concept of “protection” is not defined in any of the national laws or policies in Namibia. Nevertheless, a wealth of legislation and policy exists that addresses the protection of various population groups from a variety of concerns ranging from violence, to social exclusion, to disease. Such a broad understanding of protection, and different interpretations of the concept by different actors, poses a serious challenge to the development of an integrated national protection system.

Overall, it is recognised that the legal and policy framework, which the Namibian Government has established in order to deliver its protection mandate, is well developed. It is also illustrative of the Government’s commitment to fulfilling the rights of its citizens.

Namibia has made significant progress in developing a **legal framework** to protect children and vulnerable adults, to promote

<sup>1</sup>Child Frontiers (2011)



human rights, and enhance gender equality. Specific protection guarantees are provided by the Government's ratification of international and regional (African) treaties and adoption of relevant domestic laws.

Although a number of strong protection related laws is available, a significant number of draft Bills and proposals for law reform, which would greatly enhance protection and reduce vulnerability, have remained under consideration for an extended period of time and are yet to be enacted.

At the **policy level**, **Vision 2030** – the national development strategy – provides a framework for a long term, macro level development that includes essential protection elements, such as investing in women and children and promoting gender equality, which are mainstreamed into development targets. The **National Development Plan 2007/2008 – 2011/2013** (NDP3), provides detailed, intermediate plans through which Vision 2030 can be achieved. Sector, Ministry, and Directorate level policies, plans and budgets have been and are in the process of being developed, including those concerning the protection of Namibian citizens from violence and enhancing the rights of women and children.

A number of individual policies are accompanied by standards and guidelines to enable the relevant agencies to monitor and evaluate implementation progress and to assess the impact. These standards and guidelines could serve as important accountability tools, however, in reality **many are not being adequately disseminated and implemented**.

Legal Assistance Centre identified that to ensure better implementation of the existing policies, strengthening is required in two key areas: a) government financial

planning to ensure that sufficient resources are allocated to the adopted policies; and b) political will and commitment to the principles contained in these tools to ensure that strong action plans and monitoring tools are followed through.<sup>2</sup>

In addition, a number of stakeholders who participated in the study emphasised that the effectiveness of the existing policies could be enhanced, if there was better coordination among the agencies responsible for their implementation.

## Institutional Framework for Protection

Currently, seven **Government Ministries** are engaged in the delivery of the Government's protection mandate: *Ministry of Gender Equality and Child Welfare (MGE CW)*; *Ministry of Safety and Security (MSS)*; *Ministry of Justice (MoJ)*; *Ministry of Health and Social Services (MoHSS)*; *Ministry of Home Affairs and Immigration (MHA I)*; *Ministry of Education (MoE)*; and *Ministry of Labour and Social Welfare (MOLSW)*. Their roles and responsibilities with regard to protection are, with some exceptions, well defined. Particularly, the current division of responsibility between MGE CW and MOHSS Social Workers is not always clear in practice and needs to be clarified as it is reported to detract from the holistic social care of vulnerable families.

*Ministry of Gender Equality and Child Welfare (MGE CW)* and *Ministry of Safety and Security (MSS)* were identified by stakeholders as the lead actors in the current protection system.

There is a relatively small number of **Non-Governmental Organisations (NGOs)**, international and local, that play key roles in the current protection system. Most active and most frequently mentioned are: *Lifeline/Childline* (counselling services), *Legal Assistance Centre/LAC* (witness support programme), *Friendly Haven* (crisis shelters), and *Catholic Aids Action* (support to vulnerable children). Lifeline/Childline and Friendly Haven are active members of the TWG and work in close partnership with the lead Ministries on protection issues. In the *HIV/AIDS sector*, much work is conducted by a variety of NGOs to support orphans, undertake behavioural change programmes amongst young people, and provide support for HIV positive mothers and their children. *National Federation of People with Disabilities in Namibia* is a national umbrella organisation with seven national affiliate members; however, it does not appear to have played a key role in the protection system to date.

Among the five study regions, NGOs had a strong presence in Kavango and Khomas, with weaker presence in Omaheke, Omusati and Karas. Karas in particular has very few NGOs working in the field of protection and among communities and service providers there is a perceived urgent need for these organisations to help strengthen the existing services.

There are a number of different **organisations and structures at a constituency or community level**. These include Community Development Committees (CDCs) and coordinating committees for child protection and HIV/AIDS. In addition, Police Public Relations Committees exist in some parts of the country, but these are not well known by communities in the five regions surveyed. Community Survivors Supporters, comprising volunteers trained to support survivors of violence and to link them to formal services, are reported to have become largely dormant since international funding for their activities ceased.

Study respondents identified a number of key **institutional capacity constraints**, including: difficulties in reaching scattered clients and communities, transport constraints, lack of capacity for sustained outreach, low levels of staffing and skills shortages, “burn-out” among service provider staff in the absence of adequate performance management and professional support systems, and lack of statistical data on protection issues.

A range of inter-agency and multi-sectoral **coordination mechanisms** exist and are concerned with different aspects of protection or with different target groups. Some of these mechanisms have decentralised structures at regional and local levels, such as the MGECW National Permanent Gender Task Force with decentralised regional Task Forces and Gender Focal Points and Units, as well as the Permanent Task Force for Children and Impact Mitigation, Child Care and Protection Committee with regional Child Care and Protection Forums.

## Assessment of WACPU Services

There is no single official document which outlines the purpose, functional scope and standards of practice, financing and resources, operational structure and procedures of the **Woman and Child Protection Units’ (WACPUs)** as an integrated service. This significantly undermines the effectiveness, consistency and quality of the services WACPUs are intended to deliver. Different regions approached the organisation of WACPU services in different ways, based on the local context and resources, and on their understanding of WACPU’s role.

### Effectiveness of WACPU services

- **Police Investigations:** The quality of investigations undertaken by WACPU officers is reported to vary, with particular weaknesses highlighted in respect of witness statement taking and completion

of affidavits; poor follow up of cases, including crime scene investigations; applying appropriate charges in domestic violence cases; risk assessments; and attention to client confidentiality.

#### \* *Survivors Safety and Security:*

The safety and security of vulnerable adults and children, whose cases are being investigated by the police, is compromised by the fact that few temporary shelters or places of safety exist in the country (only 2 of the 5 regions surveyed had a recognised shelter).

- **Counselling and Case Management by Social Workers:** The priority given to forensic medical evidence in sexual and domestic violence cases means that WACPU clients are frequently referred for counselling at a late stage in the continuum of care, if at all. With some exceptions, many WACPU clients are not currently receiving adequate psycho-social support. Other than that provided, for example, by Lifeline/Childline in Kavango, counselling by Social Workers tends to be a one-off session, if provided at all.

\* *Follow-up of WACPU Clients:* The demands of administering child welfare grants and making foster care placements leaves MGECW Social Workers with little time to follow up on WACPU clients. In some cases (Karas in particular) WACPU clients themselves are reluctant to use the services of Social Workers.

- **Legal Support:** Child Witness Support Officers, employed by the NGO Legal Assistance Centre (LAC), work with WACPU child clients only in Kavango and Khomas regions, where they

provide valuable support in preparing clients for court appearances and explaining relevant legal processes to them. In exceptional cases LAC Officers also attend to adult clients.

\* *Criminal Prosecutions:* Reasons cited to explain delays in the criminal prosecution of the perpetrators of violence range from the pressures of work and time which prosecutors and magistrates experience, especially at regional level; the relative lack of defence lawyers (especially public defenders) and their preference for High Court work; delayed applications for legal aid; and the remaining backlog of cases.

- **Medical Support:**

\* *Early Identification of Vulnerable Children and Adults:* Health workers do not always ask the correct questions to children and adults who have been subject to sexual abuse, so other forms of violence may not be identified. In addition, follow-up of possible cases is sometimes not made. The newly introduced MoHSS practice of conducting holistic health checks with children at health centres could help with the early detection of child abuse and timely identification and referral of at-risk children to appropriate services.

\* *Immediate Assessment and Treatment of Survivors:* MoHSS Guidelines concerning secondary prevention (i.e. the administration of prophylaxis and early treatment following a sexual assault) are being implemented by health professionals in their primary health roles. However, the effectiveness of these preventative measures is reduced by survivors

late reporting (i.e. delays beyond the 72 hour time limit).

\* *Forensic Medical Examination:* More significant challenges exist with respect to health workers' legal role – conducting forensic medical examinations, administering the rape kit, and serving as expert witnesses in court. The study identified ten key constraints which range from the shortage of qualified medical doctors in the country to the failure of some named WACPU officers to collect DNA results from the forensic laboratory in Windhoek. In addition, rape kits were found not to be routinely used in all of the five study regions, and the medical examination form (J88) is reported to be in need of revision.

\* *Forensic Nurses:* There are mixed views about whether or not forensic medical examinations could be undertaken by specially trained nurses or midwives. The Forensic Department, which is in the process of setting up mobile regional units, considers it legally and practically feasible to employ forensic nurses.

- **Referrals between WACPU Service Providers:**

Referrals from the regular police to the WACPU appear to be working well, as does the referral of WACPU clients to medical practitioners for the administration of PEP and forensic medical examination. The referral of WACPU clients to Social Workers (MGECSW and MoHSS) appears to be less well-functioning. Social Workers across the five regions reported that they are rarely called upon to brief a vulnerable client, to accompany him/her to a hospital or to support in giving a statement to the WACPU officers. The referral of WACPU clients to prosecutors and magistrates does not appear to take place, although some of these professionals make a conscious effort to meet with vulnerable witnesses before their appearance in court. Poor referral mechanisms in some cases result in clients being sent back and forth between different service providers.

- **Coordination:** Although not all coordination along the continuum of care is effective or efficient, there are examples of good practice where individual service providers collaborate well and with remarkable

determination do battle the existing constraints. In Omaheke MGECW and MOHSS Social Workers work closely together on planning and case management; and in Kavango, Khomas and Karas School Counsellors work closely through Regional School Counsellors with other WACPU service providers.

\* *WACPU Management Committees:* Only one WACPU in Omaheke still has a functioning Management Committee which stakeholders find very useful for joint planning and case management purposes. Some stakeholders suggested that these dormant structures should be revived in all the regions, but with due consideration of alternative coordination structures operating in the regions.

### Efficiency of WACPU services

- **Allocation and Use of Financial Resources:** It was considered not be within the scope of this study to assess the allocation and use of financial resources across or between WACPU service providers. However, all five WACPU revealed insufficient funds and lack of basic equipment. There is no dedicated budget for WACPU's - neither at the national level, nor within the regional NAMPOL budgets. Some of the relevant Ministries cover some of the overall WACPU costs, and some financial support and equipment was provided by UNICEF and other international development partners. As a result of regional differences, however, there are clear discrepancies in resource allocation between the individual WACPU's particularly in relation to office space and location, basic amenities, equipment, and vehicles.
- **Allocation and Use of Physical Resources:** The general opinion of the study participants was that the WACPU offices examined for this study were under-funded and under-resourced. The issues related to that range from inadequate office space (e.g. in Omusati), to the lack of basic facilities (such as running water and toilet in Karas), the lack of essential equipment (such as computers) and vehicles. Lack or shortage of transport vehicles was cited as a major challenge to effective work by all WACPU offices. Furthermore, problems were noted with regards to efficient distribution and use of rape kits in all five case study regions, indicating an urgent need for procedures and responsibilities to be clarified for WACPU staff and for medical professionals.
- **Allocation and Use of Human Resources:**

\* *Ratio of WACPU Staff to Clients:* It was not possible to assess the ratio of WACPU staff to clients in the absence of disaggregated data. However, respondents pointed out that it was not the number of clients but the complexity of the cases which was significant, and that additional staff were needed, especially

those trained on working with men and with the youth.

\* *Staff Skills and Capacity-building Needs:* Currently, basic minimum quality standards vary across and between different categories of WACPU service provider. Few service providers say that they need skills training or capacity development, although more exposure to client-centred approaches is emphasised. In addition, skills development appears to be needed on specific aspects of the Domestic Violence Act (especially in relation to Protection Orders), risk assessments to ensure the safety and security of clients, and in some cases work planning and time management skills.

\* *Support and Supervision:* Some service providers expressed the need for better supervision and support, which could be provided through the design and introduction of a more comprehensive staff performance management system.

### Social Acceptability of WACPU services

- **Community Knowledge About WACPU Services:** The majority of community members regard the WACPU as another police service and do not know that it as a unit that provides an integrated service involving different stakeholders. Opinion leaders in remote areas spoke repeatedly of community lack of awareness about WACPU.
- **Community satisfaction with WACPU services:** Many community members, as well as service providers, expressed that although the concept

of a WACPU is a good one, a lot of improvement is needed to make it more responsive and effective.

- *\* WACPU Exclusion of Men and Boys:* Almost without exception community participants (adult men and women and adolescent boys and girls) stressed that the name WACPU should be changed to make it more inclusive of men and adolescent boys, who currently are reluctant to report cases of abuse or maltreatment.
- *\* Referral System:* community members complained that in the absence of a clearly defined referral system, clients are frequently sent backwards and forwards between service providers without being provided with directions. This, reportedly, discourages people from visiting service providers and from seeking assistance.
- *\* Community Services Links to WACPU:* In general, communities called for closer, more accessible services which should be run by the people from their own communities who understand their circumstances and treat them with respect, dignity and care. Community based groups linking communities to service providers and offering guidance on referrals and counselling are seen to be a good way to address this need.

#### User-Friendliness of WACPU services

- **Location and Accessibility of WACPU:** The accessibility of WACPU varies across the five regions. While some of the Units are located near urban communities with a higher need for such services, none of them are located in rural areas and thus are not

within easy reach of rural communities. Some offices are clearly signposted, whilst others are hidden from view and difficult to find.

- **Physical Conditions of Office Premises:** There is an urgent need to relocate the Omusati WACPU away from the hospital mortuary and to ensure that as a minimum all WACPU have basic dedicated sanitation facilities for clients and staff. In Karas, the general poor state of the premises and lack of sanitation facilities were particular complaints.
- **Privacy and Confidentiality:** Clients' rights to privacy and confidentiality are compromised by insufficient office space (e.g. clients' statements can be heard by the persons waiting to be received), as well as by the tendency for WACPU service providers to repeatedly ask their clients to describe what happened to them, before their witness statements are actually taken.
- **Opening Hours:** A number of respondents suggested that the WACPU should be staffed 24/7, as many cases of sexual, domestic and other forms of violence take place at weekends or during the night when the offices are closed.
- **Waiting Time:** Client-centred approaches are not yet well understood, nor are they routinely applied by service providers. Although examples of timely and helpful responses exist, most respondents report long waiting times and lack of timeliness in response.
- **Gender Sensitivity of Staff:** all WACPU have male and female staff to attend to male and female clients.
- **Communication With Clients:** A language barrier between staff and clients was reported to be an obstacle in some regions. Service providers are conscious of this and try to arrange for translation/interpretation, however clients are wary of translators from their own communities because that may undermine the confidentiality of their cases.
- **Attitude Towards Clients:** Community perceptions regarding unfriendliness or unhelpfulness of WACPU service providers were inconsistent and their accuracy was difficult to judge. This can be monitored through a complaints system, such as the one used by WACPU in Khomas.

## Conclusions and Recommendations

### I. An Integrated Protection Service Model for Namibia: Strengthening the WACPU Model

The analysis of a number of integrated protection service models, widely recognised as good practice, from five different countries suggested that replicating or adapting any of those models in Namibia would depend primarily on the assessment of the existing need, the reconsideration of WACPU's mandate, the estimated costs and resources required to introduce a particular model, and the desired programme balance between promotion, prevention and response.

At present, there is no evidence base in Namibia to justify the choice of one model of integrated protection services or to make an objective judgment about the suitability of a particular model. Therefore:

- A. In the long-term, it is **recommended to establish national and regional integrated data management systems**, in order to provide consistently collected, disaggregated, comparable data which can be used as evidence base for decision making in policy and system development. More specifically, the nature of violence against women, children and men must be analysed in more detail to inform the decision of what the priority focus should be for the integrated model. As the above assessment has demonstrated, professional workforce capacity needs to be improved in all the relevant sectors: law enforcement, justice, social care, and health. Consequently, an evidence based assessment of the priority focus would help to decide the **capacity of which sectors should be invested into as a priority**.
- B. In the short-term, based on the information currently available and the analysis carried out as part of this study, it can be concluded that overall a WACPU model is a suitable one for Namibia. Therefore, **it is recommended that the WACPU model be used as a basis for integrated protection services**, provided that a number of critical changes are implemented to strengthen the existing model, as outlined in more detail below.

A Recommended Action Plan for the strengthening of an Integrated Protection Service Model in Namibia is provided in Annex 3. Strategic and operational recommendations are elaborated in more detail below and presented in the order of priority.

#### Strategic Recommendations – National Level

- B1. Define the relationship with respect to WACPU between the two lead agencies: the Ministry of Safety and Security and

the Ministry of Gender Equality and Child Welfare. Clarify the decision making and coordination mechanism, management responsibilities, and financial commitments.

- B2. Adopt an official document establishing WACPU as Integrated Protection Services, which:

- a. Defines the WACPU functional scope, considering the possible expansion of its scope to provide services for women, children and men. Based on the newly defined scope, consider changing the name WACPU (e.g. to 'Integrated Protection Service Units' (IPSU) or 'Integrated Protection Services' (IPS).
- b. Defines the new structure, budget, operational standards, reporting lines, accountability mechanisms. A model, which in its essence is an expanded version of the "good practice" model currently used in the Kavango and Khomas regions, is recommended for the new WACPU/IPS structure. Ensure that the MGEW plans to open and manage shelters are reflected in the definition and all subsequent documents (particularly in the financial plans).

- B3. Develop and adopt a dedicated budget for the Integrated Protection Services and advocate for additional financial support from the donor community to fill the gaps. Develop a budget based on the



new model and functional scope, as well as on the regional budgets proposed by each WACPU/IPSU

- a. Identify the core minimum financial requirements for the functioning of the IPS that must be covered by the allocated budget, and non-core requirement for which additional funding can be sought.
- b. Identify and implement strategies for cost-sharing among the ministries involved.

**B4. Develop and sign a joint inter-sector MOU on Integrated Protection Services, SOPs and Action Plan.**

- a. Develop and sign a joint **MOU on sector specific responsibilities** in relation to prevention of and response to violence against women and children (and men, or however the scope is defined). The MOU should cover, as a minimum, the assignment of staff to WACPU cases and ensuing responsibilities, reporting lines, financial commitments, resource allocation, and accountability mechanisms.
- b. Develop and adopt **corresponding SOPs** for identification, intake/registration, referral pathways, and case management within the scope of WACPU/IPS function.
- c. Consider developing a Survivors of Crime Charter

with accompanying Complaints Policy and Minimum Service Standards.

- d. Develop a **time-bound Action Plan for the strategic roll-out** of the new model.

**B5. Roll-out the new model countrywide.** Pending approval of the new budget, the roll-out may be initiated in the regions which require the least adaptation, such as Kavango and Khomas, to be followed by other regions once the funding is approved.

**B6. Develop and adopt professional standards, and selection and recruitment procedures, including standard TORs, for each sector, as well as WACPU/IPS related guidelines and tools.**

- a. Based on the MOU and sector guidelines and tools develop, pilot-test and adopt SOPs for referral.

**B7. Build professional capacity building within each sector.**

- a. In the short-term, disseminate relevant guidelines and tools and ensure provision of technical support to WACPU/IPS associated staff (possibly through telephone, email or online) to improve the knowledge and application of key legislation, policies, guidelines and tools.
- b. In the medium-term, develop and implement a capacity-building strategy for key WACPU/IPS associated staff for each sector.

**B8. Take steps to increase the number of WACPU/IPS Investigating Officers and Social Workers** and to address their administrative burdens as a matter of urgency, including the adoption and implementation of the Child Care and Protection Bill.

- a. Host a national workshop on the state of social work in Namibia, with the goal of development additional recommendations for the strengthening of the social work sector.

**B9. To address the shortage of medical staff available to assist WACPU/IPS clients, research the possibility of building the capacity of medical nurses** to include: documenting the rape history, providing acute trauma debriefing, providing a stated dose of PEP, taking a pregnancy test, dispensing the treatment package, providing medication counselling and making follow-up referrals.

- a. Investigate the possibility of additional training for medical nurses to carry out forensic examinations.

**B10. Develop, pilot, and implement a management skills training package for supervisory staff across all WACPU/IPS related sectors.**

**B11. Design and implement a comprehensive staff performance management system** that is specifically tailored to the demands of service delivery personnel. This system should particularly focus on the prevention of staff "burn out", and may cover support and supervision, individual performance assessments and the identification of personal development goals based on self-assessment of skills/knowledge gaps.

**B12. Develop and implement dissemination plans, strategies for provision of technical support and/or training in the application of key protection related policies, guidelines and tools** (e.g. via national/regional workshops, technical advice by telephone, email or online, dissemination of Frequently Asked Questions and Answers, etc.), strategies for monitoring and reporting on appropriate application of existing protection related policies, guidelines and tools.

#### *Operational Recommendations – Regional Level*

**B13. Service mapping and relationship building for a functioning referral network:** Conduct mapping of locally available services (governmental and non-governmental, formal and informal, institution-based and community-based) and establishing working relationships with all the relevant service providers, preferably through signing of MOUs and/or jointly developing referral pathways for different categories of cases.

**B14. Coordination mechanism:** Identify and address the reasons for non-functioning of WACPU Management Committees. Consider alternative coordination mechanisms, such as through case management meetings.

**B15. Community protection groups:** Establish or revive the previously established community protection groups, whose

tasks include raising awareness, educating and mediating, as well as providing guidance on referrals and basic counselling for community members. This initiative could be revived in partnership with NGOs and constituency councillors and could form part of the prevention programme.

- a. Consider **increasing community engagement** in the protection system through:
  - a) Men's Groups (i.e. groups that aim to positively engage men in changing attitudes and beliefs and behaviour);
  - b) Community based church groups; and
  - c) Disabled Peoples Organisations.

**B16. Traditional and customary justice:** Build strong links with traditional and customary justice systems. Police and the Ministry of Justice consider creating a referral mechanism for traditional courts to refer cases to the police for criminal prosecution.

- a. Train traditional authorities on best GBV and child protection practice, and other protection issues.

**B17. Mobile services to address transportation and outreach challenges:** Coordinate with regional MoJ officials for WACPU Investigating Officers and/or Social Workers to join MoJ-operated mobile courts on visits to remote communities.

**B18. Prevention strategies:** Develop clear prevention strategies at national, regional and community levels. Prevention programmes may include:



- a. **Awareness raising** about the main protection concerns, ways to keep oneself and one's family safe, as well as about the WACPU and its services: through the mass media, through community theatre, through community outreach, and through trained community volunteers
- b. **Educating and engaging men** in the prevention of GBV and child abuse for long term change in cultural norms and attitudes.
- c. **Establishing children and youth clubs in the community** to provide a safe place and educate about protection concerns and protecting oneself.

**B19. The Legal Assistance Centre** has conducted a number of studies that have assessed the operation of the Woman and Child Protection Units. These studies include detailed recommendations to improve the service provision by the Units. The recommendations in the following reports may also be referenced for future action as appropriate:

- *Rape in Namibia: An Assessment of the Operation of the Combating of Rape Act 8 of 2000*, Windhoek: Legal Assistance Centre, 2006.
- *Seeking Safety: Domestic Violence in Namibia and the Combating of Domestic Violence Act 4 of 2003*, Windhoek: Legal Assistance Centre, 2012.
- *Withdrawn: Why*

*complainants withdraw rape cases in Namibia*, Windhoek: Legal Assistance Centre, 2009.

## II. The WACPU and the Child Protection System

Defining and developing a general system, and particularly costing and seeking adequate funding, may require an extended period of time. Currently, a process is underway in Namibia, led by the MGEWC with strong support from UNICEF, to develop a national Child Protection System. It is recommended that in the medium term efforts to develop a national Child Protection System for Namibia are continued and that the WACPU, or Integrated Protection Services, remain a specialized service, as illustrated by the diagram below.

## III. Towards an Integrated National Protection System

In the long-term, using the lessons learned from the process of developing a National Child Protection System, the following steps are recommended towards the development of a National Integrated Protection System:

### Step 1: Develop a conceptual framework for a National Integrated Protection System

- a. Establish national and regional integrated data management systems, in order to provide consistently collected, disaggregated, comparable data to be used as evidence base for identifying actual protection needs of various population groups.
- b. Based on the analysis of the available data, define the vulnerability criteria, which entitle an individual or a population group to protection by the state. Identify risk factors contributing to vulnerability and what vulnerable individuals/groups need to be protected from: specific risks (such as violence, exploitation, etc.) or broader risks associated with economic and social vulnerabilities to poverty and deprivation. Define 'protection' in the context of the identified vulnerabilities and risk factors.
- c. Link vulnerability criteria with the National

Development Plan and define the goal of the National Integrated Protection System.

#### Step 2: Design and cost out a model

- a. Based on the newly developed definition of 'protection', designate or establish a lead agency with primary responsibility for the protection of children and vulnerable adults.
- b. Conduct a Mapping and Assessment of the existing legal and institutional frameworks and services addressing the protection needs of the identified vulnerable groups.
- c. Design a Model of a new System, building on the existing strengths and filling the existing gaps.
  - i. Based on the available data, assess: **Will the new system be more effective** than the existing issue-focused approach?
- d. Cost out the new System Model.
  - i. Based on the estimated costs, assess: **Will the new system be more cost efficient** than the current issue-focused approach?

- e. If the answers to both of the above questions are 'Yes':

#### Step 3: Establish a National Integrated Protection System according to the new model

- a. Under the leadership of the lead agency and in coordination with all key actors/stakeholders develop a National Integrated Protection Strategy and an Action Plan for the National Integrated Protection System (NIPS) implementation.
- b. Develop a Financing Plan and Budget for NIPS and ensure they are approved by the Ministry of Finance.
- c. Implement the NIPS in accordance with the Action Plan and the Financial Plan.



# 01 | INTRODUCTION

There is increasing recognition worldwide and in Namibia that the protection of children and other vulnerable population groups cannot be effectively achieved by approaches that only focus on single issues such as violence against children, institutionalization, trafficking, sexual exploitation, child labour, or HIV/AIDS.

Much progress has been made particularly in the field of child protection to move away from issue-specific, responsive programming and towards adopting a systems approach. The rationale for that is that many children are vulnerable to multiple child protection violations, and issue-focused approaches, while being effective in serving the specific group of children targeted, *“can result in protection gaps, lack of coherent referral systems and insufficient attention to early intervention, family support mechanisms and prevention efforts.”*<sup>3</sup> Consequently, a need has been identified to shift away from issue-specific, responsive programming towards a systems approach.

In the context of a Child Protection System, a systems approach articulates the importance of a *“comprehensive, tailored, well-organized set of measures to prevent and mitigate the incidence of violations”* whilst seeking to utilise resources in the most efficient and cost-effective ways.<sup>4</sup> It involves developing:

*A set of laws, policies, regulations and services, capacities, monitoring, and oversight needed across all social sectors – especially social welfare, education, health, security, and justice – to prevent and respond to protection related risks and violations.”*<sup>5</sup>

In Namibia, it has been proposed to develop a model that would use the lessons learned from the child protection field and apply a systems approach to the protection of not only children, but also of vulnerable adults, especially women. To that end, in 2008/2009, a Technical Working Group (TWG) comprising the Ministry of Gender Equality and Child Welfare (MGE CW), Ministry of Safety and Security (MSS), UNICEF, other UN agencies, and civil society was formed to develop a model of an **integrated protection system in Namibia**. To inform the development of such a model, and to provide the necessary evidence base, the TWG collectively recommended a study, which MGE CW was then designated to conduct.

## 1.1 Study Purpose, Aims and Objectives

The present report provides a synthesis of the broader study conducted

by MGE CW in 2011 in the form of condensed presentation of the main outcomes, with some adjustments to the method of analysis and in the presentation of recommendations.<sup>6</sup>

The **main purpose** of the original study was two-fold:

- a. To review the current protection system in Namibia, including the existing Woman and Child Protection Unit (WACPU) services, in order to determine how an integrated model can be developed and strengthened;
- b. To generate findings and recommendations to inform the development of a comprehensive, national protection system by the Government of Namibia that is appropriately structured and resourced, supported by its development partners and others.

The Technical Working Group also provided the study’s research team with a number of specific **objectives** as steps towards achieving the main purpose:

1. Assess the existing framework of prevention and protection services (Governmental and non-Governmental) and the referral mechanisms and linkages between these in order to highlight possible constraints to effective and high quality service delivery and to identify opportunities for strengthening the system.
2. Evaluate the effectiveness, efficiency, acceptability and user-

<sup>3</sup>UNICEF (2009) Child Protection Systems. Mapping and Assessment Toolkit. User’s Guide

<sup>4</sup>Child Frontiers (2011) <sup>5</sup>UNICEF (2008) Child Protection Strategy

<sup>6</sup>Full report of the original study can be requested from the MGE CW.

friendliness of existing WACPU services in a pre-selected sample in the following 5 of Namibia's 13 regions: Kavango, Omaheke, Omusati, Khomas, and Karas.

3. Compile information (locally, regionally, nationally and internationally) on existing and emerging models of integrated service delivery which could serve as useful examples for the Namibian situation.
4. Recommend options for new approaches to an integrated prevention and protection system that can be piloted as a model to determine the way forward.

## 1.2 Key Concepts and Definitions: Protecting Who and From What?

In order to provide a coherent assessment and to develop a framework for a systems approach to protection it is necessary to have a clear understanding of the key concepts: what exactly do we mean by protection, particularly who we intend the desired system to protect and from what.

### Protection

Although the Namibian legislation and policies do not provide an official definition of the term protection, a definition of **Child Protection** has recently been developed by key child protection stakeholders in the country<sup>7</sup> to specifically suite the Namibian context. It describes Child Protection as:

*"a set of coordinated elements, both formal and non-formal, that enable the prevention of, and response to, abuse (physical, sexual, emotional, stigma), exploitation, violence and neglect against boys and girls."*

In the absence of an official definition, in the context of the present report, the term protection is used as it is interpreted in the work of the Namibian WACPU: *as the protection of women and children from violence*. However, when discussing protection concerns for children in the Namibian context (see Section 3), a broader range of concerns is examined, including those related abuse, neglect, exploitation, as well as violence.

### Violence

There is no official definition of violence in the Namibian legislation of policy. However, Gender Based Violence (GBV) is defined in the MGEW National Gender Policy (2010) as:

*"All forms of violence that are perpetrated against women, girls, men and boys because of unequal power relations between them."*

MGEW Draft National Plan of Action: Gender Based Violence 2011/12- 2015/16 further specifies that GBV includes, but is not limited to, *"physical, sexual and psychological harm (including intimidation, suffering, coercion, and/ or deprivation of liberty within the family or within the general community."*

GBV, however, is only one type of violence and a broader definition must be considered when designing a system or a service to prevent and address violence. A widely accepted definition provided by the World Health Organisation (WHO) defines violence as:

*"the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation."<sup>8</sup>*

### Protection System

A UNICEF publication 'Adapting a Systems Approach to Child Protection: Key Concepts and Considerations' (2010) describes a system as:

*"[...] a collection of components or parts that are organized around a common purpose or goal. The common purpose is critical to how one defines the system because the purpose is related to how one identifies the structures, functions, and capacities needed to meet the purpose."*

<sup>7</sup>Drafted by participants at the Child Protection Systems Strengthening Workshop, Windhoek 24-25 September 2012

<sup>8</sup>WHO (2002). World report on violence and health: summary, p. 4. Available at: [http://www.who.int/violence\\_injury\\_prevention/violence/world\\_report/en/summary\\_en.pdf](http://www.who.int/violence_injury_prevention/violence/world_report/en/summary_en.pdf)

Based on this definition, by determining whether the goals are accomplished, it can be assessed whether a system is functioning adequately. Thus, a critical step in the development of a Namibian Integrated National Protection System needs to be the definition of that system's goal. This is discussed in more detail in the 'Conclusions and Recommendations' section of this report.

### Protection of Children and Vulnerable Adults

According to the Terms of Reference of the original study on which this report is based, it was specifically required to look at the **protection system for women and children**. However, during the study process it became increasingly clear that men felt excluded from and alienated by the policies and services which appear to focus solely on women and children. Although the vast majority of individuals who need to be protected from violence in Namibia are women and children (often girl children), it was deemed unhelpful to allow or even inadvertently encourage a potentially

negative backlash from men, simply because they feel excluded. For this reason the original study defined the target groups for protection in Namibia as **children and vulnerable adults**.

It was also argued in the original study, that the systems based approach to child protection which is being developed globally and at country level is equally applicable to vulnerable adults. If it is decided that the Namibian national protection system is to address the protection of children and vulnerable adults, then a **clear definition of the category 'vulnerable adults' will be required**.

## 02 | METHODOLOGY

### 2.1 Main Study Methodology

The core methodology of the study on which this report is based combined three elements:

- 1) A description and assessment of the existing protection system (legal, policy and institutional) in Namibia in order to understand its scope, priorities and implementation.
- 2) A more detailed regional case studies of the above mentioned five pre-selected regions looking more closely at the operation of the protection system, including the current operation of WACPU services, and community experiences and perceptions of this.
- 3) A summary of some learning derived from integrated models of service delivery, including those developing outside Namibia, primarily, but not exclusively, within the African continent.

Data collection methods used by the study team included:

- 1) desk review of key documents and literature;
- 2) consultations with experts, members of the TWG, and lead governmental stakeholders;

- 3) Multi-Sectoral Round Table Conversations ("roundtables") in each of the five regions;
- 4) semi-structured interviews with front line service providers and national and regional decision makers;
- 5) Focus Group Discussions (FGDs) with community groups (men, women, boys and girls) and opinion leaders in the five regions;
- 6) Reviews of case management histories of WACPU clients (adults and children).

A total of around 464 persons were consulted as participants for this study.

The study relied mostly on convenience sampling methods and the choice of the five regions selected of the WACPU assessment was dictated by the TWG.

## 2.2 Methodological Adjustments for the Present Report

Four criteria were provided by the TWG for the assessment of WACPU: effectiveness, efficiency, social acceptability, and user-friendliness of WACPU services. The original study used a particular interpretation of these criteria, while a different method was used in the present report for interpreting and applying the four criteria in the assessment process. The table opposite provides a comparison of the different interpretations.

Ideally, verifiable indicators would be used to provide objective results for each of the criteria. Unfortunately, because a different interpretation was used in the original study with no system of objectively verifiable indicators, assessment against the above criteria had to be based on the general statements and personal opinions of the study participants collected by the study team. This particular limitation is discussed in more detail below. Recommendations for possible indicators are provided in Annex 1.

Further adjustments have also been made in the analysis and presentation

of the recommendations in the present report. In order to make them more practically applicable, the WACPU specific recommendation are divided into national level strategic actions and regional level operational actions. A recommended Action Plan for strengthening the WACPU services has been developed and is included in Annex 3. Additionally, the longer-term recommendations for the development of a broader integrated protection system are presented in a clear step-by-step way.

## 2.3 Limitations to the Study

Certain limitations have been identified in the process of compiling the present synthesis report. The assessment of WACPU's against a set of uniform criteria, as provided for in the study's TOR, particularly with respect to the effectiveness and efficiency has three major limitations:

- 1) There are no official documents setting any specific uniform service standards for WACPU or functional responsibilities for WACPU staff against which performance can be measured;
- 2) No consistent statistical data was gathered as part of the main study to allow an objective evaluation; current assessment is largely based on subjective opinions, perceptions, experiences and observations of the study participants and the research team and thus carries a significant degree of bias;
- 3) No coherent data was gathered to demonstrate the availability and utilization of financial, physical and human resources, particularly on budgets and spending, in the assessment of efficiency.

Criteria	Main Study Interpretation	Present Report Interpretation
Effectiveness of WACPU Services	<ul style="list-style-type: none"> <li>• Healthcare</li> <li>• Psychosocial Support</li> <li>• Safety and Security (including witness support)</li> <li>• Access to Justice (quality of investigations, prosecution of cases, use of protection orders, etc.)</li> </ul>	<ul style="list-style-type: none"> <li>• Prevention activities by Investigating Officers, Social Workers , Child Witness Support Officers, and Health Workers</li> <li>• Response activities: investigation, case management, legal support, and medical support</li> <li>• Referral to service providers outside of WACPU</li> <li>• Coordination: internal (among staff) and external (with other relevant actors)</li> </ul>
Efficiency of WACPU Services	<ul style="list-style-type: none"> <li>• Continuum of Care - smooth inter-relationships</li> <li>• Allocation and Use of Resources (financial &amp; human)</li> <li>• Staff Skills and Capacity Development Needs</li> <li>• Ratio of Staff to Clients</li> <li>• Referral Mechanisms/ Pathways</li> <li>• Timeliness</li> <li>• Innovative collaboration - use of imagination</li> <li>• Unit Management Systems and Team Work</li> </ul>	<ul style="list-style-type: none"> <li>• Allocation and use of: <ul style="list-style-type: none"> <li>- Financial resources</li> <li>- Physical resources</li> <li>- Human resources</li> </ul> </li> <li>• Strategies for sharing and coordinating the use of limited resources among staff and agencies</li> </ul>
Social Acceptability of WACPU Services	<ul style="list-style-type: none"> <li>• Men's Perceptions</li> <li>• Women's Perceptions</li> <li>• Children's Perception</li> <li>• Opinion Leaders' Perceptions</li> </ul>	<p><i>Community knowledge about WACPU:</i></p> <ul style="list-style-type: none"> <li>• Are community members aware of the existence of WACPU's?</li> <li>• Do community members have accurate knowledge of what services WACPU's provide?</li> </ul> <p><i>Community satisfaction with WACPU:</i></p> <ul style="list-style-type: none"> <li>• Do community members feel that services provided by WACPU's are adequate in meeting their needs?</li> <li>• What reasons do community members have for NOT accessing WACPU services?</li> </ul>
User-Friendliness of WACPU Services	<ul style="list-style-type: none"> <li>• Incident Response Rates</li> <li>• Waiting Times</li> <li>• Privacy &amp; Confidentiality</li> <li>• Communication (incl. Translation)</li> <li>• Approach of Staff to Clients</li> <li>• Conduciveness of WACPU Environment</li> <li>• Cultural Responsiveness</li> <li>• Client Satisfaction: Some Survivor Views</li> </ul>	<p>Physical environment:</p> <ul style="list-style-type: none"> <li>• Location and accessibility of WACPU offices</li> <li>• Physical conditions of office premises</li> <li>• Privacy and confidentiality at the office</li> <li>• Availability of child-friendly materials</li> </ul> <p>Staff availability, capacity and attitude:</p> <ul style="list-style-type: none"> <li>• Opening hours</li> <li>• Waiting times</li> <li>• Gender sensitivity of staff</li> <li>• Communication with clients</li> <li>• Attitude towards clients</li> </ul>



## 03 | COUNTRY CONTEXT

The contextual realities of Namibia are not typical of many other African, or indeed many other developing countries. Pockets of poverty and vulnerability are often hidden in remote communities that are hard to reach given the huge size of the country and extremely low population density. These factors have implications for outreach and for the delivery of protection services, including promotion and prevention. Furthermore, Namibia shares with some of its neighbours a social milieu in which modern ideas and values coexist, not always comfortably, with deeply rooted customary systems of belief and practice.

The degrees of vulnerability to and risk of violence in Namibia differ across socio-economic and other groups. In addition to socio-economic status and poverty, drivers of vulnerability include diversity factors such as race and ethnicity, age, gender, faith, disability, sexual orientation, and spatial location. In some societies it is recognised that it is the combination of these factors that increases the vulnerability of individuals to violence.

Although research data on protection issues in Namibia is limited, a number of studies conducted by Government, UN agencies and local NGOs help to identify the key concerns that require urgent attention either due to their high prevalence or due to their particularly serious nature. In addition to the issues covered in the literature, a number of serious protection issues were raised by communities, frontline service providers and other stakeholders who

participated in this study. Many of these were found to be common to all five case study regions, although there was some regional variation in the emphasis given to specific concerns. It must be highlighted, however, that due to the limited scope of the study on which this report is based, the evidence base for identifying the main protection concerns in Namibia is far from complete and further research is necessary.

### 3.1 Protection Concerns for Women and Children in Namibia

Although research data on protection issues in Namibia is limited, a number of studies conducted by the Government, UN agencies and local NGOs help to identify the key concerns that require urgent attention either due to their high prevalence or due to their particularly serious nature. In addition to the issues covered in the literature, a number of serious protection issues were raised by communities, frontline service providers and other stakeholders who participated in this study. Many of these were found to be common to all five case study regions, although there was some regional variation in the emphasis given to specific concerns.

Following its terms of reference, the study looked at protection concerns for women and children, and identified that communities in the five regions examined are most concerned about:

*sexual and domestic violence particularly against women and girls, which is often fuelled by alcohol abuse; prostitution and commercial sexual exploitation of children; child abuse, particularly in relation to orphans and vulnerable children; exploitation of child labour; teenage pregnancies; early marriage of girls; detention of children in conflict with the law; and birth registration. Other protection concerns reported in the literature include: baby dumping (infanticide); disinheritance of widows through land and property grabbing; and human trafficking.*

In addition to the concerns discussed above, children in Namibia are also subject to neglect and discrimination due to poverty, lack of social and government services and inadequate community support. There is also a clear need for more proactive public programmes to address the needs of children and their families, with a particular focus on marginalised groups, including persons with disabilities, indigenous minorities and refugee children.<sup>9</sup>

## 3.2 Legal and Policy Framework for Protection

The term “protection” is not defined in any of the national laws or policies in Namibia. Nevertheless, a wealth of legislation and policy exists that address the protection of various population groups from a variety of concerns ranging from violence, to social exclusion, to disease. Such a broad understanding of protection, and different interpretations of the concept by different actors, poses a serious challenge to the development of an integrated national protection system.

### Protection Related Legislation

Namibia has made significant progress in developing a legal framework to protect children and vulnerable adults, to promote human rights, and enhance gender equality. Specific protections guarantees are provided by the Government’s ratification of international and regional (African) treaties and adoption of relevant domestic laws.

Key legislation that addresses the protection of women and children includes:

- **Legislation addressing sexual and domestic violence:** *Combating of Rape Act* [No.8 of 2000], *Domestic Violence Act* [No. 4 of 2003],
- **Legislation related to the protection of children:** *Children’s Act* [No. 33 of 1960] which is widely recognised to be outdated; *Children’s Status Act* [No.6 of 2006] which addresses some of the limitations of the earlier Act; *Child Care and Protection Bill* (June 2010) expected to be enacted in 2012; *Labour Act* [No. 11 of 2007] which forbids any person from employing a child; *Births, Marriages and Deaths Registration Act* [No. 81 of 1963] which, however, is reported to be outdated and unclear and lacking rules regarding the documentation that is required to register a child<sup>10</sup>;
- **Legislation related to the protection of women:** *Married Persons Equality Act* [No.1 of 1996] grants a woman equal legal status in the household; *Enforcement of the Maintenance Act* [No.9 of 2003]; *Communal Land Reform Act* [No. 5 of 2002] provides land tenure for widows and gives women the equal right to apply for and be granted land rights in communal areas; draft *Divorce Act* (November 2004); proposed *Recognition of Customary Marriages Bill* to address the discrepancies in protection that exist between civil and customary marriages;

- **Other protection-related legislation:** *National Disability Council Act* [No. 26 of 2004] which establishes the legal basis for disabled adults and children in Namibia to feature on the national development agenda. However, this Council has not yet been constituted nor has it convened an inaugural meeting. *The Community Courts Act* [No. 10 of 2003] provides for the appointment of Traditional Justices and allows survivors to claim compensation as well as pursuing criminal prosecution. However, as traditional justices have not yet been formally appointed, currently informal courts at the community level continue to operate along customary or traditional lines without mechanisms to monitor whether their decisions are contradictory to fundamental national laws.

Although a number of strong protection related laws is available, a significant number of draft Bills and proposals for law reform, which would greatly enhance protection and reduce vulnerability, have remained under consideration for an extended period of time and are yet to be enacted.

### Protection Related Policies

At the policy level, Vision 2030 (Office of the President, 2004) - the national development strategy - provides the framework for a long term, macro level development that includes essential protection elements (i.e. investing in women and children and promoting gender equality are mainstreamed into development targets). **The National Development Plan: 2007/2008 - 2011/20123** (NDP3), provides detailed, intermediate plans through which Vision 2030 can be achieved. Sector, Ministry, and Directorate level policies, plans and budgets have been and are in the process of being developed, including those

<sup>9</sup>LAC (2012) Alternative report to Namibia’s first, second and third periodic reports on the implementation of the United Nations Convention on the Rights of the Child and two optional protocols (1997-2008)

<sup>10</sup>Ibid.

concerning the protection of Namibian citizens from violence and enhancing the rights of women and children.

Key protection related policies, standards and guidelines include:

- **MGECSW Sector Policies and Plans:** MGECSW Strategic Plan [2010-2014]; National Plan of Action on GBV; and National Gender Policy [2010-2020].
- **Orphans and vulnerable children (OVC):** National Policy on Orphans and Vulnerable Children,
- Standards to Improve Service Delivery for Organisations Working with Orphans and Vulnerable Children in Namibia [2009]
- **Early Childhood Development:** National Integrated Early Childhood Development (IECD) Policy [2007]
- **Children in residential care:** Minimum Standards for Residential Child Care Facilities [March 2009]
- **Children in foster care:** Recommended policy framework for “new approaches to foster care and foster care grants which could be incorporated into Namibia’s forthcoming Child Care and Protection Act”, Standards to be included in policy framework
- HIV/AIDs: Multi-sectoral, National Strategic Framework (NSF) for HIV and AIDS [April 2010–March 2016], National Policy on HIV/AIDS [2007], MoHSS National Guidelines on Post-Exposure Prophylaxis for HIV, HBV and Tetanus [revised November 2010]
- **Survivors of rape and sexual assault:** Legal protection. Survivors needs included in national policies, MoHSS National Guidelines on Post-Exposure Prophylaxis for HIV, HBV and Tetanus [revised November 2010] (specifically: Chapter 6: “Clinical Management of Sexual Assault”, Table 7: recommended sequential steps for sexual assault clients<sup>11</sup>), Guidelines for Service Providers on Rape [2005]

- **Survivors of domestic violence:** Legal protection. Survivors needs included in national policies,
- Guidelines for Service Providers on Domestic Violence [2005]
- **Persons with Disabilities:** National Policy on Disability [1997], National Policy on Special Needs and Inclusive Education [2008].
- **Teenage pregnancy:** Learner Pregnancy Policy [2008]
- **Social protection and Social security:** The Government’s social welfare grant system (administered by the Ministry of Labour and Social Welfare and by Ministry of Gender Equality and Child Welfare) is designed to address child poverty and vulnerability. However, the literature and field research suggest that some children may be receiving multiple forms of assistance whilst others in need of social protection slip through the net.

As can be noticed from the above list, a number of individual policies have standards and guidelines accompanying them to enable the relevant agencies to monitor and evaluate implementation progress and to assess the impact. These standards and guidelines would ideally serve as important accountability tools, however in reality many are not being adequately disseminated and implemented. It must be noted that the vast majority of the service providers interviewed or consulted during the study did not mention any of the above standards and guidelines.

### 3.3 Institutional Framework for Protection

#### Government institutions

Currently there are seven Government Ministries which are engaged in delivering the Government’s protection mandate. Their roles and responsibilities with regard to protection are with some exceptions well defined. Particularly, the current division of responsibility between MGECSW and MOHSS Social Workers is not always clear in practice and needs to be clarified as it is reported to detract from the holistic social care of vulnerable families.

*Ministry of Gender Equality and Child Welfare* (MGECSW) and *Ministry of Safety and Security* (MSS) were identified by stakeholders as the lead actors in the current protection system.

- MGECSW has a mandate to ensure gender equality and equitable socio-economic development of women and men and the wellbeing of children. MGECSW Social

Workers, Gender Liaison Officers and Community Liaison Officers work with adults and children.

- MSS is responsible for the country's prison services, including children in detention and special facilities for them; and for the police under whom the specialist frontline services of Woman and Child Protection Units (WACPU).

Other Ministries with protection mandates and programmes are:

- *Ministry of Justice*(MoJ) runs a juvenile justice diversion programme and has created a special unit under the prosecutor General for the Prosecution of Sexual and Domestic Violence Offences which is struggling to create structures and capacities at decentralised levels.
- *Ministry of Health and Social Services* (MoHSS) provides secondary preventative PEP care for survivors of sexual offences and forensic medical examination. It also employs hospital based Medical Social Workers.
- *Ministry of Home Affairs and Immigration* (MHA) together with MoHSS and others implements a programme to register births and deaths of Namibians and provides for refugees and asylum seekers in Namibia.
- *Ministry of Education* (MoE) works with orphans and vulnerable children (OVC) and provides a school counselling service through the Regional School Counsellors programme.
- *Ministry of Labour and Social Welfare* (MOLSW) has a leading role in combating the exploitation of child labour and the disbursement of child welfare grant and grants to disabled Namibians.
- Additionally, although the MoLSW is responsible for disbursing social welfare grants to disabled Namibians, the *Office of the Prime Minister* (OPM) is mandated to look after disabled peoples' wider interests through the **Disability Unit** and an advisor on disability issues. LAC reported, however, that despite the existence of these structures, there appears to be limited action directed at persons with disabilities. It cited the most recent annual report from the Office of the Prime Minister (2008-2009), according to which the Disability Unit did not appear to conduct any activities regarding accessing or improving access to healthcare services for children with disabilities.<sup>12</sup>

### Non-governmental organisations

There is a relatively small number of NGOs, international and local, that play key roles in the current protection system. Most active and most frequently mentioned are: Lifeline/Childline, LAC, Friendly Haven, and Catholic Aids Action. Lifeline/Childline and Friendly Haven are active members of the TWG and work in close partnership with the lead Ministries on protection issues. Counselling services by Lifeline/Childline are much appreciated by service providers and are seen to complement government services in the regions. The LAC witness support programme

is also regarded as a key component of the regional protection system. Catholic AIDS Action was mentioned as providing support to vulnerable children who are not able to access school due to lack of basic necessities.

In the HIV/AIDS sector, much work is conducted by a variety of NGOs to support orphans, undertake behavioural change programmes amongst young people, and provide support for HIV positive mothers and their children.

National Federation of People with Disabilities in Namibia, founded in 1990, is a national umbrella organisation with seven national affiliate members. However, it does not appear to have played a key role in the protection system to date.

NGO involvement/activity across regions is not consistent. Among the five study regions, very active in Kavango and Khomas, weak presence in Omaheke, Omusati and Karas.

### Community based organisations and structures

There are a number of different organisations and structures at constituency or community level. These include Community Development Committees (CDCs) and coordinating committees for child protection and HIV/Aids. In addition, Police Public Relations Committees exist in some parts of the country, but these are not well known by communities in the five regions surveyed. Community Survivors Supporters, comprising volunteers trained to support survivors and link them to formal services are reported to have become largely dormant since international funding for their activities ceased.

Opportunities exist for increasing community engagement in the protection system that are currently not being fully

<sup>12</sup>LAC (2012) Alternative report to Namibia's first, second and third periodic reports on the implementation of the United Nations Convention on the Rights of the Child and two optional protocols (1997-2008)

exploited in all regions, and could be further developed. These include further engagement of: a) Men's Groups (i.e. groups that aim to positively engage men in changing attitudes and beliefs and behaviour); b) Community based church groups given their extensive outreach capacities and significant membership, especially in remote rural areas that are otherwise hard to reach; and c) Disabled Peoples Organisations (DPO) which represent some of society's most vulnerable adults and children and have a growing and significant membership base across disability types and constituencies of disabled people.

### Institutional capacity constraints

A number of key capacity constraints were identified by study respondents in relation to the provision of protection related services, including: difficulties in reaching scattered clients and communities, transport constraints, lack of capacity for sustained outreach, low levels of staffing and skills shortages, "burn-out" among service provider staff in the absence of adequate performance management and professional support systems, and lack of statistical data on protection issues.

### Coordination mechanisms

A range of inter-agency and multi-sector coordination mechanisms have been established to address different aspects of protection or with different target groups. Some of these mechanisms have decentralised structures at regional and local levels:

- **National Permanent Gender Task Force:** The National Gender Policy (2010-2020) states that: "MGECW which is the lead agency will establish the National Permanent Gender Task Force as well as a similar structure for the regions." The role of these

national and regional task forces will be to oversee and monitor the implementation of the policy. Roles are also specified for the Parliamentary Gender Caucus which is considered important to ensure the enactment of gender responsive laws; and for Gender Focal Points and Units that are responsible for gender mainstreaming.<sup>13</sup> This structure has the potential to streamline coordination mechanisms at least as far as gender issues are concerned.

- **Permanent Task Force for Children and Impact Mitigation** (formerly Permanent Task Force for Orphans and Vulnerable Children): Established in 2002, the PTF focuses on four priority areas: 1) rights and protections, 2) education, 3) care and support, and 4) health and nutrition. In addition to the PTF, there is also a Child Care and Protection Committee, and Child Care and Protection Forums at regional level.
- **Early Childhood Development:** The 2007 IECD policy provides for the creation of a multi-sector National IECD Committee. Provision is also made for regional level and constituency level IECD committees and scope is delimited for NGOs, the private sector and development partners to engage with these structures.<sup>14</sup> However, there is little evidence concerning the operation of these structures in the five case study regions.
- **Gender Based Violence:** In 2008, during the 16 Days of Activism Campaign, the President of Namibia launched a National Advisory Committee on Gender-Based Violence with a mandate to advise MGECW. The intention was to bring together key representatives of the government, IDPs, civil society, private sectors, media, faith based organisations and other relevant stakeholders to advise on policies and legislation and their implementation; and other actions to combat GBV. The Committee was also to give advice on the appropriate implementation of recommendations made by the 2007 GBV National Conference. Unfortunately, it appears to be no longer active for reasons that are unclear.
- **Women's Rights/ Gender Equality:** A number of institutional structures have been established over the years for the protection of women's rights. These include: the Gender Sectoral Committee, the Gender Commission, the National Information-Sharing Forum and the Gender Network Coordinating Committee.<sup>15</sup>

## Concluding Observations

Overall, it is recognised that the legal and policy framework the Namibian Government has established in order to deliver its protection mandate is well developed. It is also illustrative of the Government's commitment to fulfilling the rights of its citizens. In terms of the enactment of legislation and its enforcement considerable progress has also been made.

However, there is a significant number of draft Bills and proposals for law reform, which would greatly enhance protection and reduce vulnerability if they were enacted and enforced. Legal Assistance Centre has identified as a contributing factor to the slow process of implementing legislation and policies the fact that *"government initiatives stall following the development of action plans, monitoring tools and baseline assessments, resulting in a plethora of excellent plans on paper but flawed implementation in practice."*<sup>16</sup>

Another obstacle to the effective implementation of the existing strong laws and policies is that the government *"often allocates insufficient resources for their implementation, indicating both a lack of financial planning and a lack of commitment to the principles contained in these tools."*<sup>17</sup>

In addition, a number of respondents emphasised that the opportunities for better effectiveness of the existing policies could be further expanded if policies *"spoke to each other more clearly"*, or, in other words, if there was better coordination among the agencies responsible for their implementation.

# 04 | ASSESSMENT OF THE WACPU SERVICES

## 4.1 What Are WACPUs?

By definition a WACPU is a police unit. The Woman and Child Protection Units (WACPUs) form a specialised division of NAMPOL, reporting to the Criminal Investigation Department (CID). The first Unit was established in 1993 on the basis of a partnership between NAMPOL and MoHSS with the aim to provide a specialised response in the cases of women and children who survived or have been affected by violence. As of 2011, there are 15 WACPUs operational in all 13 regions of the country (Karas and Hardap regions each have 2 WACPUs) with a total staff of approximately 99 Police officers countrywide. The Units remain under the leadership of NAMPOL, now in partnership with the MGECW. UNICEF and other international development partners have provided both technical and financial support to the Units since they were created.

There is no single official document which outlines WACPU's purpose, functional scope and standards of practice, financing and resources, operational structure and procedures. Different regions approached the

organisation of WACPUs in different ways, based on the local context and resources, and on their understanding of WACPU's role.

### WACPU structure and management

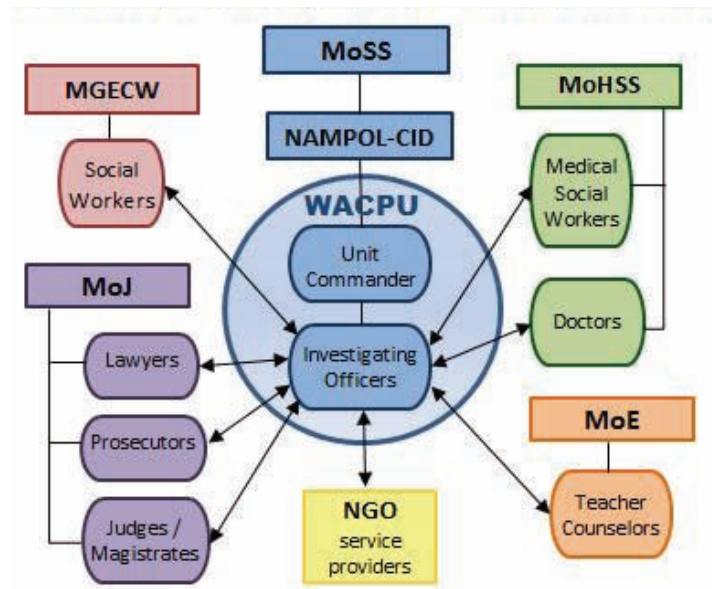
There are no official requirements or guidelines for the composition and structure of a WACPU as an integrated service. Each region made their own arrangements, based on the context and the availability of resources. As a result, two somewhat different models of WACPU structure have emerged in the five regions studied. These differences, as will be explained below, have significant implications for the effectiveness of service provision.

<sup>16</sup>LAC (2012) Alternative report to Namibia's first, second and third periodic reports on the implementation of the United Nations Convention on the Rights of the Child and two optional protocols (1997-2008)

<sup>17</sup>Ibid.

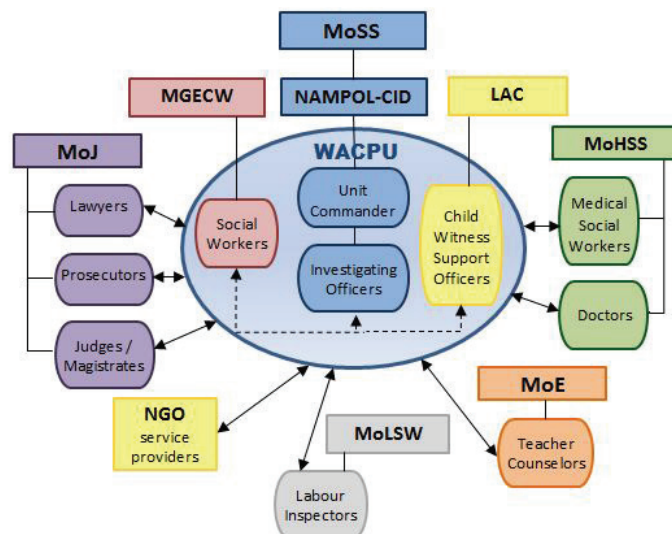


### WACPU-based Model 1: Police-centred Service and Referral Network:



WACPU-based Model 1: Police-centred Service and Referral Network: As a police unit by definition, a Woman and Child Protection Unit (WACPU) in its most modest form consists of a Unit Commander and a team of Investigating Officers. The Unit reports to regional Commander in its respective region, who reports to the Criminal Investigation Department (CID) at national level. The number of Investigating Officers in a unit is typically determined by the staff establishment, i.e. the availability of personnel at the regional NAMPOL office. Investigating Officers, as part of their function, refer cases to appropriate service providers in the region. The 'integrated' nature of such a service would depend on the effectiveness of the referral links and quality of services at each end of the referral. However, considering the partnership between NAMPOL and MGECW to ensure social worker support for WACPU clients, a WACPU without an assigned Social Worker may be regarded as incomplete and below the minimum standard.

### WACPU-based Model 2: Integrated Services and Referral Network:



WACPU-based Model 2: Integrated Services and Referral Network: In the expanded model of a Woman and Child Protection Unit, MGECW Social Worker(s) and Legal Assistance Centre (LAC) Child Witness Support Officers are located within the same premises of a WACPU office for better referral and direct service provision. This model adds value to the basic Model 1 and can be regarded as good practice.

No MOUs or other official agreements exist between NAMPOL and MGE CW to regulate the specific case management responsibilities, coordination and reporting mechanisms for Investigating Officers and Social Workers with respect to WACPU cases. Neither do MOUs exist between all the other key ministries with respect to the provision of protective services for women and children. Similarly, no MOUs are signed between WACPUs and NGO service providers – the provision of LAC’s Child Witness Support Officers is based on an informal arrangement for LAC’s staff to have desks at the WACPU and provide legal support for child witnesses.

Although not expressly stated in any document, it is generally understood that as part of an ‘integrated service’ it was intended for WACPUs to also have a Health Worker on the premises. Unfortunately, as discussed further below, this has not materialised in any of the five study regions, primarily due to shortage of human resources in the health sector.

In addition to the main WACPU structure, **WACPU Management Committees** have been envisioned to oversee the performance and coordinate among the relevant service providers. Although initially these Committees were established in Karas, Khomas, Kavango and Omaheke regions – and functioned reportedly well in the latter three – currently only the Omaheke WACPU Management Committees is operational. This is discussed in more detail below (see 4.2 under Coordination).

### Staff roles and functional responsibilities

No terms of reference (TOR) or job descriptions with clear descriptions of functional scope and responsibilities as part of the integrated service are available for any of the WACPU associated staff. It is understood that the Investigating Officers and the Unit Commander work according to the general police functions and procedures applicable to other police units; the MGE CW Social Workers follow the general MGE CW guidelines; and the LAC Child Witness Support Officers work based on LAC’s job descriptions and procedures.

There is a particular confusion across the regions with regard to the functional scope of social workers in relation to the division of responsibilities especially with regard to WACPU clients. Under a Cabinet Directive of 2003 all new cases concerning child welfare should be referred to MGE CW whilst individuals aged 18 years and above should remain under the care of MoHSS Medical Social Workers. However, some service providers believe that the MGE CW Social Workers have the mandate to deal with all WACPU cases, both children and adults.

In addition to the lack of professional TORs, there is also an absence of instructions or standard operating procedures for the staff’s WACPU-specific tasks.

An MGE CW Integrated Child Protection Training Manual (2010) outlines the child protection specific roles and responsibilities for each key role player: the police, health care workers, clerks of the court, magistrates, prosecutors, and counsellors. However, this Manual has not yet been approved for use by the WACPUs. For non-child protection issues, as described in section 3 above, national guidelines are available on a range of issues, such as GBV, Domestic Violence, etc. WACPU associated staff and other relevant service providers reportedly are either unaware of these guidelines, do not have access to them, or do not understand how to implement them.

Related to absence of a single structural model and staff TORs, there is also a lack of staff performance management system for WACPUs: objective selection and recruitment procedures, individual work plans, key performance indicators and staff performance evaluations are not part of WACPU work. This, in its turn, leads to the lack of accountability.

WACPU staff have not receive any additional training. There are no WACPU-specific instructions or tools to train the staff on. The MGE CW Integrated Child Protection Training Manual is used to train professional in the child protection field and community based groups. A challenge in this task is high staff turnover and limited numbers trained each year due to staff time and inadequate funding.

The majority of the WACPU associated service providers in the case study regions reported that they had no need for skills upgrading or capacity development in the form of training. However, the study team identified a number of specific gaps in the knowledge and skills of WACPU staff:

- Domestic Violence Act: particularly regarding when and how to make an application for a Protection Order, and



which offences must be charged under the Act;

- Risk assessment in order to ensure the safety and security of survivors, both adults and children;
- Action/work planning, time management and prioritisation skills in order to promote workload management and ensure that urgent cases receive more timely attention;
- Survivor/client centred approaches, including client confidentiality, statement taking, etc.
- Crime scene investigation and statement taking for WACPU Investigating Officers.

### Financing and resources

As police units, WACPU's are financed by NAMPOL and each Unit's budget is determined regionally based on the NAMPOL/CID regional budgets and resources available locally. There is, however, no dedicated budget for WACPU's as an integrated service - neither at the national, nor at the regional level. Some of the relevant Ministries cover some of the overall WACPU costs, such as salaries, furniture, vehicles, and stationery. Some financial support and equipment was provided by UNICEF and other international development partners to WACPU's when they were initially established. As a result of regional differences, however, there are clear discrepancies in resource allocation between the individual WACPU's particularly in relation to office space and location, basic amenities, equipment, and vehicles.

In general, resourcing the WACPU offices to a basic minimum standard is constrained by the fact the financial resources currently available to WACPU's are not sufficient to cover all the services provided, as well as equipment and operational costs. This is related to the lack of clarity about WACPU's functional scope as an integrated service and corresponding resources requirements.

With respect to human resources, in the 5 regions examined the number of WACPU staff ranged from 5 police officers in Karas to 19 in Khomas. In contrast to the other four regions, Khomas office is the only one that has permanent MGECW social workers (3 staff) and a LAC child witness support officer, as well as university students who work as interns. Service providers consulted for the study uniformly reported that the WACPU staff contingent was too small. In terms of gender distribution, in all the five Units reviewed more than half of the staff were female.

### Operating procedures

As mentioned above, no standard operating procedures (SOPs) have been developed for WACPU as an integrated service in general or for specific WACPU related tasks of the associated personnel. Neither did any of the WACPU's in the five regions take the initiative to develop their own integrated service SOPs for their region.

In general, looking at the current practice and existing models, WACPU operations can be described to include:

1. Prevention activities to prevent violence against women and children (all staff)
2. Response
  - a. Investigation of reported crimes against a woman or a child (Investigating Officers)
  - b. Case management service for women/children victims or witnesses of crime (Social Workers)
  - c. Legal support for women/children victims or witnesses of crime (Child Witness Support Officers)
  - d. Health assessment, forensic examination and basic medical support for clients (Health Workers)
  - e. Referral of cases to and from WACPU's (all staff and external service providers)
3. Coordination with service providers across all the relevant sectors to ensure effective protection and support for clients

### Prevention Activities

There are no specific instructions or guidelines on prevention activities for WACPU associated staff. Some of the national protection related policies include guidelines on issue-specific prevention. For example, with regard to child protection related prevention

activities the MGECEW Child Protection Manual (Chapter 8.7.1) offers a number of “tips”, some of which are:

- Refer at-risk children to social services and NGOs;
- Put families in touch with social services or NGOs that could help them in times of difficulty;
- Early identification of any developing problems/issues with particular children.
- Develop policies and procedures to protect children.
- Audit and evaluate how well local services work.
- Develop ‘community policing’ (law enforcement that seeks to integrate officers into the local community to reduce crime and gain good community relations);
- Coordinate with social services and NGOs in family reunification;
- Encourage and develop effective working relationships between different agencies.
- Develop relationships with agencies and NGOs;
- Advocate with communities and families on prevention of violence and abuse, parental/ school discipline;

## Response Activities

### Investigation

Complaints of violence can be made at any NAMPOL office in the country. In most cases where there is a WACPU in the vicinity of the police station or post, women and children who report an incident or situation that constitutes a possible crime are referred directly to the WACPU for investigation and follow-up. As part of the police force, WACPU’s Investigation Officers have a statutory duty to investigate the circumstances and to report the facts to the court.

NAMPOLs mandate upon receiving a complaint requires the officers to:

- establish whether a crime has been committed;
- arrange for medical examinations and reports;
- submit medical specimens to the National Forensic Laboratory for testing;
- submit case dockets to the Criminal Investigation Department for further action where necessary;
- obtain supplementary affidavits where appropriate from witnesses who are readily available; and
- refer clients to other appropriate agencies such as the WACPU, MoHSS, maintenance courts or NGOs.

A social worker should be present while the client, especially a child, when he or she makes a statement to the WACPU Investigating Officers. WACPU officers are also required to ensure the safety and security of the survivor or the witness.

### Case management

MGECEW has established clear case management procedures which should be followed by all MGECEW Social Workers. MoHSS Medical Social Workers also rely on these procedures in some regions. The standard stages in the case management process are:

1. Identification and assessment (including the opening of a case and start of documentation).
2. Individual support planning (planning of response and care)
3. Counselling and Referral and liaison with support services
4. Monitoring, review and case closure.

### Legal support

The kind of legal assistance WACPU clients are entitled to is currently not defined. Legal support is currently provided for WACPU clients only in Kavango and Khomas regions of the five regions studied and seems to be limited child witness support provided by LAC officers.

### Medical support

With regard to health services provided to WACPU clients medical personnel have three important protection functions: a) early detection of vulnerable children and adults; b) ensuring that survivors receive the best possible medical attention and treatment; c) in the cases involving legal proceedings, gathering of the necessary forensic and other medical evidence and testifying as expert witnesses in court.

MoHSS personnel perform the medical assessment and treatment in the form of rapid testing for Hepatitis B, emergency contraception and the initial counselling. MoHSS is also responsible for ensuring that forensic medical examinations

are provided for WACPU clients who report a sexual offence and that PEP is administered as appropriate. MoHSS also employs Medical Social Workers who are attached to hospitals where they provide counselling and other forms of psycho-social support primarily to adult clients and children in hospital. Under a Cabinet Directive of 2003 all new cases concerning child welfare should be referred to MGECW whilst individuals aged 18 years and above should remain under the care of MoHSS Medical Social Workers.

The newly introduced MoHSS practice of conducting holistic health checks with children at health centres could help with the early detection of child abuse and timely identification and referral to the appropriate services of at-risk children. It could also be extended through the Maternal and Child health programme to vulnerable women.

### Referral pathways

The referral pathways for WACPU cases are currently not defined. It is expected that the National Referral Protocol that the MGECW is currently developing in close consultation with key stakeholders will greatly improve the practical operation of the referral system once it is well understood by front line service providers, community Opinion Leaders and community members.

In the absence of clearly defined referral pathways, in practice clients may be referred to WACPU from:

- **Self-referral:** Victims of violence may report incidents directly to WACPU officers.
- **Community member:** Victims may disclose abuse to family members, friends or other community members who, if aware of the WACPU, can refer the victim accordingly.
- **Police:** The police may refer cases to the WACPU if the case relates to child

abuse or domestic violence.

- **Health workers:** When identified during a check-up (routine or after reported incident) health workers are required to report cases of violence or abuse to the WACPU.
- **Teacher Counsellors:** Specially trained Teacher Counsellor at schools are required to refer to the WACPU children who may be victims of abuse or violence.
- **Traditional leaders:** Traditional leaders may report cases they know of to the WACPU.
- **NGO services providers:** For example, Lifeline/Childline may refer clients to the WACPU if they report violence or abuse which may indicate a criminal offence.

Upon receiving and processing a client Investigating Officers or Social Workers refer clients from WACPU to:

- **Social Worker:** Survivors of a sexual or domestic violence offence should be referred to a social worker at an early stage in the process.
- **Health Worker:** Upon reporting to the WACPU, adult and child survivors of sexual or domestic violence involving injury are, in most cases, taken under police escort to the doctor at the state hospital for forensic medical examination and treatment. A Social Worker should accompany a traumatised client, especially if he/she is a child, to the medical examination. However, sometimes the police take the clients to the hospital for examination and then later bring them to the social workers.
- **Shelter:** Where shelters or safe houses are available, WACPU staff may refer a client there according to the client's needs.
- **Prosecutor:** Some prosecutors and magistrates report that they make a conscious effort to meet with WACPU clients before any appearance is required at court, so that they can explain what is involved in criminal prosecution and/or civil court processes. However, this was not by any means found to be the norm across case study regions.
- **NGO services providers:** For example, some WACPU refer clients to Lifeline/Childline for counselling.

### Coordination mechanisms

The coordination role for WACPU services, as mentioned above, lies with the WACPU Management Committee. Terms of reference or other documents to outline the

composition and operational procedures of the WACPU Management Committees have not been developed.

Currently only Omaheke appears to have an active, functioning WACPU Management Committee which all stakeholders consulted regard as playing an important coordination and information role. Leadership of the Committee is rotated. It is currently chaired by the MoHSS with a MGECEW secretary. The WACPU acts as the Secretariat.

## 4.2 Addressing Protection Needs: WACPU Effectiveness, Efficiency, Social Acceptability, and User-friendliness

As explained in the Methodology section above, one of the limitations of this study is that the assessment of WACPU services had to be made based only on individual opinions and not on factual data. Consequently, this assessment may lack in consistency and objectivity.

### Effectiveness of WACPU services

As mentioned above, no standard operating procedures (SOPs) have been developed for WACPUs and neither did any of the WACPUs in the five regions take the initiative to develop their own SOPs for their region. Additionally, the WACPUs assessed for the purposes of this study did not report having operational (work) plans or performance indicators, or conducting performance evaluations of individual staff members or of the Unit as a whole to judge its effectiveness. Social workers, on the other hand, reportedly sign personal performance agreements which are reviewed by MGECEW on a quarterly basis.

### Prevention

Among the five study regions prevention activities were reported only in Omaheke. The work plans of some **MGECEW Social Workers in Omaheke** contain strong prevention components with programmes already in place, such as community sensitisation on the rape and the domestic violence Acts. As part of such programmes, Social Workers visit schools on a monthly basis with other partners, including WACPU officers, for discussions on different protection topics. MGECEW Social Workers participate in the Community Child Care and Protection Forum which meets monthly. They also maintain close contact with community leaders, whom they regard as the *“eyes and ears of the community”*.

No information was available for the study regarding the specific prevention activities carried out by Investigating Officers, Social Workers, Child Witness Support Officers or Health Workers as part of WACPU service in the other regions. In general, social workers and police officers go on outreach visits to constituencies, but this practice is not uniform in all regions and is not monitored or evaluated, and no information is available on the content of such outreach.

The general feedback from the community was that more prevention activities were desired. Community member provided suggestions as to the type of prevention activities they wished to be supported by WACPU in their communities:

- a. Awareness raising about the main protection concerns, ways to keep oneself and one's family safe, as well as about the WACPU and its services: through media (radio, educational programmes – in local languages and in English), through community theatre, through community outreach, and through trained community volunteers.
- b. Educating and engaging men in the prevention of GBV and child abuse for long term change in cultural norms and attitudes.
- c. Establishing children and youth clubs in the community to provide a safe place and educate about protection concerns and protecting oneself.

### Response

Ideally, the overall effectiveness of WACPU response activities would be judged based on the percentage of cases received which have been successfully resolved over a period of time. Unfortunately, such statistical data was not available to the study team, and the following analysis is based on personal statements of the study participants.

### Investigation

Women FGD participants and Opinion Leaders in Omusati said the WACPU is a good service provider and effective in reaching specific goals for women (such as getting a woman's male partner to pay school fees or to support his children). Respondents in other regions, however,

gave more emphasis to **weaknesses in the quality of police investigations**. These ranged from poor statement taking and badly completed affidavits, to poor follow up of cases and the failure to investigate the crime scene; laying the wrong charges in domestic violence cases; and not respecting or safeguarding clients' right to confidentiality

Furthermore, a social worker should be present while the client, especially a child, makes a **statement** to the WACPU Investigating Officers. However, this does not always happen. In part this is seen to be because a child's statement can be co-signed by either a social worker or by a parent or guardian and, in a majority of cases, this task falls to the latter. In such cases a proper assessment of the child's needs and risk factors may be overlooked.

**Poor follow-up by WACPU officers** was reported by FGD participants and service providers alike, i.e. in many cases WACPU staff only note down reported cases but do not process them further. One service provider said s/he had referred cases to the WACPU on numerous occasions and simply got excuses about why the case had not progressed. An NGO said that it had referred many clients to WACPU who come back saying that they had not been

assisted. According to the men who participated in the **Khomas FGD**, WACPU staff write things down and often nothing more happens. It is alleged that the staff never visit the place where the abuse is occurring to investigate or look at the situation in detail.

Currently staff are not available to see clients out of normal office hours. Even if the staff are prepared to **work out of hours it is difficult** for them to do so because any (paid) "overtime" requires the approval of the Permanent Secretary and/ or a request to work out of hours must be submitted in advance and permission may not be granted in time. This is cited as being a **key hindrance to effective service provision**.

Investigating officers and other service providers were reported **not to collect key evidence** such as soiled clothing from a survivor of rape or other sexual offences. This means that important evidence is missed in cases where rape kit DNA samples cannot, for whatever reason, be collected from the alleged perpetrator and/or survivor who has reported an offence late.

In terms of interventions to effectively ensure the safety and security of child and adult WACPU clients, a large number of concerns were raised by FGD participants and front line service providers. However, those were primarily concerned with the lack of provision of shelters and safe homes. In some regions the WACPU/ police report that they put most emphasis on placing restrictions on or denying bail to alleged perpetrators where clients have real fears about their personal safety. The care of vulnerable witnesses is reported as being particularly lacking in **Karas** region.

#### Protection Service Gap in Karas:

In Karas it appears that most clients do not like to consult social workers. It was frequently mentioned by service providers that clients would refuse to see them when referred for further help and counselling. In most cases clients in Karas would prefer to speak to the WACPU officers, Regional School Counsellor, or to the magistrate.

The reasons for client's reluctance to see social workers needs to be investigated and addressed by MGECSW officials in Karas.

#### Case management and counselling

Although clear case management procedures are available for MGECSW Social Workers to follow, certain issues were reported regarding the quality and effectiveness of some Social Workers:

1. **Identification and assessment (including the opening of a case and start of documentation).**

Confusion between the responsibilities of MoHSS and MGECSW Social Workers with regard to WACPU clients in some places results in the poor quality of service provision and excessive load of cases. Furthermore, instead of contact a social worker with the correct mandate, WACPU

officers often contact whoever is located closer to WACPU. For example, in **Omusati**, there appears to be no real partnership between the WACPU Investigating Officers and the MGE CW Social Worker. The MoHSS Social Worker is called in when the WACPU officers are taking a statement from the clients (adults and children); and this is done before the client is referred to the hospital for forensic medical examination. In **Karas** neither MGE CW nor MoHSS Social Workers are involved in WACPU cases at all.

One of the service provider emphasised, that the current division of responsibility between MGE CW and MoHSS social workers militates against the concept of social care for vulnerable families since in some cases members of the same family may fall under the remit of Social Workers employed by different Ministries. For example, in a family where the male household head is abusing or mistreating his children and his wife or partner the care provided may be spread across MGE CW and MoHSS social workers. Where, for example, a family member is disabled the support may involve a third Line Ministry, such as the MOLSW. Although collaboration between MoHSS and MGE CW social workers appears to be strong and they confer with each other on individual cases, there is inherent tension in this arrangement which needs to be resolved and clarified at an operational level.

Furthermore, the majority of service provider staff interviewed **did not have a good knowledge and understanding of the risk assessment process**. The risk assessment process outlined in the MGE CW Child Protection Manual does not appear to be routinely used in cases of sexual and domestic violence where the safety and security of survivors are of particular concern. No instances were recorded of a thorough risk assessment process having been undertaken with WACPU clients at any stage in the continuum of care.

2. **Individual support planning (planning of response and care)**  
No information was available to the study team regarding the preparation of individual support plans for clients managed by WACPU associated Social Workers.

3. **Counselling and Referral and liaison with support services**

Many WACPU clients are not currently receiving adequate psychosocial support in the form of counselling by a Social Worker. WACPU clients who have had counselling at all have either received this at a late stage, or have had one-off counselling without any follow-up. In **Karas** clients are reported to rarely see a social worker (either MoHSS or MGE CW) and WACPU investigating officers provide counselling to clients on the grounds that if they refer a client to a social worker the client will not go there.

The one-off counselling provided to clients is cited as an issue by service providers. However, evidence from, for example, **Karas**, shows that

clients are fearful of Social Workers and reluctant to use their services. At the same time, clients in receipt of Lifeline/ Childline counselling services in **Kavango** generally stay the course and have 10 counselling sessions.

#### 4. **Monitoring (follow-up), review and case closure.**

The common reference to one-off counselling implies that no follow-up and monitoring is carried out by Social Workers in many cases. In some, if not most regions, the demands on MGE CW Social Workers of administering Child Welfare Grants and foster care placements leaves little time for follow up with WACPU clients especially as the former involve home visits.

Case management meeting were reported to take place in **Khomas** between WACPU (police and social workers) Lifeline/Childline and the Peace Centre. The WACPU Management Committee in Omaheke is reported to be involved the management of court cases involving vulnerable adults and children.

No information was available to the study team regarding the case closing procedures and criteria, as well as regarding the number of successfully resolved WACPU cases.

#### *Legal support*

As mentioned above, the kind of legal assistance WACPU clients are entitled to is currently not defined, thus it is difficult to assess the overall effectiveness of the legal support as part of a WACPU service. Currently, among the five studied regions legal support is provided for WACPU clients only in Kavango and Khomas regions and is limited child witness support provided by LAC officers, who in exceptional cases also provide assistance to adult victims/ witnesses. General comments from community members with regard to the

service provided by LAC officers were positive.

### *Medical support*

When evaluating the effectiveness of health services provided to WACPU clients three protection functions of the medical personnel should be looked at.

- 1) early detection of vulnerable children and adults;
- 2) ensuring that survivors receive the best possible medical attention and treatment.
- 3) in cases involving legal proceedings, gathering of the necessary forensic and other medical evidence and testifying as expert witnesses in court (currently only registered medical doctors can perform this role).

#### **a) Early detection**

Health workers have a vital role to play in the early detection of domestic violence and child abuse during the course of their routine health work. It was reported that because **they do not always ask the correct questions** children and adults who have been subject to sexual abuse and other forms of violence **may not be identified** when they first present to a health centre. In addition, follow-up of possible cases is sometimes not made. Respondents informed the study team of a new practice that has recently been introduced by MoHSS whereby holistic health checks are carried out with children at health centres. It is anticipated that this will help to ensure that children and adults in need of protection are identified in a timely manner and then referred to the appropriate service provider.

#### **b) Medical attention for survivors**

Access to medical doctors for WACPU clients is a particular challenge as none of

the Units have medical personnel on the premises and some are located a considerable distance from the local clinic/hospital. Furthermore, without a previously established good relationship and prior agreement with the WACPU officers, doctors do not prioritise WACPU cases and clients have to wait for a long time to be attended. In **Kavango**, some doctors insist on clients being accompanied by WACPU officers and, if they come alone, they are sent back to the WACPU.

Medical personnel in all the case study regions surveyed appear to be using the MOHSS Guidelines on Post-Exposure Prophylaxis (PEP) effectively.

#### **c) Forensic Medical Evidence**

One of the major obstacles to the effective delivery of health services in sexual offence cases concerns forensic evidence and the management and use of rape kits on which the collection of bone fide medical evidence depends. A number of key constraints were identified through the field:

Key constraints for effective forensic medical evidence

- There is a shortage of trained medical doctors qualified to undertake forensic medical examinations of clients who have been sexually assaulted.
- Medical doctors are sometimes reluctant to conduct forensic medical examinations and/or use the rape kits when these are available because of time constraints (it is estimated to take between 1.5 and 4 hours to administer each kit).
- None of the medical doctors interviewed during the study had received specific training on how to administer the rape kit.
- Completed rape kits are not always sent by the WACPU officers to the forensic laboratory in Windhoek and not all the responsible officers collect the results of the DNA samples from the forensic laboratory even when called to do so.
- There are misunderstandings and practical difficulties associated with the requirement of taking DNA samples from the survivor and the alleged perpetrator/accused in order for a comparison of the samples to be made.

A number of service providers in different case study regions shared their concerns about the current **J88 Medical Forms** which provide the medical evidence for the prosecution. Some prosecutors and members of the judiciary said



the medical (J88) form is of little evidential value if it does not have an affidavit attached to it. With such the J88 can arguably be passed up to the Magistrate to consider in serious sexual violence cases where the examining doctor has long since returned to his or her home country and cannot act as an expert witness in the trial. Others argue, however, that such an affidavit is of little value given the need for prima facie evidence. Respondents from different sectors had doubts about the user friendliness of the J88 form. The study team were told that non-medical professionals have serious difficulty in interpreting the findings, especially when these are hand written and described in medical terms and language that even prosecutors cannot interpret.

### Referral

In general, community members who participated in the study complained that in the absence of a clearly defined and well understood referral system, clients are frequently sent backwards and forwards between service providers without being provided with directions. This, reportedly, discourages people from visiting service providers and from seeking assistance.

In theory, survivors of a sexual or domestic violence offence should be referred to a social worker at an early stage in the process. The social worker will then accompany a traumatised client, especially if s/he is a child to the **medical examination**. However, this is not always the practice – the police sometimes take the clients to the hospital (for examination) and then later bring them to the social workers. Another factor influencing referral is the location of the particular Social Workers and which Social Worker the WACPU officers can call on most easily.

With regard to **referrals to WACPU**s, some good examples were cited. In general respondents indicated that WACPU officers and the regular police work closely together and refer clients to one another appropriately. Service providers made frequent mention of cases that were referred to them by **Teacher Counsellors**. There was significant appreciation of school counsellors since more cases are now seen to be receiving the attention required. In **Kavango** Teacher Counsellors were frequently cited by service providers as referring child abuse cases to the police, social workers and NGOs such as Lifeline/Childline. In recent months WACPU officers and other responsible officials in Omaheke jointly talked with the **traditional leaders** to encourage them to report cases they know of to the WACPU. Moreover, some **prosecutors** and **magistrates** report that they make a conscious effort to meet with WACPU clients before any appearance is required at court, so that they can explain what is involved in criminal prosecution and/or civil court processes. However, this was not by any means found to be the norm across case study regions.

### Coordination

Coordination of WACPU services is inconsistent across the five study regions. As mentioned above, currently only Omaheke appears to have an active and functioning WACPU Management Committee, which all stakeholders consulted regard as playing an important coordination and information role. The WACPU Management Committees in the four other regions are no longer functioning.

In **Kavango**, however, most service providers felt that the committee had been effective in promoting coordination and collaboration in the past. It also used to develop joint plans and would conduct outreach jointly with partners, which is seen to be positive. Similarly, the general view from Khomas is that the Committee had been effective in the past. However, in **Karas** the Committee suffered from poor attendance and only met a few times. Some enthusiasm exists for the structures to be revitalised, but the merits of doing this needs to be considered in light of other coordinating and team building mechanisms and service provider time constraints.

Besides the WACPU Management Committees, other coordination mechanisms exist in some of the regions in which WACPU associated staff participate. MGEW Social Workers in **Omaheke** participate in the Community Child Care Forum which meets monthly. They also maintain close contact with community leaders whom they regard as the “eyes and ears of the community”. MGEW and MoHSS Social Workers in **Omaheke** have regular joint planning meetings and in joint trainings, such as those provided by the Peace Centre, and involving other members of the WACPU Management Committee including WACPU officers and community activists. In **Khomas**, WACPU Investigating Officer and Social Workers work closely together with Lifeline/Childline and the Peace Centre and meet regularly



for case management discussions. MoHSS Social workers also mentioned that they work with other NGOs such as the Namibia Red Cross Society, Penduka and Namibia Planned Parenthood Association on various health issues.

### Efficiency of WACPU services

#### Financial resources

As mentioned earlier, the budgets and spending of WACPU offices were not examined by this study.<sup>18</sup> Without this information it is impossible to assess whether financial resources were being adequately allocated and responsibly spent, and thus to judge WACPU's financial efficiency.

#### Physical resources

The general opinion of the study participants was that the WACPU offices examined for this study are under-funded and under-resourced. The issues related to that range from inadequate office space (e.g. in Omusati), lack of basic facilities (such as running water and toilet in Karas), to the lack of essential equipment (such as computers). Lack or shortage of transport vehicles was cited as a major challenge to effective work by all WACPU offices.

Kavango WACPU currently has no designated vehicle. As one officer explained:

*"We do not have a vehicle. We depend on the Ministry of Gender vehicle and it is not always available. We are also not allowed to drive the vehicle so the social worker needs to drive us for investigations. Sometimes I call other units to help with a vehicle when I receive a call from an outside station and if they are not willing I normally ask my Regional Commander in Chief to assist. It may take a day before I can attend to a call."*

In terms of *physical resources*, the study did not compile or examine complete official lists of resources allocated to each Unit and how those were being used.

Some resource related concerns were specifically highlighted for **Omusati**, where poor security conditions of the office space lead to inefficient use of extremely valuable resources, to the detriment of the quality of work (i.e. donated computers were kept 'somewhere safe' and the data was recorded manually).

It was uniformly reported across all the five regions that the investigations of WACPU officers are constrained by the actual **lack of transport or by poor management of its use**. Given the expectation for officers to respond quickly to reported incidents and then to carry out investigations at the crime scene to collect evidence and interview potential witnesses, it is imperative that the question of police transport is reviewed.

There are problems with efficient allocation and use of resources concerning forensic medical examinations of rape survivors and the **distribution and use of rape kits** in all five case study regions. In Khomas, Kavango and Omusati WACPU staff keep rape kits, but Khomas staff reported to have never used them (rape kits are administered by medical staff, not by the police), Kavango staff do not use "adult rape-kits" for children, and Omusati staff do not bring the kits to the hospital. This indicates an urgent need for procedures and responsibilities to be clarified and documented for WACPU staff and for medical professionals.

Some good practices, nevertheless, can be discerned from alternative strategies for sharing limited resources resorted to in Kavango.

Although currently seen as an obstacle by the staff involved, this is an example of a very commendable collaboration, and if appropriate arrangements are made to allow WACPU officers to drive the MGEW vehicle, it can be an example of good practice and an approach to be promoted among other WACPU's. It is recommended that WACPU staff consider such possibilities of sharing resources between agencies and formalize such arrangements through official agreements/MOUs which should outline procedures for equitable allocation of such resources (so that it is not detrimental to the quality of work of either party) and for effective logistical coordination.

## Human resources

It was not possible to assess the ratio of WACPU staff to clients in the absence of regionally disaggregated data. However, respondents emphasised that it was not the number of clients but the complexity of the cases which was important, and that additional staff were needed, especially those trained on working with men and with the youth.

In all five regions Social Worker capacities were found to be strained due to multiple demands and time pressures. For example, the designated WACPU social worker in **Kavango reports** that she deals with a broad range of cases. Although the goal is to have her focus only on WACPU cases this has not materialised yet. She believes that her involvement in other cases limits her availability and effectiveness to handle WACPU cases and means, for example, that counselling can only be offered to WACPU clients on a one-off basis.

An issue of **inefficient use of human resources in Karas and Kavango** is related to the shortage of vehicle and poor management of their use. Only two of the WACPU officers are permitted to drive in Karas and at times they must drive other officers, which takes them away from their work. In **Kavango**, as described above, WACPU officers have to request an MGEW vehicle, which only an MGEW Social Worker is permitted to drive, which means that the Social Worker instead of doing his/her work acts as a designated driver.

## Social Acceptability of WACPU services

### Community knowledge about WACPU services

- The majority of community members regard the WACPU as another police service and do not know that it is a unit that provides an integrated service involving different stakeholders.
- Opinion leaders in remote areas spoke repeatedly of community lack of awareness about WACPU.
- Community satisfaction with WACPU services
- Many community members, as well as service providers, expressed that although the concept of a WACPU is a good one, a lot of improvement is needed to make it more responsive and effective.
- In general, community members who participated in the study complained that in the absence of a clearly defined and well understood referral system, clients are frequently sent backwards and forwards between service providers without being provided with directions. This, reportedly, discourages people from visiting service providers and from seeking assistance.
- Adults and adolescents in general were found to have small praise for the service of the police. Of those who knew of the WACPU few made a positive appraisal.

Almost without exception community participants (adult men and women

and adolescent boys and girls) stressed **that the name WACPU should be changed to make it more inclusive of men.**

- o In all five regions the WACPU are viewed to exist primarily as a service for women and children. It was reported across the board that men do not use WACPU services because to do so might seem “unmanly”, and that those who have used WACPU services have sometimes had a bad experience.
- o A predominant fear of adult men and adolescent boys is the risk of being ridiculed and a number of stories are recounted about men who have been laughed at or scorned by WACPU service providers. Male participants state that they feel embarrassed and do not want to go to the WACPU. Men and boys feel they cannot identify with the Unit because it is for women and children. Thus they do not feel that their needs are addressed.
- There is a perception that the WACPU are not always child- or adolescent-friendly. A number of adolescent FGD participants felt that if they were to go to a WACPU they would not be taken seriously.

## User-friendliness of WACPU services

### Physical environment

- **Location and accessibility:**
  - o All WACPU are located in the urban centre or main administrative town in each of the five regions. Some of these are within easier reach of those urban communities which are likely to be in most need of their services (e.g. Omaheke, Khomas) than others (e.g. Karas).
  - o Some of the WACPU are well signposted (e.g. Khomas,

Kavango) but others are relatively hidden from view (Omaheke, Omusati).

- o All WACPUs share premises with other services frequented by the community (e.g. health clinics/hospitals, MGECEW Social Workers' office).
- o Despite its accessibility, the location of the WACPU office in Omusati needs to be changed as currently the unit is situated directly opposite the mortuary, and WACPU clients, including children, are exposed to explicit view of the loading and off-loading of corpses while they stand in queue outside.
- o None of the WACPUs are located in rural areas, hence they are not within easy reach of these communities. Generally, communities would prefer services to be closer, more easily accessible and run by people from their own community to whom they can relate and who they feel will understand their cause.
- **Physical conditions of the office premises:** In Karas, the general poor state of the premises and lack of sanitation facilities were particular complaints.
- **Privacy and confidentiality at the office:** Members of the community reported examples where WACPU clients did not enjoy full privacy and confidentiality due to insufficient office space. For example, in Khomas clients are interviewed in the reception area where they can easily be overheard by others. In some cases vulnerable and traumatised clients are said to be repeatedly asked by the staff to describe what happened to them, both before and after giving their witness statements. The WACPU office in Omusati, which consists of two rooms, was said to compromise

the confidentiality of the clients, because clients who are queuing outside can hear the conversation inside, including when statements are being taken.

- **Availability of child-friendly materials:** The child clients interviewed stated that there were no toys used when they were interviewed and the Omusati WACPU office does not have this facility.

#### *Staff availability, capacity and attitude*

- **Opening hours:** A number of respondents suggested that the WACPU should be staffed 24/7, as many cases of sexual, domestic and other forms of violence take place during the weekends or at night, when the offices are closed.
- **Waiting time:** There are examples of WACPU services delivered in a timely manner, which suggest that it is achievable. However, the lack of timeliness with which services are provided to WACPU clients was an issue that was raised particularly by women in Karas, Khomas and Omaheke. A number of examples were cited of women or children who had spent a long time waiting at the hospital for a medical examination. One WACPU officer gave an example of a case where they took a rape survivor to the hospital at 6.00 a.m. and waited until 2.00 a.m. the next morning before being attended to. However, in a different region another WACPU officer said: "When a survivor arrives at WACPU he or she is taken straight to the doctor on duty; she is attended to immediately and she doesn't need to wait in queues".
- **Gender sensitivity of staff:** all WACPUs have male and female staff to attend to male and female clients.
- **Communication with clients:** In all case study regions the issue of language and communication was raised. Even though Namibia's population is small, there is a huge mix of language groups in many parts of the country. The study found that WACPU service providers are fully aware of this and often go to great lengths to ensure that there are staff available to call upon when communications are constrained by language. In some cases, translators from the community are employed, which, however, does not seem to be popular with clients. Many women in Omaheke, for example, cannot speak English and need a translator with them at the unit, but they find it embarrassing because the person who is translating can go and spread confidential information.
- **Attitude towards clients:** A number of FGDs in different

regions made observations about the negative approach of WACPU staff, officers and others, to men, children or young people who go to report cases. It is not clear, however, whether these perceptions are attributable to the actual behaviour of staff towards clients or to the fears and prejudices of potential clients themselves. There are a number of WACPU officers who are said to be unsuited to the highly sensitive and difficult work of the specialized units and might be better placed elsewhere in the police force. Stakeholders suggest that more rigorous selection and recruitment procedures are needed to ensure that individuals with the correct basic skill set and motivation are recruited to sensitive posts where strong communication and people skills are as important as technical skills.

- o **Youth-friendliness:** Young persons in FGDs expressed that their concerns are not taken seriously by WACPU staff, which makes them reluctant to go to WACPU offices.
- o In Khomas, a good practice example was found of what appears to be an **active complaints system in operation**. Service providers clearly take complaints or concerns raised by their clients seriously and regard these as a source of learning.

### 4.3 Assessment Summary and Conclusions

#### Strengths of the WACPU model and practice

- **Services and structures** exist with basic necessary capacity for the provision of integrated protection services.
- **Mechanisms exist** for addressing criminal offences related to sexual or domestic violence against women and children, which is WACPU's specific purpose.
- **Examples of functioning integrated service models** are available in Kavango and Khomas to serve as examples of good practice.
- **Examples of a functioning monitoring and coordination body** (WACPU Management Committee), as well as of alternative coordination structures, are available for drawing lessons.
- **Capacity exists for adopting a "client-centred" approach** across all WACPUs based on the practice of individual units (e.g. Omaheke Social Worker's initiative to ensure child-friendly court procedures).
- Examples are available of community awareness raising efforts and of **engagement of community** based groups for protection.

#### Weaknesses in the WACPU model and practice

- There is **no clear model of a WACPU-centred integrated service structure**, which results in the gaps in the continuum of care where Social Workers and Child Witness Support Officers are not part of the WACPU team and medical services are not readily available.
- Lack of procedural guidelines and/or **standard operating procedures (SOPs) for WACPU-centred integrated services**.
- Staff functional scope and responsibilities in **relation to the WACPU-**

centred integrated services are not defined.

- **Staff's professional knowledge and skills** are inconsistent and in some cases unsatisfactory. The assessment of staff capacity and/or performance appraisal is not consistently undertaken for all WACPU-associated staff.
- **Poor accountability towards clients of the staff and of the Units/Service as a whole** is a major negative factor resulting in low performance across all criteria: effectiveness, efficiency, social acceptability and user-friendliness, and a direct result of the lack of adequate management mechanisms.
- A major weakness in WACPU services, and a key factor diminishing the effectiveness and efficiency, is the **lack of essential professional standards of practice** and core competencies.
- **Limited capacity to effectively reach remote communities and provide timely service.**
- **Awareness-raising at community level** about WACPU services and dissemination of key protection messages is inconsistent and ineffective, with some exceptions (e.g. Omaheke).

#### System Gaps revealed through WACPU assessment

- **Lack of adequate quality standards and accountability mechanisms across sectors.**
- **Lack of clear links between key sectors and inconsistent coordination.**
- **Lack of or weak links with community based structures and traditional and customary justice systems.** Most FGD participants called for greater collaboration between the Ministry of Justice and traditional leaders and some recommended protection training for traditional leaders. This should be considered by the Police and the Ministry of Justice with a view

to creating a referral mechanism for traditional courts to refer cases to the police for criminal prosecution.

- **Lack of adequate data management systems:** consistent, systematically collected, and electronically stored disaggregated data is not available for all sectors to provide statistical evidence for existing needs for particular services, as well as to enable monitoring and evaluation of the quality and effectiveness of specific interventions.
- o A number of key service providers and institutions informed the study team during field work that they were painstakingly maintaining up-to-date records of clients and cases. This information was frequently computerised using either computer programmes that had been devolved by the central authority to the region or spread sheets which they had designed themselves. This suggests that the actual **data is available** in the country, but the **efforts are lacking to collect and analyse it in a systematic way** in order to produce statistical evidence. Little statistical data or analysis was available nationally.
- **Limited protection services for men and boys.** Although statistics suggest that an overwhelming majority of survivors of violence are women and girls, there is clearly a need to ensure that men and boys who have been or are being abused or maltreated are able to access the services they need and that these services are provided in objective, impartial and non-judgmental ways.

#### 4.4 Comparative Analysis of the WACPU Model and Integrated Service Models Addressing SGBV in Kenya, Liberia, Sierra Leone, South Africa and the UK

Following the study's terms of reference, a number of models of interracially recognized good practice in addressing SGBV were analysed. Detailed descriptions of the models and full analysis can be found in the original report. Annex 2 of the present report<sup>19</sup> provides a comparative overview table for easy reference.

In summary, some of the models considered (e.g. **South Africa's** Thuthuzela Care Centres and Liberia's Women and Children Protection Sections) can be described as "**prosecution led**" and centred primarily on legislation prohibiting rape and other sexual offences supported by constitutional and jurisdictional law reform. This is justified by the fact that both countries have exceptionally high rates of sexual offending primarily against women and children. These two models differ in the sense that the South African Government is replicating the Thuthuzela Centres all over the country according to prevalence rates whereas the Government of Liberia has decided, largely for budgetary reasons, to use its centres as centres of excellence to demonstrate good practice to other providers.

The **Sierra Leone** governmental model offers services to a broader range of clients including the survivors of sexual and domestic violence offences as well as those who have been subject to other GBV crimes, such as child marriage and child labour. It also encompasses community outreach and prevention, especially through links with the Local Police Partnership Boards or Forums at community level comprising traditional leaders and other opinion leaders, civil society organisations, NGOs and decentralised community organisations. The model places greater emphasis on the need for strategic and practical multi-sector partnership working than on the concept of one-stop-shop services. The Sierra Leone Police has recently decided that whilst specialist services are needed nationwide, cost constraints mean that it is unlikely to be able to justify the creation of additional Family Support Units (FSUs). Rather it aims to use the existing FSUs as good practice examples or centres of excellence from which to spread learning across the national police force.

The **Kenyan** model and the **UK "client care-centred model"** are more akin to rape crisis centres, offering one-

stop-centre, multi-sector services to survivors. Although both of these models recognize the importance of successful criminal investigations and prosecutions, they also emphasise the clients' right to choose and prioritise the emotional and health needs of clients. The two centres are financed through various forms of private-public partnership. They also stress the importance of male engagement in initiatives to combat GBV and recognise that men are also potential clients.

Of the different models analysed, Namibian WACPU model shares most similarities with the Sierra Leone model: both are a result of collaboration between police and welfare ministries, with a resulting focus on investigation and care. However, the WACPU model lacks the robust structure and coordination mechanisms of the Sierra Leone FSU model. Although there some differences of opinion exist about which Ministry is responsible for leadership of the Namibian Government's protection system, none of the stakeholders consulted for the study suggested that the lead Government Ministry is or should be the Ministry of Justice. This implies that a Prosecution led model of integrated service provision, such as exists in countries as diverse as South Africa, the United Kingdom and Liberia (examined in section 6 of the report below), is not, currently, the preferred model for Namibia.

The advisability of replicating or adapting any **of the discussed models** in Namibia depends primarily on the assessment of the following:

- a) **Current need** (i.e. the number and geographical distribution of reported offences and projected trends). For example, a prosecution-led model by definition targets crimes and is justified by such high incidence of crime that prosecuting offenders becomes a priority over prevention activities. Currently in

Namibia reliable statistical data on violent crimes is not available to justify the need for this model.

- b) The **role and mandate of the WACPU-centred integrated services** in terms of protection concerns to be addressed and the client groups to be served.
- c) The **estimated costs** of introducing or incorporating a particular model and the availability of required resources (human and financial).
- d) The desired **programme balance** between promotion, prevention and response.

Little enthusiasm was expressed at a decision-making level for the creation of additional WACPU in stark contrast with calls from communities. Rather emphasis was placed on developing and possibly re-configuring the existing structures so that they might aspire to the status of "centres of excellence" in the dissemination of learning and skills. Participants who advocated strengthening the WACPU emphasised the provision of a "client centred" service with a comprehensive continuum of care through well established and coordinated referral pathways.

# 05 | CONCLUSIONS & RECOMMENDATIONS

## 5.1 An Integrated Protection Service Model for Namibia: Strengthening the WACPU Model

At present, there is no evidence base in Namibia to justify the choice of one model of integrated protection services or to make an objective judgment about the suitability of a particular model. Therefore:

A. In the long-term, it is recommended to establish national and regional integrated data management systems, in order to provide consistently collected, disaggregated, comparable data which can be used as evidence base for decision making in policy and system development. More specifically, the nature of violence against women, children and men must be analysed in more detail to inform the decision of what the priority focus should be for the integrated model. As the above assessment has demonstrated, professional workforce capacity needs to be improved in all the relevant sectors: law enforcement, justice, social care, and health. Consequently, an evidence based assessment of the priority focus would help to decide the capacity of which sectors should be invested into as a priority.

B. In the short-term, based on the information currently available and the analysis carried out as part of this study, it can be concluded that overall a WACPU model is a suitable one for Namibia. Therefore, it is **recommended** that the WACPU model be used as a basis for integrated protection services, provided that a number of critical changes are implemented to strengthen the existing model, as outlined in more detail below.

A Recommended Action Plan for the strengthening of an Integrated Protection Service Model in Namibia is provided in Annex 3. Strategic and operational recommendations are elaborated in more detail below and presented in the order of priority.

### Strategic Recommendations – National Level

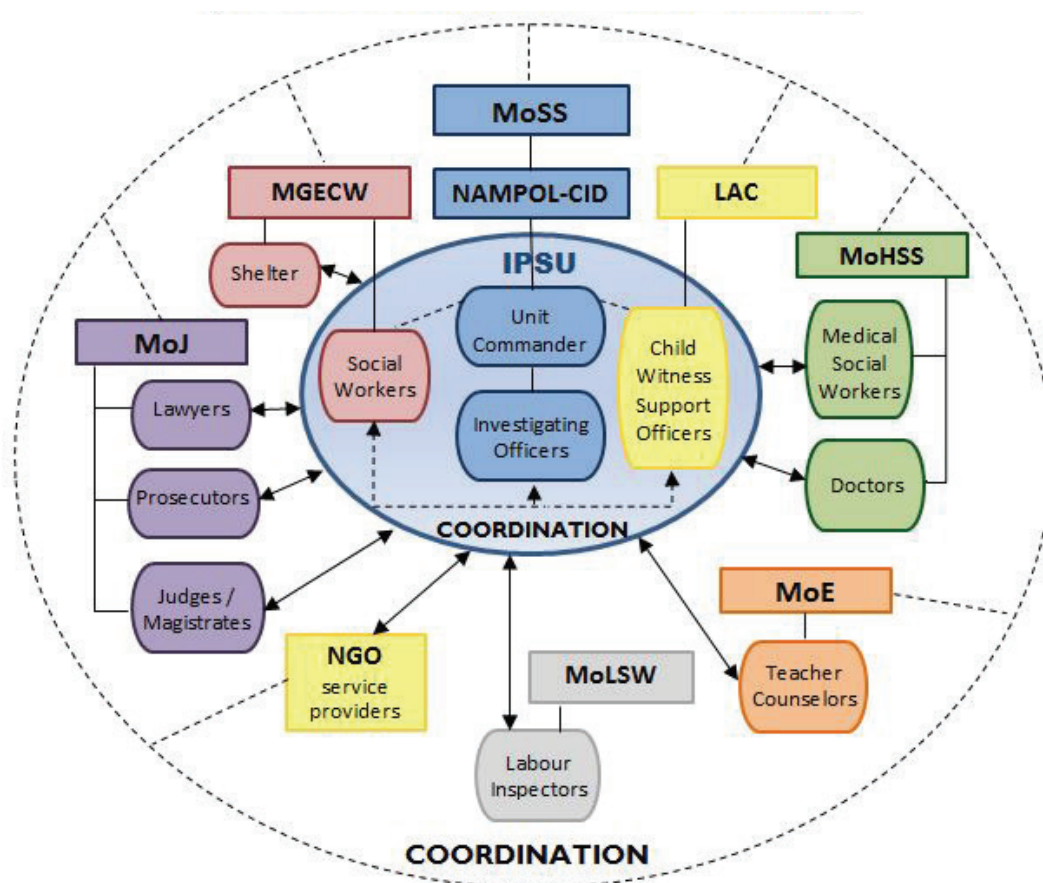
- B1. Define the relationship with respect to WACPU between the two lead agencies: the Ministry of Safety and Security and the Ministry of Gender Equality and Child Welfare. Clarify the decision making and coordination mechanism, management responsibilities, and financial commitments.
- B2. Adopt an official document establishing WACPU as Integrated Protection Services, which:
  - a. Defines the WACPU functional scope, considering the possible expansion of its scope to provide services for women, children and men. Based on the newly defined scope, consider changing the name WACPU (e.g. to 'Integrated Protection Service Units' (IPSU) or 'Integrated Protection Services' (IPS)).
  - b. Defines the new structure, budget, operational standards, reporting lines, accountability mechanisms. A model,



which in its essence is an expanded version of the “good practice” model currently used in the Kavango and Khomas regions, is recommended for the new WACPU/IPS structure. Ensure that the MGECW plans to **open and manage shelters** are reflected in the definition and all subsequent documents (particularly in the financial plans).

The following model, which in its essence is an expanded version of the “good practice” model currently used in the Kavango and Khomas regions, is recommended for the new WACPU/IPS structure:

### Integrated Protection Services Model



This model puts Investigating Officers, Social Workers and Child Witness Support Officers on the same premises – and in close coordination, with a close referral network to the health and justice sectors, MGECW-operated shelter, NGO service providers and community based structures. Although it may be desirable to have a medical doctor on the premises, it does not seem feasible given the currently limited human resources in the health sector. As an alternative, it is recommended to locate the WACPU/IPS offices within or near medical facilities and assign a medical doctor to receive WACPU/IPS clients on a priority basis. As examples of Kavango and Khomas demonstrate, this model offers the best combination of effective services, efficient use of human resources and user-friendliness.

- B3. Develop and adopt a dedicated budget for the Integrated Protection Services and advocate for additional financial support from the donor community to fill the gaps. Develop a budget based on the new model and functional scope, as well as on the regional budgets proposed by each WACPU/IPSU.
- Identify the core minimum financial requirements for the functioning of the IPS that must be covered by the allocated budget, and non-core requirement for which additional funding can be sought.
  - Identify and implement strategies for cost-sharing among the ministries involved.



**B4. Develop and sign a joint inter-sector MOU on Integrated Protection Services, SOPs and Action Plan.**

- a. Develop and sign a **joint MOU on sector specific responsibilities** in relation to prevention of and response to violence against women and children (and men, or however the scope is defined). The MOU should cover, as a minimum, the assignment of staff to WACPU cases and ensuing responsibilities, reporting lines, financial commitments, resource allocation, and accountability mechanisms.
- b. Develop and adopt **corresponding SOPs** for identification, intake/registration, referral pathways, and case management within the scope of WACPU/IPS function.
- c. *Consider developing a Survivors of Crime Charter with accompanying Complaints Policy and Minimum Service Standards.*
- d. Develop a **time-bound Action Plan for the strategic roll-out** of the new model.

**B5. Roll-out the new model countrywide.** Pending approval of the new budget, the roll-out may be initiated in the regions which require the least adaptation, such Kavango and Khomas, to be followed by other regions once the funding is approved.

**B6. Develop and adopt professional standards, and selection and recruitment procedures, including standard TORs, for each sector, as well as WACPU/IPS related guidelines and tools.**

- a. Based on the MOU and sector guidelines and tools develop, pilot-test and adopt SOPs for referral.

**B7. Build professional capacity building within each sector.**

- a. In the short-term, disseminate relevant guidelines and tools and ensure provision of technical support to WACPU/IPS associated staff (possibly through telephone, email or online) to improve the knowledge and application of key legislation, policies, guidelines and tools.
- b. In the medium-term, develop and implement a capacity-building strategy for key WACPU/IPS associated staff for each sector.

**B8. Take steps to increase the number of WACPU/IPS Investigating Officers and Social Workers** and to address their administrative burdens as a matter of urgency, including the adoption and implementation of the Child Care and Protection Bill.

- a. Host a national workshop on the state of social work in Namibia, with the goal of development additional recommendations for the strengthening of the social work sector.

**B9. To address the shortage of medical staff available to assist WACPU/IPS clients, research the possibility of building the capacity of medical nurses** to include: documenting the rape history, providing acute trauma debriefing, providing a stated dose of PEP, taking a pregnancy test, dispensing the treatment package, providing medication counselling and making follow-up referrals.

- a. Investigate the possibility of additional training for medical nurses to carry out forensic examinations.

**B10. Develop, pilot, and implement a management skills training package for supervisory staff across all WACPU/IPS related sectors.**

**B11. Design and implement a comprehensive staff performance management system that is**

specifically tailored to the demands of service delivery personnel. This system should particularly focus on the prevention of staff “burn out”, and may cover support and supervision, individual performance assessments and the identification of personal development goals based on self-assessment of skills/knowledge gaps.

- B12. Develop and implement dissemination plans, strategies for provision of technical support and/or training in the application of key protection related policies, guidelines and tools** (e.g. via national/regional workshops, technical advice by telephone, email or online, dissemination of Frequently Asked Questions and Answers, etc.), strategies for monitoring and reporting on appropriate application of existing protection related policies, guidelines and tools.

#### Operational Recommendations – Regional Level

- B13. Service mapping and relationship building for a functioning referral network:** Conduct mapping of locally available services (governmental and non-governmental, formal and informal, institution-based and community-based) and establishing working relationships with all the relevant service providers, preferably through signing of MOUs and/or jointly developing referral pathways for different categories of cases.

- B14. Coordination mechanism:** Identify and address the reasons for non-functioning of WACPU Management Committees. Consider alternative coordination mechanisms, such as through case management meetings.

- B15. Community protection groups:** Establish or revive the previously established community protection groups, whose tasks include raising awareness, educating and mediating, as well as providing guidance on referrals and basic counselling for community members. This initiative could be revived in partnership with NGOs and constituency councillors and could form part of the prevention programme.

- a. Consider **increasing community engagement** in the protection system through: a) Men’s Groups (i.e. groups that aim to positively engage men in changing attitudes and beliefs and behaviour); b) Community based church groups; and c) Disabled Peoples Organisations.

- B16. Traditional and customary justice:** Build strong links with traditional and customary justice systems. Police and the Ministry of Justice consider creating a referral mechanism for traditional courts to refer cases to the police for criminal prosecution.

- a. Train traditional authorities on best GBV and child protection practice, and other protection issues.

- B17. Mobile services to address transportation and outreach challenges:** Coordinate with regional MoJ officials for WACPU Investigating Officers and/or Social Workers to join MoJ-operated mobile courts on visits to remote communities.

- B18. Prevention strategies:** Develop clear prevention strategies at national, regional and community levels. Prevention programmes may include:

- a. **Awareness raising** about the main protection concerns, ways to keep oneself and one’s family safe, as well as about the WACPU and its services: through the mass media, through community theatre, through community outreach, and through trained community volunteers
- b. **Educating and engaging men** in the prevention of GBV and child abuse for long term change in cultural norms and attitudes.
- c. **Establishing children and youth clubs in the community** to provide a safe place and educate about protection concerns and protecting oneself.

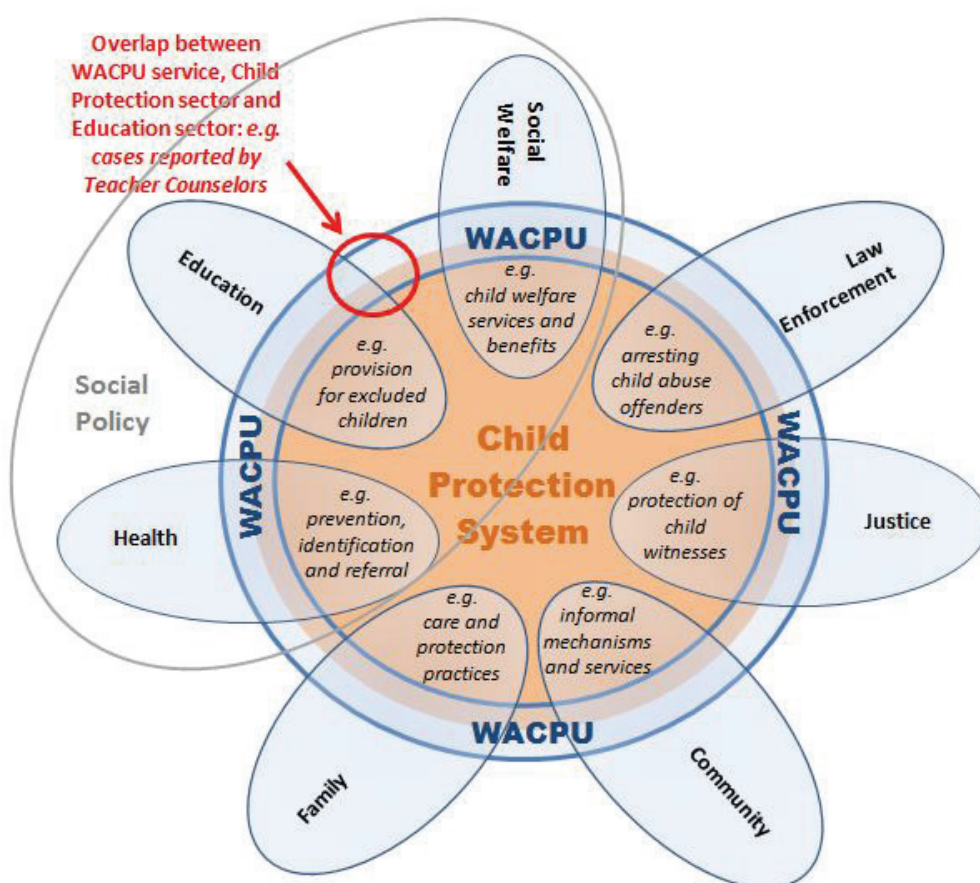
- B19.** The Legal Assistance Centre has conducted a number of studies that have assessed the operation of the Woman and Child Protection Units. These studies include detailed recommendations to improve the service

provision by the Units. The recommendations in the following reports may also be referenced for future action as appropriate:

- *Rape in Namibia: An Assessment of the Operation of the Combating of Rape Act 8 of 2000*, Windhoek: Legal Assistance Centre, 2006.
- *Seeking Safety: Domestic Violence in Namibia and the Combating of Domestic Violence Act 4 of 2003*, Windhoek: Legal Assistance Centre, 2012.
- *Withdrawn: Why complainants withdraw rape cases in Namibia*, Windhoek: Legal Assistance Centre, 2009.

## 5.2 The WACPU and the Child Protection System

Defining and developing a general system, and particularly costing and seeking adequate funding, may require an extended period of time. Currently, a process is underway in Namibia, led by the MGECW with strong support from UNICEF, to develop a national Child Protection System. It is recommended that in the medium term efforts to develop a national Child Protection System for Namibia are continued and that the WACPU, or Integrated Protection Services (IPS), remain a specialized service, as illustrated by the diagram below. The longer-term recommendations towards developing an all-encompassing national protection system are provided in section 5.3 below.



Although the WACPU-centred IPS may overlap with the Child Protection System in a number of areas, as can be seen from the diagram, with appropriate coordination this would only strengthen both.

The establishment of a national Child Protection Systems, spearheaded by UNICEF and other leading child protection organisations, has been recognized and adopted as a good practice worldwide. The promotion of a dedicated child-focused protection system is justified by the fact that children's particular needs and rights, which are different from those of adults, can be easily overshadowed in a system with a broader focus.

When defining a goal for a national protection system, certain protection concerns would have to be prioritized in order to be effectively addressed, given the limited available resources. At the same time, it is vital to ensure that the process of identification of priority protection issues does not leave any serious gaps. For instance, a system based around the WACPU service with its relatively narrow focus on violence against women and children would not be a comprehensive protection system as it would leave men who are victims of violence in a protection gap. Furthermore, a system focused on violence against men, women and children – which is a valid priority for Namibia – risks leaving other critical non-violence related protection concerns unattended, particularly a wide range of child protection issues, including: children in conflict with the law, children without parental care, child labour exploitation, teenage pregnancies and child neglect, birth registration and citizenship rights.

Until a model is developed which would allow to equally address the protection of children and the protection of particular groups of adults, it is advisable to continue investing into an effective Child Protection System, complemented by adult-tailored services.

### 5.3 Towards an Integrated National Protection System

In order to develop a protection system it is fundamental to establish who the system will protect and from what.

#### What is a System?

“Generally, the systems literature defines a system as a collection of components or parts that are organized around a common purpose or goal. The common purpose is critical to how one defines the system because the purpose is related to how one identifies the structures, functions, and capacities needed to meet the purpose. The outcomes one uses to assess how well a system is doing are also derived from its purpose. In the case of social systems, the purpose attached to the system serves to legitimate the system within a particular normative framework of “laws, policies, and commitments”. When citizens support the system because of their affinity for its goals, the system is able to command the resources needed to carry out its functions. Ideally, because system components are assembled with goals in mind, system adequacy (i.e., is the system working?) can be assessed by determining whether the goals are accomplished.”

*UNICEF (2010) Adapting a Systems Approach to Child Protection: Key Concepts and Considerations*

Using the lessons learned from the process of developing a National Child Protection System which is currently underway, the following steps are recommended towards the development of a National Integrated Protection System:

#### Step 1: Develop a conceptual framework for a National Integrated Protection System

- a. Establish national and regional integrated data management systems, in order to provide consistently

collected, disaggregated, comparable data to be used as evidence base for identifying actual protection needs of various population groups. Based on the analysis of the available data, define the vulnerability criteria, which entitle an individual or a population group to protection by the state. Identify risk factors contributing to vulnerability and what vulnerable individuals/groups need to be protected from: specific risks (such as violence, exploitation, etc.) or broader risks associated with economic and social vulnerabilities to poverty and deprivation. Define 'protection' in the context of the identified vulnerabilities and risk factors.

- b. Link vulnerability criteria with the National Development Plan and define the goal of the National Integrated Protection System.

#### Step 2: Design and cost out a model

- a. Based on the newly developed definition of 'protection', designate or establish a lead agency with primary responsibility for the protection of children and vulnerable adults.
- b. Conduct a Mapping and Assessment of the existing legal and institutional frameworks and services addressing the protection needs of the identified vulnerable groups.
- c. Design a Model of a new System, building on the existing strengths and filling the existing gaps.

**Critical consideration: Based on the available data, assess: Will the new system be more effective than the existing issue-focused approach?**

- d. Cost out the new System Model.

**Critical consideration: Based on the estimated costs, assess: Will the new system be more cost efficient than the current issue-focused approach?**

- e. If the answers to both of the above questions under 'critical considerations' are 'Yes':

#### Step 3: Establish a National Integrated Protection System according to the new model

- a. Under the leadership of the lead agency and in coordination with all key actors/stakeholders develop a National Integrated Protection Strategy and an Action Plan for the National Integrated Protection System (NIPS) implementation.
- b. Develop a Financing Plan and Budget for NIPS and ensure they are approved by the Ministry of Finance.
- c. Implement the NIPS in accordance with the Action Plan and the Financial Plan.

## Annex 1: Recommended Indicators for WACPU Assessment

### a) Effectiveness of WACPU services

Indicators of Effectiveness of WACPU services	Examples of recommended measurement: <sup>20</sup>
Prevention	% decrease in the incidents of violence reported in the region over #month/year period
Investigations	# of registered cases % of registered cases that result in court cases % of registered cases that result in conviction of the perpetrator
Case management	# of cases managed by WACPU SW % of cases referred to appropriate services % of cases followed-up % of referred cases who received required services
Legal support	% of WACPU clients who received legal counselling % of client-witnesses who received witness support % of client-victims who received free-of-charge legal representation in court
Medical support	% of clients who received medical attention within 24 hours of reporting to WACPU # of clients identified during a medical check-up and referred to WACPU by a health worker % of sexual assault cases where victim received a complete post-sexual assault assessment and treatment (forensic medical examination, PEP-test, Hep-B test, emergency contraception, treatment of injuries, initial counselling)
Referral to other services	% of cases referred to appropriate services % of cases followed-up % of referred cases who received required services
Coordination	

### b) Efficiency of WACPU services

Indicators of Efficiency of WACPU services	Examples of recommended measurement: <sup>21</sup>
Financial resources allocated and used appropriately	% of the budget allocated to: <ul style="list-style-type: none"> <li>• Staff salaries</li> <li>• Investigation</li> <li>• Assessment, psychosocial counselling and follow-up</li> <li>• Legal support</li> <li>• Medical support</li> <li>• Client referral</li> <li>• Direct financial support for clients</li> <li>• Transportation expenses</li> <li>• Office supplies and maintenance</li> </ul> % of allocated budget spent
Human resources allocated and used appropriately	# of Investigating Officers per office # of Social Workers per office # of Legal Officers per office # of Health Workers assigned to the office Average # of cases in a 12-month period % of cases successfully resolved within a 12-month period
Physical resources allocated and used appropriately	vehicles/staff ratio computers/staff ratio % of child-clients provided with child-friendly materials during a visit to WACPU

<sup>20</sup>This data was not available;

<sup>21</sup>This data was not available;

c) Social Acceptability of WACPU services

Indicators of Social Acceptability of WACPU services	Examples of recommended measurement: <sup>22</sup>
Is the general public aware of the existence of WACPU services?	% FGD participants (disaggregated by gender and age) who are aware of the existence of WACPU services
Do community members have accurate knowledge of what services WACPU provide?	% FGD participants (disaggregated by gender and age) who have accurate knowledge of the type of services WACPU provide
Do community members feel that services provided by WACPU are adequate in meeting the community's and individual protection needs?	<ul style="list-style-type: none"> <li>% of WACPU clients (disaggregated by gender and age) satisfied with the type and quality of services provided by WACPU</li> <li>Reasons for dissatisfaction with WACPU services</li> <li>% of research participants (disaggregated by gender and age) who would go to WACPU to benefit from its services when needed</li> </ul>
What reasons do community members have for NOT accessing WACPU services?	Reasons given for deciding not to access WACPU services

d) User-friendliness of WACPU services

Indicators of User-friendliness of WACPU services measured on a rating scale: 1 = no, 2 = partially, 3 = yes
<b>Physical environment</b>
Location of WACPU office is easily accessible and safe, especially for women and children
Office premises are clean, well-ventilated, with sufficient seating places, and have basic amenities (water, toilet)
Room(s) available in the office which provide privacy for taking statements, counselling, etc.
Child-friendly materials are available
<b>Staff availability and capacity</b>
Office opening hours are sufficient to attend to all clients reporting in one day; strategies for redirecting emergency cases when office is closed
A member of staff always present during the office hours to attend to clients
Availability of male and female staff to attend to a client based on client's expressed preference
Interpretation/translation service available for clients when needed
Staff are polite, able to provide required service or information, or to refer to appropriate services.
Service/information provided by staff is timely, complete and accurate
Waiting time for clients does not exceed a culturally acceptable limit

<sup>22</sup>This data was not available;

## Annex 2: Comparative overview of the WACPU model and HIV/AIDS system in Namibia, and integrated service models addressing SGBV in Kenya, Liberia, Sierra Leone, South Africa and the UK

Key Features	Sexual Offences and Community Affairs Unit (SOCA), South Africa	Women and Children Protection Sections (WCPS), Liberia	Family Support Units (FSU), Sierra Leone	Gender Violence Recovery Centre (GVRC), Kenya	Sexual Assault Referral Centres (SARCs), UK	Women and Children Protection Unit (WACPU), Namibia	HIV/AIDS, Namibia
	<p>Focus on: sexual offence and domestic violence cases, human trafficking, maintenance offences and children in conflict with the law.</p> <p>Strategically planned national roll-out of Thuthuzela Care Centres (TCCs) based on statistical evidence of need and estimated costs</p> <p>Justification of a prosecution led model given the shockingly high incidence of sexual offences</p>	<p>Focus on: response/ investigation of GBV crimes, survivor referral to medical and psychosocial services</p>	<p>Focus on: investigation, referral and care for GBV survivors.</p>	<p>Focus on: providing free medical treatment and psychosocial support to survivors of gender based violence (children, women and men).</p> <p>A privately run non-profit, non-partisan, charitable trust providing medical and psychosocial services to GBV survivors.</p>	<p>Focus on: free services for women, men, youth and children in medical care and forensic examination following assault/rape; counselling; and – in some locations – sexual health services.</p> <p>Stress on care for the survivors who have the freedom to choose whether or not to prosecute their abuser/s.</p>	<p>Focus on: investigation, referral and care for women and children survivors of violence.</p> <p>Conceptual framework not defined. No strategic plan.</p>	<p>Focus on: multi-sector nationwide prevention and response activities addressing HIV/AIDS</p> <p>Advocacy to include HIV/AIDS response in the Country's National Development Plan and Vision 2030</p>



Sexual Offences and Community Affairs Unit (SOCA), South Africa	Women and Children Protection Sections (WCPS), Liberia	Family Support Units (FSU), Sierra Leone	Gender Violence Recovery Centre (GVRC), Kenya	Sexual Assault Referral Centres (SARCs), UK	Women and Children Protection Unit (WACPU), Namibia	HIV/AIDS, Namibia
Sexual Offences and Community Affairs Unit (SOCA) under the National Prosecuting Authority of South Africa (NPA).	Women and Children Protection Sections (WCPS) within Liberian National Police (LNP) stations.	Strong joint leadership by Sierra Leone Police and Ministry of Social Welfare, Gender and Children's Affairs	Gender Violence Recovery Centre (GVRC) is a non-profit making, non-partisan, charitable trust of the Nairobi Women's Hospital.	Funded and run in partnership, usually between the National Health Service, police and the voluntary sector.	No single model. Best practice model includes: investigating officers, a social worker and an NGO legal specialist based at a specially dedicated police unit.	Strong Government lead agency, Regional and local structures, and Coordination mechanisms established at national, regional and local levels with clearly defined roles and responsibilities
Integrated "one-stop" services provided by the state Thuthuzela Care Centres (TCCs) located in public hospitals in communities with highest incidence of rape.	Sex Crimes Unit under the Ministry of Justice provide technical advice and training to police officers and prosecutors.	Family Support Units (FSU) located at most of the police stations/ posts countrywide and focal points at the posts without an FSU	Main centre is located at Nairobi Women's Hospital and other centres in various locations across Kenya.	Variety of service delivery models.		
Dedicated Sexual Offences Courts dealing with sexual offenses only	Sexual Offences Criminal Courts at county level with exclusive jurisdiction over sex crimes.	National Committee on Gender Based Violence (NaC-GBV) with Regional and District sub-committees coordinating Governmental and NGO stakeholders.				

Operational							Sexual Offences and Community Affairs Unit (SOCA), South Africa	Women and Children Protection Sections (WCPS), Liberia	Family Support Units (FSU), Sierra Leone	Gender Violence Recovery Centre (GVRC), Kenya	Sexual Assault Referral Centres (SARCs), UK	Women and Children Protection Unit (WACPU), Namibia	HIV/AIDS, Namibia
							Direct links between care and justice components: Sexual Offences Courts in close proximity to TCC.	Sex Crimes Unit's Specially Trained Investigators work with the police on GBV and sex crimes.	Standard Operating Procedures (SOPs) for the FSU, endorsed as national SLP policy, to raise minimum standards of police investigations into sexual and domestic violence offences	Computerised data management system.	24/7 services for the survivors of rape or sexual assault only.	No MOUs and SOPs  Issue-specific guidelines not always followed. Case management and referral based on local resources and arrangements	Continuous and conscious efforts to engage other sectors in the response not only by providing focal persons but by having plans and budgets to continue these efforts
							Availability of skilled care, justice and law enforcement workforce	Sexual Assault and Abuse Prosecution Handbook produced by MoJ and Prosecutors trained countrywide	Monitoring and Evaluation Framework to monitor compliance with the SOPs and spread learning	Effective referral system	Do not offer the long term services (up to 1 year after an assault)	Referral system not defined and ineffective	
							Expanded role of nurses in post rape care in rural areas	Legal requirement for all sex crime case documents to be forwarded to Sex Crime Courts within 72h of the arrest	Memorandum of Understanding between key parties, including traditional leaders;	An active programme to encourage male engagement in addressing GBV.	Services provided even if a client does not wish to report the assault to the police ('self-referrals')	Coordination mechanisms not defined, inconsistent and ineffective	
							Court preparation for victims/ witnesses by TCC and Sexual Offences Courts' staff.		National referral protocol and technical guidelines for the care for survivors	Counselling services is provided to both survivors and their families (family therapy). Special child counselling rooms with trained play therapy professionals.	Step by step guidance to clients is provided on the websites of the individual SARCs.	Inconsistent professional capacity across all sectors	

	Sexual Offences and Community Affairs Unit (SOCA), South Africa	Women and Children Protection Sections (WCPS), Liberia	Family Support Units (FSU), Sierra Leone	Gender Violence Recovery Centre (GVRC), Kenya	Sexual Assault Referral Centres (SARCs), UK	Women and Children Protection Unit (WACPU), Namibia	HIV/AIDS, Namibia
Strongest Feature	Demonstrated The cost-effectiveness of the model which reduces the economic costs of sexual offences incurred by survivors of violence					No dedicated budget	Dedicated % of national budget, decentralization of resources and donor support
	Prosecution of offenders	Capacity building of police, prosecution, judiciary and service providers	Strong coordination, professional standards and accountability mechanisms	Professional care for GBV survivors and effective referral system.	Strong focus on professional care for survivors.	Integrated services: investigation officers, social workers and Child Witness Support Officers located under one roof (only in some regions).	Availability of large resources (financial/human) from Government and donors, strong political will and leadership, commitment from all sectors.

## Annex 3: Recommended Action Plan for the strengthening of an Integrated Protection Service Model in Namibia

Action	Timeframe	Lead Agency
<b>STRATEGIC – NATIONAL LEVEL</b>		
<b>1</b> Define the relationship with respect to WACPUs between the two lead agencies: the Ministry of Safety and Security and the Ministry of Gender Equality and Child Welfare. Clarify the decision making and coordination mechanism, management responsibilities, and financial commitments.	Within 3 months of the approval of the present recommendations	MGEWCW, MSS
<b>2</b> Adopt an official document establishing WACPUs as Integrated Protection Services, which: a. Defines the WACPU functional scope, considering the possible expansion of its scope to provide services for women, children and men. Based on the newly defined scope, consider changing the name WACPU (e.g. to 'Integrated Protection Service Units' (IPSU) or 'Integrated Protection Services' (IPS)). b. Defines the new structure, budget, operational standards, reporting lines, accountability mechanisms. A model, which in its essence is an expanded version of the "good practice" model currently used in the Kavango and Khomas regions, is recommended for the new WACPU/IPSU structure. Ensure that the MGEWCW plans to open and manage shelters are reflected in the definition and all subsequent documents (particularly in the financial plans).	Within 3 months of the approval of the present recommendations	MGEWCW, MSS in consultation with MoJ, MoHSS, MHAI, MoLSW, MoE
<b>3</b> Develop and adopt a dedicated budget for the Integrated Protection Services and advocate for additional financial support from the donor community to fill the gaps. Develop a budget based on the new model and functional scope, as well as on the regional budgets proposed by each WACPU/IPSU. a. Identify the core minimum financial requirements for the functioning of the IPS that must be covered by the allocated budget, and non-core requirement for which additional funding can be sought. b. Identify and implement strategies for cost-sharing among the ministries involved.	Within 6 months of Action 2	MGEWCW, MSS in consultation with MoJ, MoHSS, MHAI, MoLSW, MoE and Ministry of Finance
<b>4</b> Develop and sign a joint inter-sector MOU on Integrated Protection Services, SOPs and Action Plan. a. Develop and sign a joint MOU on sector specific responsibilities in relation to prevention of and response to violence against women and children (and men, or however the scope is defined). The MOU should cover, as a minimum, the assignment of staff to WACPU cases and ensuing responsibilities, reporting lines, financial commitments, resource allocation, and accountability mechanisms. b. Develop and adopt corresponding SOPs for identification, intake/registration, referral pathways, and case management within the scope of WACPU/IPSU function. c. Consider developing a <i>Survivors of Crime Charter with accompanying Complaints Policy and Minimum Service Standards</i> . d. Develop a time-bound Action Plan for the strategic roll-out of the new model.	Within 3 months of Action 3	MGEWCW, MSS in close coordination with MoJ, MoHSS, MHAI, MoLSW, MoE
<b>5</b> Roll-out the new model countrywide. Pending approval of the new budget, the roll-out may be initiated in the regions which require the least adaptation, such as Kavango and Khomas, to be followed by other regions once the funding is approved.	Within 12 months of Action 4	MGEWCW, MSS in close coordination with MoJ, MoHSS, MHAI, MoLSW, MoE

6	Develop and adopt professional standards, and selection and recruitment procedures, including standard TORs, for each sector, as well as WACPU/IPS related guidelines and tools. a. Based on the MOU and sector guidelines and tools develop and adopt SOPs for referral.	Within 6 months of Action 4	MSS, MGEWCW, MoJ, MoHSS, MHAI, MoLSW, MoE in close coordination and under the leadership of MSS and MGEWCW
7	<b>Build professional capacity within each sector.</b> a. In the short-term, disseminate relevant sector guidelines and tools and ensure provision of technical support to WACPU/IPS associated staff (possibly through telephone, email or online) to improve the knowledge and application of key legislation, policies, guidelines and tools. b. In the medium-term, develop and implement a capacity-building strategy for key WACPU/IPS associated staff for each sector.	Within 6 months of Action 2  Within 24 months of Action 2	MSS, MGEWCW, MoJ, MoHSS, MHAI, MoLSW, MoE in close coordination and under the leadership of MSS and MGEWCW
8	<b>Take steps to increase the number of WACPU/IPS Investigating Officers and Social Workers</b> and to address their administrative burdens as a matter of urgency, including the adoption and implementation of the Child Care and Protection Bill. a. Host a national workshop on the state of social work in Namibia, with the goal of development additional recommendations for the strengthening of the social work sector.	Within 12 months of Action 4  Within 6 month of Action 1	MSS, MGEWCW and MoHSS
9	<b>To address the shortage of medical staff available to assist WACPU/IPS clients, research the possibility of building the capacity of medical nurses</b> to include: documenting the rape history, providing acute trauma debriefing, providing a stated dose of PEP, taking a pregnancy test, dispensing the treatment package, providing medication counselling and making follow-up referrals. a. Investigate the possibility of additional training for medical nurses to carry out forensic examinations.	Within 6 months of Action 2	MoHSS in consultation with MSS
10	<b>Develop, pilot, and implement a management skills training package for supervisory staff across all WACPU/IPS related sectors.</b>	Within 12 months of Action 5	MSS, MGEWCW, MoJ, MoHSS, MHAI, MoLSW, MoE in close coordination and under the leadership of MSS and MGEWCW
11	<b>Design and implement a comprehensive staff performance management system</b> that is specifically tailored to the demands of service delivery personnel. This system should particularly focus on the prevention of staff "burn out", and may cover support and supervision, individual performance assessments and the identification of personal development goals based on self-assessment of skills/ knowledge gaps.	Within 12 months of Action 5	MoHSS in consultation with MSS
12	<b>Develop and implement dissemination plans, strategies for provision of technical support and/or training in the application of key protection related policies, guidelines and tools</b> (e.g. via national/regional workshops, technical advice by telephone, email or online, dissemination of Frequently Asked Questions and Answers, etc.), strategies for monitoring and reporting on appropriate application of existing protection related policies, guidelines and tools.	Within 12 months of Action 2	MSS, MGEWCW, MoJ, MoHSS, MHAI, MoLSW, MoE in close coordination

<b>OPERATIONAL – REGIONAL LEVEL</b>			
13	Conduct mapping of locally available services (governmental and non-governmental, formal and informal, institution-based and community-based) and establish working relationships with all the relevant service providers, preferably through signing of MOUs and/or jointly developing referral pathways for different categories of cases.	Within 3 months of the approval of the present recommendations	All regional WACPU offices
14	Identify and address the reasons for non-functioning of WACPU Management Committees. Consider alternative coordination mechanisms, such as through case management meetings.	Within 3 months of the approval of the present recommendations	All regional WACPU offices
15	Establish or revive the previously established community protection groups, whose tasks include raising awareness, educating and mediating, as well as providing guidance on referrals and basic counselling for community members. This initiative could be revived in partnership with NGOs and constituency councillors and could form part of the prevention programme. a. Consider increasing community engagement in the protection system through: a) Men's Groups (i.e. groups that aim to positively engage men in changing attitudes and beliefs and behaviour); b) Community based church groups; and c) Disabled Peoples Organisations.	Within 12 months of Action 13	All regional WACPU offices
16	Build strong links with traditional and customary justice systems and consider creating a referral mechanism for traditional courts to refer cases to the police for criminal prosecution. a. Train traditional authorities on addressing GBV and child protection issues, and other protection issues.	Within 6 months of Action 13 Within 12 months of Action 13	NAMPOL, WACPU, MoJ
17	Coordinate with regional MoJ officials for WACPU Investigating Officers and/or Social Workers to join MoJ-operated mobile courts on visits to remote communities.	Within 3 months of the approval of the present recommendations	All regional WACPU offices
18	Develop and implement clear prevention strategies at regional and community levels. Prevention programmes may include: d. Awareness raising about the main protection concerns, ways to keep oneself and one's family safe, as well as about the WACPU and its services e. Educating and engaging men in the prevention of GBV and child abuse for long term change in cultural norms and attitudes. f. Establishing children and youth clubs in the community to provide a safe place and educate about protection concerns and protecting oneself.	Within 12 months of Action 12	All regional WACPU offices







