



## *Social Welfare Workforce* STRENGTHENING FOR OVC

### **The Situation of OVC**

With an overall population of roughly 2.1 million, Namibia has an estimated 250,000 orphaned and vulnerable children (OVC) (Demographic and Health Survey [DHS], 2006–2007). Many of these children have been affected by HIV/AIDS. Namibia’s Ministry of Health and Social Services reports that 45 percent of orphans have lost one or both parents to AIDS-related illnesses (United Nations General Assembly Special Session Country Report, 2008–2009). There are also 14,000 children under the age of 15 who are living with HIV/AIDS themselves. (United Nations Joint Program on HIV/AIDS, 2008).

In the majority of cases, OVC are cared for by family members. In the absence of parents, grandparents and other extended family members often assume the role of caretaker; the United Nations Children’s Fund (UNICEF) estimated that around 60 percent of OVC in Namibia are being raised by their grandmothers (UNICEF, 2007). Extended families often face financial and other burdens as they strain to meet the needs of the children in their care.

Free external support is available to households with OVC. But, as Namibia’s 2006–2007 DHS reported, forms of this support reached only a small share of OVC households: 11 percent received what the DHS categorizes as social/material support; 4 percent received school-related assistance; 2 percent received emotional support; and 2 percent received medical support. More recently, however, there has been an increase in the number of OVC households that receive another form of assistance: economic support through state-awarded child grants. The number of grants awarded has risen from 86,550 in 2007 to 118,089 as of September 2010.

For children whose families cannot care for them, one alternative source of care is foster care. An estimated 14,000 children were in foster care as of February 2009 (Ministry of Gender Equality and Child Welfare [MGECW], 2009). Another alternative is adoption, which is less common. An estimate of the average number of adoptions per year is 80 (Ruppel, 2009). Namibia also has residential child care facilities (RCCFs), which are considered a last resort in situations where neither family care nor foster care can be arranged. In 2009, RCCFs were home to more than 1,000 children (UNICEF, 2009). In general, the alternative care system is ill-equipped and overstretched. It struggles to provide quality care to OVC.

### **The Social Welfare System and How It Supports OVC**

In Namibia, much of the national government’s social welfare system consists of two ministries: the Ministry of Health and Social Services and the MGECW. The Ministry of Health and Social Services focuses chiefly on adults. The MCECW focuses chiefly on children. Thus, the MGECW is tasked with ensuring the protection and nurture of OVC and ensuring their access to all services (Auditor-General Namibia, 2009). It is also the government body responsible for coordinating and monitoring the implementation of Namibia’s National Plan of Action for Orphans and Vulnerable Children (NPA).

The MGECW's Directorate of Child Welfare Services convenes the Orphans and Vulnerable Children Permanent Task Force. As the primary OVC coordinating body, the membership of the task force reflects the multisectoral nature of Namibia's effort to aid OVC. The task force includes not only other ministries, such as Education, Justice, and Health and Social Services, but also donor and civil society organizations.

Also, the Directorate of Child Welfare Services operates three facilities located in and around Windhoek. The first is the Namibia Children's Home. This RCCF houses children from all over the country whom the child courts have determined to be in need of care. The second is the Interim Night Shelter, which receives street children who are brought in by night patrol officers. The Night Shelter provides such children with temporary protection and care. The third is the After School Centre, which offers educational and training activities to children. Its activities aim to encourage children's responsibility and prevent social problems (Ruppel, 2009).

Within the civil society, a number of international and national organizations as well as small local organizations provide educational, material, psychosocial, and nutritional support to OVC and also to their caregivers. Moreover, the role that civil society organizations play in providing such services is growing. Research in 2009 found that there were 546 OVC service organizations in Namibia (Boston University, PharmAccess Foundation, 2009). For example, churches and faith-based organizations in Namibia have organized themselves into the Church Alliance for Orphans (CAFO). Catholic AIDS Action combines home-based care with educational and psychosocial care for OVC. The Katutura Youth Enterprise Centre (KAYEC) provides vocational training to OVC and OVC caregivers. Project Hope focuses on microfinance for economic strengthening of OVC caregivers. LifeLine/ChildLine provides counseling services. And the Namibia Red Cross Society offer material support.

The MGECW is working to create regional- and constituency-level forums in Namibia's 13 regions and 107 administrative constituencies. The forums are intended to improve the ability of OVC stakeholders in both the public and private sectors to coordinate their efforts and engage in other forms of collaboration.

## **The Social Welfare Workforce for OVC**

In the public sector, the bulk of the social welfare workforce for OVC exists within the MGECW's Directorate of Child Welfare Services. The staffing pattern that the MGECW envisioned for this Directorate in 2007 would require a full complement of 305 posts.<sup>1</sup> One hundred of these posts would be for social workers.

Six of the 100 social workers would hold the post of control social worker and would provide national-level supervision to all MGECW social workers, among other services. Another four would hold the post of chief social worker. Each of the four would cover a cluster of several regions and would supply additional supervision to the personnel that would be located in their respective clusters. Of the remaining social workers, 17 would hold the post of principal social worker. The other 73 would hold the entry-level post of social worker.

The duties of the last three posts include conducting investigations that include assessing care givers, making home visits, and evaluating the progress of children. In some cases, the duties also include providing support for OVC forums. A further duty is administering the process for applying for the four types of child grants that are available to OVC and their caregivers.

The MGECW has also envisioned the hiring of community child care workers (CCCWs) whose number would eventually equal 112. The duties of a CCCW include administrative and other tasks that do not require expertise in social work per se. By early August 2010, the Ministry was only 19 CCCWs short of its goal, according to a Pact Namibia representative.

Community activators, who are part of the Directorate of Early Childhood Development and Community Development, provide further assistance. They help inform communities about child grants. They also assist with the completion of child grant applications and the referral of queries.

Workers in NGOs and other civil society organizations also contribute to OVC efforts. Current and reliable data on the size and functions of this part of the workforce were not available. What is known, however, is that NGOs provide a broad array of OVC services that often need skilled workers. Thus, many recruit and train volunteers to support their work. This work often includes providing direct services to children and their caregivers.

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<sup>1</sup> Unless otherwise noted, the information presented in this section on MGECW staffing was drawn from the 2007 document *A Human Resources and Capacity Gap Analysis: Improving Child Welfare Services*.

## **Challenges Faced by the Social Welfare Workforce for OVC**

The chief challenges are a shortage of social welfare workforce members and a shortage of skills within the social welfare workforce.

The Directorate of Child Welfare Services has not been able to hire a large enough number of qualified social workers to fulfill the staffing pattern that it has envisioned. Within the MGECW as a whole, only 57 percent of its social worker posts were filled (Auditor-General Namibia, 2009).

Because of this shortage, the existing social workers must carry a heavier workload than they would otherwise. Also, a large share of their work is administrative rather than therapeutic. They must deal with applications for several different types of grants that can be available to OVC and their caregivers. One type of grant, the foster grant, must go through the courts. The grants are beneficial to those who get them, of course. But processing them consumes much of the time of social work professionals and minimizes their ability to deliver core social work services, such as counseling and psychosocial support and home visits to monitor children's living conditions and safety.

Their efforts have been further impaired by limited supervision, lack of transportation, inadequate office space and resources, and insufficient data on service provision and client outcomes. Pressure is high under these circumstances, and burnout is common. As a consequence of these challenges, many social welfare workers prefer to work outside the government, particularly since civil sector organizations are often able to provide higher wages.

Social welfare workers in the public sector face another challenge: They are divided between two different ministries and serve two different populations: adults and children. For workers, this division of labor has unintended consequences, which include lack of coordination in service delivery and confusion about their roles and responsibilities. It also serves as a barrier to using a family-centered approach to care.

Government bodies and civil society organizations alike are constrained by the limited training and technical skills of their social service staffs. What's more, the number of students who graduate with social work degrees is insufficient to keep up with the demand. The University of Namibia – the only post-secondary school in the country with a social work program – had only 138 students enrolled in its program in 2007. And not all of these students were Namibian. While the University's numbers of social work students and graduates have risen in recent years, they are still too low to meet the existing demand for social workers.

Although civil society organizations arguably have an easier time filling their social welfare posts with qualified workers, some confront another human resources challenge: NGOs and faith-based organizations often have insufficient numbers of personnel with the skills to write successful funding proposals for OVC initiatives, manage large budgets, and monitor programs. Thus, the sustainability of their OVC services is jeopardized.

## **Efforts to Address Challenges**

As part of its effort to improve Namibia's OVC response, the MGECW is taking steps to increase the size and the skill level of the country's social welfare workforce for OVC.

One step has involved the post of CCCW. This is a newly created post within the MGECW that introduces a new cadre to the social welfare workforce. The educational qualification for a CCCW is not a bachelor's degree, as it is for a social worker. Rather, it is completion of grade 12. Given this qualification, the pool of people who are educationally eligible to be hired as CCCWs is much larger than the pool who are educationally eligible to be hired as social workers. CCCWs are relieving social workers of some of the administrative tasks associated with child grants. This is helping social workers shift their focus from paperwork to therapeutic work.

Also, the MGECW is working to improve the skills of CCCWs. Some (37) of the Ministry's CCCWs are receiving support to undergo a training program, which will help them achieve a high standard of performance. It will also provide them with a certificate. The program in which the CCCWs are enrolled was developed through a collaboration that includes UNICEF, the African Center for Childhood, and the University of KwaZulu Natal, among others.

The course of study is being offered in Namibia and seven other countries in Southern Africa. It runs for 18 months and is entitled "Working with Children, Families and Communities Affected by HIV and AIDS, Conflict, Poverty and Displacement in Africa." Data from March 2010 indicate a completion rate for Namibia students of 70 percent and a program enrollment that included 63 students from Namibia.

As another step, the MGECW has entered into a compact with students who are interested in earning social work degrees. Pact Namibia provides scholarships to students at the University of Namibia to enable them to pursue BAs in social work. Recipients of the scholarships must first sign a contract with the MGECW. The contract commits a student to working for the Ministry after graduation for a set period of time.

The MGECW is also taking steps to put OVC efforts on a more coherent footing. For example, the Ministry and the management teams at its regional and constituency levels are working with IntraHealth and the Southern Africa Human Capacity Development Coalition (SAHCD) to create a comprehensive strategic plan for human resources. This work has included conducting a comprehensive needs assessment. The assessment reviewed the services provided by the gender equality and child welfare sector and has counted and profiled the personnel who deliver them. It also evaluated this workforce's mix of skills and competencies and compared them to benchmarks established by experts in the sector. SAHCD has nearly completed its report of the assessment. The findings of the assessment are informing the development of a draft human resources strategic plan. This draft plan will be submitted to the MGECW for consideration near the end of 2010.

In fiscal year 2010, the Directorate of Child Welfare Services reviewed and developed as necessary job descriptions for all of its posts, which include regional social worker, chief social worker, control social worker, CCCW, monitoring and evaluation (M&E) focal person, deputy director, and director. This work, which was conducted with Pact Namibia's assistance, aimed to clarify the roles and functions of social welfare posts within the Ministry.

The Logical Framework Approach (LFA) has been introduced to all of the MGECW Directorates to provide them with a means of building their M&E capacities. Using this approach, the Directorate of Child Welfare Services was able to develop comprehensive annual work plans for 2009 and 2010. Staff who participated in the preparation of these plans improved their skills in planning against the NPA and the Ministerial Strategic Plan. Moreover, they now have a fuller grasp of how to use the LFA to incorporate M&E into future annual plans.

In 2007, the MGECW was only collecting data on the number of children who were receiving child grants (MGECW, 2007). The Ministry recognized that additional data would enable it to better serve OVC. Thus, it set out to create a national OVC data warehouse. Now in operation, the warehouse collects information from OVC service providers and also generates reports at the request of such service providers. By July 2010, 37 organizations were providing data to the warehouse, and 97 reports had been requested. The MGECW has created a data administrator post for the management of this warehouse. But, because this post is not yet filled, a Pact Namibia consultant is managing the warehouse.

One of the MGECW's strategic focuses is to strengthen alternative care systems for children. Towards this end, the Ministry undertook an alternative care assessment in 2008, with technical assistance from UNICEF. The following year, the MGECW launched minimum standards for RCCFs with USAID support through Pact Namibia. The standards are designed to encourage greater consistency in the quality of RCCF services for children, and they include guidelines for the recruitment, training, management, and support of RCCF staff. Through Pact Namibia, USAID provided further support to enable 38 social workers to receive training on putting the standards into practice.

Beyond the MGECW, other efforts are increasing the size and skills of the social welfare workforce. Many NGOs in Namibia, including CAFO, recruit and train volunteers. CAFO's member organizations are largely staffed by community volunteers. Many of these volunteers receive CAFO training in psychosocial support, advocacy and mobilization, and project and financial management. CAFO is now working with UNICEF to complete a publication of best practices for volunteers. It is to include information on identifying, training, and retaining a volunteer workforce. CAFO also works with the Regional Psychosocial Support Initiative (REPSSI) to develop materials for psychosocial support trainings.

## **Tools, Curricula, and Resources to Support Efforts**

Regional Psychosocial Support Initiative: REPSSI's homepage links visitors to its library of psychosocial support training materials, which houses materials developed from 2004 to 2010. It also leads to the Mental Health and Psychosocial Support Network, an international forum where members exchange resources and information about the well-being of adults and children alike.

[http://www.repssi.net/index.php?option=com\\_content&view=frontpage&Itemid=1](http://www.repssi.net/index.php?option=com_content&view=frontpage&Itemid=1)

*A Guide for OVC Projects*: This CAFO publication is a guide for starting an OVC program operated by volunteers. It explains why people volunteer their time and provides information on volunteer incentives and recruiting volunteers from international organizations. <http://www.cafo-namibia.org/images/data/guide.pdf>

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