

UNIVERSAL PERIODIC REVIEW – HUMAN RIGHTS COUNCIL
UNICEF INPUTS – NAMIBIA
July 2010

This document was prepared by UNICEF Namibia in coordination with the resident UN agencies in Namibia.

I. Background and Framework

A. Constitutional and legislative framework

1. The Namibian Constitution contains explicit provisions for protecting and promoting children's rights, including that the best interest of the child should be included in all legislation. Since independence in 1990, Namibia has promulgated legislation to promote and protect children's rights.

2. In 2007 a simplified version of the **Maintenance Act of 2003** was developed and translated into 4 indigenous languages to ensure a better understanding and broader knowledge of the rights of children to maintenance. In 2008 the **Child Care Status Act of 2006** was enacted in Parliament, and provides new rules for parental custody and access, and provides a cost free procedure for appointing guardians for orphans. In 2009 the draft of the **Child Care and Protection Bill** was finalized, and submitted to the Cabinet Committee on Legislation in 2010. The bill replaces the Children's Act of 1960, and legislates for many aspects of child care and protection, including adoption, foster care, alternative care, trafficking and child court procedures. Following a visit by the **Hague Conference** to Namibia in 2009 the Government is in the process of putting mechanisms in place to facilitate the accession to four Child Protection Hague Conventions. These Conventions include the Convention on i) the Civil aspect of international child abduction, ii) on Jurisdiction, Applicable Law, Recognition, Enforcement and Co-operation in Respect of Parental Responsibility and Measures for the Protection of Children, iii) on the international recovery of child support and other forms of family maintenance, and iv) on Inter-country adoption.

3. The Government is implementing the current **National Development Plan**, which is the main vehicle to translate the Vision 2030 into action. The overall theme of the NDP III (2007/2008 – 2011-2012) is "Accelerated Economic Growth and Deepening Rural Development". The plan is based on eight Key Result Areas, each corresponding to one of the eight main objectives of Vision 2030. The plan integrates protection, care and support priorities for children as reflected in the 2006-2010 National Plan of Action for OVCs

4. The **Permanent Task Force** has convened quarterly since 2005 to coordinate the response to orphans and vulnerable children (OVC), and the implementation of the 2006-2010 National Plan of Action for OVC. The meeting brings together key stakeholders from cross-sectoral ministries, civil society and development stakeholders and reports to Cabinet on a regular basis.

B. Institutional and Human Rights Structure

5. The Office of the Ombudsperson is mandated to promote and protect human rights, including children's rights, to promote fair and effective administration, combat corruption and protect the environment and natural resources of Namibia. The majority of cases investigated however relate to

administrative actions rather than human rights violations and only very few cases relate to children's rights. There is a need for sensitisation of staff on children's issues and the CRC.¹ The new CCPB contains provisions for the establishment of a Children's Ombudsperson within the Ministry of Gender Equality and Child Welfare.

6. The Education and Training Sector Improvement Programme (ETSIP) is a fifteen-year strategic plan (2006 -2020) developed by the Namibian education sector in response to the demands of Vision 2030, which foresees "a prosperous and industrialized Namibia, developed by her human resources, enjoying peace, harmony and political stability." It recognizes that education is of cross-cutting importance for almost all sectors, for HIV control, for poverty reduction, democracy, multiculturalism and good governance. ETSIP is premised on a realisation that a weak education and training system cannot facilitate the attainment of complex and ambitious development goals. It was evident that despite the Government's massive investment, the education system would not be able to produce the desired results; due to poor quality, inefficiency, inequity, inadequate management and the impact of HIV and AIDS. ETSIP was therefore designed to reverse these trends.

C. Policy Measures

7. Specific policies for children predominantly focus on Orphans and Vulnerable Children, though in practice the main focus remains on children who are orphaned or deprived of parental care. Broader vulnerabilities such as poverty are less well addressed. Recent policies include

- National Policy for Orphans and Vulnerable Children, 2004
- National Plan of Action 2006-2010 for Orphans and Vulnerable Children
- National Policy on HIV/AIDS, 2007
- Education Sector Policy for Orphans and Other Vulnerable Children in Namibia, 2008
- National Policy for School Health, 2008
- Education Sector Policy for the Prevention and Management of Learner Pregnancy, 2009

II. Promotion and protection of human rights on the ground

A. Cooperation with international human rights mechanisms

8. Reporting on the implementation of the Convention on the Rights of the Child was delayed, but recently completed. The second and third periodic reports on the implementation of the Convention on the Elimination of all Forms of Discrimination against Women were submitted in 2005 and was considered in the Committee's 17th Session in 2007. The second report is still under preparation and is expected to be completed by the end of 2010.

B. Implementation of international human rights obligations

Equality and non-discrimination

9. Namibia has undertaken a range of legal reforms to eliminate discrimination against women and girls as well as against children born out of wedlock or deprived of parental care. In reality implementation of these policies is not always ensured. For instance, orphans and vulnerable children

(OVC) receiving Child Welfare Grants are exempt from school fees but nevertheless may be denied access to schooling if they do not contribute to the school development fundⁱⁱ.

10. Retention rates in secondary school are somewhat higher for girls than for boys. 79 % of girls vs. 76% of boys reach grade 8, but only 41% of girls and 37% of boys reach grade 11. Teenage pregnancies rank highly among the reasons for girls' school drop-out. In 2009 a new Learners' pregnancy policy was adopted that aims at ending the exclusion of pregnant girls and young mothers from school for one year after the child is bornⁱⁱⁱ.

Right to life, liberty and security of the person

11. Trends in critical health related indicators are of major concern. Maternal mortality has risen from 271 in 2000 to 449 in 2006. This is in spite of the high ante natal coverage (95.6 per cent) and 81.4% per cent of births being in health facilities. Access to Basic and Comprehensive Emergency Obstetric Care (EMOC) is unevenly distributed across the country and this contributes to the high maternal and neonatal mortality in Namibia. There have been dramatic reversals with infant and child mortality; the infant mortality rate had decreased between 1992 and 2000, has now seen an increase (under 5 mortality has risen from 62 to 69 deaths per 1000 live births, and infant mortality has risen from 38 to 46)^{iv}.

12. The allegation on involuntary sterilization of women with HIV/AIDS is a court case; the court will verdict on whether the allegation is true or not. The Sexual and Reproductive health rights are universal irrespective of race, ethnicity, socio-economic or health status of the client. Access to Family Planning methods for sexually active minors less than 16 years of age is not allowed. This contributes to unwanted teen age pregnancy, unsafe abortions and aggravates maternal and neonatal deaths.

13. Violence against children remains widespread. A range of studies suggests both high prevalence and acceptance of domestic violence. Roughly four out of ten rape cases are the rape of a child. A report on sexual safety of adolescent girls found that over a quarter of children under 12 reported being forced to have sexual intercourse. Among women who reported their first sexual intercourse before the age of 15, one in three stated they were physically forced to have sex. The response of the legal system in cases of rape and gender based violence remains inadequate, especially concerning the reporting of cases and follow-through to the courts. Namibia has developed a system of alternative care including places of safety for children. The system is administered by Women and Child Protection Units (WACPU) which are a joint effort of the Namibian Police and the Ministry of Health and Social Services. However, problems occur in coordination of services, training and support of staff. The Ministry of Gender Equality and Child Welfare is responsible for OVC. Lack of trained social workers, heavy workloads and time-consuming administrative tasks impact on the effectiveness and quality of services provided to orphans and vulnerable children.^v

Administration of justice and rule of law

14. Juvenile offenders under the age of 18 are tried in special, closed courts. Diversion programmes aim to prevent the imprisonment of children. The set up of programmes depends on the evaluation of a child by social workers and may include basic skill training, educational assistance and counselling. The progress of the child is regularly monitored by the magistrate. Successful completion leaves the child without a criminal record. However, in 2007 297 children were in detention, many of them in

special facilities within adult prisons. The Office of the Ombudsperson found that the majority of detention centres did not have separate facilities for children though and that the prison infrastructure was poorly prepared to meet CRC requirements^{vi}.

Right to participate in public and political life

15. The right of children to civic participation is widely respected. Most schools have Learners Representative Associations that act as liaison between students and school administration. In 2007 the Namibian Parliament took the lead in establishing an annual Children's Parliament which brings children's issues to the attention of parliamentarians. The development of the new Child Care and Protection Bill is a good example for the involvement of children in political decision making. A Children's Reference Group was integral part of the public consultation process, ensuring that children's views were included.^{vii}

Right to social security

16. The right of every child to social security and an adequate standard of life remains a concern. Namibia is the country with the highest level of income inequality in the world (with a GINI coefficient of 0.63) and 34.6% of households with children live below the national poverty line^{viii}. Only 50% of children have their three basic material needs met, defined as a pair of shoes, two sets of clothes and a blanket.^{ix} Namibia has three main cash transfers to support vulnerable groups of the population: Social pensions for elderly people and people with disabilities, Child Welfare Grants (CWG) and grants for war veterans. CWGs are predominately targeted to orphans and children deprived of parental care. Coverage has been expanded rapidly from just 9000 in 2002 to more than 107000 beneficiaries in 2009. Children in poverty are not yet widely covered even though their material situation may be similar or worse to that of OVC.

17. While support payments are available to people with disabilities, most are not receiving them. A review by the Ministry of Health and Social Services identifies the fragmentation of service delivery systems and a general lack of capacity as main obstacles to the implementation of existing programmes for people with disabilities.^x

Right to education and to participate in the cultural life of the community

18. Net primary enrolment figures of 97.4% for 2008 show a marked difference compared to the slight decreases between 2004 and 2006 (93.6% in 2004, 92.5% in 2005 to 92.3% in 2006). The results are possibly due to a change in calculation formulae rather than an actual increase in enrolment. There is still concern that the improvement in the quality of education lags far behind the expansion in access and child-centred learning initiatives need strengthening. There remains a need for a strategy to address issues that challenge the completion of education by many girls, with DHS 2006 data revealing 45% of girls with no education have already having had a live birth.^{xi}

Minorities and indigenous peoples

19. Data in Namibia is mainly disaggregated by region rather than main language spoken in the household, making it difficult to obtain information on especially marginalised groups. Some indication for marginalisation is the widespread poverty among San and Rukavango speakers with poverty rates being twice the national average^{xii}. In 2001 only 47% of Khoisan speakers above the age

of 15 were literate compared to a national average of 84%.^{xiii} The National Policy Options for Educationally Marginalised Children (2000) aims to ensure access to compulsory education for vulnerable children, including San and Ovahimba children. Five mobile classrooms provide primary education to the semi-nomadic Ovahimba ethnic group while a San Development Fund provides support for secondary and tertiary education of San students^{xiv}.

Migrants, refugees and asylum seekers

20. Namibia hosts refugees at the Osire Refugee Camp. The camp has a primary school with 1996 children and a junior secondary school with 693 children enrolled. The camp has a health care centre. Pre- and postnatal services are available for all mothers and all refugee children receive the same immunisations as all children in Namibia.^{xv}

III. Achievements, best practices, challenges and constraints

21. There is a currently triple track approach underway of expanding the **birth registration system** into 34 major hospitals, registration in Home Affairs offices, and a mobile campaign for hard-to-reach children and locations. 109,700 children (5% of all children) were registered and received birth certificates in 2009. The cooperation between the Ministry of Home Affairs and Immigration (MHAI), and the Ministry of Health and Social Services (MOHSS) resulted in a signed MOU between the Ministries. As a result in 2008 and 2009 36,500 children were registered in two mobile campaigns; 22 sub-regional MHAI offices were opened, and 16,400 children were registered in 11 hospitals. To date birth registration in health facilities was scaled up to a total of 13 hospitals. Partly as a result of the increased registration rates there has a parallel increase in the number of children accessing Child Welfare Grants. They have increased from 18,000 at end 2004, to 55,146 in 2006, 80,450 in 2007, 91,800 in 2008 and 107,500 in 2009. These grants are also estimated to be assisting approximately 44,000 children to pay for educational costs, especially school fees^{xvi}.

22. Whilst recent data indicates that the HIV/AIDS epidemic is stabilising in Namibia, it remains a country with one of the highest prevalence rates globally at 17.8% prevalence amongst pregnant women and over 13% in general adult population. There are an estimated 174,000 people living with HIV/AIDS; and 14,000 new infections in 2008 (average of 39 per day). Of these new infections, an estimated 31% are among young people aged between 15-24 years, and 68% of these are females. According to these data, women in Namibia are becoming infected at a young age, with approximately 10% of pregnant adolescents aged 15 to 19 already infected. By age 34, almost one-third of pregnant women are HIV positive. Anti-retroviral therapy (ART) was introduced in 2003 and by early 2009 81% of identified people living with HIV were enrolled in ART. Prevention of Mother to Child Transmission (PMTCT) was expanded and is now offered as part of routine antenatal care as an opt-out strategy at 189 of the countries' 374 health facilities. The total proportion of pregnant women receiving PMTCT services increased from 68% in 2005 to 74% in 2009^{xvii}. On the whole, Namibia has made remarkable progress in provision of PMTCT and Pediatric HIV services, with laudable geographic scale up of maternal testing and efficacious ARV prophylaxis as well as infant testing and treatment. Key challenges however remain in the areas of early testing of HIV exposed children within the prescribed 6-8 weeks of birth, follow up of HIV exposed and infected children who drop out of care and roll-out of the new WHO guidelines that would ensure that HIV positive mothers are able to breastfeed their children for at least 12 months while being covered by ARV medicines.

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- ⁱ Ministry of Gender Equality and Child Welfare (2009) First, second and third Namibia Country Periodic Reports on the implementation of the UN Convention on the Rights of the Child and Two Optional Protocols 1997 – 2008. Windhoek.
- ⁱⁱ *ibid.*
- ⁱⁱⁱ UNICEF (2010), Situation analysis of children and adolescents in Namibia 2010. UNICEF: Windhoek.
- ^{iv} UNICEF (2008) Mid-Term Review Report 2008. GRN-UNICEF Namibia Country Programme 2010. UNICEF: Windhoek.
- ^v MGECW (2009), see above.
- ^{vi} MGECW (2009), see above
- ^{vii} MGECW (2009), see above; UNICEF Namibia (2009), Annual Report 2009.
- ^{viii} Central Bureau of Statistics, National Planning Commission (2008), A review of poverty and inequality in Namibia. Windhoek: Republic of Namibia.
- ^{ix} DHS 2006
- ^x MGECW (2009), see above
- ^{xi} UNICEF Namibia (2009), Annual Report 2009.
- ^{xii} CBS, NPC 2009, see above.
- ^{xiii} UNDP 2007
- ^{xiv} MGECW (2009), see above.
- ^{xv} MGECW (2009), see above.
- ^{xvi} MHAI National Monitoring Records, 2008 & 2009
- ^{xvii} MOHSS (2009), 2008/2009 Estimates and Projections. December 2009. Windhoek: MOHSS.