



Republic of Namibia

Participatory Rapid Assessment of Integrated Early Childhood Development Programmes among San Communities in Namibia



2017



Participatory Rapid Assessment of Integrated Early Childhood Development Programmes among San Communities in Namibia

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Foreword

Early Childhood Development (ECD) has received high levels of attention from the Government of the Republic of Namibia ever since 1990 when Namibia became an independent state. High-level national documents, including the Namibia Constitution and iterative versions of the National Development Plans (NDPs), make explicit pronouncements and provisions aimed at protecting and guaranteeing the rights of children, particularly vulnerable children, to life, health and nutrition, education, citizenship and access to critical services. Namibian policies accept and recognise San children as “vulnerable,” a classification that makes them a merit case for targeted developmental interventions including Integrated Early Childhood Development (IECD). The United Nations Convention on the Rights of the Child (CRC) is one of the first international Conventions that Namibia ratified soon after independence. This clearly demonstrates a commitment to protecting the rights of all children in the country.



Namibia has put in place a robust and dynamic legislative and policy framework for addressing child rights. These include the National Policy on Orphans and Vulnerable Children (NPOVC), the Children’s Status Act, 2006 (Act No. 6 of 2006), the National Plan of Action for Orphans and Vulnerable Children (NPA) 2006-2010, the National Agenda for Children (2012-2016), the National Integrated Early Childhood Development Policy, and the Child Care and Protection Act, 2015 (Act No. 3 of 2015), to mention a few.

The National IECD Policy mandates a number of government ministries to play different roles in the management, coordination and implementation of ECD programmes in Namibia. The key ministries are the Ministry of Gender Equality and Child Welfare (MGE CW), the Ministry of Health and Social Services (MoHSS) and the Ministry of Education, Arts and Culture (MoEAC). These ministries have been pivotal in the progress made to date in implementing IECD. Non-state actors including faith-based organisations (FBOs), community-based organisations (CBOs), non-governmental organisations (NGOs) and United Nations agencies provide expertise that complements the government effort to develop policies and legislations that provide for effective delivery of IECD services.

It is fitting to reflect on the gains and progress made in addressing Integrated Early Childhood Development (IECD) needs among marginalised communities in Namibia, with a particular focus on the San communities. The Office of the Vice-President of the Republic of Namibia is mandated by Cabinet to ensure that marginalised communities in Namibia are fully integrated into the mainstream of the society to ensure that no one must feel left out. The Division of Marginalised Communities within this Office’s key programmes are mainly: resettlement, sustainable livelihood support, early childhood development (ECD) and education and training, land and income-generating initiatives. With regards to early childhood development, we have constructed and established ECD centres for the San Communities in a number of regions and further support the running of these centres by providing allowances for educarers.

Provision of IECD services particularly in rural and remote areas of the country is gathering momentum, and huge gains have been made. However, it is evident that a number of challenges and barriers are impeding the full implementation of the programmes and services meant to benefit young children. There is considerable evidence of increasing uptake and use of IECD services among Namibia’s vulnerable communities, including the San communities.

IECD and pre-primary education have a significant impact on children's performance in basic education programmes, by playing a crucial role in four key ways:

- They provide the necessary foundations for acquiring basic literacy and numeracy skills.
- They reduce dropout and repetition rates.
- They enhance child health.
- They stimulate children's interest in learning and attending school.

The delivery of IECD services to San communities in Namibia is being hampered by declining funding resources, the spatially unstable distribution of these communities, language and communication barriers, and disruption of the age-old San culture and social structures.

The findings of this rapid assessment of IECD among the San are a crucial contribution to the repository of knowledge available on the status of IECD programmes in Namibia. These findings will inform stakeholders debate and inter-sectoral dialogue, and possibly will influence policy options by providing credible evidence of the situation on the ground. Broad inter-sectoral collaboration, and the private sector's increasing involvement and investment in IECD as part of its corporate and social responsibility, will go a long way in unlocking all of the potential that IECD programmes hold for the San children.



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Vice-President of the Republic of Namibia
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- The research team, consisting of Nico Hawaseb, Phillipus Babu, Suzanna Skoen, Appolia Dabe and David Mushavanga, and led by the Project Leader, Antony N. Masarakufa.
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The information contained in this report does not necessarily represent the views of PFL, OSISA, UNICEF and the Government of Namibia.



Executive Summary

The Assessment was conducted in June and July 2017 by a joint initiative of the Namibian Government Ministries namely Ministry of Gender Equality & Child Welfare (MGEWC), the Ministry of Education, Arts & Culture (MoEAC) with technical support from Namibia University of Science and Technology (NUST) and the main funding and support provided by Open Society Institute for Southern Africa (OSISA), United Nations Children's Fund (UNICEF), Palms for Life Fund (PFL) and the Kalahari People's Fund.

Since Namibia's independence in 1990, an ever-growing political, policy and programmatic focus has been given to Early Childhood Development (ECD) and vulnerable children, particularly children of the marginalised San, Ovaherero, Ovambo and Ovahimba populations. San communities in Namibia, as in other countries in Southern Africa, are extremely poor, vulnerable, and dependent on the Government for livelihood. In Namibia, San communities score lowest on poverty and human development indices. Their poverty can be traced to decades of marginalisation, extremely low levels of formal education, weak and fragmented leadership, and limited participation and representation in national politics.

Summary of Findings

Despite the value placed on early learning by participating communities, a relatively high number of San children are not accessing some of the ECD services currently available, particularly those provided by ECD centres. Participants identified a number of barriers preventing their children from accessing ECD services including long distances, extreme poverty and inability to afford decent clothing for the children, frequent travelling of parents, lack of nutritional support at ECD centres, limited appreciation of the importance of the full range of ECD services and alcohol abuse. Further, the accessing of integrated services including health care, child grants and birth registration is hindered by distances, discriminatory attitudes towards the San, language barriers, lack of finances for travel and service costs, and poor quality of services.

Approach to the Participatory Rapid Assessment

This Assessment was undertaken to provide updated information on the current state of IECD programmes among San communities in Namibia. The Assessment targeted selected San settlement areas in seven of Namibia's 14 regions: Kavango East, Kunene, Ohangwena, Omaheke, Oshikoto, Otjozondjupa and Zambezi. The design of this Assessment comprised four principal components, namely: a review of existing literature and documentation; focus group discussions (FGDs); key informant interviews (KIIs); and a survey of selected ECD centres and facilities. Five San, native speakers of five of Namibia's six San languages, were recruited to facilitate the research. The research team included Jul'hoansi, Naro, Khwe, !Kung and Hai||om San, all of whom were also conversant in the commonly spoken languages of Afrikaans and Khoekhoegowab.

The key component of the Assessment was a series of FGDs with San community members, particularly parents. All community focus groups included both young and elderly community members. A total of 311 community members were interviewed. The FGDs were complemented by in-depth KIIs with ECD caregivers/educators, MGEWC Community Liaison Officers (CLOs), MoHSS Community Health Workers (CHWs), representatives of FBOs, NGOs and CBOs, and San community leaders and traditional authorities. A total of 63 key informants were interviewed.

The Assessment was guided by five components of IECD, namely: provision of comprehensive services; ensuring continuity of care; equipping parents and caregivers/educators with skills; ensuring community involvement and ownership of programmes; and ensuring that services are culturally appropriate. The intention is to use the findings to:

- Provide recommendations on how to improve San children's access to IECD services and ultimately pre-primary and basic education;
- Inform service providers and other stakeholders about the key challenges and barriers currently affecting the uptake of IECD services among San communities; and
- Provide credible evidence to inform policies and future programme design.

Early Childhood Development (ECD)

The term 'early childhood development' refers to the process of change through which a young child (i.e. 0-8 years of age, as per Namibia's National IECD Policy of 2007) comes to master more complex levels of moving, thinking, feeling and interacting with people and objects in the environment. The integrated approach views all aspects of a child's development holistically, meaning that it includes the cognitive, social, emotional and physical development of the child. Early interventions ensure that children reach their developmental potential in terms of learning as well as social development, health and wellbeing and motor skills. The first 1000 days of life provide a unique window of opportunity during the development of a child.

The delivery of Integrated Early Childhood Development (IECD) services among San communities is complicated by a number of challenges, including, among others, extreme poverty, spatially unstable populations, scattered population distribution across the country, stigma and discrimination, low levels of education, and language and communication barriers. Delivery is further complicated by the fact that IECD services are wide-ranging, specialised, and fragmented across different sectors and stakeholders-with the MGECW responsible for Child grants, MoHAI is responsible for access to service such as birth registration; MoHSS responsible for parenting & nutrition and MoEAC is responsible for early learning. These factors make coordination a challenge. To improve San communities' uptake and use of IECD services, it is very important that contextual problems are addressed simultaneously.

Key Recommendations

To improve San communities' uptake and use of IECD services, and ensure its positive effect on pre-primary and basic education attainment, it is very important that contextual problems are addressed simultaneously. To achieve these goals, meaningful engagement, commitment and coordination across all relevant sectors and agencies will be required. Key recommendations to ensure this include the following;

- ➔ Key line ministries, specifically MoEAC, MoHSS, MHA and MGECW, should consider training San high school graduates to be integrated into ECD centres, community-based programmes, outreach and mobile service points in their San communities, as the first points of call for the community members, and to help overcome language barriers.
- ➔ The MGECW and Office of the President (OP) should ensure that educator allowances are paid regularly and timeously. The amount of the allowance should be revised, taking inflation into consideration.
- ➔ The OP, MGECW, MoEAC and Regional Councils should invest in the development and renovation of ECD infrastructure (buildings, fences, play equipment, clean water, toilets etc.) to compliment non-state actors' efforts.
- ➔ The MGECW should scale up and expand its educator training programme, with a focus on marginalised communities. This should include refresher courses as well as take-home reference materials for further self-refreshers.

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- ➔ The Regional Councils, MGECW, MoHSS, and OP should harmonise interventions to ensure consistency in the provision of nutritional support to communities, including through ECD centres as an intervention point.
 - ➔ The ministries, in collaboration with NGOs engaged in IECD, should consider the use of mobile ECD toolboxes to serve San communities in remote places where it is too costly to build physical infrastructure.
 - ➔ The MGECW, MoEAC, NGOs and funding partners should invest in the development of San-language learning materials for ECD and promotion of the use of San languages. ECD materials developed across Southern Africa for San communities should be collected for local adaptation.
 - ➔ The MHAJ should waive fees payable for renewal of lost documents and for amendments or corrections of errors on existing documents for marginalised communities.
 - ➔ The community members, corporate companies & NGOs need to Increase in-kind support, including nutritional support, clothing and sanitary products, for San children in ECD centres.
 - ➔ The three key line ministries (MGECW, MoEAC and MoHSS) should establish Regional IECD Committees that will report to the National IECD Committee on a quarterly basis, and to the Permanent Secretaries on specific items.

The findings and recommendations in the report were validated by all community members visited during community meetings which were held in November 2017 in all the seven regions.



Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
ARV	Antiretroviral
CAA	Catholic Aids Action
CCLLO	Chief Community Liaison Officer
CLO	Community Liaison Officer
ECD	Early Childhood Development
FBO	Faith-based organisation
FGD	Focus group discussion
GBVIU	Gender-Based Violence Investigation Unit
GRN	Government of the Republic of Namibia
CHW	Community Health Worker
HIV	Human Immunodeficiency Virus
IECD	Integrated Early Childhood Development
KII	Key informant interview
KPF	Kalahari People's Fund
MGEWCW	Ministry of Gender Equality and Child Welfare
MHAI	Ministry of Home Affairs and Immigration
MoEAC	Ministry of Education, Arts and Culture
MoHSS	Ministry of Health and Social Services
M&E	Monitoring and evaluation
MSS	Ministry of Safety and Security
MURD	Ministry of Urban and Rural Development
NAC	National Agenda for Children
NAMPOL	Namibian Police
NDP	National Development Plan
NHRAP	National Human Rights Action Plan
NSA	Namibia Statistics Agency
NGO	Non-governmental organisation
NUST	Namibia University of Science and Technology
OSISA	Open Society Initiative of Southern Africa
PMTCT	Prevention of mother-to-child transmission (of infections)
PFL	Palms for Life
TB	Tuberculosis
TWG	Technical Working Group
UN	United Nations
UNICEF	United Nations Children's Fund
WACPU	Woman and Child Protection Unit
WIMSA	Working Group of Indigenous Minorities in Southern Africa

Section 1: Introduction

Since Namibia's independence in 1990, a growing political, policy and programmatic focus has been given to Early Childhood Development (ECD) and vulnerable children, particularly children of the marginalised San and Ovahimba populations. San communities in Namibia, as in other countries in Southern Africa, are extremely poor, vulnerable, and dependent on the Government. In Namibia, San communities score lowest on poverty and human development indices. Their poverty can be traced to decades of marginalisation, extremely low levels of formal education, weak and fragmented leadership, and limited participation in national politics.

Delivery of Integrated Early Childhood Development (IECD) services among San communities is complicated by a number of challenges, including, among others, extreme poverty, spatially unstable populations, scattered population distribution across the country, stigma and discrimination, low levels of education, and language and communication barriers. Delivery is further complicated by the fact that IECD services are wide-ranging, specialised, and fragmented across different sectors and stakeholders. These factors make coordination a challenge. The quality of IECD services, particularly those delivered through ECD centres, could be enhanced by increased training and capacity building of educators, and recruitment and training of San native speakers as educators in order to promote the use of San languages at ECD centres.

Since independence, government ministries and agencies have worked closely with non-state actors, including faith-based organisations (FBOs), non-governmental organisations (NGOs), community-based organisations (CBOs) and United Nations (UN) agencies, to facilitate the design and delivery of IECD services. However, due to declining funding resources, a number of FBOs, CBOs and NGOs have reduced or stopped their operations.

The Government of the Republic of Namibia (GRN), through the Ministry of Gender Equality and Child Welfare (MGECW), has made considerable contributions to institutionalising and promoting ECD. The following, among others, can be cited as the key achievements of MGECW in relation to IECD:

- Development (jointly with other stakeholders) of the National Integrated Early Childhood Development Framework for the coordination of IECD services and programmes.
- Development of Namibian Standards for Early Childhood Development Centres (which standards include provisions on health and nutrition issues and parent committees).
- Development of Unit Standards for IECD Caregiver Training, submitted to the Namibia Qualifications Authority (NQA) which approved two national IECD qualifications (at NQA Levels 4 and 5).
- Development of a Curriculum Framework for Children in Namibia Aged 3 and 4 Years, each component of which is linked to the corresponding component of the pre-primary syllabus for 5-year-olds.
- Development of an ECD Management Information System (ECD-MIS) and a Child Welfare Database.
- Provision of allowances of between N\$1,500 and N\$2,500 per month to educators who meet the national standard requirements – who number 4,452 in total at the time of writing.
- The increase in the government budget for ECD from N\$15 million in 2013/14 to N\$24 million in 2014/15.
- The inclusion of IECD and nutrition in the National Agenda for Children (2012-2016) with aligned indicators.

Increased investments in IECD programmes, strengthened collaboration between government and non-state actors, and strategies to leverage private sector investment in IECD, will go a long way in consolidating the gains made in IECD among San communities. It is also important to mention that policies aimed at addressing extreme poverty and options for sustainable livelihoods among San communities need to be put in place to complement the targeted IECD interventions.

Section 2: Approach to the Participatory Rapid Assessment



2.1 Purpose of the assessment

This assessment was undertaken to provide updated information on the current state of IECD programmes among San communities in Namibia. The assessment targeted selected San settlement areas in seven of Namibia's 14 regions: Kavango East, Kunene, Ohangwena, Omaheke, Oshikoto, Otjozondjupa and Zambezi.

The assessment was guided by five components of IECD, namely:

- provision of comprehensive services;²
- ensuring continuity of care;
- equipping parents and caregivers/educarers³ with skills;
- ensuring community involvement and ownership of programmes; and
- ensuring that services are culturally appropriate.

The intention is to use the findings to:

- provide recommendations on how to improve San children's access to IECD services and ultimately pre-primary and basic education;
- inform service providers and other stakeholders about the key challenges and barriers currently affecting the uptake of IECD services among San communities; and
- provide credible evidence to inform policies and future programme design.

2.2 Methodology

The design of this rapid assessment comprised four principal components, namely:

- a review of existing literature and documentation;
- focus group discussions (FGDs);
- key informant interviews (KIIs); and
- a survey of selected ECD centres and facilities.

2.2.1 | *Review of existing literature and documentation*

The review of literature and documentation relevant to IECD provided information that was used in preparing the "Inception Report" which the research team presented in a meeting of stakeholders. That report provided a detailed context for the assessment, and helped the stakeholders to identify information gaps and to further refine the research focus which would guide the field work. A number of publications were consulted, such as research reports, policy documents, legislative documents, IECD frameworks and IECD programme reports generated by different implementing stakeholders.



2.2.2 | Focus group discussions

The key component of the assessment was a series of FGDs with San community members, particularly parents. All community focus groups included both young and elderly community members. A total of 311 community members were interviewed.

2.2.3 | Key informant interviews

The FGDs were complemented by in-depth KIIs with ECD caregivers/educarers, MGECW Community Liaison Officers (CLOs), MoHSS Community Health Workers (CHWs), representatives of FBOs, NGOs and CBOs, and San community leaders and traditional authorities. A total of 63 key informants were interviewed.

2.2.4 | Research procedures

A number of data collection instruments were developed, adjusted and finalised by the Technical Working Group (TWG), composed of staff of the MGECW, the MoEAC, UNICEF and the Namibia University of Science and Technology (NUST), in consultation with Palms for Life (PFL) representatives. The package of instruments comprised: an FGD guide for parents and other community members; an FGD guide for children; guidelines for the KIIs; and a questionnaire for assessing ECD centres.

Five San native speakers were recruited to facilitate the research. The research team included Jul'hoansi, Naro, Khwe, !Kung and Hai||om San, all of whom were conversant in their mother tongue San language and also in Afrikaans and Khoekhoegowab, both being languages in which most San people are conversant (the latter language is also known as Damara/Nama, and is similar to Hai||om.) They underwent two days of training to learn how to administer the FGD guides. The team engaged a professional interpreter from the High Court of Namibia to assist with standardised translations of the research instruments into Afrikaans and Khoekhoegowab.

The assessment was field-tested by way of two FGDs and two KIIs in Omaheke Region in July 2017. No major post-pilot adjustments of the instruments were needed, and after a detailed debriefing meeting in Omaheke, the instruments were endorsed for implementation. All FGDs for parents and other community members were completed as planned, whereas not all key informants could be contacted for the KIIs, especially representatives of the Ministry of Home Affairs and Immigration (MHAI), the Gender-Based Violence Investigation Unit (GBVIU) of the Namibian Police, and the MoHSS CHWs. The KIIs with San traditional authorities and community leaders were largely completed as planned. The planned FGDs with San learners in primary schools could not be conducted due to limited time.

Research ethics: The MGE CW gave prior approval for the assessment, and the Permanent Secretary issued a letter of approval. All CLOs employed in this Ministry in the selected regions were informed of the assessment, and were requested to facilitate the assessment by mobilising the San communities in their respective locales. An introductory meeting was held with each community, in which the assessment was carefully introduced in the appropriate San language, with the issues of confidentiality and anonymity explained. After the introduction, written consent was obtained from those who opted to participate.

Analysis: Transcript-based information was used to provide material for the analysis. Each FGD was co-facilitated by one English speaker and one speaker of the relevant San language (or Afrikaans or Khoekhoegowab), and three team members assisted as note-takers and interpreters. To guarantee the confidentiality of participant information and transcription data, no participant was identified by name in any write-up of data. Thematic analysis – one of the most common methods of analysis – was used for analysing the data. For deriving the key themes, the research questions and the draft report structure developed and adopted by the TWG were used as guiding documents.

2.2.5 | *Assessment sites*

The selection of assessment sites was guided by the following factors:

- regions with a higher density of San people;
- San ethnic/language groupings;
- livelihood context of the site (determined by whether the site is urban, peri-urban or rural); and
- the majority/minority status of the San community within the specific area.

Based on these considerations, stakeholders selected seven regions and a total of 18 assessment sites, as identified in Table 1.

2.2.6 | *Profile of interviewees*

As Table 2 shows, the vast majority of the interviewees were community members who participated in the FGDs, and ECD caregivers/educarers constituted the largest group of key informants interviewed in the KIs.

2.2.7 | *Management of the research process*

A Technical Working Group (TWG) consisting of representatives of the MGE CW, the MoEAC, UNICEF and the Namibia University of Science and Technology (NUST) was established to provide continuous supervision and leadership. The work of the TWG was supported by a project leader and a team of research facilitators. The TWG met at important stages of the process, to, among other things: review the Inception Report; identify and refine research questions; discuss the research protocol and data collection instruments; make decisions on the key design issues; approve the instrumentation; discuss and share emerging issues and findings; and provide input on the report. The TWG comprised senior officials from MGE CW, MoEAC, UNICEF, in consultation with PFL representatives and the project leader.

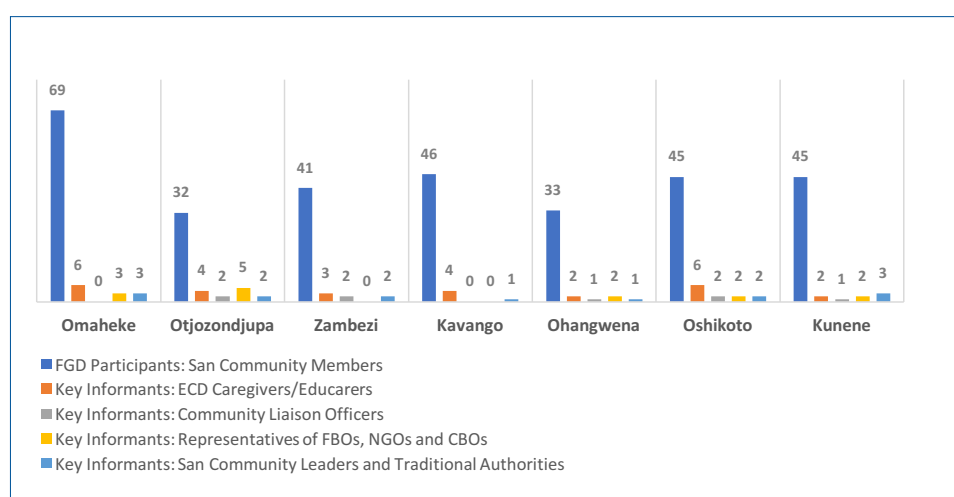
Table 1: Regions and sites selected for the assessment (by date visited)

Target Regions	Assessment Sites	Livelihood Context (urban, peri-urban, rural)	San Ethnic/Language Group
Omaheke	Aminuis	rural	Naro / !Xoo
	Skoonheid	rural	Ju 'hoansi / !Xoo
	Drimiopsis	rural	Ju 'hoansi / !Xoo
Otjozondjupa	Mangetti Dune	rural	!Kung
	Gam	rural	Ju 'hoansi
	Tsumkwe	rural	Ju 'hoansi
Zambezi	Omega	rural	Khwe
	Kyarecan	rural	Khwe
	West Macaravan	peri-urban	Khwe
Kavango East	Mutc'iku	rural	Khwe
Ohangwena	Ouhalamo	peri-urban	Mpungu !Kung ⁴
	Ekoka	rural	Mpungu !Kung
Oshikoto	Tsintsabis	peri-urban/rural	Hai om
	Oerwoud	rural	Hai om
	Oshivelo	peri-urban/rural	Hai om
Kunene	Seringkop	rural	Hai om
	Andersson Gate	rural	Hai om
		urban	Hai om

Table 2: Profile of interviewees

FGD Participants	Key informants			
311 San Community Members	27 ECD Caregivers/ Educarers	8 Community Liaison Officers (CLOs)	14 Representatives of FBOs, NGOs and CBOs	14 San Community Leaders and Traditional Authorities

Figure 1: distribution of interviewees across the study regions



2.2.8 | *Assessment limitations*

This assessment was based on a largely qualitative research design. However, due to the relatively small number of participants, the assessment cannot be regarded as statistically representative of the whole San population of Namibia, and the findings should not be generalised. The strength of the qualitative design is its capacity to produce in-depth responses to key programme design and implementation issues, and to serve as an informational resource to guide future studies. It is hoped that the findings, conclusions and recommendations will inform debate and influence policy options for improving the design and delivery of IECD services among San communities in Namibia.



Section 3: San Communities in Namibia

3.1 Overview of origins and present-day groupings

The San are the descendants of various hunter-gatherer groups who were the first inhabitants of most of southern Africa. Direct archaeological evidence shows that the San inhabited this region as long as 10,000 years ago, and rock art closely associated with the San and their ancestors often dates to periods considerably before that. Long periods of marginalisation and changing environmental and political landscapes have left the San very vulnerable, impoverished and dependent. Loss of land has denied the different San communities access to natural resources – wild fauna and flora – on which their traditional hunter-gatherer livelihoods and cultures are based. By the 1950s, most of the San had been forced into a sedentary existence, in a monetised capitalist economy which required formal skills and education which they did not have.

Namibia is home to an estimated 38,000 San, constituting just under 1.4% of the national population.⁵ As the map below shows, the San communities in Namibia are scattered, but are found mainly in the north-east of the country.



The distribution of the remaining San language groups in southern Africa.

Source: Working Group of Indigenous Minorities in Southern African (WIMSA), 2009.

Although all San share aspects of a common heritage and livelihood pursuits, the San population is comprised of culturally and linguistically distinct groups. They did not have a common identity in the past, and the collective names “San” or “Bushmen” were imposed by non-San groups. The collective groupings currently understood to be “San” or “Bushmen” speak different Khoisan languages or dialects. Table 3 presents a classification of the San groups in Namibia and their languages.

Table 3: San groups in Namibia and their languages

Autonym	Language Family	Dialect Cluster	Region(s)	Numbers*
!Kung or !Xun	Kx'a	Ju (also known as Northern Khoisan)	Kavango, Otjozondjupa, Ohangwena, Oshikoto	6,000 -7 ,000
Jul'hoansi	Kx'a	Ju (also known as Northern Khoisan)	Otjozondjupa, Omaheke	6,000 - 7,000
Naro	Khoe (also known as Central Khoisan)	Naro	Omaheke	1,000 - 2,000
Khwedam or Kxwedam	Khoe (also known as Central Khoisan)	Kxoe	Zambezi, Kavango East	4,000 - 5,000
Hai//om and ‡Akhoe**	Khoe (also known as Central Khoisan)	Khoekhoe	Kunene, Ohangwena, Oshikoto, Oshana	7,000 -1 8,000
!Xoon and 'N joha	Tuu (also known as Southern Khoisan)	Taa	Omaheke, Hardap	550
Total Population	24,550 - 40,050			

* The numbers were provided by Brenzinger (1998), Widlok (1999), Boden (2007), Takada (2007), Bieseles and Hitchcock (2011) and Vossen (2013).

** According to Widlok, "‡Akhwe is a way in which some Hai||om speak their language" (cited in Vossen 2013: 10).

Source: Legal Assistance Centre and Desert Research Foundation of Namibia, "Scraping the Pot": San in Namibia Two Decades after Independence, 2014, Chapter 3, page 23.



3.2 Traditional child-rearing practices

3.2.1 | Breastfeeding and infant nutrition

In the past, both the mother and the father of a San child were closely involved in raising the child. The role of the mother was to look after the baby, focusing mainly on breastfeeding and health and hygiene, while the father was more involved in hunting and collecting materials. Mothers were responsible for collecting wild food.

Generally, children were breastfed for up to 3 or 4 years, or until the mother's next pregnancy. Breastfeeding was extended if the 'normal' weaning time coincided with a period of drought, when there was not much wild food available. Interviewees in this assessment mentioned that breastfeeding could be extended even up to 6 or 7 years in times of drought or famine. At the point of weaning, children were introduced to a diet of solid food, derived mainly from fruits, berries, tubers and seeds gathered from the wild, and also including pounded game meat, mopani worms, palm tree stems and, when available through agriculture or trade, magheu (partially fermented mealie-meal mixed with sweeteners such as honey) and other types of porridge. At the point of weaning, mothers and grandmothers would assist infants by chewing food and regurgitating it into the infant's mouth.

FGD participants reported that these age-old San breastfeeding and infant nutrition practices have changed considerably, and they attributed the changes to the following factors:

- **If a mother is infected with HIV or TB, breastfeeding is stopped earlier.** This stoppage normally happens upon the recommendation of a health practitioner, the aim being to reduce the risk of mother-to-child transmission of the infection through breastfeeding.

"If you are infected with HIV or TB, the nurses tell you to stop breastfeeding early so that you do not infect the baby." – FGD participant, Outjo

- **Extreme poverty and hunger severely interrupts a mother's lactation and ability to continue breastfeeding.** Today San communities in Namibia depend mainly on state-funded feeding schemes, old-age pensions and low-paying jobs for their livelihoods. They are still suffering the after-effects of historical marginalisation which left them without access to the traditional hunting grounds and natural resources on which they depended in the past, and without the skills and education needed to support viable alternative livelihoods in present-day Namibia.

"When I am hungry and I don't have any food to eat, then the milk stops coming and I have to find something to give the child. I can't continue breastfeeding." – FGD participant, Skoonheid

- **Regular travel away from home forces employed and employment-seeking mothers to shorten the period of breastfeeding.** Many young San mothers are forced to spend long periods away from their children when travelling in search of work or while in full-time employment. This forces them to stop breastfeeding earlier and introduce their children to supplementary feeding.

- **San parents have limited options for healthy supplementary feeding for their infants and older babies.** The main reason for this is extreme poverty, in that parents cannot afford the formulas or any other proper supplementary feeding recommended for infants and older babies. This problem is compounded by the fact that they have limited or no access to the natural resources on which they depended for their survival in the past, and the ensuing fact that the younger generation is losing the traditional knowledge of these resources.
- **Single parenthood and/or teen parenthood.** Most young or teenage single mothers in any population lack appropriate child-care experience, and those in San communities also tend to have no income or only a very paltry income. In this assessment, the twin problems of single and/or teen parenthood were cited as an emerging problem, linked to cross-generational sexual relationships, casual sexual relationships (including with men from other tribal groupings), and transactional sexual relationships. Several key stakeholders reported that San girls have resorted to or been forced into “survival sex” to obtain critical income for their families.⁶ It appears that poverty is critically influencing sexual practices among the San. However, FGD participants were guarded in speaking about these practices.
- **Alcohol abuse.** Many interviewees cited alcohol abuse as a factor contributing to the problem of inadequate breastfeeding in San communities. Mothers neglect children and stop breastfeeding due to drinking.

3.2.2 \ Infant health

In the past and still today where possible and preferred, the San have used a wide variety of traditional medicines derived from animals and wild plants (herbs, tubers, roots, berries and fruits) for treating different ailments in babies and young children. Table 4 provides some examples cited by interviewees in this assessment.

Table 4: Examples of San traditional medicines for treating ailments in babies and young children

Prescription	Ailments
Roasted and pounded ostrich eggshell mixed with breastmilk	stomach pains, diarrhoea and flatulence
Sabiro	stomach pains and diarrhoea
Omanghete oils	stomach pains and constipation (treatment via massage)
Omanghete oils	skin irritations, rashes and minor bruises
Omuushe	stomach ailments
Aloe Leaves (juice)	eye infections
Pounded mopane leaves	open wounds and cuts
Stomach massage	relief from constipation and indigestion

FGD participants indicated that they are not currently using some of these traditional medicines, for two main reasons:

- They do not have access to the areas where they used to find the resources.
- The traditional knowledge of the different plants (trees, herbs, tubers etc.) that their forefathers used has been lost.

3.2.3 | Infant hygiene

In the past, bathing babies and young children with water was common when water was abundantly available. When water was scarce, parents used animal fats and oils, and powders derived from certain rocks, roots, tubers and tree barks. Table 5 provides common examples cited by interviewees.

Table 5: San traditional hygiene products for babies and young children

Product	Uses
Eland oil	Smeared on the body to protect skin from sunburn
!Nau (red powder made from grounded rock)	Smeared on the body to protect the skin from sunburn
Sae (a powder – which has a sweet fragrance, like perfume – drawn from a tree called !Huhei)	Smeared on a baby's body to protect the skin
Water	For bathing

3.2.4 | Infant stimulation and play

In the past and today, San parents have used a variety of methods to stimulate the minds of babies from the moment of birth. The following methods were mentioned in FGDs:

- Talking to the baby to attract his/her attention and to communicate messages.
- Singing lullabies to make the baby sleep or to entertain him/her.
- Clapping hands and various other methods to attract the baby's attention.
- Singing accompanied by rhythmic clapping to entertain the baby.



For entertainment, parents in the past and today have made toys for their babies using materials found in the wild. The following are examples cited by FGD participants:

- Dolls made from wild melons joined together with sticks.
- Dolls made out of palm fruits and sticks secured with strings, with fabric added when available.
- Figures resembling four-legged animals, made from zebra dung.
- Animals moulded from clay.
- Dung beetles tied to strings.
- Toy spears and bows and arrows.

In San culture, the use of toys is meant to enable the children to identify the animals around them, and to expose them to their future roles and responsibilities (e.g. dolls for girls and bows and arrows for boys), and to give the children materials for using in imagination games/play.

These traditional approaches to child stimulation and play are evidently not as common today as in the past, partly due to the loss of knowledge among youthful parents, but also, seemingly, due to a lack of interest on the part of youthful parents. San social structures and cultures are slowly eroding, and this is impeding the transfer of traditional parenting practices and knowledge from the elderly to the young. In addition, the lack of access to natural resources forces families to resort to using materials mainly available in shops. However, most San parents cannot afford to buy toys due to their meagre financial resources.

3.2.5 | *Early learning*

In San culture, past and present, infant education starts with helping the child to identify immediate family members, being their parents and siblings. This knowledge base was gradually widened to include extended family members, including grandparents, uncles and aunts, other relatives and other community members closely connected to the family. Teaching methods included calling out the names of family members and showing the child each of the persons named, or pointing to a person while naming that person, or naming a person and sending the child to fetch something and take it to that person. Such teaching would normally commence when the child starts sitting up unsupported.

Thereafter, the teaching turns to instilling knowledge of the environment and natural resources around the community, including, for example, knowledge of edible berries, poisonous berries and fruits, and wild animals. Parents and elderly community members would bring wild berries/fruits and medicinal herbs home and show them to the children, or they would take the children into the veld and show them there. The teaching of children also addressed discipline and morals at a very early age. There was also remarkable emphasis on respect for elders, and good behaviour. With regard to discipline and morals, in this assessment it was reported that community members in the past had a direct involvement with children, as well as authority to reprimand a misbehaving child.

“San culture emphasised exploratory learning, observation and experiments rather than active teaching. Parents and community members would not go out to teach a child how to do something, but would let a child learn by observing, and trial and error.” – Key informant, Tsumkwe



Today, the role of San parents seems to be changing. Current parenting practices indicate that greater responsibility for raising children lies with the older generation (i.e. grandparents), because increasing numbers of teenagers are becoming parents, and they have neither experience in raising children nor access to resources to provide for their children. Additionally, many single young mothers have little or no support from the fathers of their children. This lack of support considerably increases the strain on young mothers who are raising a child alone, and forces many of them to abandon their child or to leave the primary child-rearing responsibilities to their elders. In the discussions in this assessment, there was a frequently echoed sentiment that teenage parenthood is the main cause of some of the problems relating to inadequate care for babies.

Alcohol abuse is rife among San communities. In FGDs and KIIs, this problem was frequently cited as one of the factors contributing to poor parenting and child neglect, including not taking responsibility for ensuring that children attend school. Alcohol abuse in San communities can be attributed to a number of factors, not least the ready availability within San settlements of a cheap homemade brews including tombo, a mahangu (pearl millet) or maize-based beer often drunk in lieu of a meal, and kashipembe/ombike, a much stronger distilled drink.

Also frequently mentioned were cases of San parents giving alcohol to children, and this practice was linked to poverty. Many parents take their children along when visiting a place where people drink (which, in Namibia, is normally a shebeen, the local term for small, often unlicensed, bars). Under such circumstances, if a child is hungry and the parent has no food, the parent ends up sharing the alcohol with the children.

"If all I have is N\$2 in my pocket, what do you think I can buy from that? I cannot afford anything from the shop. The only thing I can afford is a glass of tombo, and if my child is hungry, I just give him."
– FGD participant, Ouhalamo

Section 4: Overview of IECD in Namibia

4.1 Background

In Namibia, IECD interventions have been driven by and from the level of central government, through the relevant line ministries as well as FBOs, CBOs, NGOs and development partners. The main goal of these interventions is to ensure that all children aged 0-8 have access to quality IECD services, with a focus on the most vulnerable children. Namibia emphasises the integrated approach to ECD because international and national studies have proven a comprehensive and well-coordinated package of integrated services to be more effective, more cost-efficient and more sustainable than a range of individual services. One key finding in Namibia, as elsewhere, is that this integration improves access to the services available for pregnant women and young children.

4.1.1 | *Definition of IECD*

The term 'early childhood development' refers to the process of change through which a young child (i.e. 0-8 years of age, as per Namibia's National IECD Policy of 2007) comes to master more complex levels of moving, thinking, feeling and interacting with people and objects in the environment. The integrated approach views all aspects of a child's development holistically, meaning that it includes the cognitive, social, emotional and physical development of the child.

4.1.2 | *Core components of Namibian IECD Framework*

The core package of IECD services as contemplated in Namibia's National IECD Policy emphasises the issues of:

- maternal and child health;
- child protection;
- nutrition;
- a nurturing family environment;
- parenting support;
- stimulation for early learning; and
- governance and financing.

4.2 The National IECD Framework – core components and objectives

The overall goal of the National IECD Framework is to ensure that all children aged 0-8 have access to quality IECD services, with a focus on the most vulnerable. This goal flows from the understanding that efforts to improve health, wellbeing and learning throughout the course of life are most effective and economically efficient during pregnancy, the first two years of life, and the remaining years of early childhood, i.e. until age 8. One of the key roles of the IECD Framework is to specify the mandates and responsibilities of all stakeholders, in order to ensure smooth coordination.

The framework has seven key components and corresponding objectives:

- **Component 1: Improved management.** The objective of this component is to have the MoEAC, MGECW and MoHSS, together with the Regional Councils, lead and manage the IECD programme effectively at the national and regional levels.

- **Component 2: Improved advocacy and public outreach.** This component is designed to yield a more comprehensive understanding of the nature and importance of IECD among critical stakeholders, including parliamentarians, educators, health workers, community and faith-based organisations, and family members.
- **Component 3: Improved parenting for children aged 0-8.** This component is aimed at generating awareness and understanding of the importance of the first 1,000 days of life (the period from conception to the child's second birthday), and at helping parents to develop their parenting skills to support the optimal development of children during this time.
- **Component 4:** Improved protection and support for young children. This component targets young children (ages 0-8) with a view to safeguarding them from harm, inadequate nutrition and toxic stress, and providing early intervention as needed.
- **Component 5:** Improved access. This component is aimed at increasing the number of children aged 0-8 who access IECD-related services, with priority focus on disadvantaged communities.
- **Component 6:** Improved quality of IECD. The component addresses the provision of quality IECD services in order to ensure effectiveness and efficiency.
- **Component 7:** Improved Monitoring and Evaluation (M&E). This component entails ensuring that IECD programmes are adequately monitored and evaluated, to ensure the continued delivery of quality services and to inform policy-making and planning.

4.3 Namibia's IECD policy and legislative framework

Namibian policy pronouncements are clearly supportive of IECD, with high-level national policy documents and development plans all making direct reference to IECD. One of the objectives of Vision 2030, for example, is "to impart learning competencies that would enable learners to cope with and take advantage of the rapidly changing world".



Both the Fourth and Fifth National Development Plans (NDP4 and NDP5) make specific mention of IECD. NDP5 (2017/18 - 2021/22) identifies ECD as part and parcel of its social transformation strategies. The strategy pertaining to IECD has clear national targets for access to IECD among children of ages 0 - 4, and for qualified educators and lower-primary teachers.

In addition to the NDP provisions on IECD, a number of policies specifically crafted to address IECD are in place in Namibia. The following are examples of key policies that address different aspects of IECD in this country:

- The **National Integrated Early Childhood Development Policy of 2007** provides overall guidance for IECD programming in Namibia. Among other things, it strives to speak directly about the matter of the young child's development, in order to make the public more aware of the situation and needs of young children.
- The **National Policy for School Health (May 2008)**, formulated by the MoHSS, describes the role of the MoHSS as the lead Ministry in providing school health services, which include, for example, immunisation against childhood diseases, screening for early identification of health problems, treatment of minor ailments and referrals.
- The **Child Care and Protection Act, 2015 (Act No. 3 of 2015)**, which states that the minister responsible for education must administer all matters relating to activities at registered early childhood development centres, and that such centres must meet certain standards and be regularly supervised.
- The recently approved **National Human Rights Action Plan (NHRAP) 2015 - 2019**, formulated by the Ombudsman, has seven focal areas: Health; Education; Housing; Land; Water and Sanitation; Justice; and Discrimination. Many of these areas are linked to unemployment and poverty, both of which the UNHCR's 2012 Baseline Study on Human Rights in Namibia identified as major issues, with many areas involving specific issues facing the so-called vulnerable or marginalised groups in Namibia.



Section 5: Uptake and use of IECD services among San communities

Provision of IECD services in rural Namibia, including in San communities, is gathering momentum. A number of services are provided by different government ministries and agencies, and these are complemented by non-state actors including private individuals, NGOs, FBOs and CBOs. The IECD services currently provided in San communities include health, education, nutritional support, child care, protection and birth registration services.

5.1 Maternal and child health services

Health services are provided by the MoHSS through hospitals, clinics and community outreach. These services include vaccination, immunisation and on-demand health services. The MoHSS uses two approaches to reach out to communities. Firstly, health services are provided through health facilities (clinics and hospitals) where they exist. To complement facility-based services and to ensure wider reach, especially in remote communities, the MoHSS partners with NGOs, such as Catholic Aids Action (CAA), and other government ministries, such as the MGECSW, through community health outreach programmes. Through health extension programmes that involve Community Health Workers (CHWs), the MoHSS reaches out to rural and remote communities. Announcements on local radio stations in local languages inform community members about when and where services will be brought to their areas.

These programmes create demand for health services by raising awareness and providing information. CHWs also play a crucial role in linking San communities with health services, including maternal and child health services.

The FGDs generated intensive dialogue on the importance of maternal and child health services among San communities. The dialogue made very clear that San are aware of the services, value them and use them regularly. One of the frequently mentioned main reasons for San using health facilities is that they have no option, since they do not have access to the natural forests where they used to get the herbs, fruits, tubers and berries used for their traditional medications in the past. However, despite their reliance on formal medical services, a number of barriers are making these services difficult for the San to access:

- **Language and communication barriers.** Staff at health facilities and other services providers generally communicate in English, Afrikaans or local languages in which San are not conversant. This frustrates communication and leads to incorrect diagnoses and prescriptions.
- **Long distances to health facilities.** Some San communities are settled in remote places, far away from health facilities. Such remoteness poses a major challenge for regular service provision through health outreach programmes, hence residents of these settlements are usually forced to travel long distances to access health services, usually by means of public transport which has to be paid for. The fares payable for public transport were often cited as a barrier to service access, as most of the San are extremely poor and cannot afford the fares.
- **Illiteracy.** Literacy is generally limited in San communities, and this often presents a major problem for health service providers and patients alike. Currently illiteracy contributes mainly to mothers missing the crucial immunisation dates indicated in their health passports, as the health passports are printed in English, which most San do not understand.
- **Limited ambulance services.** Emergency medical cases such as snake bites, sudden illnesses and child birth are not always properly catered for, mainly due to an inadequate number of ambulances, limited communication and the remoteness of some San settlements.

- **Poor treatment of San patients by staff in health facilities.** It came out very strongly that some health workers are dismissive of San people and treat San patients impolitely. FGD participants mentioned cases of health workers insisting on using English, knowing that the patient did not understand this language, and cases of health workers shouting at San patients and humiliating them. Such maltreatment was said to lead to a lack of trust in the services and reluctance to seek health care.
- **Mismanagement of health services.** This assessment found that health centres, hospitals and clinics are beset with poor staff attitudes, lack of standard operating procedures, and disregard of procedures and opening hours, with limited accountability. San clients commonly receive very poor treatment, and regularly witness clients from other socio-economic groups receiving preferential treatment, but they feel that there is nowhere for them to go to report such practices.

It was also observed that none of the ECD centres at the selected assessment sites had any first-aid kit, and most of the educarers interviewed had not received any first-aid training. Within ECD centres, educarers do not always keep the children's medical health passports or health records on file. Furthermore, most of the ECD centres visited, especially in rural communities, are far away from any health facility.



5.2 Child protection and social protection services

San communities are extremely poor, and are officially recognised by the government as “vulnerable”. Chronic poverty, lack of livelihood opportunities and dependency strain and undermine the traditional family and community safety nets, which places San families and children at even greater risk. This situation necessitates social protection interventions, particularly in the form of cash transfers. Under the IECD Framework, social protection services include child grants. These grants are available to Namibian nationals, which makes it important for applicants to possess proof of Namibian nationality. Access to national registration documents such as birth certificates and identification cards (IDs) is therefore crucial. The MHA is responsible for issuing national registration documents.

The MGE CW collaborates with other stakeholders in implementing initiatives to facilitate the acquisition of birth certificates among vulnerable communities including the San. Provision of social grants and national registration documents is a core component of IECD programmes in Namibia.

5.2.1 | *Birth certificates*

Provision of national registration services and the issuing of national documents is the responsibility of the MHA I. This Ministry has a presence in all towns and cities, and in selected settlement areas. The registration services are relatively accessible for San communities settled close to a service delivery point. The MHA I also undertakes community outreach, although participants in this assessment indicated that the outreach services are irregular and few and far between. The discussions made very clear that most of the San understand the importance of national documents, as they know that such documents entitle them to state-funded benefits such as old-age pensions, disability grants and grants for orphans and vulnerable children. However, a considerable number of San children do not have a birth certificate, and this was attributed mainly to parents themselves having no ID or other proof of nationality. This problem was more pronounced in rural and remote San communities.

The following are the main reasons for the lack of national identification documentation among San parents and children:

- **Lengthy queues at MHA I service points.** FGD participants frequently expressed frustration about long queues at MHA I offices. Very often, they are still queuing when the office closes for the day, and they have nowhere to stay overnight. This problem of long queues frustrates people to the point that they give up trying to access these important documents.
- **Language and communication barriers.** MHA I staff generally communicate in English and in some cases Afrikaans. This creates a barrier for San who do not understand English. Furthermore, all of the documentation, including application forms, is written in English, which is highly problematic for San who are illiterate in English. MHA I staff do not always have access to interpreters who can assist with interpretation in San languages. The language barrier was also cited as a key reason for some San IDs and birth certificates conveying wrong and/or discordant information.
- **Poor treatment of clients.** Many FGD participants cited cases of MHA I staff treating San clients impolitely, and publicly humiliating some of them. This, it was said, discourages the San's efforts to acquire national registration documents. Such mistreatment had included blatant preferential treatment being given to all clients of other cultural or socio-economic groups.
- **Difficulty accessing MHA I service delivery points.** Some San communities reside in remote places which are far away from any MHA I office. This makes service provision difficult and costly for the MHA I, but equally for the San, most of whom have great difficulty covering the cost of transport to the nearest service delivery point. Furthermore, this assessment found that MHA I offices are not sticking to the prescribed opening hours, meaning that people are travelling long distances to service points which open late and/or close early, and/or staff take extended lunch breaks, which effectively reduces the period in which services can be accessed.

- **Unaffordability of service fees.** A fee is charged for certain MHA services, including, for example, replacements of lost documents, and amending or correcting information on existing documents. This presents a problem for San communities, as most of their members cannot afford such fees.
- **Failure to implement an amended requirement for birth registration.** For a child to be registered and a birth certificate issued, the MHA now requires only one of the child's parents to be present, rather than both. This change in the rules has not yet trickled down to all regional offices in practice, which poses a huge barrier for many of the San mothers who are single parents. In some cases the child's father cannot be traced, especially if he is a member of a mobile population (truckers being an example), or the father is a married man who refuses to show up to assist with registering the birth of the child he conceived out of wedlock. The rule was changed precisely to relieve single parents of such problems.
- **Lack of supporting documentation.** The MHA also requires that applications for a Namibian ID or birth certificate are accompanied by supporting documents (ID, birth certificate or other) of the applicant's parents, and/or supplementary documentation such as a police declaration or a letter of support from a traditional authority or constituency councillor. In a range of circumstances these requirements become an impediment, especially for members of remote communities who have to travel long distances to access services. For instance, applicants whose parents have died without leaving any documentary proof of nationality are unable to meet the application requirements when they first travel to an office to apply, hence they incur further requirements for qualification, including further unaffordable long-distance trips. FGD participants also spoke about the challenge of obtaining police declarations or affidavits. Firstly, they are not always given guidance as to what the declaration/affidavit should say. Secondly, they experience language barriers when dealing with the police at police stations, as there is often no person present who understands any San language. Thirdly, most constituency councillors are people from other tribal groupings who may not know enough about the San applicant to feel comfortable about making a legally binding declaration under oath to support that person.

5.2.2 | *Child welfare grants*

Child welfare grants are provided through the MGEWCW as a cash-based form of social protection safety net, targeting orphans and vulnerable children (OVC). These grants are aimed at, inter alia, alleviating child poverty in vulnerable families. Presently four types of child welfare grants are available, namely the Maintenance Grant (MG), Special Maintenance Grant (SMG), Foster Care Grant (FCG) and Place of Safety Allowance.

- The **MG** is meant for a biological parent of a child younger than 18 years whose other parent (i) is receiving an old-age pension or disability grant, or (ii) has passed away, or (iii) is serving a prison sentence of 6 months or longer.
- The **SMG** is paid to caregivers of children under 16 years of age who have been diagnosed by a state doctor as being either temporarily or permanently disabled.
- The **FCG** is intended for any person undertaking temporary care of any child found to be in need of care and placed in his/her custody as per Children's Act 33 of 1960. (This Act has been replaced by the Child Care and Protection Act, 2015 (Act No. 3 of 2015), which upholds the grant for foster parents, but the new Act, though passed, is not yet in force.)
- The **Place of Safety Allowance** is payable to any person or institution taking care of a child under 18 years of age who has been placed by a Commissioner of Child Welfare (under the Children's Act of 1960) or a Children's Commissioner (under the Child Care and Protection Act of 2015).

FGD participants were aware of grants, but not aware of the different types of grants. A number of them indicated that they were receiving some form of grant. Participants cited three key problems with respect to child grants:

- **Delays in the disbursement of grants.** Delays in the administrative processes result in families not receiving grants in a timely manner, which places a huge strain on cash flow.
- **Misuse of grants.** Some parents and caregivers abuse child grant payments by purchasing food, alcohol or items for themselves or the household, and do not necessarily use any part of the grant to meet the needs of the child who is meant to be the sole beneficiary.
- **Inability to access grants due to lack of registration.** A very high number of children are failing to access grants because they do not have a birth certificate. Regarding knowledge of the child grant application process, more awareness would be beneficial, but lack of knowledge/awareness does not seem to be the principal barrier.

A number of participants also mentioned that they do not always have money to pay for transport to a distant office to apply for a grant.

Key informants dealing with the administration of child grants indicated that barriers to accessing the different grants differ from one type of grant to the next, due to the differing requirements and procedures for each type. It was also indicated that the involvement of social workers who have to conduct preliminary investigations as part of means testing for eligibility contributes to the delays, as the social workers, who are few in number, are overburdened. The application process is also delayed by the fact that some applicants reside in remote rural areas which are difficult to access. There are more social workers in urban locations than rural areas.

5.2.3 | *Support for children with disabilities*

During the field work, a number of children with disabilities (including blindness, hearing impairments, other physical disabilities and mental disabilities) were identified in San communities. The researchers documented a total of 40 cases, based on the reports provided by interviewees. However, some regional stakeholders were of the opinion that the numbers could be much higher than the reported numbers. They argued that there is a tendency in San communities to hide children with disabilities away, due to stigma and discrimination. Their inputs point to a need for a more systematic house-to-house assessment of cases to obtain a more accurate picture of the situation on the ground.

Information obtained from FGD participants indicates that parents of children with disabilities are not necessarily offered services for their children, and do not always seek or manage to secure services, and ECD centres are ill-equipped to cater for children with disabilities. None of the educators at the sites visited reported having undergone any specialised training to cater for children with disabilities. It was said that staff of some medical institutions sometimes send the children back home, advising the parents that the children are well. There was no evidence of any special services available for children with disabilities in the San communities. None of the ECD centres visited indicated having any specialist services to cater for blind children or children with hearing problems, for instance. Among the few cases known to exist, some children had not accessed the disability grant simply because they were unregistered children. Some of the children with a known disability status receive grants through the MGECW as well as health services through the MoHSS.

5.3 Stimulation for early learning

It is generally accepted that IECD and pre-primary education have a significant impact on the performance of children in basic education programmes. They play a crucial role in three key ways:

- They provide the foundations for acquiring basic literacy and numeracy skills and reducing dropout and repetition rates.
- They provide an opportunity for children to socialise and develop gross motor skills needed for learning and developing emotional maturity.
- They stimulate a child's interest in learning and attending school.

5.3.1 | *Perceived importance of education in general*

FGD participants generally expressed a positive attitude towards early-learning services provided through ECD centres. Most FGDs inspired lively discussions on the importance of education in general and ECD in particular. Participants were able not only to link the lack of formal education to their poverty, but also to articulate valid reasons for promoting education in general. Researchers invited participants to share their thoughts on the importance of education, the intention being to use the responses as a proxy to gauge the demand for education among San. The following key themes emerged from their responses:

- **Education as a means to access economic opportunities**

"It is important for San children to get educated so that they can get jobs as teachers, doctors and policemen." – FGD participant, Drimiopsis

- **Education as a tool to preserve San culture and language**

"It is very important for San children to learn how to read and write their own language so that they can come back and teach younger ones how to speak their own language." – Key informant in Drimiopsis

- **Education as a means to develop future San leaders and generations**

"It is important that we send children to schools so that they get educated and start representing other San in life." – FGD participant, Mutc'iku

- **Formal education as a means to acquire literacy skills**

“Our children need to know how to read and write so that they can explain to us what is written in books, and help us, the uneducated elders, to write documents like other people in Namibia.” – FGD participant, Andersson Gate

Based on such responses, it seems fair to argue that San elders understand and appreciate the importance of education.

Regarding ECD specifically, most FGD participants indicated a good understanding of the importance and relevance of this level of education for their children. The broad theme emerging from the discussions on the importance of ECD was its relevance in building a foundation for formal education. Participants cited the following specific reasons for ECD being important for their children:

- It enables children to adapt to formal environments where they are guided by instructions and rules and regulations.
- It enables children to interact with other children, and to make friends and play.
- It keeps them busy and away from the streets.
- It teaches children what is right and wrong.
- It enables children to acquire basic literacy and numeracy skills.
- It stimulates children’s minds.
- Early learning is a prerequisite for formal primary education, therefore it is a child’s right.

5.3.2 | *Key barriers to accessing early childhood learning and education services*

Despite the good reasons cited for the relevance of early learning, the discussions brought to light that a relatively high number of San children are not accessing some of the ECD services currently available, particularly those provided by ECD centres. Participants identified a number of barriers preventing their children from accessing ECD services at present:

- **Long distances** from settlement areas to existing ECD centres.
- **Parents’ unwillingness to separate from their children**, due to the strong bond between the parents and children.
- **Extreme poverty** and inability to afford decent clothing for the children leads many parents to keep the children at home.
- **Inability to provide food** for the children to eat at the ECD centre.
- **Parents’ frequent travelling** in search of wild food and for the seasonal harvesting of devil’s claw for income.
- **Fees payable at privately owned ECD centres.** Most ECD centres are privately owned by non-state actors including FBOs, CBOs and NGOs. To make ends meet, they charge a monthly fee ranging from

N\$20 to N\$50, which serves to subsidise their operational costs. These amounts may be low, but for San communities, in which the majority are extremely poor, they pose a huge barrier.

- **Lack of nutritional support at ECD centres.** The nutritional support provided in ECD centres is a huge attraction for San parents. However, this support is not always provided. Most ECD centres visited in this assessment indicated that they depend on donations for nutritional support, and these donations are irregular. Educators indicated that they had received food donations from different sources, including private philanthropists, international development partners, regional councils, FBOs and a few NGOs, such as WIMSA. The most popular foods served at ECD centres are macaroni, maize-meal, rice, tinned fish and mixed-vegetable soup. Information on the frequency of food availability was not collected, however educators indicated that food was only provided when donors had the resources for it. They also indicated that they prepare the food themselves. In some cases the food is prepared by dedicated assistants or volunteers attached to the centre – mainly parents. Nutritional support at ECD centres was said to be a strong incentive for the San communities to send their children to ECD centres. Educators and parents interviewed indicated that when there is no food at an ECD centre, San children stop attending.

“Whenever we do not have food to give the children, the San parents stop sending their children to the ECD centre.” – ECD educator, KII, Ekoka

- **Alcohol abuse** by some parents and guardians is one of the factors contributing to poor parenting, and particularly child neglect and weak control of child behaviour. When visiting shebeens and tombo vendors, some parents have a habit of taking their children along, and sometimes share the alcohol with their young children. It appears that some parents actually consider “tombo” to be an integral part of their child’s diet. Several FGD participants indicated that some parents mix tombo with porridge to feed their infants when there is no other food available. Participants also expressed their concern about educators abusing alcohol.
- **Lack of security in communities.** Most of the San communities live far away from any police station, and do not benefit from any security services. The communities in urban and peri-urban settings also expressed concern about a lack of support from the local police. Participants said that police dismiss complaints of domestic abuse, and send the complainants back to their violent homes without further ado. Also it was said that police do not respond in a timely manner, which has resulted in violent attacks and even loss of life. Another concern raised by participants is the lack of control and regulation of shebeens, and it was noted that police officers are the owners of some of the shebeens frequented by San.
- **Limited appreciation of the importance of the full range of ECD services.** A few participants stated that some parents still do not understand the importance of ECD services which are not directly linked to formal education, so they focus entirely on formal education and do not necessarily attempt to access the other services. However, it was emphasised that this does not pertain to the majority of parents.

“San parents that do not send children to ECD centres do not understand the importance of education.” – Key informant, Drimiopsis

- **Perceived irrelevance of education.** Some San are questioning the value of formal education for their children, arguing that some holders of degrees, diplomas and certificates are still walking the streets and begging.

“There are a lot of young people with degrees and certificates that finish their studies but are still sitting at home; they have no jobs. They rely on begging for our old-age pensions, so why should we still send children to schools?” – Key informant in Mangetti Dune.

5.3.3 | Factors compromising delivery of quality early childhood learning and education services

Apart from the aforementioned access-related concerns, the research team encountered a number of challenges that possibly compromise the quality of the services delivered through the ECD centres visited. These relate to:

- non-use of San mother tongues for communication;
- limited capacity of educarers;
- inadequate and sub-standard ECD facilities and infrastructure;
- lack of educational materials; and
- failure to adhere to the ECD curriculum and guidelines.

However, it has to be emphasised that the quality constraints did not seem to affect the San parents’ decision as to whether or not to use the services provided through ECD centres.

The following section provides a detailed narrative on the factors that potentially compromise the quality of the services that ECD centres provide.

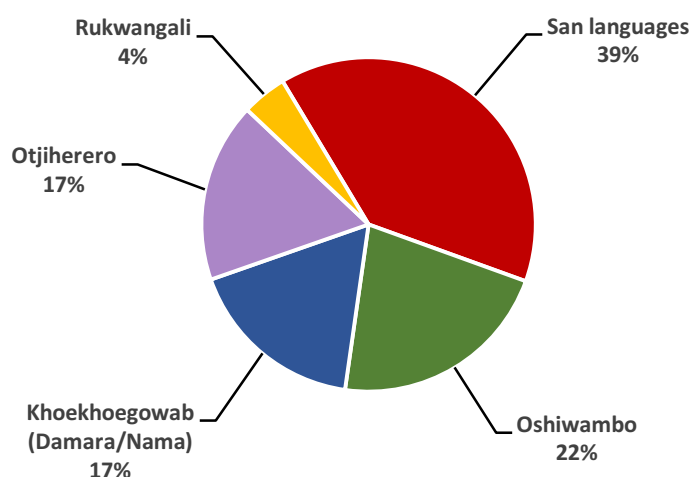
5.3.3.1 Use of San mother tongues in ECD centres

Among the educarers (or caregivers) in the ECD centres visited, only about 39% were native speakers of a San language. The remaining 61 % were native speakers of the applicable local language – whether Khoekhoegowab, one of the Oshiwambo dialects, Otjiherero or Rukwangali. Generally, all communication between educarer and children was in the language of the educarer. The San children appeared to be very conversant in a language other than a San language, i.e. the language of the predominant tribal groupings in the relevant area.

About 95% of the educarers indicated that they did not communicate with the children in any San language, but rather in the local language (whether Khoekhogowab, Otiherero, Oshiwambo languages or Rukwangali) or

English or Afrikaans. None of the ECD centres visited had any learning materials in San languages. Although the education policies stipulate that children must be taught in their mother tongues in the first years of formal education, evidence from this assessment indicates that this is an exception rather than the standard practice. At most of the sites where educarers were non-San, it appeared that communication in San languages was not

Figure 2: Native languages of educarers in ECD centres



happening. At sites where San educarers existed, they communicated with the children in the language spoken in the relevant San community. At some centres, educarers used their own language in combination with other languages. For example: Afrikaans is used in combination with local languages in Omaheke, Otjozondjupa, Kavango East, Oshikoto and Kunene; Otjiherero is used with local languages in Omaheke and Otjozondjupa; Oshikwanyama (Oshiwambo dialect) is used with other Oshiwambo dialects and other local languages in Ohangwena; and Khoekhoegowab is used with the relevant native San language in Kunene and Oshikoto.

As documented in this assessment, the adoption and use of languages other than San languages is a feature of a process that is much broader than the ECD centre setup. Within ECD centres, the principal determinants of languages of communication seem to be more supply-driven than demand-driven factors. The key factors (supply-side barriers) explaining why San languages are not being used in ECD centres are as follows:

- **Lack of qualified native San educarers** who can communicate with the San children in their mother tongue.
- **Unavailability of materials in San languages.** This is primarily due to these not being traditionally written languages.
- **Limited availability of San reading material.** Very few San languages – only Khwedam, Jul'hoansi, Hai||om and !Kung – have well-developed grammar rules, orthographies and dictionaries that would allow for reading and learning materials to be developed and made available to the children. It should be noted that nearly all Hai||om speak Khoekhoegowab, in which some ECD materials do exist. Additionally, Jul'hoansi is the only San language officially recognised in the MoEAC curricula, including for teacher training.

In ECD centres, children learn languages other than San because they have no choice. Although parents and community members had expressed willingness to support the promotion of their languages and cultural practices at ECD level, they said this had not been happening because of the following:

- Parents and community members have limited involvement in ECD, and eventually have limited influence.
- Limited effort has been invested in creating a demand for knowledge and the use of San languages in ECD, Namibia's education system and society in general.

- Lack of clarity on how elderly San community members can get involved to assist ECD.
- Stigma associated with San languages.

San languages and culture are slowly being assimilated and replaced by those of dominant language groupings. This assessment attempts to provide some detailed insight into some of the reasons for San people learning, adopting and using other languages. Generally it appears that San community members are actively and willingly learning and adopting other languages in order to “fit in” with the larger groupings, to gain trust and to access perceived benefits from being fluent in the languages of larger social groupings.

FGD participants highlighted a number of interesting reasons for their being willing to learn and use languages other than San:

- **Stigma associated with the term “Bushmen”.** Referring to San as “Bushman” is derogatory and creates stigma which leads San to be shy and hesitant to use their languages.
- **Low self-esteem and lack of self-confidence** in school setups, and the presence of children from other language groupings, suppresses the use of San languages, especially when children from other language groupings are in the majority. This seems to mirror what is happening in society in general. San languages are perceived as having limited use, and also these languages are associated with the marginalised and poor status of the San people, hence the limited motivation to use or teach these languages.

“When we are in hostel, it is difficult for us to use Ju|’hoansi because other children will laugh at you, they say Ju|’hoansi is a language for Bushmen.” – San learner at Drimiopsis

Based on these observations and views shared by participants, it seems fair to argue that the adoption and use of languages other than San languages is a feature of an ongoing process in Namibian society whereby San languages are being slowly assimilated and replaced by dominant languages. In fact, it appears that these dominant languages are fast becoming “mother languages” for San communities too, and are even used more frequently than San languages in some San home setups.

5.3.3.2 Play material and equipment

It was observed that most ECD centres did not have play equipment and materials to cater for the children. During playtime, children were observed congregating in small groups and playing games, especially soccer, or chasing each other, racing against one another or engaging in role-play, for example where girls play the role of women, using empty tin cans as pots and sticks as cooking utensils. Some children had wire cars, a few



of which had wheels made with bottle tops or empty shoe-polish containers. Most of these toys were made for the children at home.

At all centres visited, the children were generally very active and interacted with the educarers. As discussed in more detail the previous sub-section, the majority of educarers were not native speakers of San languages, but the children understood their languages, because the San communities tend to learn the languages of the predominant tribal groupings living around them. As most educarers were native inhabitants of the areas where the ECD centres are located, they knew most of the children or the children's parents personally, and this too is believed to be a reason for the ease with which the children interacted with them.

A number of the ECD centres visited had either no play equipment at all or equipment that was damaged and unusable. Out of all ECD centres visited, the centre in Drimiopsis had the best and best-maintained play equipment. The types of play equipment found at these ECD centres were swings, merry-go-rounds, see-saws, wooden stairs and slides.

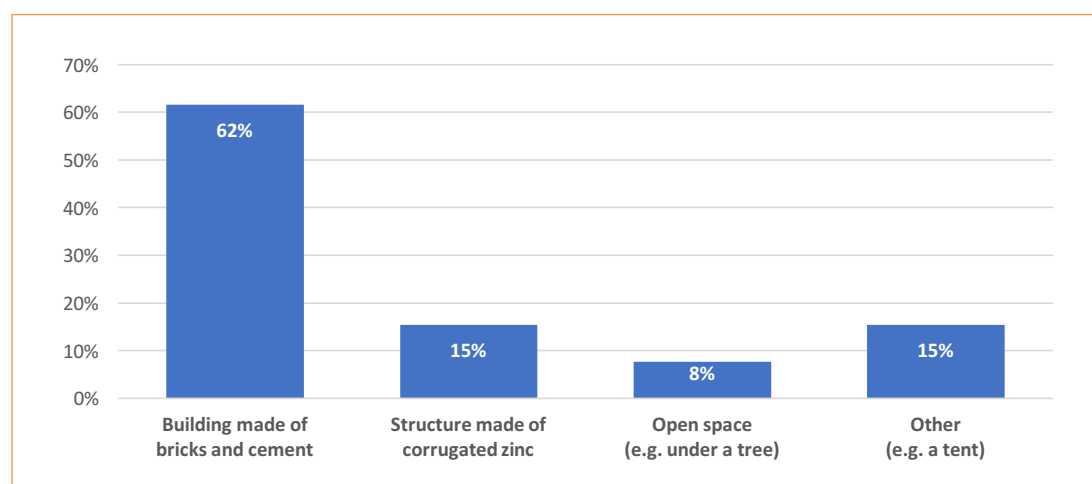
5.3.3.3 ECD centre facilities and infrastructure

Figure 3 shows that the majority of the ECD centres visited were buildings made of bricks and cement. A considerable proportion of the centres were made of substandard materials – which, it can be argued, do not constitute proper shelter for children – mainly corrugated zinc structures and canvas tents. Some of these substandard structures had openings which let in more sun, but also rainwater and dust. Some centres had no structure; the learning activities were conducted in an open space, such as under a tree.





Figure 3: ECD centre building/structure types



A number of the brick-and-cement buildings were in urgent need of renovation. Some had broken windows and/or damaged floors, along with broken furniture and fittings in some cases. Around 50% of the centres had no fencing, allowing for uncontrolled access to the premises, which compromises the children's safety and security. For example, the ECD centre at Mutc'iku is in the middle of a well-known elephant migration route, and fresh elephant dung could be seen less than 5 kilometres from the building. Indeed, educators at this centre recalled countless incidences of elephants entering the premises during classes, which not only disrupted the activities but also posed a real threat to the lives of the children and educators.

Some ECD centres, such as those at Gam, Ekoka, Mutc'iku, Oshivelo and Kyarecan, did not have toilets, so the children and teachers were using the bush. (See section 5.4.3 for more detail regarding toilets.)

5.3.3.4 Early learning material

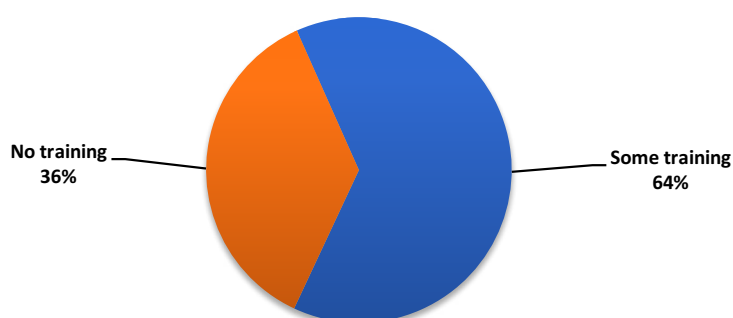
It was observed that almost all of the ECD centres did not have any learning materials in San languages. Most of the learning materials being used were in English, and the rest were in the dominant local language. Most educators could not provide any written curriculum that they were following. Most of them indicated that they taught the children according to what they knew from their own training or experience. In some instances, the available learning materials were based on scriptures (Bible stories) relevant to the faiths associated with the funding FBOs.

In some ECD centres, there were huge child-educarer ratios – as many as 20-25 children per educator in exceptional cases, which raises a concern regarding the ability of educators to pay attention to each child and to assist all of them adequately. Inability to do so can compromise the quality of the ECD services provided. It also presents challenges with regard to controlling the learning environment to ensure a safe and secure environment for the children.

5.3.3.5 Educarer capacity

It was observed that a number of educators did not have the required minimum 12 weeks of training in ECD. The majority indicated that they had undergone the 7-week course of training (facilitated by MGEWCW), and a proportion had no ECD training. The ECD guidelines stipulate that educators should have completed at least Grade 6 and the 12-week course of ECD training. Nevertheless, the majority had been in formal education, with almost all of them indicating that they had reached or completed Grade 10.

Figure 4: Educарers with training in ECD



None of the educators at the assessment sites had the required reference documentation, such as the ECD Curriculum Framework, the Namibian Standards for ECD Centres and the National IECD Policy – documents which should be referred to constantly for guidance. No educator at any ECD centre visited in this assessment had undergone training in First Aid, and none of the centres had a first-aid kit.

Some educators, based on training and background, are paid a monthly subsidy/allowance, and this arrangement has proved to be a big incentive. This money is paid by either the MGEWCW (which refers to the money as a “subsidy”) or the Division for Marginalised Communities under the Office of the President (OP) (“allowance”). The MGEWCW subsidy ranges from N\$1,500 to N\$2,500 per month, and is paid once every three months, while the OP pays an allowance of about N\$1,000 each month. Educарers expressed confusion about the difference between the subsidy from the MGEWCW and the allowance from the OP. Much as these educators welcomed the allowance, there was a general opinion that the amounts being paid are low. The amounts have not been increased since this arrangement was introduced, and inflation has continually reduced their value in real terms.

5.4 Nutrition

The importance of adequate nutrition in ECD cannot be overemphasised. Not only does adequate nutrition enable children to be active and able to participate in learning and play activities, but also it provides for proper physiological and mental development at the most critical stages of a child's life.

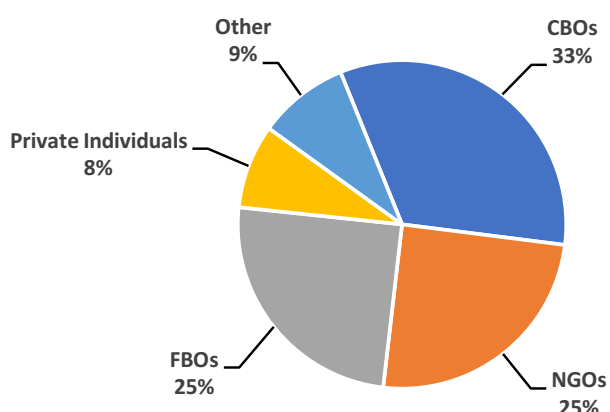
5.4.1 | *Nutritional support in ECD centres*

This assessment established that most San parents in the assessment areas struggle to provide meals at home for their children, especially healthy and filling meals, due to unemployment and extreme poverty. Interviewees reported that nutritional support from either the Office of the President (OP) or the Regional Councils is available, although there seemed to be confusion as to whether the food is provided by the OP or the Office of the Prime Minister. While appreciating this assistance, participants complained that the distribution of food rations is irregular, and that the state-funded feeding programme is uncoordinated. This programme is extremely important for San communities, most of which are entirely dependent on this programme as it provides the bulk of their food. However, at some sites it was said that the programme did not prioritise the communities most in need of nutritional support, such as San communities, and that at times, due to poor coordination, they were given food which had expired and was not fit for human consumption. Communities which rely so heavily on government supplies are especially vulnerable when the supplies are inconsistent. Some felt that the food meant for them is distributed to other language groups who do not necessarily need this support. One young community member stressed that their reliance on this government support would be reduced simply by creating employment opportunities for San people.



Educators and other stakeholders indicated that the supplementary feeding through the ECD centres plays a big role in complementing parents' efforts. Many educators mentioned that the food provided at ECD centres is a huge incentive for children to remain at the centres, and that San children stop attending when no food is provided. Less than 10% of the ECD centres visited provided any nutritional support at the time of the assessment.

Figure 5: Ownership of ECD centres serving San communities in Namibia



Most of the ECD centres visited were owned and controlled by NGOs, which relied on donors, FBOs and private business people and philanthropists for funding support. This funding support is not reliable, which results in unreliable availability of nutritional support at ECD centres concerned.

Non-state actors: A number of NGOs, CBOs, FBOs, civil society organisations (CSOs) and international development partners have been, and continue to be, involved in IECD initiatives in Namibia. Figure 5, based on data collected from the facilities surveyed in this assessment, shows that CBOs own the highest proportion of the ECD centres serving San communities in Namibia, and private individuals own the lowest proportion.

5.4.2 | Breastfeeding as a source of nutrition

Traditionally in San communities in the past, breastfeeding was the main source of infant nutrition from birth up to 3 or 4 years. Today, the breastfeeding periods are becoming significantly shorter. A number of reasons for the changes in San breastfeeding practices were cited in this assessment, such as mothers having no access to the traditional sources of nutrition for themselves, alcohol abuse, HIV or TB infection, the inexperience of teenage mothers, frequent travel in search of work, and work commitments. These factors have been discussed in section 3.2 of this report, concerning traditional San child-rearing practices.

Figure 6: Availability of clean running water within ECD centre premises

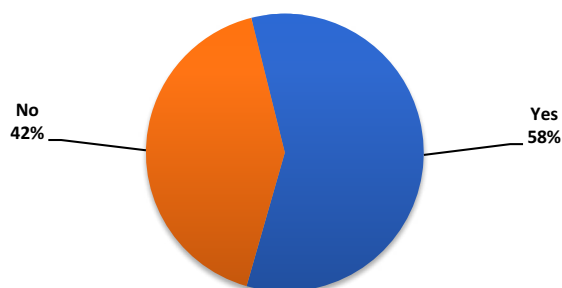
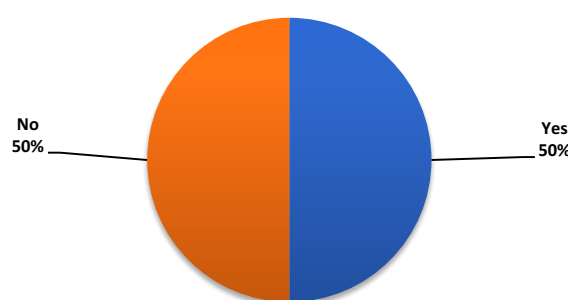


Figure 7: Availability of toilets at ECD centre premises





5.4.3 | *Water, sanitation and hygiene*

Many of the San children observed at the assessment sites were wearing tattered and dirty clothes, and were barefoot. In a number of cases, the children's appearance reflected a lack of parental care and hygiene.

About 50% of the ECD centres did not have a dedicated place for preparing food. They used open areas for cooking, and classrooms for storing their food, cooking utensils and eating utensils. About 60% of the centres did not have running water on their premises, as Figure 6 shows. Most of the centres in rural areas relied on borehole water which they sourced from the pumps, but none of these boreholes could provide a continuous supply of water to the ECD centre concerned. Educarers, children and cooking staff had to travel considerable distances to collect water for use at their centres. The research team observed innovative water-dispensing containers at some centres, but most of them were empty and evidently not in use. The unavailability of clean running water within ECD centre premises compromises hygiene.

Almost 90% of the centres did not have dedicated offices for staff, and did not have lockable cabinets for storage of essential documentation and material.

Availability of functional toilets within ECD centre premises is important, as it helps to improve hygiene and sanitation, and thus the overall health of the children. As Figure 7 shows, the number of ECD centres with functional toilet facilities was equal to the number without such facilities. Almost all the ECD centres visited had toilets, in most cases dry-pit toilets (Blair toilets), in which no water is used. However, most of the toilets were not usable, and some of them, instead of helping to improve health, were actually a health hazard, as they had been abandoned and the waste left behind provided an ideal breeding ground for vectors such as flies and mosquitoes. In some regions, children as well as adults were still practising open defecation.

5.5 Nurturing family environment and parenting support

Research shows that positive parenting practices and a nurturing relationship between educarers and children can mitigate the adverse effects of poverty and violence, and contribute to positive developmental outcomes.⁷ Parenting skills programming in Namibia is led by a unit within the MoHSS that specialises in interventions and programmes for building parenting skills. This unit is collaborating with Lifeline/Childline, the MGECW and the MoEAC to establish local parenting networks.

Regarding parenting skills and challenges, previous research in Namibia and elsewhere has established that the most common problem is parents' struggle to control their children's behaviour, which results in physical abuse, verbal abuse, use of corporal punishment and, in extreme cases, children being chased away from the home.



This assessment found little evidence of direct physical or psychological abuse or intimidation of children in the family or domestic environment. However, it is important to mention that some of the FGD participants voiced very strong opinions in which they indicated their intention to inflict corporal punishment and other harsh forms of discipline on their children, despite knowing that corporal punishment is illegal in Namibia. The opinions given, whether rhetoric or not, are surprising considering that San peoples have never included corporal discipline in their traditional child-rearing and child-socialisation practices and often strongly oppose such measures.⁸ Possible reasons for any shift in approach may include the erosion of traditional San social and family structures, and/or the influence of other child rearing cultures and, though illegal, the continued use of corporal punishment in some schools.⁹

Interviewees mentioned cases of San children being neglected, and said that most of these cases were linked to poverty, alcohol abuse, single parenthood or mothers being young and inexperienced.

However, it is important to note that child neglect and other serious forms of child abuse was not found to be common in these San communities. The FGDs failed to generate substantial dialogue on interventions to improve parenting skills in San communities. However, the dialogue made clear that young parents in these San communities do receive support from the elderly and grandparents for building their parenting skills.

5.6 Protection from abuse, neglect and violence

The FGDs exposed a number of cases of sexual relations between underage San girls and men from San and other communities that resulted in pregnancy. Reports of girls falling pregnant before the age of sexual consent were common. According to Namibian law, these are clear cases of statutory rape. Teenage pregnancies were frequently said to be linked to various early childhood development problems emanating from inadequate parental care and child neglect. It was also made very clear that cases reported to the police are not always attended to. Mobile populations, notably police officers, teachers and truckers, were mentioned so often that they appear to be the main culprits. It was said that these men are from tribal groupings other than San.

“Truck drivers are a big problem here at Oshivelo. They take our girls and impregnate them, then they disappear and we don’t know where to get them.” – FGD participant, Oshivelo

“Here in Outjo, teachers and police is the most dangerous men. They are the ones impregnating our girls most of the time. They are the only people with money here so our girls get attracted to them.” – FGD participant, Outjo

The problem of teenage single motherhood in Namibia’s San communities can be traced to various factors, but mainly the following three:

- **Cross-generational and transactional sexual relations.** This occurs between teenage San girls and older/elderly men, especially from other tribal groupings. Participants said that the girls engage in these relationships to get food, money and clothing, and that the need for materialistic gadgets such as cell phones and jewellery, and in some cases alcohol, is also a common motivation. Some of the men involved do not take these relationships seriously, and leave the responsibility for the resultant pregnancies and children born to the mothers alone. Participants indicated that San parents do not have any power to oblige the men involved to take responsibility.

“My daughter fell pregnant this year when she was supposed to be in Grade 6. Now she is home. I have reported the matter to the police but they sent me back telling me that I should sort out the problem with the man who impregnated her. Now I do not know what to do.” – FGD participant, Outjo

- **Some San parents actually encourage their daughters to engage in sexual relations at an early age in order to derive material benefits.** The FGD in which this factor was mentioned did not generate any discussion on the matter, but it has to be accepted that, due to the sensitivity of this matter, not much information would have been forthcoming.
- **Loss of traditional courtship practices.** San traditional practices of some San groups place emphasis on delaying female sexual debut until marriage, and on matches being made by families, the aim being to ensure mutual respect between the partners, and each family’s respect for the partnership.

Gender-based violence (GBV) was said to be common in the San communities assessed, due primarily to men not trusting their partners, alcohol abuse, and women not having prepared food for their partners. Key informants provided additional commentary and insight regarding the challenges and constraints that the Gender-Based Violence Investigation Unit (GBVIU) faces in attending to the cases reported. The GBVIU is a specialised unit set up by the MoHSS and the Ministry of Safety and Security to attend to reported cases of violence and abuse in the home. Key informants expressed concerns regarding limited budgetary allocations and limited staff. The latter is overburdening the few social workers available.

5.7 Community involvement in IECD activities

FGD participants were asked to explain their own role in the delivery of IECD through ECD centres. There was barely any evidence that the parents and other community members understood their role. However, among the communities assessed, there were a few isolated cases of parents volunteering with cleaning and cooking at an ECD centre. KIs with educators reaped important commentary on parental and community involvement. Educators use two platforms in their attempt to engage parents and community members: parents' meetings and the ECD centre parents' committees. However, they indicated that efforts to engage parents through these platforms do not always provide results, because parents do not respond to invitations to attend meetings, and most ECD centre committees are inactive and dysfunctional due to non-attendance by members. The activities of ECD centres are largely left to the educators. FGD participants were asked to explain why parents are not actively involved in the activities of the ECD centres. The main reason cited was that a perceived lack of incentives for this involvement discourages it. The following quote sums up this perception:

"We are not the ones who are paid for working at ECD centres, so why should we go and work there?" – FGD participant, West Macaravan

Parents and other community members lack knowledge as well as motivation to be involved in the activities of ECD centres. Although FGD participants at most assessment sites correctly indicated that elderly community members have a potentially important role in teaching San languages, song and dance, there was no evidence that this was happening. One may therefore suggest that there is a need for extensive education for parents and community members on the importance of ECD and their role in the delivery of ECD services.

Another challenge relates to the need for an ECD curriculum that speaks to San culture – a curriculum that builds on the strengths of existing and known San cultural practices. Generally, FGD participants were happy that their children were getting an education through ECD centres, but all communities also expressed interest in having their children communicated with in their own languages, so that they know their culture, traditions, and songs and dances.

"San parents have hope that in terms of career and learning, their children should get the best. However, the ECD environment is currently beyond parental influence and control, and this may finally influence children's choices in future." – Key informant, Tsumkwe

IECD services – particularly the education component – provided through ECD centres do not seem to be geared towards promotion or preservation of the San culture. Secondly, there is very little if any evidence that San culture and traditional practices had any influence on what is currently taught in ECD centres.

Section 6: Summary of Findings and Key Recommendations

6.1 San traditional child-rearing practices

Summary of Findings	Key Recommendations
In the past, San communities had robust child-rearing practices which included a number of different infant-stimulation methods and techniques. Today these are being disrupted by factors largely beyond their control – primarily extreme poverty, marginalisation, ongoing cultural assimilation and inadvertent disruption of the San way of life – leading to disintegration of their social structures, cultural institutions and family bonds.	The Ministry of Poverty Eradication (MPE), the OP, the MLRR and the NPC, in consultation with San communities and NGOs, should explore options for targeted policy interventions conceptualised within the framework of affirmative action, aimed at provision of comprehensive support services to offer alternative livelihoods for San communities, and/or improved solutions for loss of livelihoods from the land.
The San traditional child-rearing practices of the past were based on lengthy periods of breastfeeding, a wide variety of traditional medicines and a wide variety of foods, all obtained from natural resources.	The MGE CW, MoEAC, MoHSS and NGOs should design interventions aimed at promoting and preserving the San languages and culture, to prevent loss of cultural knowledge and to preserve the good child-rearing practices still known. San communities need to be placed at the centre of conceptualising, designing and implementing such interventions.
In the past, closely knit San communities and families provided San children with a number of caregivers, educators and guardians. The disruption of San culture, family ties and traditions has left San children with far fewer resource persons.	



6.2 Uptake and use of IECD services among San Communities

6.2.1 | Maternal and child health services

Summary of Findings	Key Recommendations
<ul style="list-style-type: none"> Quality of health services does not seem to affect health-seeking behaviours among San. Maternal and child health services are available among San communities. The San communities appreciate and use health services, however there are barriers impeding their access to health services, the key barriers being: language; extreme poverty; long distances to health facilities; long queues at health facilities; fares for public transport; illiteracy; and rude treatment of San patients. Community-based health services, awareness-raising campaigns and Community Health Workers (CHWs) play crucial roles in generating demand for health services and in bringing the health services closer to the San communities. Collaboration between the MoHSS and non-state actors such as CAA and the NRCS which have a broad footprint at grassroots level and expertise in engaging San communities increases the availability, uptake and use of health services. Lack of accountability for MoHSS staff members who abuse their position. Use of CHWs helps to bring services closer to the San communities, and links San individuals with services providers. This helps to bridge the language and communication barriers. 	<ul style="list-style-type: none"> The MoHSS should consider expanding community-based health programmes, making use of ECD facilities to bring health services closer to San communities. The use of San translators in these programmes and services is a key requirement. The MoHSS should consider making use of ECD centres as points of entry into San communities for purposes of health service provision. MoHSS staff should be trained/sensitised to improve their interactions with patients, and should form links with local translators. Staff training should include developing and enforcing lines of accountability within health services, including a focal person who is accessible for complaints and concerns from service users. The MoHSS should consider training San high school graduates to be integrated into the community-based health programmes in their San communities, as the first points of call for the community members, and to help overcome language barriers.
<ul style="list-style-type: none"> Ambulance services are inadequate, which compromises access to emergency health services in medical emergencies. 	<ul style="list-style-type: none"> The MoHSS should train staff in regional centres on how to better serve the San communities, including timely dispatch of ambulances. Standard Operating Procedures should be put in place to ascertain what warrants ambulance usage. The MoHSS should consider providing training in First Aid to all ECD caregivers, and provide First-Aid Kits at ECD centres.

6.2.2 | Social protection services

Summary of Findings	Key Recommendations
<ul style="list-style-type: none"> Communities do not know what they are entitled to, how to apply for social protection services, or what the requirements are. A number of San children still do not have birth certificates. However, San understand the importance of national documents, and that they entitle them to state-funded benefits such as old-age pensions and child welfare grants. Key barriers to accessing birth certificates are as follows: Children cannot be issued birth certificates if parents do not have national registration documents; some MHAL offices are still not issuing a birth certificate in the absence of one of the biological parents of the child (in most cases the father), contrary to the new national rule; language and communication barriers; long queues at MHAL offices; and long distances to MHAL service points. 	<ul style="list-style-type: none"> Make use of mass media, such as radio and newspapers, to highlight the process and requirements to access child protection services. The MHAL should ensure that its regional officials understand the right of a child to a birth certificate, and have the best interests of the child in mind when issuing birth certificates. The MHAL should waive fees payable for renewal of lost documents and for amendments or corrections of errors on existing documents for marginalised communities. The MHAL should increase outreach services to assist communities in far-away and remote places to obtain IDs and birth certificates. The MHAL should consider the use of native speakers of San languages as interpreters at MHAL outreach/mobile service points.
<ul style="list-style-type: none"> San are aware of the child grants, and some eligible San are receiving grants. They appreciate social welfare grants. There are a number of barriers impeding access to child grants: transport fares to go and submit applications; inadequate numbers of social workers (especially in rural areas) to facilitate assessment; delayed disbursements; abuse of grants by some caregivers; and children without birth certificates. 	<ul style="list-style-type: none"> Community Liaison Officers should inform San communities about the types of grants available to them, and should assist them to start the grant application process. The MHAL should consider collaborating with CSOs, FBOs and CBOs that work closely with San communities, to reach more people for awareness raising. The MHAL could consider making use of existing ECD centres as a hub for bringing the services closer to marginalised communities.
<ul style="list-style-type: none"> Poor customer service and bad attitudes of staff towards clients, with lack of accountability for staff members who abuse their position. 	<ul style="list-style-type: none"> Government staff should be trained/sensitised to improve their interactions with San clients, and they should form links with local translators. Staff training should include developing and enforcing lines of accountability within social and health services, including a focal person accessible for complaints and concerns from clients.

Summary of Findings	Key Recommendations
<ul style="list-style-type: none"> Child abuse is not common among San, but there are some reported cases of child neglect in their communities. GBVIU services are not well known and not always accessible in remote San communities. Police are not providing the necessary support to communities. 	<ul style="list-style-type: none"> The MoSS (GBVIU) needs to increase its awareness- raising and civic-education initiatives in San communities. The MoSS should try to ensure that members of the San communities (where eligible) are employed as part of their teams, as officers, support staff or translators. The MoSS (GBVIU) needs to collaborate with NGOs which have a history of working with San, and where possible engage with San community activists and communal leaders to address violence, neglect and abuse of children. Implement accountability within local police forces, and ensure that communities have a focal point where they can voice concerns. The MoSS should prioritise training and hiring young San people who have some school experience to work as role models.

6.2.3 | Stimulation for early learning

Summary of Findings	Key Recommendations
<ul style="list-style-type: none"> San people are aware of the importance of ECD and early learning, and are sending their children to ECD centres. There are a number of barriers to accessing ECD services provided through ECD centres: limited access due to long distances; extreme poverty; San cultural practices; and limited resources available to ECD centres. There are factors constraining quality, including: educator lack of capacity; in some communities, unavailability of educators who speak San languages; limited availability of learning materials in San languages; lack of toys, play equipment other teaching aids; and failure to adhere to standardised curricula for ECD centres. 	<ul style="list-style-type: none"> The MGECW, MoEAC, OP and NGOs must collaborate to continue raising awareness of the importance of ECD, with a special focus on integrated services. The MGECW and MoEAC, in collaboration with NGOs engaged in IECD, should consider the use of mobile ECD toolboxes to serve San communities in remote places where it is too costly to build physical infrastructure. The MGECW and MoEAC should consider increasing funding for IECD. Avail resources for installation, maintenance and repair of play equipment, toilets, kitchens and fencing. Consider the use of mobile technology to provide guidance, lesson ideas, materials and resources in local languages. Avail dedicated budgetary support for NGOs programming in IECD to deliver services effectively. Increase in-kind support (including clothing, sanitary products and nutritional support) for San children in ECD centres.
<ul style="list-style-type: none"> San parents make limited use of toys and other infant-stimulation aids. Disruption of San culture, family ties and bonds has left young San parents with limited traditional knowledge of the different infant-stimulation techniques. 	<ul style="list-style-type: none"> The MoHSS parenting programme should be scaled up to include San communities. • Advocacy should be carried out nationally, as well as in San communities, regarding affordable or free ways to provide stimulation and to make traditional, inexpensive play materials for children. Promote the importance of infant stimulation through advocacy.

Summary of Findings	Key Recommendations
<ul style="list-style-type: none"> • Most ECD centres are under-resourced and underdeveloped, which compromises IECD standards at ECD centres. • Non-state actors including CSOs, CBOs, NGOs and FBOs have crucial expertise and experience working with San, and can play crucial roles in IECD, but they have no reliable access to financial resources that enable them to programme consistently and continuously. 	<ul style="list-style-type: none"> • The OP and MGECW should refine and re-examine their subsidy system to ensure that it is going to the ECD centres with the greatest need. • Community Liaison Officers (CLOs) should play a bigger role in supporting ECD centres, by providing them with guidance on how to meet standards. • Technology should be used to enable CLOs to interact regularly with remote communities.
<ul style="list-style-type: none"> • Non-state actors operating ECD centres do not have adequate resources for providing play equipment, toys and other learning aids, furniture and nutritional support. • Some do not have proper kitchen and toilet facilities, clean water and first-aid kits. 	<ul style="list-style-type: none"> • The OP, MGECW, MoEAC and Regional Councils should invest in the development and renovation of ECD infrastructure (buildings, fences, play equipment, clean water, toilets etc.) to compliment non-state actors' efforts. • The MGECW should scale up and expand its educator training programme, with a focus on marginalised communities, to ensure that educators are skilled in community engagement, toy-making and centre management, as well as their daily activities.
<ul style="list-style-type: none"> • Educators do not always adhere to the standard IECD curriculum framework. • None of the ECD centres have a first-aid kit, and educators have not received any training in First Aid and do not have the necessary knowledge. • The majority of educators do not have the training and qualification prescribed by the National IECD Policy for teaching at ECD centres. 	<ul style="list-style-type: none"> • The MGECW should strengthen the monitoring and quality assurance of ECD centres, by upskilling and supporting CLOs, and through the use of technology to monitor and report. • The MGECW should scale up and expand its educator training programme, with a focus on marginalised communities. This should include refresher courses as well as take-home reference materials for further self-refreshers. • The MGECW should conduct regular monitoring visits to ECD centres and provide the necessary support on the ground. • Where possible, San high school graduates should be identified and included for training as IECD facilitators and educators.
<ul style="list-style-type: none"> • Subsidies for educators are not standardised and are not paid regularly. The amounts paid are low and have not been adjusted to cater for inflation. 	<ul style="list-style-type: none"> • The MGECW and OP should ensure that allowances are paid regularly and timeously. The amounts involved need to be revised, taking inflation into consideration.
<ul style="list-style-type: none"> • There is a shortage of educators who speak San languages, and availability of learning and teaching materials in San languages is limited. These factors limit the use of San languages in ECD learning activities. 	<ul style="list-style-type: none"> • Identify more speakers of San languages who have secondary-level qualifications, and target them with ECD training. • The MGECW, MoEAC, NGOs and funding partners should invest in the development and promotion of the use of San languages. • Develop San-language learning materials for ECD and pre-primary classes. • Use technology, where feasible, to provide audio guidelines and materials in San languages where no formal written versions are in use. • ECD materials developed across Southern Africa for San communities should be collected for local adaptation.

6.2.4 | Nutrition

Summary of Findings	Key Recommendations
<ul style="list-style-type: none"> San communities are extremely poor, and depend on state aid, old-age pension payouts, low-paying menial and piece jobs and wild food for survival. Most San parents struggle to provide healthy and adequate meals for their children at home due to unemployment and extreme poverty. 	<ul style="list-style-type: none"> The MGECCW, MoHSS and OP should better coordinate interventions to ensure consistency in the provision of nutritional support to communities, including through ECD centres as an intervention point.
<ul style="list-style-type: none"> Breastfeeding still remains the main source of nutrition for newborn babies. However, a number of factors are hampering and shortening the traditional San breastfeeding practices: extreme poverty; inadequate nutrition; alcohol abuse; HIV and TB infections; inexperience of teenage parents; and work commitments. San women are not fully accessing formal health services. 	<ul style="list-style-type: none"> The MoHSS, in collaboration with NGOs, should target young San parents with information on the importance of breastfeeding in order to reinforce messaging already provided as part of antenatal care. Where possible, supplementary feeding should be provided to San parents of newborn infants. PMTCT and ARV treatment programmes should be targeting San communities, ideally through community outreach.
<ul style="list-style-type: none"> A large number (30%) of ECD centres do not have access to clean water within their premises. About 50% of ECD centres do not have functional toilet facilities, and some have large numbers of children compared to the available toilet facilities. The Namibian Standards for ECD Centres prescribes two toilets and one handwashing facility for 20 children. 	<ul style="list-style-type: none"> Regional IECD Committees should work with local Ministry of Agriculture, Water and Forestry teams to address water and sanitation issues at ECD centres. CLOs should train and mobilise communities to develop low-cost solutions such as tippy-taps and pit latrines. Community-Led Total Sanitation initiatives should include San communities as well as ECD centres.
<ul style="list-style-type: none"> The different government programmes supplying food to San are not properly coordinated. 	<ul style="list-style-type: none"> The OP and Regional Councils should harmonise plans for distribution of food rations in order to improve coordination of state-funded feeding programmes. Provision of food rations should be more regular, and communities must be informed of the exact dates on which food rations will be distributed.

6.2.5 | Nurturing family environment and parenting support

Summary of Findings	Key Recommendations
<ul style="list-style-type: none"> Child neglect and abuse seemed to be uncommon. The identified causes of neglect of San children were poverty, alcohol abuse, inexperience of young mothers and single parenthood. San are known to love and have strong bonds with their children. This assessment found the same. However, in the San communities visited trends in gender-based violence are of concern 	<ul style="list-style-type: none"> The GBVIU should invest more resources for its awareness-raising campaigns addressing violence, abuse and negligence, especially in remote San communities. Each local GBVIU should establish contact with local San community members who can assist with community outreach and translation services.
<ul style="list-style-type: none"> There was faint recall of adult literacy interventions in general, though no mention was made of these programmes targeting the subject of parenting skills. 	<ul style="list-style-type: none"> The MGECW, MoEAC and MoHSS should provide training workshops for building parenting skills (infant health hygiene, nutrition, positive discipline etc.), making use of existing programmes such as the MoEAC's adult literacy programme and the MoHSS's parenting programme. The MGECW should work with CHWs, capacitating them with basic social work skills, with a focus on early identification of abuse or neglect, so that they can serve effectively as the first point of intervention for children at risk.

6.2.6 | Community involvement in IECD activities

Summary of Findings	Key Recommendations
<ul style="list-style-type: none"> There is little evidence that parents and community members understand their role in IECD, particularly in the component of early learning. 	<ul style="list-style-type: none"> NGOs and the MGECW should engage San community leaders to develop targeted community awareness-raising programmes aimed at mobilising community members to get more involved in ECD programmes and service delivery.
<ul style="list-style-type: none"> San parents and other community members have limited involvement in the activities of the ECD centres serving them. There were only a few isolated cases of parents volunteering with cleaning and cooking at an ECD centre. Most of the ECD centre parents' committees were dormant and dysfunctional. San parents and other community members lack motivation and understanding of their role in ECD centre operations. 	<ul style="list-style-type: none"> ECD centre parents' committees should be targeted with capacity-building and awareness-raising interventions to empower and motivate them to play their roles better.

6.2.7 | Cultural appropriateness of IECD services

Summary of Findings	Key Recommendations
<ul style="list-style-type: none"> San communities would like to continue using San traditional approaches in rearing their children. The current ECD educator training makes provision for educators to incorporate cultural and traditional practices, resources and messages into ECD. 	<ul style="list-style-type: none"> Strengthen the ECD training components by incorporating traditional child-rearing practices, with further emphasis placed on using the mother tongue and integrating local culture and practices.
<ul style="list-style-type: none"> San languages are rarely used in teaching San children at ECD centres in San communities. 	<ul style="list-style-type: none"> The MGECW and other providers of ECD training should target native speakers of San languages who have completed Grade 10/11/12 for involvement in ECD programmes. This should increase the pool of native San who are competent ECD caregivers. The MoEAC and MGECW should invest in the development of learning and teaching materials in different San languages. Where possible, the development and use of audio and other multimedia materials in San languages should be considered. Educators should be trained and mentored in how to engage constructively with their community, and how to bring traditional knowledge and practices into ECD activities through community members, especially elders.

6.2.8 | Management and coordination of IECD programmes

Summary of Findings	Key Recommendations
<ul style="list-style-type: none"> The management and coordination of IECD programmes are currently fragmented, partly due to the specialised nature of the services involved. Health and nutrition programmes resort under the MoHSS. Education is the responsibility of both the MoEAC and MGECW. Safety and protection services are provided by the MoSS. Birth registration services are provided by the MHA. 	<ul style="list-style-type: none"> The National IECD Committee should be strengthened, and should have more accountability for reporting on progress. Regional IECD Committees should be formed, and should report to the National IECD Committee on a quarterly basis, and to the Permanent Secretaries of the three key line ministries (MGECW, MoEAC and MoHSS) on specific workplan items.

Section 7: Conclusion

San people had good child-rearing practices which have been disrupted by a number of factors, most of which are beyond their control. These positive practices included lengthy breastfeeding periods and the use of traditional medicines and wild foods. Breastfeeding was continued for long periods (sometimes up to 5-7 years in times of drought or famine), whereas today the common maximum is only 2 years. They relied on their excellent knowledge of a wide variety of traditional medicines derived from wild plants, including berries, nuts, melons, tubers, roots, barks and fruits. They used these medicines to treat a wide variety of ailments in infants and older babies, including wounds, colds, stomach ache, toothache, headache, diarrhoea, malaria and tuberculosis.

Supplementary nutrition for babies was based on a wide variety of nutritious foods, all derived from wild plants. This was complemented by specially prepared game meat. They used a number of infant-stimulation techniques, including singing, massage, hand clapping and toys made from locally available materials. San traditional child-rearing practices have changed due to extreme poverty and dependency, loss of access to traditional resources, loss of traditional knowledge due to disruption of San culture and social structures, HIV and TB infections, cultural assimilation and alcohol abuse.

The Government provides IECD services through a number of ministries and agencies. These include the MoHSS, which is responsible for health, nutrition and parenting support services, and the MGECDW, which leads in the design and delivery of IECD programmes, setting standards, and training and paying caregivers/educarers.

The San are aware of, and regularly make use of, the IECD services provided by the Government in collaboration with non-state actors including FBOs, CBOs, NGOs, UN agencies and other international development partners. The uptake and use of IECD services is increasing among the San communities. Non-state actors have developed very strong expertise in delivering IECD services and in working with San communities in general, however reliance on donor funding compromises their capacity to deliver reliable and sustainable services. The most commonly used services are early learning, infant health and antenatal services, social protection services such as child welfare grants and birth registration. However, a number of crosscutting problems and barriers are impeding access to IECD services for some San children and communities. The main problems, mentioned frequently in the assessment FGDs and KIs, are:

- language and communication barriers;
- illiteracy;
- long distances to service delivery points;
- rude and dismissive treatment of San by staff of service providers;
- fares for public transport;
- reliance on unreliable donor funding for certain IECD services, such as nutritional support; and
- alcohol abuse.

The Government should increase funding for IECD interventions nationally, with a specific focus on marginalised communities, and should improve the coordination of IECD service delivery. To prevent inefficiencies and delays in programmes providing nutritional support, these programmes should be coordinated by a single agency, and the same applies to cash transfers.

Delivery of IECD services faces a considerable number of quality constraints, which are linked to substandard infrastructure, underqualified educarers, lack of adherence to IECD standards, and inadequate monitoring and enforcement mechanisms to ensure compliance with standards, especially the standards set for ECD centres. To improve San communities' uptake and use of IECD services, it is very important that contextual problems

are addressed simultaneously. Such problems include issues related to the livelihood of San people, such as poverty, illiteracy, marginalisation, and disruption of the San culture and traditional livelihood activities.

San communities are spatially unstable and scattered across a vast geographical area, hence targeting them with services is logistically challenging and costly. Innovative approaches such as mobile service points, ongoing awareness-raising campaigns, use of existing ECD centres and community outreach programming which brings services closer to the San communities, are important. There is a huge communication barrier emanating from a number of factors, including, firstly, limited availability of people conversant in San languages, and secondly, limited motivation among non-San people to learn San languages. The latter factor can be linked to stigma associated with the poverty and 'lower' status of the San people in general. This factor limits the availability of resource people who could assist in teaching San languages and culture.

Numerous underlying issues are contributing to the state of poverty and dependency which in turn impact the lives and education of San children. Many of these issues cannot be addressed by organisations working in the field of IECD. Therefore, it is vital that this report is presented to a wide range of government agencies and civil society organisations, to ensure broad awareness of the full range of concerns and the key recommendations, and to bring about coordinated interventions which address the underlying issues on the whole.

It is vital that the cultures and traditional practices of the San are respected. San people should not be subject to pressure to assimilate with other Namibian groups, but San children must be provided with opportunities and the skills they need to meaningfully engage and to thrive in all facets of life in modern independent Namibia. To achieve these goals of respect for the San and their meaningful engagement, commitment and coordination across all relevant sectors and agencies will be required.

End Notes

¹Comprehensive IECD services support or provide for maternal and child health, social protection, nutrition, a nurturing family environment and parenting support, stimulation for early learning, governance and financing.

²An "educarer" is a person "who has received the education and understands the concepts of quality infant care, i.e. a well-trained caregiver" (<http://educarer.org/glossary.htm>).

³Mpungu !Kung is a dialect of !Kung spoken in northern Namibia, only partially intelligible to the majority of !Kung speakers found in eastern Namibia

⁴WIMSA, *Arowolo* 2011: 7.

⁵A transactional sex coping strategy to meet basic needs for survival. Also refer to letters to the Office of the Ombudsman from Women's Leadership Centre, and reports in the national media, for example <https://www.newera.com.na/2015/07/24/san-learners-face-bleak-future/> and <https://www.namibiansun.com/news/child-sex-trafficking-haunt-namibia>

⁶International Rescue Committee, *Parents make the difference: findings from a randomized impact evaluation of a parenting program in rural Liberia*, 2014.

⁷Draper "Social and Economic Constraints on Child Life among the !Kung", 1976, and Le Roux, *Torn Apart: San Children as Change Agents in a Process of Acculturation*, 1999.

⁸For example, see <https://www.newera.com.na/2018/02/05/san-at-drimiopsis-march-against-maltreatment-at-school/>

"San parents have hope that in terms of career and learning, their children should get the best, however the ECD environment is currently beyond parental influence and control, and this may finally influence children's choices in future." – *Key informant, Tsumkwe*

"For the San particularly, education is important because they need to know what education can do in the life of a person." – *Key informant, Aminuis*

"Blind people cannot lead blind people, but those with sight can lead the blind." – *Key informant, Drimiopsis*

"San people do not have education like Ovambos and Hereros and the white people. That is why there is no one representing us in life. Right now, if we were educated I don't think we were going to ask someone to interpret anything for us in this meeting." – *FGD participant, Ouhalamo*

"Thank you Antony! This meal you have given us is the first and the last for the day." – *FGD participant, Ouhalamo (after receiving a glass of juice and three slices of bread as an incentive for participating in the FGD)*

"Whenever you go to the clinic they talk to you in English, and for some of us we don't know that English and it makes you feel very ashamed in front of people." – *FGD participant, Tsintsabis*

"Every time I see that nurse at the clinic I just feel like going back home. She is so rude to patients." – *FGD participant, Outjo*

"If you are infected with HIV or TB, the nurses tell you to stop breastfeeding early so that you do not infect the baby." – *FGD participant, Outjo*

"Such an old person like you and you don't have birth certificate. Where were you all this time?" – *FGD participant, Seringkop*

"!Kung is a language for animals from the bush. Maybe that's why teachers don't want children to use that language at school." – *FGD participant, Aminuis*

"Hai||om is a language for poor Bushmen people. If you talk that language other people will laugh at you. It's better to talk Khoekhoegowab." – *FGD participant, Ombika, Etosha*

"Khwe are stupid things and primitive people. Their language is not worth learning." – *FGD participant Mutc'iku*

