AN INTEGRATED INDICATOR FRAMEWORK TO PROMOTE CHILD WELL-BEING IN NAMIBIA

Rahimisa Kamuingona[1] and Babette Rabie[2]

[1] *Child Care Services at the Ministry of Gender Equality, Poverty Eradication and Social Welfare, Government of Namibia, Namibia*

https://orcid.org/0000-0001-5394-9875 ✉*rkamuingona@gmail.com*

[2] *Stellenbosch University, School of Public Leadership, Stellenbosch, South Africa*

https://orcid.org/0000-0003-0463-8645 ✉*brabie@sun.ac.za*

ABSTRACT

Namibia has adopted several policies, pieces of legislation and programmes aimed at improving the well-being of children. However, the Namibian National Policy on Orphans and Vulnerable Children (OVC) of 2004 no longer adequately reflects the contemporary problems faced by vulnerable children. Policy makers require a comprehensive and integrated set of indicators to inform policy revision to make informed choices. This article reviewed national and international child protection reports, evaluation studies and indices to identify contemporary indicators for tracking child well-being in Namibia. It found that while the available indicators reflect objective well-being measures, there is a gap in tracking the subjective experiences of children, child safety and the promotion of children's rights. The article offers an alternative integrated indicator framework that captures multiple dimensions of child well-being. Adoption of this framework can enable policy makers to make more informed decisions to support vulnerable children.

Keywords: child well-being; indicator framework; objective well-being; orphans and vulnerable children; subjective well-being

INTRODUCTION

Namibia has a total population of 2.3 million people (Namibia Statistics Agency, 2016), of whom 36% are children below the age of 15 years. The country has developed and implemented several policies, pieces of legislation and programmes aimed at improving the well-being of children such

as the Child Care and Protection Act, No 3 of 2015 (Republic of Namibia, 2015), the Combating of Domestic Violence Act, No 4 of 2003 (Republic of Namibia, 2003), the Education Act, No 16 of 2001 (Republic of Namibia, 2001) and the Combating of Rape Act, No 8 of 2000 (Republic of Namibia, 2000). However, children's needs and rights have significantly changed with the adoption of the Convention on the Rights of Children (United Nations, 1989) and hence a systematic review of country-level policies and legislation is needed to respond to these changes. Namibia is faced with new challenges that affect children across the country ranging from poverty, drought, online child exploitation and the impact of Covid-19 on access to education and health services. These new challenges and other psychosocial constraints are not addressed by the current child policy frameworks (Kamuingona, 2023).

Ben-Arieh (2014:569) provides an excellent reflection on the latest developments in child protection. He states that the

> *movement from child survival to well-being, from monitoring negative aspects to positive outcomes, incorporating children's rights perspective, moving from child becoming adult-specific outcomes to child well-being including capturing the current well-being of children, focusing on domains that cut across various discipline and incorporating children's perspective on their well-being.*

The Namibian Orphans and Vulnerable Children (OVC) Policy of 2004 (Government of the Republic of Namibia, 2004) specified a set of well-being areas to be monitored, and stipulated that the policy should be reviewed every five years to respond to the needs of children (Ministry of Women Affairs and Child Welfare, 2004:11). After 20 years, the policy is potentially outdated and the country needs a new child well-being framework to address the contemporary problems that children face. Policy makers and service providers must be equipped with information that captures any changes in family and child well-being to adapt policies to address and, if necessary, mitigate such changes. For the data to be useful, indicators that comprehensively capture all dimensions of child well-being need to be developed to accurately reflect what is working, where the gaps are and what needs to change.

Child well-being is multidimensional and therefore indicators should track both the negative and the positive elements that reflect child development. Namibia faces a dilemma in that, first and foremost, it does not have a specific mechanism that captures comprehensive data or information on child well-being. The available information is often fragmented and captured by different sectors, with only issues of interest to that particular sector included. Policy makers require a set of good-quality indicators that provide a more comprehensive and integrated reflection of the development conditions and challenges faced by vulnerable children, specifically.

This article reviewed the available indicators in national and international child protection reports, evaluation studies and indices to identify the indicators available for measuring child well-being, and the relevance of this information to OVC policy makers. This informed the development of an integrated indicator framework that captures multiple dimensions of child well-being to better

enable policy makers to make appropriate decisions to support vulnerable children. The purpose of an indicator framework is to organise and classify indicators into different areas of well-being that should be tracked, while acknowledging that well-being results are interconnected and integrated with spill-over between different components of the framework.

METHODOLOGY

Ben-Arieh (2014) states that there is a need to focus on well-being, positive outcomes, children's rights perspective and current needs instead of being preoccupied with children's future well-being as adults. This requires the adoption of an adaptive and multidimensional perspective to focus on child well-being. This approach lays an important foundation for studying child well-being as the groundwork for a possible indicator framework for Namibia.

The research question for this article was: "What information do policy makers need to track changes in the well-being of vulnerable children?" In response to this question, the objective of this article was to propose a concise and balanced child well-being indicator framework, suitable for the Namibian context, to inform policy decisions on child well-being. Permission was obtained from the Stellenbosch University Research Ethics Committee: Social and Education Research for the study, with approval number SPLPAD-2021-23669.

A qualitative literature review focused on changing definitions and understanding related to child well-being and possible indicators to capture the complexity of well-being and child development. The focus was on studies that capture what is in place, such as existing and available national surveys, international child protection reports and evaluation studies within the Namibian context, and omitted articles, conference proceedings or academic book chapters that speculate on what should be. Reports and studies were identified through a systematic search on various databases and websites, including PubMed, EBSCOhost, Google Scholar, ResearchGate, Science Direct, Open Access Journals; the Government of the Republic of Namibia websites for the ministries of Gender, Education, Labour, and Health and Social Services; the United Nations websites (UNICEF, UNDP), the Namibia National Statistics Agency websites and the websites of selected non-governmental organisations (NGOs) focused on children in Namibia. The focus was specifically on national-level documents. The following inclusion criteria were applied to the search results:

- Reports that cover socio-economic topics that are relevant to changes in childhood needs;
- Reports that may be viewed as national, regional and international surveys, evaluation reports, analytical reports and policy briefs;
- Reports with national coverage that reflect on child well-being. Studies that focused only on certain regions in Namibia were excluded as regional reports focus on issues that are unique to each region and may not be representatives of national issues;
- Reports reflecting Namibian data for the period 2000 – 2021;
- Full-text reports or studies were available

A total of 153 documents were identified in the initial screening, of which only 65 reports met all the inclusion criteria as set out above; 43 reports were excluded from the analysis because they did not meet all of the inclusion criteria. The 65 reports included were comprised of 17 national survey reports, 9 international survey reports, 12 national analytical reports, 12 analytical reports by international NGOs, 8 state party reports, 6 evaluation studies and one national-level report by a local NGO.

Using ATLAS.ti, a content analysis approach was applied to systematically organise, categorise and study the proposed concepts. Many of the reports did not refer to "child well-being" explicitly and a range of associated concepts (see Table 2) was used to identify well-being indicators. These terms capture variations of "child well-being" as it is defined in this article and align with terminology used by various other countries whose indicator frameworks were used as a benchmark for this study. Through an iterative process, different components of child development emerged from the definitions of child well-being, existing frameworks and the indicators used in the documents. The categories were further analysed to identify possible indicators of child well-being for inclusion in the review. The final categories that were identified for the study were:

- Child health: This includes indicators that capture child health-related issues such as mental health, nutrition, mortality and morbidity as well menstrual health;
- Child protection: This includes indicators that measure safety, care, protection and access to essential services;
- Child education: This includes indicators that capture school enrolment, retention, quality of education, access, safety in schools and participation in school feeding programmes;
- Basic needs: This includes indicators that capture information related to food security, housing and access to water and sanitation;
- Policy gaps: Implementation progress or anticipated actions to promote child well-being. Anticipated actions may not currently be tracked in the available indicator sets, but should be considered for potential inclusion in a comprehensive indicator framework.

To determine what information is available to policy makers and to identify possible gaps, a further analysis of the 65 documents included in the review counted the prevalence of different indicators reflecting child well-being. The analysis considered both the absolute and relative frequency of the indicators. Absolute frequency captured the actual number of times that an indicator appeared in the reports or studies. The relative frequency was calculated by dividing the absolute frequency of an indicator by the total number of all indicators in the reviewed reports, multiplied by 100.

CONCEPTUALISING AND MEASURING CHILD WELL-BEING

Defining well-being

Well-being is a complex phenomenon, which over the years has received attention in various fields, including philosophy, psychology, health, economics and sociology. As a result of this

diversity, there is little consensus on how it should be defined, or which dimensions should be measured.

Diener (1984) states that the definitions of well-being are grouped into three categories: those that are defined by an external criterion such as virtue, a desirable quality; those defined in terms of a positive measure; and those that assess the global aspects of an individual. This is a useful analytical framework to define well-being. The first criterion does not imply that people should be in a consistently happy state to claim well-being, but rather denotes that certain things are critical to their well-being, and that these then become the standard against which their lives should be judged. This is an external criterion, observed by an outsider, and not necessarily reflecting the person's subjective judgement. "The criterion for happiness of this type is not the actor's subjective judgment, but the value framework of the observer" (Diener, 1984:543). This criterion encompasses the objective elements of well-being which claim that certain elements should be available for an individual to enjoy a quality life, regardless of whether the individual attaches value to them or not. It regards well-being as a definitive state and not necessarily an emotional state of being.

It is important to note that most definitions are heavily influenced by philosophical orientations and these in turn influence which dimensions or elements are measured. Some elements of well-being may not be adequately captured by objective definitions of well-being (Dodge, Daly, Huyton & Sanders, 2012:230). Ben-Arieh (2014) expands the definition of well-being to also include experiences, living conditions, fulfilment of desires, the balance between pleasure and pain, opportunities for development and self-fulfilment, typically referred to as quality-of-life (QoL) elements. The World Health Organization (WHO) defines well-being in terms of QoL as

> *individuals' perceptions of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards, and concerns. It is a broad-ranging concept incorporating in a complex way the persons' physical health, psychological state, level of independence, social relationships, personal beliefs and their relationships to salient features of the environment* (World Health Organization Quality of Life Assessment [WHOQOL], 1998:3).

While there is no single definition of well-being, some common elements become evident in these definitions. First, there is an evaluation of some sort. This evaluation could be from a personal or an objective perspective. The evaluation by individuals is influenced by their interests, needs, preferences and norms, whereas the objective perspective is independent of individual influence. Its emphasis is on what an individual requires to survive (such as health, development and education) regardless of whether an individual attaches value to it or not. In addition, the definitions differ in terms of the elements/dimensions that should be evaluated and whether measurements should be subjective, objective, or both.

Second, well-being is multidimensional; that is, it encompasses different components that are all equally important to the well-being of an individual. These include social, emotional and

functional components. The reviewed definitions (see Ben-Arieh, 2014; Diener, 1984; WHOQOL, 1998) place the individual at the centre of the evaluation. Individuals' experiences and perceptions are important to the process of determining their well-being.

It is, therefore, clear that well-being is an abstract term and cannot be measured without dissecting it further. Some definitions suggest that well-being is comprised of certain components/dimensions such as living conditions, opportunities for personal development, growth and the availability of resources for an individual to adequately meet their needs as well as the needs of others. Some definitions are also expressed in terms of physical, social, health and psychological dimensions. A more comprehensive perspective is needed when reflecting on well-being, and the perspective becomes further nuanced when reflecting on child well-being and specifically on the well-being of vulnerable children.

Defining child well-being

Pollard and Lee (2003:64) describe child well-being as a "multidimensional construct incorporating mental/psychological, physical and social dimensions". It includes positive outcomes and is a process that is located within a certain context (Camfield, Streuli & Woodhead, 2010). Bradshaw, Hoelscher and Richardson (2007:135) define child well-being "as the realisation of children's rights and the fulfilment of the opportunity for every child to be all she or he can be" in the light of a child's abilities, potential and skills. This definition is based on the United Nations Convention on the Rights of the Child (UNCRC), which offers a normative framework for recognising the linkages between children's well-being and the realisation of children's rights. This promotes a strength-based approach that focuses on those determinants that enhance the abilities, strengths and assets of children, and enable them to flourish and thrive (Pollard & Lee, 2003). The various definitions confirm that child well-being includes both objective and subjective elements. They furthermore promote children's rights as a catalyst for child well-being.

Objective child well-being "envisions a core set of capabilities as capacities to function including cognition, personality, and biology" (Conti & Heckman, 2012:3). In this approach, the child is viewed as an incomplete being that requires development in key areas to attain well-being. The child is on his or her way to "well-becoming". This is premised on the lifecycle approach (an integrated theoretical framework), which advocates for development across the entire lifespan of an individual. Well-being is seen as dynamic, leading the child to a positive outcome as an adult. It is concerned with future outcomes rather than the current well-being of the child.

Subjective well-being consists of three elements, namely affect (positive or negative), cognitive judgement and life satisfaction. With children, subjective well-being is concerned with how they evaluate their life satisfaction as well as their positive functioning. Ben-Arieh and Shimon (2014) define well-being as subjective feelings, experiences and living conditions. They further state that "[w]ell-being is usually discussed from a subjective perspective yet many times it is measured with objective indicators" (Ben-Arieh & Shimon, 2014:102). In this regard, objective indicators of well-being, such as "deprivation, education and health", which are observable by a third party,

may be generally accepted as valid indicators of quality of life (Bradshaw, Martorano, Natali & De Neubourg, 2013:7). As a result, these are easily interpreted as representing child well-being, whereas they lack the subjective experiences and evaluation of the children themselves. Subjective well-being allows children to make a judgement about their life satisfaction. They can assess what is going well in their lives or recognise positive measures. Therefore, subjective well-being helps to conceptualise children's voices on what contributes to their well-being and what could lead to harm and risk. They can evaluate how satisfied they are with their lives, what is going well for them and where change needs to be effected to improve their overall well-being. In this regard, subjective well-being is useful in incorporating children's voices in policy discourses.

The definitions place the child at the centre as a unit of analysis, acknowledging the need for global assessment (holistic evaluation), while at the same time focusing on their strengths, assets and abilities as important determinants of positive development. However, in practice, there is limited emphasis on capturing the subjective experiences of children. There is still a preference for assessing objective well-being with only a limited emphasis on how children evaluate their own lives. As such there is a need for an adapted indicator framework that acknowledges both the subjective experiences of the child and the objective components of well-being, and that advocates a rights-based approach to extend prevailing notions of measuring child well-being.

Measuring child well-being

Taylor (2015:) states that there is substantial common ground on 'markers' or indicators of well-being that could form a basis or foundation for measuring child well-being. Typical indicators that are used to reflect on comparative well-being are discussed below.

Gross domestic product (GDP):–Richard Easterlin published data questioning whether income growth leads to happiness. His findings revealed that "within countries that there was a noticeable association between income and happiness" (Easterlin, 1974:118). However, this is only up to a certain threshold, after which there appears to be little correlation. This theory was re-tested by Stevenson and Wolfers in 2008, (as cited by Adler & Seligman, 2016:3), who found that "when logging income, there is a consistent correlation between GDP and life satisfaction, regardless of per capita GDP" (Adler & Seligman, 2016:3). GDP provides a good indicator of economic progress and development of a country; however, it is not a measure for well-being, as it was not designed to capture the 'softer' elements that are advocated in well-being measures.

Human Development Index (HDI): The HDI is a composite index that measures several dimensions of human development, including life expectancy, birth, educational attainment and real GDP. It provides an average estimate of what each country has achieved in terms of human development. The life expectancy dimension is expected to represent the health dimension, whereas education measures look at the years of schooling for adults and the number of years that children are expected to attend schools. Real GDP or gross national income represents the standard of living estimate. All these measures are aggregated into a composite index to represent a country's human development measure. The HDI is the measurement framework for the capability

approach and has attempted to present a set of objective indicators to reflect on well-being. This includes health indicators of well-being, which are those that measure elements of mortality and morbidity. Mortality is represented through the life expectancy measure, which is an estimation of how long people are expected to live. It is used as a proxy indicator to represent the health dimension. Zavaleta and Tomkinson (2011:6) define the health dimension as

> *the number of years a newborn infant could expect to live if prevailing patterns of age-specific mortality rates at the time of birth were to stay the same throughout the child's life.*

A longer life expectancy indicates an excellent quality of life (QoL) and, on a broader level, societal well-being and growth. However, this indicator does not provide a comprehensive measure of health, as it does not cover elements of morbidity or indicate how it contributes to the overall well-being of an individual.

Another indicator that is captured through the HDI is education. The education measure captures the mean years of schooling for adults from the age of 25 and older and the expected years of schooling for children of school-going age. Education is known as a strong contributor to well-being in that better-educated people typically have better health outcomes, lower unemployment status, more social connectedness, and greater engagement in civic and political life (Stiglitz, Sen & Fitoussi, 2009). Countries spend a considerable percentage of their national budgets on education, because it is perceived as an excellent investment that can yield positive outcomes at micro and macro levels. It can contribute directly to well-being or catalyses well-being. The elements that are measured through these indicators range from literacy levels, enrolment, retention, completion and the quality of education to the level of competencies in a sector within a given society. Although the HDI manages to provide complementary measures to the GDP measure, it fails to capture other objective measures such as inequalities, unemployment and poverty as well as some of the critical subjective well-being indicators.

Quality of Life (QoL): QoL is seen as an empowering process that provides an opportunity for individuals to evaluate their life autonomously. It is defined as individuals' perception of their position in life, in the context of the culture and value systems in which they live, and takes into account their goals, expectations, standards and concerns. These elements include statistics, data and any other form of information that indicate the performance of a country in terms of quality of life, well-being and all other variables that are not covered by economic measures. Noll (2004:151) argues that "the concept of 'quality of life' was born as an alternative to the more and more questionable concept of material prosperity". These indicators provided a more differentiated perspective on the social circumstances of the population than the trends indicated through the GDP measures. GDP measure not only focus on economic growth but also focus on objective measures such those related to that enable individuals to thrive within the society. as Noll (2017:154) identified two basic functions of social indicators, namely the monitoring of social change, and the monitoring and measurement of individual and societal well-being. The indicators

provide a critical review of whether there is positive or negative change occurring in society. In addition, they provide a valuable framework against which to measure progress in a society within a particular context. They are also useful for providing descriptions and explanations of social trends, establishing relationships between the variables and recommending possible solutions to issues identified. The most common indices include the HDI by the UNDP; the Physical Quality of Life Index, developed by Moris D Moris; the Centers for Disease Control and Prevention's Health-related Quality of Life scale; the World Health Organization's Quality of Life Assessment (WHOQOL); the Eurobarometer; the Afrobarometer; and the Basic and Advanced QoL indices by Diener. The argument for the quality of life approach is that it is necessary to have a direct measure that asks people to evaluate the quality of their own lives, instead of relying on proxy indicators such as GDP. QoL measurements are too broad, in particular, because they include too many varying indicators. In addition, there is a lack of consensus on which dimensions should be measured. Critiques against QoL include "arbitrary assignment of weights, data used not being subjected to empirical testing, arbitrary selection of variables, non-comparability of measures over time and space, measurement errors in variables, and estimation biases due to omission of feedback effects with various indicators as environmental quality and political and civil liberties" (Rahman, Mittelhammer & Wandschneider, 2003:2).

UNICEF's Multiple Indicator Cluster Surveys (MICS): The MICS entail household surveys that help countries to collect and analyse data on children and women. They help countries to produce quality data that are internationally comparable and cover a range of indicators including health, education, HIV/AIDS and child protection. Initially, MICS started by capturing 28 indicators. However, as a result of changing data needs (for example, with the inclusion of the Sustainable Development Goals (SDGs) as well as other emergent global trends) these have expanded to 200 indicators in its current form. Table 1 below lists the most consistent indicators included in the MICS.

The Organisation for Economic Co-operation and Development's (OECD) aspirational child well-being indicator framework: The OECD framework promotes measurements/indicators that are "child-centred", "age- and stage-sensitive", "reflect children's views" and "contemporary childhoods", "capture stability and change", "capture inequalities" and are "responsive to the needs of children from diverse backgrounds and/or in vulnerable positions" (OECD, 2021). The data collected on child well-being indicators include the child's and the family's environment, health and safety, education and school life. The OECD's aspirational child well-being indicator framework is unique in that it is a multilevel structure that recognises the linkages between environmental and societal dynamics and children's well-being.

The South African Core Indicator Framework: In South Africa, "child well-being is conceptualised within the context of children's rights framework" (Dawes, Bray & van der Merwe, 2007:ix). The framework for measuring child well-being in South Africa was developed against a historical background that was fuelled by apartheid, inequalities and poverty. The social and economic transition experienced by the country led to many challenges for children and their caregivers, and

the need to measure and quantify these challenges in order to provide appropriate solutions. The process required the development of indicators that would track the progress of implementation in certain areas. Five core indicators to measure child well-being were identified. These indicators are neighbourhood, child status, family and household environment, service access, and service quality (Dawes *et al* 2007).

The frameworks presented provide a basis for identifying common indicators and sub-indicators that are used to reflect on child well-being, as reflected in Table 1. Common themes include tracking child health, education, protection, safety, quality of life, and children's perception of their life satisfaction. More comprehensive frameworks capture both objective and subjective well-being. The child becomes the unit of analysis, and the child's current experiences as well as future outcomes, positive and negative factors, the supportive environment and policy context, and subjective experiences provide a more comprehensive framework for tracking child well-being. This comprehensive framework can be applied to assess how child well-being is currently being tracked in the Namibian context and to identify possible gaps.

Table 1: **Collated UNICEF, OECD and South African child well-being indicator frameworks**

Type of indicators	South African Core Indicator Framework	OECD's aspirational conceptual framework for child well-being	UNICEF Multiple Indicator Cluster Surveys
Health	• Child status indicator • These are indicators that focus on areas such as child mortality, immunisation and child protection matters	• Health and safety • Infant health • Child and adolescent health behaviours • Adolescent risky health behaviours	• Reproductive health • Antenatal care • Access and use of contraception • Postpartum care • Care for newborns • Sexual conduct • Child health • HIV/AIDS • Nutrition and development
Education	• Gross enrolment • Quality dimensions in education (textbooks, teacher-learner ratio)	• Education and school life childcare participation • Educational resources and behaviours at home • Educational attitudes and expectations • Quality of school life • Educational outcomes	• Attendance • School readiness • Completion rate • School dropout rate • Attendance rate • Education parity indices (covers gender, wealth, functioning and area)
Protection	• Child labour • Well-being of children living on the street • Child abuse and neglect • Statutory care • Children in conflict with the law • OVC	• No indicators of protection	• National documents • Child marriage • Female genital mutilation • Crime • Safety

Safe and clean environment	• Neighbourhood and surrounding environment • These refer to spaces such as clinics, schools, playgrounds	• Neighbourhood and environmental quality	• Water • Sanitation • Menstrual hygiene
Overall life satisfaction	• No indicator to measure life satisfaction within this framework	• Basic social and leisure activities • Adolescent activities outside schools Adolescent subjective well-being • Other adolescent activities and outcomes	• Overall life satisfaction • Discrimination multi-dimensional poverty • Cash transfers • Health insurance • School-related support • Happiness • Perception of life
Child policies	• Constitutional protection on issues relating to children • Sectoral policies that promote access to essential services • National and international legislative frameworks that promote the realisation of children's rights	• Public spending on families • Children's age-related spending profiles • Parental leave scheme • Family support calculator	• No specific indicators of policies or laws; however, there are indicators of children's rights
Home and family environment	• Family, household and environment indicators • Structure and quality of the child household • Water • Electricity • Economic and health status	• Family living arrangement • Parents and child relationship • Jobs and income	• Material well-being • Access to ICT resources • Parental supervision/relationships • Access to TV, radio, internet and mobile phones

Source: Kamuingona (2023:51-53)

FINDINGS: MEASURING CHILD WELL-BEING IN NAMIBIA

In the review and analysis of the 65 documents that met the inclusion criteria, only 24 reports referred directly to "child well-being", whilst others referred to terms associated with child well-being. The first column of Table 2 reflects the most prevalent child well-being concepts found in the reviewed documents, the second column reflects the frequency of each concept across all 65 documents, and the final column the number of reports that referred to a particular concept. These are "child rights" with a frequency of 49, followed by "child development" with a frequency of 16, and "child participation" had a frequency of 13. "Child well-being" had a frequency of 7, while "positive outcomes" had a frequency of 3. The Table also illustrates that out of 65 reports, only 24 directly mentioned concepts related to child well-being.

Table 2: **Child well-being concepts**

Concepts related to child well-being	Overall frequency	Number of reports
QoL (child)	0	0
(Child) positive outcome	3	2
Child participation	13	6
Child well-being	7	4
Children's capability set	0	0
Child rights	49	15
Child development	16	6
Psychosocial well-being	0	0
Life satisfaction	0	0
Total	55	24

Source: Kamuingona (2023:81)

Indicators related to children's capability set, QoL, psychological well-being and life satisfaction were not found in any of the reviewed reports. Their absence has a negative bearing on measuring and managing child well-being and limits the inclusion of the voice/opinion of the child when measuring child well-being.

Table 3 provides an overview of all child well-being indicators as captured in the various reports. The most common indicators were those focused on child protection (those that covered a wide range of protective and risk measures such as the provision of birth certificates, child abuse and neglect), with an absolute frequency of 543 and a relative frequency of 46.21% across all reports. Child protection indicators had the highest coverage of 20% in national evaluation studies and the lowest coverage of 8.29% in national survey reports. The second-most common indicators were those related to child health, with a relative frequency of 16.51% (194 absolute frequency). These had the highest coverage of 27.83% in national analytical reports by international NGOs and the lowest coverage of 6.70% in international survey reports. The third-most common indicators were related to child education, with a relative frequency of 12.93% (absolute frequency 152), with the highest representation of 30.92% in national evaluation studies and the lowest frequency of 7.90% in international survey reports.

Indicators related to basic needs, policy and social protection all had frequencies below 10%, which is relatively low. The Table also reflects that in general, national evaluation studies, national analytical reports and national analytical reports by international NGOs have the highest coverage on child well-being indicators, with 24.42%, 20.51% and 18.40%, respectively. Reports with the lowest coverage were national analytical reports by NGOs (5.43%), national survey reports (9.02%) and international survey reports (9.61%).

Table 3: Child information covered in the various reports

| Type of reports	Basic needs		Child education		Child health		Child protection		Policy		Social protection		Totals	
	Absolute	Relative	Absolute	Relative	Absolute	Relative	Absolute	Relative	Absolute	Relative	Absolute	Relative	Absolute	Relative
Country reports	7	7.78%	14	9.21%	17	8.76%	96	17.68%	11	11.83%	4	3.88%	149	12.68%
International survey reports	1	1.11%	12	7.90%	13	6.70%	83	15.29%	3	3.23%	1	0.97%	113	9.61%
National analytical reports	19	21.11%	15	9.8%	54	27.83%	103	18.97%	32	34.1%	18	17.48%	241	20.51%
National analytical reports by international NGOs	35	38.89%	35	23.03%	44	22.68%	78	14.36%	13	13.98%	11	10.68%	216	18.40%
National Evaluation Studies	13	14.44%	47	30.92%	18	9.28%	113	20.81%	31	33.33%	65	63.11%	287	24.42%
National reports NGOs	1	1.11%	10	6.58%	22	11.34%	25	4.60%	2	2.15%	3	2.91%	63	5.36%
National survey reports	14	15.56%	19	12.50%	26	13.40%	45	8.29%	1	1.08%	1	0.97%	106	9.02%
Totals	90	100.00%	152	100.00%	194	100.00%	543	100.00%	93	100.00%	103	100.00%	1175	100.00%
Average totals		7.65%		12.93%		16.51%		46.21%		7.91%		8.76%		

Source: Kamuingona (2023:83)

Overall, coverage of child well-being indicators was low across all reports and not all dimensions of child well-being were covered. A breakdown of the groups of indicators (child protection, child health, child education, social protection and policy indicators) found in these reports now follows.

Child protection indicators

The most common indicators found in these reports were child protection indicators, with a relative frequency of 46.21%. The indicators focused on identifying risks (vulnerabilities) and protective factors for children. Risk factors track children's vulnerabilities to abuse, exploitation and neglect, including abuse, neglect, harmful cultural practices, child marriages, emotional violence, child labour, exploitation and trafficking. Protective factors focus on strengthening the capacity of children, families and society to address the needs of children; fostering resilience; lessening the likelihood of children experiencing abuse and exploitation; and access to national documents (birth certificates for children and death certificates of parents) that unlocks access to education, health services and social grants.

Figure 1 shows that child labour had the highest coverage of 75% in national evaluation studies, followed by emotional violence at 65% in national survey reports, while abuse had a coverage of 55% in international surveys.
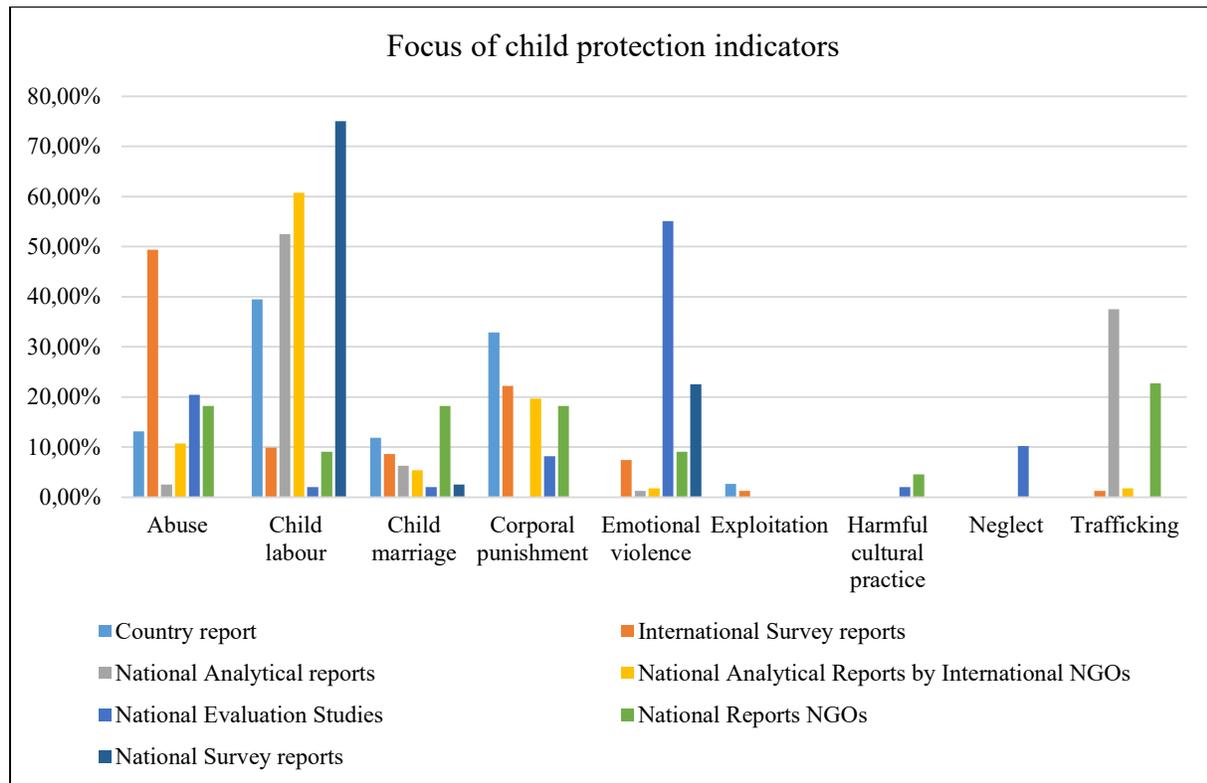
***Figure 1*: Prevalent child risk indicators**
Source: Kamuingona (2023:85)

Indicators related to exploitation, harmful cultural practices and neglect all had a relative frequency of less than 10%, which was the lowest score among the child indicators identified. Indicators that capture child marriage, corporal punishment, trafficking and abuse had a relative frequency that ranged between 20 and 50%, which indicated moderate coverage.

The indicators captured here focused on negative domains such as child abuse, neglect and child marriage, and although these are important, there is little focus on positive dimensions or interventions that contribute to children's overall well-being. Interventions related to protective factors such as parental and community supervision and leisure activities were absent.

Child health indicators

The second-most common child well-being indicator found in these reports was the child health indicator, with a relative frequency of 16.95%. Indicators in this category typically cover issues related to access to health services (how far the nearest clinic/health centre/hospital is, access to contraception for young people), mental health (indicators related to suicide and mental health challenges) as well as HIV/AIDS (which capture prevention of mother-to-child transmission and access to paediatric anti-retroviral therapy).

Table 4 illustrates the typical child health indicators captured across all 65 documents. The most common type of child health indicator measured was malnutrition, with a relative frequency of 24.0% and the highest coverage in national analytical reports and the lowest coverage in national analytical reports by NGOs. This was followed by infant mortality, with a relative frequency of 22.97% and the highest coverage in national analytical reports by NGOs and no coverage in country reports. Indicators with low coverage (between 8 and 11%) were those related to HIV/AIDS, nutrition and teenage pregnancy.

The Table also illustrates that the indicators with the least coverage were those that captured access to health services (4.59%), mental health (4.95%) and immunisation (5.65%). HIV/AIDS, nutrition, teenage pregnancy and sanitation had low coverage of between 6 and 12%.

The analysis indicates that child health indicators, such as malnutrition, infant mortality, access to health, mental health, HIV/AIDS and teenage pregnancies are regarded as very important in tracking child well-being. Indicators related to access to health services, mental health and immunization had comparatively lower coverage, indicating potential gaps in the assessment of these critical aspects of child well-being across all documents, thus distracting from a comprehensive understanding of child well-being.

Table 4: **Prevalent child health indicators**

Child health indicators	Country reports	International survey reports	National analytical reports	National analytical reports by international NGOs	National evaluation studies	National reports NGOs	National survey reports	Totals
Access to health	7.41%	0.00%	5.71%	1.21%	7.14%	8.33%	5.71%	**4.59%**
HIV/AIDS	29.63%	0.00%	2.86%	7.23%	21.43%	4.17%	5.71%	**8.83%**
Immunisation	3.70%	25.00%	1.43%	7.23%	3.57%	0.00%	8.57%	**5.65%**
Infant mortality	0.00%	18.75%	31.43%	14.46%	3.57%	54.17%	40.00%	**22.97%**
Malnutrition	22.22%	37.50%	38.57%	16.87%	32.14%	4.17%	14.29%	**24.03%**
Mental health	0.00%	12.50%	0.00%	7.23%%	3.57%	20.83%	0.00%	**4.95%**
Nutrition	14.81%	6.25%	10.00%	12.05%	21.43%	0.00%	5.71%	**10.60%**
Sanitation	7.14%	0.00%	8.57%	24.10%	0.00%	4.17%	11.43%	**11.66%**
Teenage pregnancy	14.81%	0.00%	1.43%	9.64%	7.14%	4.17%	8.57%	**6.71%**
Totals	100%	100%	100%	100%	100%	100%	100%	**100%**

Source: Kamuingona (2023:87)

Child education indicators

The analysis of the reports shows that typical child education indicators include positive indicators such as enrolment, attendance, retention and completion rates as well as risk factors such as school dropout rates and challenges with paying school fees.

Table 5 illustrates that indicators that measure school fees were the highest, with a relative frequency of 28.8%, followed by school attendance at 19.42% and school enrolment at 17.27% in third place. There appeared to be a fair representation of indicators related to access to education and school feeding, with a relative frequency of between 11 and 15%.

The analysis of child education indicators reveals a comprehensive assessment that takes into account both positive factors such as enrolment and completion rates and school feeding, as well as risk factors including school fees, access to education and retention rates. If this analysis were limited to a less comprehensive set of reports, for example, only to country-produced reports, however the balanced nature of both protective and risk factors may be different, with dropout, school completion and school retention rates mostly disappearing from the analysis. These are critical indicators that focus not only on the well-being of the child in the present, but also their future. The inclusion of these indicators in national reports and studies is critical to provide a more comprehensive understanding of the factors that influence the current and future well-being of children.

Table 5: **Type of education indicators**

Type of indicators	Country Reports	International Survey Reports	National Analytical Reports	National Analytical Reports by International NGOs	National Evaluation Studies	National Reports NGOs	National Survey Reports	Totals
Access to education	50.00%	8.33%	7.14%	6.45%	2.22%	0.00%	25.00%	**10.79%**
Attendance	0.00%	8.33%	35.71%	19.36%	8.89%	66.67%	31.25%	**19.42%**
Dropout	0.00%	8.33%	0.00%	9.68%	4.44%	0.00%	0.00%	**4.32%**
Enrolment	25.00%	66.67%	14.29%	6.45%	8.89%	33.33%	12.50%	**17.27%**
School completion	8.33%	8.33%	0.00%	12.90%	0.00%	0.00%	6.25%	**5.04%**
School feeding	8.33%	0.00%	28.57%	6.45%	20.00%	0.00%	0.00%	**11.51%**
School fees	0.00%	0.00%	14.29%	29.03%	55.56%	0.00%	25.00%	**28.78%**
School retention	8.33%	0.00%	0.00%	9.68%	0.00%	0.00%	0.00%	**2.88%**
Totals	100%	100%	100%	100%	100%	100%	100%	**100%**

Source: Kamuingona (2023:88)

Social protection indicators

The fourth-most common indicators found in these reports were social protection indicators, which cover information related to grants and poverty. Within this group, indicators related to grants had the highest representation in national evaluation studies with a coverage of 70.33%, while indicators related to poverty had coverage at 33.33%, in national analytical reports by NGOs.

There was little (less than 10%) coverage of social protection relating to children in national survey reports, international survey reports, country reports and national analytical reports by NGOs.

Table 6: **Social protection indicators**

Type of indicators	Country Reports	International Survey Reports	National Analytic Reports	National Analytic Reports by International NGOs	National Evaluation Studies	National Reports By NGOs	National Survey Reports	Totals
Grants	4.40	1.10%	15.39%	4.40%	70.33%	3.30%	1.10%	100%
Poverty	0.00%	0.00%	33.33%	58.33%	8.33%	0.00%	0.00%	100%
Totals	3.88%	0.97%	17.48%	10.68%	63.11%	2.91%	0.97%	100%

Policy indicators

The study aimed to identify indicators that track either ongoing policy implementation or potential new policy actions that should be tracked in the future. However, while the reviewed documents did offer recommendations to policy makers on possible actions to take and for which progress should be continuously monitored, the documents do not include indicators for these policy recommendations. As such, a frequency count was not undertaken for these indicators. Some of the identified policy recommendations in the reports are captured in Table 7 for possible consideration in a comprehensive child well-being indicator framework.

Table 7: **Recommended policy actions to enhance child well-being in Namibia**

Child well-being area to strengthen	Recommended future policy action
Child protection	• Develop an anti human and child trafficking national framework • Abolish corporal punishment in all settings • Address key barriers to accessing child welfare grants
Education	• Abolish fees for primary, secondary and tertiary education • Improve the girl-boy ratio in the school enrolment rate • Provide transport for children walking long distances to attend school • Expand the school feeding programmes at the secondary school level
Health	• Improve maternal and early child health outcomes • Address barriers to accessing health services
Integrated responses	• Reduce fragmentation and strengthen institutional capacity to provide services to children and their families • Use the number of projected births to determine the required basic services per geographic area

Source: Adapted from Kamuingona (2023:88-90)

DISCUSSION

The analysis of prevalent indicators reveals potential areas of strength and weaknesses. At a meta-analysis level, it shows that indicators of objective well-being seemed to be better captured in all types of reports, regardless of whether they are produced by government or international NGOs, but the widespread adoption of the indicators remains moderately low. This is a clear indication that there are opportunities for increasing the coverage of indicators that are child-focused in some of these instruments. For example, there are opportunities in

national survey mechanisms for increasing those indicators focused on the well-being of children and also to include children as participants in the research process.

The coverage of the subjective experiences of children was relatively low across all types of reports. Not all dimensions that are typically associated with the measurement of subjective well-being, such as life satisfaction, QoL and children's subjective experiences were covered or mentioned in these reports. The potential policy recommendations also point to further indicators that may help to advance child well-being. Subjective well-being is much broader than what is represented by these reports and often provides a lead indicator of longer-term well-being. It is important that a balanced set of child well-being indicators include both objective and subjective indicators, reflect on child well-being from different dimensions, including safety, health, education, economic and social well-being, and adopt a set of indicators within each dimension to reflect the complexity of well-being. The measurement of children's subjective well-being is useful for policy design in the context of Namibia, as it provides complementary data on socioeconomic interventions that target children. There is a strong correlation between interventions aimed at addressing basic needs and socioeconomic issues and the overall life satisfaction of an individual. According to Dolan, Layard and Metcalfe (2011:7), "[l]ife satisfaction has been shown to be correlated with income (both absolute and relative), employment status, marital status, health, personal characteristics (age, gender, and personality) and major life events".

A further conclusion from the review is that the available information on child well-being contained in the reports represents the voices and opinion of adults. The surveys and evaluations do not place the child at the centre and very few capture the voice of the child directly. Understanding the perspective of children is useful for providing a personalised account of who is doing well or not, and which programmes have positive outcomes for children. It may be

> *particularly useful when deciding how best to allocate scarce resources, where it is desirable to express the benefits of intervention in a single metric that can be compared to the costs of intervention* (Dolan & Metcalfe, 2012:410).

The findings imply that the absence of such important concepts in key research instruments has an impact on how child-related indicators are measured and how policy interventions are planned and executed. However, it also presents opportunities to clearly define child well-being within the context of Namibia and to ensure that children's subjective well-being measures are incorporated into established research mechanisms. The inclusion of these measures in national instruments will provide opportunities to do cross-analyses between children's objective and subjective well-being measures.

RECOMMENDED INTEGRATED CHILD WELL-BEING INDICATOR FRAMEWORK

A proposed child well-being indicator framework for Namibia should incorporate measures that are both subjective and objective. Table 8 outlines a set of additional indicators based on the discussion and the identified weaknesses in the current reports. These complement the

current indicators for child health, education, protection and social security already covered in the existing documents. The inclusion of these additional indicators ensures reflection on child well-being from an objective and a subjective perspective. The final column of the table indicates what data are currently available or offers suggestions where new data sources need to be created.

In the education category, there is a proposal to include a category of indicators that focus on the quality of education, but as measured by children's experiences. This category can provide linkages between investment in education and outcomes. There are good indicators of education that are already captured in existing instruments that provide objective measures; therefore, adding the dimension of quality of education as experienced by children provides opportunities for addressing any existing or overlooked gaps. To contextualise education well-being indicators, Namibia can emulate the way these are being measured in OECD countries. Through the OECD framework, the focus lies beyond access to education and more on educational outcomes and quality of school life, including the voice of the child and parental support.

In terms of the health category, the Life Satisfaction Index is proposed to incorporate global assessment of the life experiences of children. The personal safety indicator is added under the child protection category, but can be measured as part of the Life Satisfaction Index. The children's rights category, which will capture indicators related to child participation, is a necessary addition because the study has confirmed the need to monitor the implementation of key national and international child rights instruments.

The measurement of life satisfaction provides opportunities for children to make cognitive judgements on what is going well with their lives, focusing on positive aspects and not only negative dimensions. This is of value to public policy making, because it helps policy makers to determine which programmes/policies are working well, where further interventions are needed and how other policies can be improved. The most important value is that it will complement the existing data on other traditional measures such as the GDP, the HDI and the SDGs.

Table 8: **Proposed additional child well-being indicator framework for Namibia**

Child well-being indicators	Possible indicators	Indicator definitions	Category	Data source
Education	% of school-going children in pre-school and primary education	This indicator measures access to primary education by the eligible population	Objective well-being	Education Management Information System (EMIS)/Census indicator
	Retention rates	Total number of children enrolled in school minus those who have to withdraw their enrolment	Objective well-being	EMIS data
	Completion rate	Total number of children who enrolled in school minus those who have completed (primary and secondary education)	Objective well-being	EMIS data/Census
	Quality of education	This indicator measures how children experience educational interventions such as teaching, parental support and the school environment	Subjective well-being	Not collected currently, but an assessment tool can be developed for inclusion in EMIS that may be administered to parents, children and teachers
Health	Compendium of child health indicators as captured in the various surveys	These indicators measure elements of malnutrition, mortality rates and immunisation	Objective well-being	DHIS (District Health Information System)
	Mental health	These indicators measure elements related to mental health such as suicide ideation and psychological interventions	Objective well-being	DHIS/Vital statistics
	Life Satisfaction Index	Measures that capture how children rate their overall life satisfaction	Subjective well-being	Not collected currently. A new DHIS survey can be developed to collect this data directly from children at intervals
Child protection	% of children with access to basic services (shelter, water, sanitation, clothing)	Measures that capture access to services that contribute to child survival	Objective well-being	Currently captured in DHIS, NHIES (Namibia Household Income and Expenditure Survey), EMIS
	Personal safety	Measures whether children feel secure and protected at home, at school and in the environment	Subjective well-being	Not collected currently, but can be incorporated into the Life Satisfaction measure that captures data directly from children
Children's rights	% of children participating in activities that promoted their well-being	Measures whether children feel included and heard on matters that concern them	Subjective well-being	Currently captured under State Party Reporting, but does not include children's voices on the matter. Could be institutionalised through the Life Satisfaction Index to capture the perspective of children

Source: Kamuingona (2023: 101)

The proposed list of child well-being indicators is not exhaustive and acknowledges the existing foundation that already tracks child well-being. It complements the existing objective indicators by focusing on children's rights and subjective child well-being to enable a more comprehensive measurement of child well-being. The findings from this article illustrate that adapting the approach to child well-being has value for Namibia, because it provides the country with an opportunity to develop a child policy framework that is responsive to the needs of the children in the country. It also helps the country to move from measuring not only negative aspects, but also positive outcomes for children.

The following short-term measures are proposed to move towards the adoption of a more comprehensive indicators framework for child well-being:

- Conduct a formal review of the existing children's well-being indicators to determine their relevance to policy development;
- Simultaneously conduct a child analysis of all existing national research instruments to map all indicators on children and establish a baseline for measuring child well-being in the country;
- Identify gaps in existing indicators as well as opportunities for institutionalising these indicators in various research instruments in Namibia, including proposing new measurement avenues.

The following longer-term recommendations are also offered:

- Develop/Adapt a working definition of child well-being within the context of Namibia. This will ensure that Namibia identifies child well-being measures that are relevant to the policy environment;
- Identify indicators that cover multiple domains (both objective and subjective), are age-appropriate and encompass child rights approaches to child well-being. These indicators can be grouped as an index or institutionalised in existing research mechanisms. Alternatively, indicators can also be captured in monthly reporting systems of various bodies as administrative data;
- Adapt a child well-being index to consistently measure and track child well-being in the country.

CONCLUSION

The study confirmed that while relevant information reflecting progress in child well-being is available in national surveys, international child protection reports and evaluation studies, the data are not comprehensive enough. The study found that there are data on objective well-being, but there was low coverage of subjective well-being. The proposed new framework captures objective and subjective indicators of child well-being in four critical dimensions, namely education, health, child protection and children's rights. Adoption of this framework will present policy makers and implementers of the OVC Policy with a more comprehensive picture of gains and failures in promoting child well-being in Namibia, and inform a more comprehensive strategy of corrective actions, policies and support across multiple sectors to promote a more holistic approach to child well-being.

REFERENCES

Adler, A. & Seligman, M. E. P. 2016. Using well-being for public policy: Theory, measurement, and recommendations. *International Journal of Well-being*, (1): 1-35. Doi: 10.5502/ijw.v6i1.429.

Ben-Arieh, A. 2014. Social policy and the changing concept of child well-being: The role of international studies and children as active participants. *Zeitschrift fur Padagogik,* 60(4): 569-581.

Ben-Arieh, A. & Shimon, E. 2014. Subjective well-being and perceptions of safety among Jewish and Arab children in Israel. *Children and Youth Services Review,* 44: 100-107. https://doi.org/10.1016/j.childyouth.2014.05.017

Bradshaw, J., Hoelscher, P. & Richardson, D. 2007. An index of child well-being in Europe. *Child Indicators Research,* 2:319-335. doi: 10.1007/s12187-009-9037-7.

Bradshaw, J., Martorano, B., Natali, L. & De Neubourg, C. 2013. *Children's subjective well-being in rich countries*. Working paper. Florence: UNICEF Office of Research.

Camfield, L., Streuli, N. & Woodhead, M. 2010. Children's well-being in developing countries: A conceptual and methodological review. *The European Journal of Development Research*, 22(3):398–416. Doi: 10.1057/ejdr.2010.11.

Conti, G. & Heckman, J. J. 2012. *The economics of child well-being.* Bonn: Institute for the Study of Labour.

Dawes, A., Bray, R. & Van der Merwe, A (eds). 2007. *Monitoring child wellbeing: A South African rights-based approach.* Cape Town: HSRC Press. Available: https://www.hsrcpress.ac.za/books/monitoring-child-well-being [Accessed: 14/05/2024].

Diener, E. 1984. Subjective well-being. *Psychological Bulletin*, 95(3): 542-575.

Dodge, R., Daly, A., Huyton, J. & Sanders, L. 2012. The challenge of defining well-being. *International Journal of Well-being*, 2(3): 222–235. Doi: 10.5502/ijw.v2i3.4.

Dolan, P., Layard, R. & Metcalfe, R. 2011. *Measuring subjective well-being for public policy.* Surrey: Office of the National Statistics.

Dolan, P. & Metcalfe, R. 2012. Measuring subjective well-being: Recommendations on measures for use by national governments. *Journal of Social Policy,* 41(2): 409–427. Doi: 10.1017/S0047279411000833.

Easterlin, R. A. 1974. Does economic growth improve the human *lot? Some empirical evidence. Nations and Households in Economic Growth,* 89: 89-125. http://dx.doi.org/10.1016/b978-0-12-205050-3.50008-7

Government of the Republic of Namibia. 2004. *National Policy on Orphans and Vulnerable Children.* Windhoek: Government Printers.

Kamuingona, R. 2023. *Measuring child well-being in Namibia: An analysis of available national surveys, international child protection reports and evaluation studies*. Doctoral thesis. Stellenbosch University, South Africa.

Ministry of Women Affairs and Child Welfare. 2004. *National Policy on Orphans and Vulnerable Children.* Available: https://mgepesw.gov.na/archive-/-downloads/-/document_library/53FAEAFEe5nn/view_file/795505?_com_liferay_document_library_web _portlet_DLPortlet_INSTANCE_53FAEAFEe5nn_redirect=https%3A%2F%2Fmgepesw.go v.na%2Farchive-%2F-downloads%2F-%2Fdocument_library%2F53FAEAFEe5nn%2Fview%2F795331 [Accessed 30 November 2023].

Namibia Statistics Agency. 2016. *Namibia Inter-censal Demographic Survey 2016 report*. Windhoek. [Online] Available: https://cms.my.na/assets/documents/NIDS_2016.pdf.

Noll, H. 2004. Social indicators and quality of life research: Background, achievements and current trends. In: Genov, N. (ed). *Advances in sociological knowledge*. Wiesbaden: VS Verlag für Sozialwissenschaften.

Noll, H. 2017. *On the history of social indicators research: Measuring, monitoring and researching well-being.* Essay by the members of the Scientific Advisory Board. Government Strategy on Well-being in Germany. Mannheim: Federal Press Office.

Organisation for Economic Co-operation and Development (). 2021. *Measuring what matters for child well-being policies*. WISE Centre Policy Brief. [Online] Available: https://www.oecd.org/social/family/child-well-being/ [Accessed: 17/08/2021].

Pollard, E. & Lee, P.D. 2003. Child well-being: A systematic review of the literature. *Social Indicators Research*, 61: 59-78.

Rahman, T., Mittelhammer, R. C. & Wandschneider, P. 2003. *A sensitivity analysis of quality of life indices across countries*. Pullman, WA: Washington State University.

Republic of Namibia. 2000. *Combating of Rape Act* (Act 8 of 2000). Available: https://www.lac.org.na/laws/annoSTAT/Combating%20of%20Rape%20Act%208%20of%20 2000.pdf [Accessed 16 January 2024].

Republic of Namibia. 2001. *Education Act (Act 16 of 2001)*. Available: http://www.lac.org.na/laws/annoSTAT/Education%20Act%2016%20of%202001.pdf [Accessed 16 January 2024].

Republic of Namibia. 2003. *Combating of Domestic Violence Act (Act 4 of 2003).* Available: http://www.lac.org.na/laws/annoSTAT/Combating%20of%20Domestic%20Violence%20Act %204%20of%202003.pdf. [Accessed 16 January 2024].

Republic of Namibia. 2015. *Child Care and Protection Act (Act 3 of 2015).* Available: https://www.lac.org.na/laws/annoSTAT/Child%20Care%20and%20Protection%20Act%203 %20of%202015.pdf [Accessed 16 January 2024].

Stiglitz, J. E., Sen, A. & Fitoussi, J. P. 2009. *Report by the commission on the measurement of economic performance and social progress*. Paris: OECD.

Taylor, T. 2015. The markers of well-being: A basis for a theory-neutral approach. *International Journal of Well-being*, 5(2): 75-90. Doi: 10.5502/ijw.v5i2.5.

United Nations. 1989. *Convention on the rights of the child*. Treaty Series No. 1577. [Online] Available: https://treaties.un.org/doc/Treaties/1990/09/19900902%2003-14%20AM/Ch_IV_11p.pdf (Accessed: 16/01/2024).

World Health Organization Quality of Life Assessment. 1998. World Health Organization Quality of Life Assessment (WHOQOL): Development and general psychometric properties. *Social Science and Medicine*, 46(12): 1569-1585. Doi: 10.1016/s0277-9536(98)00009-4.

Zavaleta, D. & Tomkinson, J. 2011. *Training materials for producing national human development reports*. UK: UNDP.

AUTHOR BIOGRAPHY

Rahimisa Kamuingona is the Deputy Director Child Care Services at the Ministry of Gender Equality, Poverty Eradication and Social Welfare, Government of Namibia. The article resulted from her Master's thesis completed at the School of Public Leadership, Stellenbosch University, conducted from May 2018 to March 2023. Rahimisa assisted with the writing of the draft article and final editing.

Prof Babette Rabie is an Associate Professor at the School of Public Leadership at Stellenbosch University. Her fields of specialisation are policy design and public sector monitoring and evaluation. She supervised this study from May 2018 to March 2023 and is responsible for the initial conceptualisation, co-writing and final editing of the article.