



Care for Children in Botswana: The Social Work Role

Tapologo Maundeni, University of Botswana

Introduction

The world over is experiencing an increase in the numbers of children who need care. The existence of children in need of care is not peculiar to contemporary Botswana society, it also prevailed in traditional Tswana society. What has changed is the volume of children who need care, and the resources available for their care. Like other African countries, Botswana is going through a process of rapid social, economic and cultural change. One of the characteristics of this change is the disintegration of the extended family. Consequently, the extended family can no longer cope with both the quality and quantity of care that children in need of care require (Botswana Human Development Report/BHDR 2000).

The majority of children who need care in Botswana are orphans due to HIV and AIDS which has killed and continues to kill many parents in the country. The Department of Social Services defines an orphan as a child below the age of 18 years who lost one (single parent) or two (married couple) biological or adoptive parents. The rates of HIV and AIDS are highest among women in Botswana, therefore, it is common for children to be maternal orphans (Department of Social Services 2006). Other children who need care in Botswana are those who have been abused, neglected and abandoned. Section 14 of the Botswana Children's Act of 1981 (currently under review) defines a child in need of care as a child who:

- has been abandoned or is without visible means of support;
- has no parent or guardian or has a parent or guardian who does not or is unfit to exercise proper control over the child;
- engages in any form of street trading, unless he has been deputed by his parents to help in the distribution of merchandise of a family concern;
- is in the custody of a person who has been convicted of committing upon or in connection with a child any offence referred to in part IV of the act; or frequents the company of an immoral or violent person, or is otherwise living in circumstances calculated to cause or conduce his seduction, corruption, or prostitution. In summary, children in need of care refer to orphans, abused, abandoned, and neglected children. For the purpose of this paper, the words children in need of care and orphans and vulnerable children (OVCs) will be used interchangeably.

There are no reliable national figures of the number of abused, abandoned, and neglected children because some cases are not reported (Author's discussion with representatives from Childline, Botswana). The absence of reliable national figures of abused, neglected and abandoned children in the country also partly results from the fact that each organization (e.g. the police, non-governmental organizations and local authorities) keeps its own figures, and

they do not combine and share statistics. Although there are no reliable figures on child abuse as well as the numbers of children who have been abandoned in the country, social workers and police officers as well as the scanty available literature indicate that these phenomena exist in the country (cf. Ministry of Local Government 2001). Moreover, the media occasionally reports incidents of children who have been abandoned usually by mothers who have just given birth. They throw the babies in outlets such as pit latrines, garbage bags, rivers, while some just leave the babies under the care of strangers in public places like churches and hospitals. For example, in April 2005, a local radio station reported that a woman who left a newborn with a stranger in a church under the pretext that she was going to the toilet and would be back soon. In another incident, a woman left the baby in the arms of a patient who was in a queue at Princess Marina Hospital.

In many developing countries, children in need of care experience problems that are caused by society denying them their human rights. The basic rights of OVCs in Botswana such as the right to life and liberty, the right to adequate health care, and education and the right to freedom from discrimination are sometimes disregarded. Some children in need of care, particularly orphans are abused by family and community members, others experience property grabbing after the death of their parents, while others experience emotional stress, depression, anxiety, stigmatization, isolation unintended pregnancies, early marriages and deteriorating health conditions (Muchiru 1998; Raditedu 2004; Department of Social Services 2006; Maundeni 2006).

Country overview

Botswana is located in the Southern part of Africa, sharing borders with South Africa, Zambia, Namibia, and Zimbabwe. The country is roughly the size of the state of Texas in the USA or of Kenya but it has a far smaller population - approximately 1.7 million (Government of Botswana 2001). Like most developing countries, Botswana has a young population structure. In 1991, for example, 43.6% of the population was between the ages of 0 and 14 years (Lesetedi and Ngcongco 1995). The country attained independence in 1966, and at the time, it was one of the poorest countries in the world. It has since been transformed into one of the richest economy in southern Africa (Hope 1996). The economic success of Botswana has been attributed, among other things, to its natural resources and political stability. It is a large exporter of beef, and diamond-generated wealth has given Botswana one of the strongest foreign reserves in the world. Not only has the country made significant strides in the economic sphere, but it has also made considerable progress politically as well as in the provision of social and educational services. Botswana has a stable democracy and good governance. Since independence, the country has had free and fair elections every five years. Life expectancy, health, mortality rates, literacy, nutrition and infrastructure improved significantly since 1966 (United Nations 2004). The government has introduced basic education (grades 1 through 7) for Botswana citizens. Literacy rates have increased significantly since the 1960s. For instance, only 3% of those who entered primary/elementary school in 1957 obtained places in secondary schools in 1964. In the 1970s, about 25 % of those who completed 7 years elementary school education were selected to continue to Junior Secondary schools (JSSs). The figure rose to 40% at the beginning of the 1980s because more Junior Secondary schools were built (Chilisa, Maundeni and Tabulawa, Undated). In 1985, the Botswana Government introduced universal nine years of basic education, therefore, the number of grade 7 pupils who progress to JSSs continued to increase. For example, in 1995 the transition rates from elementary to JSSs was 91%, while in 1999, it was 96% (Ibid).

In addition, the government provides a primary health care system that offers essential health services in an evenly distributed and accessible way to all people. There is a clinic or health post within 5-8 kilometers of every village, resulting in 89% of the population having access to health care (Shaibu 2004). Children's access to primary health care services is boosted by the fact that health care services to them are provided free of charge. However, for the past decade, the country's economy has been recording lower rates of growth. This has been associated largely to the sluggish performance of the mining sector, which has been the driving force in economic growth (Siphambe 2003; Econsult 2007). It is worth noting that currently (at the time of writing this article) several new mining projects¹ were under development in the country, therefore, these have the potential of contributing significantly to the economy. This is particularly so because Botswana is generally recognized as a country that has followed best principles with regard to ensuring that mineral revenues are used sustainably (Lange and Wright 2004; Hamilton 2006).

Although the economy of Botswana is doing relatively well compared to that of other African countries, poverty remains one of the major development challenges for Botswana. In 1994, it was estimated that 47% of the households in Botswana were living below the poverty datum line. Moreover, 23% of the population lived on less than US \$ 1 per day (Republic of Botswana 2003). Rural areas were more affected than urban areas. The proportion fell to 36.6% in 2001. However, it is worth noting that the Government of Botswana is taking steps to reduce poverty. These include employment creation opportunities and direct safety net programs which target vulnerable groups such as destitute and orphans (Republic of Botswana 2003).

Problem overview

As mentioned earlier, the majority of children in need of care in Botswana are orphans. According to a 2004 report by UNAIDS/UNICEF/USAID, 20% of children (160,000) in Botswana were orphans. The majority, 75%, are orphans due to the AIDS pandemic (UNICEF 2005). However, according to the Department of Social Services (DSS 2008), the percentage of orphans is 6.5% (51, 860). The difference in the numbers of orphans compiled by the above mentioned two organizations is likely due to the fact that the UN definition is broader than the one used by DSS.

For children orphaned by AIDS, emotional turmoil starts prior to the death of the parent as they are exposed to the parents' distress and progressive illness. This loss of an attachment figure or parent pervades every aspect of a child's life: their emotional wellbeing; physical security; mental and educational development and overall health (Maundeni 2006). This necessitates the provision of adequate and comprehensive psychosocial support services to orphans. However, in the context of Botswana much emphasis is placed on providing orphans with material assistance rather than psychosocial support (Ntseane and Solo 2007).

An Analysis of Laws, Policies and Programs for Children in Need of Care in Botswana

In 1995, Botswana ratified the Convention on the Rights of the Child (CRC) and the African Charter on the Rights and Welfare of Children (ACRWC) in 2001. However, neither the CRC nor the ACRWC have been domesticated into Botswana laws. This implies that the instruments have not had much impact on the lives of children in the country. Despite failure to domesticate the two treaties, it is worth noting that the general environment in the country

¹ Such projects focus on a wide range of non-diamond minerals such as Copper, Nickel, Uranium, Zinc, Gold, Silver, Coal and Methane.

is conducive for the process to take place. The constitution of Botswana also provides reasonable protection of children's rights. It enshrines a bill of human rights that includes the rights of children. This provision allows for the fulfillment, protection, respect and promotion of children's rights. There is political will to respect and protect children's rights which is shown by the fact that the government provides an environment conducive for the compilation of both the State and Shadow reports to the United Nations Committee on the Rights of the Child. In addition a number of laws to improve the well-being of children in need of care in Botswana have been enacted. These include the Short Term Plan of Action for the Care of Orphans (STPA); the Children's Act of 1981, which covers child protection issues such as protection of infants, prevention of children in need of care, juvenile courts, establishment of homes and schools and institutions for the reception of children; and the Adoption Act of 1952, which sets guidelines that should be followed in adoption cases and the Deserted wives and children's Act, which specifies procedures followed in cases of deserted and divorced women and their children². It is important to note that most child welfare legislation in the country is outdated and currently under review.

In 1998, the Ministry of Health commissioned a Rapid Assessment on the Situation of Orphans in Botswana. The assessment pointed to the urgent need to provide support to orphans. Preliminary findings indicated among other things that food and clothing were immediate needs of orphans. These findings prompted the government to declare the problems of "orphan hood" a national crisis that needed immediate intervention. As a result, the government developed a Short Term Plan of Action (STPA) for orphans in Botswana (1999-2003). The overall goal of the STPA is to 'improve the socio-economic conditions of orphans by way of investing in human capital, within the broader context of sustainable human development' (Ministry of Local Government 1999: 9). The specific objectives of the STPA are as follows: to respond to the immediate needs of orphans; to identify various stakeholders and define their roles and responsibilities in responding to the orphan crisis; to identify mechanisms of supporting community based responses to the orphan problem; and to develop a framework for guiding the long-term program development of orphans. Under the STPA, orphans receive material assistance³ and psychosocial support until they are 18 years old. Services stipulated under the STPA are largely provided by the government. However, several non-governmental organizations also offer some of the services aimed at meeting the basic needs of orphans provided under the STPA and are uniform to all orphans. In other words, they do not take into account age-specific risks and protective factors that orphans confront on a daily basis.

The STPA stipulates that the provision of counseling is important. In reality, more often than not, orphans are provided with material assistance and other types of assistance are neglected due to local authority social workers being overwhelmed with the volume of orphans and others not being trained in child welfare. It should be noted that some social workers are responsible for covering more than one village. This is so because of shortage of staff. For instance, in 2007, there were 420 social workers employed by the local authorities in

² The reader may wonder why the above mentioned act combines both women and children. The rationale is that in most cases, women are given custody of children following divorce and / or parental separation.

³ Examples of material things that are provided to orphans are food rations on a monthly basis, and clothing (including school uniform on occasional basis). Some are provided with money to use for transport when going to school. Generally speaking most orphans receive these goods on time, however, sometimes; there are delays in delivering these items (discussions with social workers in various parts of the country in May and June, 2005, 2006 and 2007).

Botswana. The central government, NGOs, the private sector, hospitals and other government structures employ only a small number of social workers. The few OVCs who are provided with counseling are largely assisted on casework basis. Group work is not commonly used due to factors such as rigid working hours for local authority social workers and the inability of people who are free after hours to come for group sessions.

Kinship care

Kinship care or customary foster care is another approach that is used to address the needs of orphans in Botswana. In-fact it is the one that is commonly used to cater for the needs of such children. According to the Department of Social Services (2006), at least 95% of orphans are absorbed within the kinship structures based on descent and marriage. Kinship care is not a new practice in Botswana, it has existed from time immemorial. What has change is the volume of children in need of care (Madhavan 2004). Like in many African countries, kinship care is not regulated by formal institutions or by laws. Therefore, human service professionals such as social workers rarely intervene in the placement of children in kinship care because of the authoritative roles that relatives play in such placements. In varying degrees kin provide shelter, emotional support, educational support, spiritual support as well as moral support.

Despite the positive role that kin play in the lives of many orphans, for some children, kin are sources of stress. One of the striking practices that come out frequently in child welfare workshops as well as discussions with individual social workers around the country is that kin rarely consult children about where they prefer to stay following the death of their parent/s. Such decisions are largely handled by adult relatives. This practice partly arises from communities' lack of awareness on children's rights; as well as the culture of Botswana which tends to put emphasis on the saying that 'children should be seen but not heard' (see Maundeni 2002 for a detailed discussion of this practice). The exclusion of orphans in decisions about their living arrangements following parenting death violates article 12, of the CRC which states that: "...children not only have the right to articulate their opinions with regard to issues that affect them, but they also have a right to have these opinions heard."

Another related and rather disturbing trend about kinship care is that more often than not, relatives have a tendency to separate orphans (Maphalala 2007). This is done largely due to economic reasons. Relatives contend that the high cost of living does not enable them to care for a large number of children, particularly when they have their own biological children to care for (Raditedu 2004; Maphalala 2007). Some of the difficulties that extended family members face in absorbing children in need of care are evidenced in the following words of one of the respondents who participated in Raditedu's study of the psychosocial impact of orphan hood on a girl in Kalkfotein: "People should understand that we have our own children and taking in other children in our homes results in us having so many dependents to take care of. This becomes very difficult; we don't have the resources to take care of so many children. Some of us are not working, we are suffering. This is why we *separate orphans* (my emphasis) share orphans in extended family."

The above words indicate that although the popular belief is that the extended family is better suited to provide care, love, and support to children in need, this is not always easy. The current economic conditions make it difficult for unemployed relatives to provide care to orphans. Many orphans who participated in one study (Raditedu 2004) felt that caregivers did not fully accept them, but kept them to benefit from the Orphan Care Program which provides

orphans under the age of 18 with the following: a food basket of P 216.00 per month (equivalent of 30 US dollars) irrespective of the geographic location for his or her home⁴; clothing, toiletry, assistance with educational needs, and counseling (Ntseane and Solo 2007). Some relatives separate orphans so that they too can benefit from the food rations that are supplied to orphans by the government (Oitsile 2007). The separation of orphans is a serious issue that needs attention particularly that siblings can be important sources of emotional support for each other.

The last major point to note in relation to kin is that to a large extent, relatives are not trained or rather provided with adequate support that could enable them to adequately care for orphans. This is not surprising taking into account the point made elsewhere in this article that kinship care is not regulated by formal structures. The absence of training for kin is one of the issues that need serious attention (DSS 2006). This is particularly so because there is evidence that shows that kin are not playing an adequate role in addressing the emotional issues confronting orphans. For example, traditionally, in Africa, illness, dying, and death are not spoken about with children. Elders provide a shield from what they assert to be the cruel facts of life believing that this is in the child's best interest (Jacques 2003).

Statutory Fostering

Statutory fostering represents an institutionalized transfer of parental roles to those who are strangers to the child. In Botswana, as of 2008, formal alternative care giving arrangements for children in need of care included residential care as well as formal adoption and guardianship sanctioned by the courts. Formal adoption and guardianship are not common in the country, however, and are practiced on a small scale (Maundeni, Forthcoming). Currently, the national foster care programme in Botswana has not yet been implemented. However, guidelines for statutory family foster care were recently approved by the government and DSS together with the NGO, Childline Botswana, were involved in the training of trainers programme to prepare local authority social workers for their highly demanding role in the placement of children in foster care at a statutory level. Such training took place under the auspices of the Department of Social Services in the Ministry of Local Government. The delay in adoption and implementation of this policy is testimony to the significance of cultural practices and a general reluctance to abandon the norms of a passing era (Jacques 2008).

The government of Botswana is reluctant to establish additional residential homes for children in need of care because it argues that relatives are better suited to provide care, love, and support to children. Although the government argues that the extended family is able to take care of children in need of care, numerous scholars (cf. Kooijman 1978; Himonga 1985; Jacques 1998; Mandevu and Muchiru 1998; Maundeni 2000; Raditedu 2004) have asserted that this trend has changed, and the transformation has adversely affected the socio-economic support base of the extended family. The extended family is unable to care for orphaned children as it did prior to industrialization and urbanization. The process of social change has been accompanied by changes that have, among other things, weakened the communal production and ties which existed in the past, bringing about the spirit of individualism and the emergence of the nuclear family form that values helping immediate family members at the expense of extended family obligations. Moreover, there is evidence that people in the age group 20-45 years are reluctant to care for orphans mainly because of socio-economic constraints (Botswana Human Development Report 2000).

⁴ This amount is regularly adjusted for inflation at the beginning of each financial year.

Residential care facilities for children in need of care in Botswana are relatively recent phenomena. The first facility was established in 1987, and currently, there are five in existence. These are the three Save Our Souls (S.O.S) villages⁵, the facility that is run by Childline Botswana, which was established in 2003⁶, as well as the Mpule Kwelagobe facility⁷, which started operating in 2000. The centers are staffed by social workers. For example, the three SOS villages in different parts of the country have employed a total of six social workers. Three of the six are directors while the other three provide direct psychosocial support services to children in need of care who reside in the centers. Only one is fully funded by the government, the rest are funded by international and local nongovernmental organizations (Ibid). However, the government does provide grants to them.

All the five centers are small-scale residential facilities. The settings provide a home-like setting with house-parents. At the time of writing this article the five residential centers for children in need of care in Botswana had a total of 500 children (Author's discussion with the managers of the centers). The facilities ensure that siblings are kept together under the guidance of house mothers. In other words, the type of residential facilities for children in need of care in Botswana does not fit the typical definition of institutions or orphanages for children. The children's homes mentioned above use a family approach to the care children. They try to meet specific needs of children and youth. Special effort is made to keep siblings together in the same group home (Maudeni, Forthcoming). The objectives of the residential facilities in Botswana show that they aim to create families for the children during their stay in the homes. This goal is an extension of the traditional extended family that is common in many African countries. Besides meeting children's needs for shelter, food and clothing, the residential facilities also provide psychosocial and spiritual support; and enhance children's sense of independence. It is important to note that the achievement of the above goals is facilitated by the utilization of various personnel that work in the home as well as those who live in the community.

The residential facility which is run by Childline-Botswana, has a total of three social workers, one of whom is the director. Three social workers are not enough to provide comprehensive services to all children who need services of Childline (Nganunu 2008). Besides social workers, other people who work in the centers are lay mothers who have undergone some training on a short-term basis as well as volunteer teachers and counselors to provide tutoring and counseling services to the children who live in the homes. Pastors from different churches are also utilized to provide spiritual support to residents of the homes.

An important issue to highlight at this juncture relates to the success of residential facilities as well as their impact. Social workers who worked for the residential care facilities in Botswana in 2005, revealed that no evaluation studies have been conducted, therefore a comprehensive picture of the impact of residential facilities is not known (Maudeni, Forthcoming). This implies that rigorous studies should be conducted to determine the effectiveness of services offered by residential facilities for children in Botswana.

⁵ These facilities are affiliated to the international organization SOS-Kinderdorf. One village is located in Tlokweng (approximately 4 kilometers from the capital city, Gaborone); the other one is located in Francis town (450 kilometers away from the capital city).

⁶ It operates from the capital city.

⁷ Mpule Kwelagobe facility is in Jwaneng (201 kilometers from the capital city).

Services offered by social workers employed by other stakeholders

Besides services offered by social workers working for the above mentioned sectors, as well as those offered by kin, numerous other organizations in the country have employed social workers as directors, managers, counselors, program officers, administrators, lecturers and researchers who teach and conduct research on child welfare issues. Examples of such organizations include the University of Botswana which has employed lectures and researchers; international non-governmental organizations, such as UNICEF, that provide funds to various NGOs and government bodies to engage in programs that improve the wellbeing of children⁸; local NGOs Botswana Christian AIDS Program (BOCAIP), Child AID, Maun Counseling centre, and the Ark program⁹, and Masiela Trust. These organizations provide services to communities in various parts of the country, ranging from individual counseling, family counseling, recreational programs, life skills and day care for orphans to providing for basic needs such as food, clothing and education; psychosocial support to children and their families in order to curb child abuse and neglect; recreational support and skills training. While NGOs in Botswana play a significant role in improving the wellbeing of OVCs, their efforts are hampered by a lack of resources. This is particularly so because most international donor organizations have stopped funding several local NGOS because they contended that the economy of Botswana is doing relatively better than that of many African countries (Moatshe 2004).

Gaps and Barriers to Service Delivery

The above discussion has shown that various stakeholders are continuing to provide different types of support to OVCs. However, there are several gaps in existing services. One of them is the concentration on material assistance to the neglect of medical, educational, and psychosocial support. This has implications for the social and emotional development of orphaned children. According to Maslow 1954, the fulfillment of basic needs supersedes that of higher level needs. In the context of Botswana, as well as in many African countries, most people who are hard hit by the HIV scourge are poor. Therefore, the tendency for human service professionals, including social workers, is to focus more attention on addressing clients' basic needs as opposed to or inclusive of psychosocial support. While these basic needs most certainly must be met, neglecting the emotional and psychological needs of these children may be a potentially harmful practice.

A second barrier to effective service delivery is that a majority of children in the country are not aware of their rights. This phenomenon is well documented in existing literature (cf. Ministry of Local Government 2001; Maundeni, forthcoming; Maundeni and Lopez 2005). One of the factors that account for this trend is the little attention that is paid to children's rights in the school curriculum. In fact, some teachers if not many adults are uncomfortable with the concept of children's rights in the first place. This was revealed by the author's interviews with secondary school teachers in 2002. One of the teachers said, "... you social workers, you make our lives as teachers difficult because you tell children that they have rights ..., so when we discipline them, like when we beat them, some tell us that they are

⁸ For instance, in June 2007, UNICEF funded the world fit for children plus 5 review.

⁹ This is a program designed specifically to meet the psychosocial needs of orphans and vulnerable children (OVCs). It is based in Maun (a town which is 1000 kilometres from the capital city), however, it provides services to OVCs in various parts of the country. For instance, UNICEF, 2006, towards the end of 2006, two retreats were held for OVCs completing primary school leaving examinations, under an initiative called Children of the Ark to give children psychosocial support and peer counselling. The program gives children the opportunity to . talk to children about issues related to the loss of parental figures, and provide grief counselling.

going to report to Child line because we violating their rights ...". Inadequate training on children's rights has far reaching implications for the wellbeing of children. For instance, it has led to the unpopularity of a Rights Based Approach to programming. Therefore, many child-centered programs are not guided by the rights based approach to programming. Inadequate information about children's rights has contributed to the minimal attention on grief and bereavement counseling for orphans. A study of how orphans cope with grief in one of the villages of Botswana found that social workers rarely help children to prepare for the possibility of parental death because caregivers do not inform or involve them in care decisions. As such, their help only comes after the loss when they register the orphans in accordance with the STPA for the care of orphans, providing material and financial support in the form of clothing, food and school fees. They are also supposed to provide grief counseling, but this is not always possible due to shortages of staff, vehicles and office space (Maphalala 2007).

In November, 2006, the United Nations country team organized a series of training workshops on the Human Rights Based Approach to Programming for Community Capacity Development targeting policy makers, district leadership, government service providers, and non-governmental organizations and media practitioners. The purpose of the training was to increase participants' knowledge and understanding of the HRBAP and its value as well as human rights in general.

Another barrier is lack of resources (such as transport and social workers themselves) both at micro and macro levels. On average, one social worker covers five villages. This limits social workers' ability to register orphans, facilitate the distribution of food rations, and to facilitate payment of school trips in a timely manner (Oitsile 2007); to provide adequate counseling, and to conduct proper make follow-ups and referrals. In other words, an acute shortage of resources has led to poor service delivery (Ntseane and Solo 2007). Of respondents who participated in a study of psychosocial support to OVCs by DSS in 2006, 84.4% lamented that their area of operation was too large and that they were overwhelmed. Only 8.7% did not mention a high workload. This finding has implications for the quality and type of psychosocial support services that OVCs receive.

The Social Work Role

Only a certificate in Social Work was offered at the then Botswana Agricultural College until 1984, when the course was transferred to the University of Botswana, the only University in the country until 2007, which had just established a Department of Social Work. The first graduates with a degree in social work in Botswana were produced in 1990. Most social workers in the country hold either diploma or a degree in social work, and only a few hold Masters Degrees. One of the features of social work education in Botswana is that, although social work theory is socially constructed, the curriculum largely relies on literature from the west. This is partly so because all except two lecturers in the department did their postgraduate studies outside Africa. 'Consequently, since one can only teach what one knows, the curriculum resembles that in the west ... where most members of staff studied' (Bar-on 2001: 128).

The local authority is the largest employer of social workers in the country. At the time of writing this article, there were a total of 420 social workers who were employed by the local authorities in the country (Omphithetse 2007). Social workers in Botswana offer generic not specialized services. Therefore, almost all of them play a role in the lives of children in need of care. Other organizations that employ social workers for purposes of working with children

in need of care include hospitals, the central government, international NGOs such as UNICEF, and faith based organizations which offer among other things, spiritual counselling.

The profession of Social Work aims to promote the well-being of disadvantaged people both at the micro and macro levels. Consequently, social workers play an important role in the formulation and implementation of laws, policies and programs that address the needs of children in need of care. One of the major roles that social workers who work for local authorities in Botswana is the assessment and registration for local authorities as well as the provision of material support to orphans. In this capacity, they

- Identify, assess and register orphans in need of general welfare support.
- Identify and assess orphans in need of special care, i.e. AIDS infected orphans, disabled, mentally handicapped, etc.
- Provide food rations, clothing including blankets, toiletry and shelter as the case may be.
- Identify local groups purchasing food, clothing and other necessities and distributing them to orphans.
- Provide counselling.
- Refer and register terminally ill orphans for home base care.
- Provide skills training, identify school drop-outs and help them to go back to school and they also train parents on orphan care.

As mentioned earlier in this article, social workers who work for local authorities do not play a major role in the provision of psychosocial support to OVCs. This is so because of 57.8% of participants in the DSS's 2006 study mentioned that they were ill equipped to provide such support. Consequently DSS (2006) asserts that provision of material support was the main occupation of local authority social workers. Material support includes the provision of accommodations, rental payments, transport fees, school fees, uniform fees and other school needs.

Local authorities are not the only employers of social workers in Botswana. Social workers who play a role in the lives of children in need of care are also employed by hospitals and non-governmental organizations such as Childline and Save our Souls. Social workers working for such organizations work with local authority social workers. For example, hospital social workers as well as those working for Childline provide counseling to abused children. According to the Director of Childline-Mrs Nganunu, when counseling children, social workers in Childline use a number of tools. These include: drawings, helping children to define their goals, toys, and open ended questions. They also bear in mind the following when counseling children:

- Children have limited language skills.
- Adults have power
 - The best interest of the child principle (guided by the Botswana Children's Act, and Child care principles).
 - Work with the child from a systemic point of view because a child is not an isolated person.
 - Non-judgemental attitude.
 - Understand child's development stage, and that certain behaviors are normal because the stage at which a child is.

Nganunu also contends that in their work with children in need of care, they always bear in mind the importance of intervening at all levels (i.e. micro, mezzo and macro). For instance, if they realize that several children are survivors of abuse in one neighborhood, they can organize a neighborhood sensitization workshop that focuses on child abuse.

Social workers who work for hospitals also liaise with local authority social workers so that local authority social workers could provide the necessary materials such as milk and clothing to abandoned children who are hospitalized (Author's interview with Mmonadibe-one of the social workers who was working in a hospital).

Other activities of social workers that relate to OVCs include policy formulation and advocacy. Some social workers sit in reference committees of organizations such as UNICEF and Department of Social Services which fund and oversee the policy formulation process. The number of social workers who play this role is not known. However, from the author's experience of providing professional and community service to various organizations in the country, the number is not significant. Advocacy work requires among other things disseminating information to the public about various social issues. Social workers are frequently invited to various forums to provide information about issues such as child abuse, family violence, orphan hood as well as HIV/AIDS. Social workers around the country also occasionally organize various activities that sensitize communities about different issues. They (especially those working for NGOs) visit schools, traditional courts, and gatherings in various parts of the country to talk about issues such as property grabbing, children's rights, child abuse, and peer pressure. They also distribute Information Education and Communication (IEC) material on various issues that affect children's wellbeing. Some social workers also participate in radio and TV discussions that focus on these issues.

Other roles that social workers play include education and training (preventive work), for example, Childline has modules that focus on child abuse, children's rights, disciplining children, children and feelings, and children and trauma. Since 2006, social workers working for Childline-Botswana have also been training potential foster parents on foster care. They also investigate and assess child abuse and neglect cases, compile court reports, and prepare children for court. This is a crucial role especially taking into account that in Botswana children are not shielded from perpetrators when in court. This can be very intimidating and traumatizing for the child.

Implications for the future

This article has explored the role of social workers in the lives of children in need of care in Botswana. In summary, depending on the organization one is working for, social workers play the following roles in the lives of children in need of care: provision of material support, provision of psychosocial support, education and training, administration, advocacy and lobbying, policy formulation, and reaching and research. They also network with various stakeholders who provide other types of support (e.g. spiritual and educational support) to children in need of care. The article has also shown that children come into care due to orphan hood, abuse, abandonment and neglect. While national figures exist on the numbers of orphans in the country, there are none on the numbers of children who have been abused, abandoned and neglected. There is a need to compile reliable national figures on these groups of children. Such a practice could go a long way in assisting service providers and policy makers to design appropriate services and policies that adequately meet the needs of children. Moreover, the article has shown that currently, little effort is applied to supporting biological and extended families. This is partly due to the fact that social workers in Botswana generally have a high workload. If this trend continues, the number of children in need of care could continue to grow. Kin should be sensitized about the needs and challenges faced by OVCs. This can go a long way in improving their capacity to provide psychosocial support to these children both before and after the death of parents.

The finding that misconceptions about children's rights are prevalent in Botswana shows that duty bearers need to be educated about human rights more broadly first, then about children's rights. They need to be sensitized among other things about the fact the human rights education is not intended to lead to subversive acts, but to peace, respect and stability. Furthermore, more attention must focus on group work and the creation of social clubs that could enable OVCs to come together and share experiences, problems, challenges and solutions. This move could go a long way in addressing the psychosocial needs of OVCs; particularly taking into account that case-work has numerous limitations.

Conclusion

The article has shown that stakeholders in the country are continuing to embark on numerous programs that aim to improve the lives of OVCs. However, there are many challenges that orphans face with the potential of both short and long-term effects on children's well-being. On this note, the following are recommended: First, there is need to pay close attention to providing services according to the specific needs of orphans, not to use the one size fits all approach as in the provision of material assistance to orphans. Second, there is need to channel efforts to training of kin in orphan care. Such training should not be a one time event but should be on a long-term basis. It is comforting to note that recently efforts have been taken by DSS to do this, and social workers have started going around the country to train some caregivers on PSS. Third, the use of a rights based approach is crucial. A related point is that society at large should be sensitized about children's rights. Lastly, there is need for continued research on children in need of care. Such research should be based on large scale samples, and it should be longitudinal in nature.

References

- Bettmann, J., Osei-Hwedie, K., Maundeni, T., Jacques, G., Mmatli, M., Rankopo, M. J. and Jaspersen, R.** 2007: 'Building Jerusalem...' Cultural Relevance of Western Social Work Education and Practice in Botswana. Paper presented at the 15th International Consortium on Social Development Symposium, Hong Kong Polytechnic University, Hong Kong, July 16 to 20, 2007.
- Callistus, J. D.** 1999: Sexual Abuse of Students by Teachers: Experiences and Perspectives of Francistown Students. A Dissertation Presented to the Department of Social Work in Partial Fulfillment of Bachelor of Social Work Degree. University of Botswana, Gaborone.
- Chilisa, B., Maundeni, T. and Tabulawa, R.** (Undated): National Report on Gendered School Experiences in Botswana. Department for International Development, UK.
- Department of Social Services** 2005: A Report on Provision of Psychosocial Services to Orphans and Vulnerable Children in Botswana: Issues and Challenges. Ministry of Local Government, DSS.
- Department of Social Services** 2008: National Guidelines on the Care of Orphans and Vulnerable Children. Ministry of Local Government, DSS.
- Econsult PTY LTD** 2007: Preparation of the Second Common Country Assessment for Botswana. Draft Report Submitted to UNDP, Botswana Office.
- Government of Botswana** 1981: The Botswana Children's Act. Gaborone: Government Printer.
- Government of Botswana** 2001: Population and Housing Census. Gaborone: Central Statistics Office, Department of Printing and Publishing Services.
- Hamilton, K.** 2006: Where is the Wealth of Nations? Washington DC: World Bank.
- Himonga, C. N.** 1985: Family Property Disputes: The Predicament of Women and Children in a Zambian Urban Community. PhD Thesis. London School of Economic and Political Science.
- Hope, K. R.** 1996: Growth, Unemployment and Poverty in Botswana, in: Journal of Contemporary African Studies, 1, pp.53-67.
- Jacques, G.** 2008: The Changing Face of Family: HIV and AIDS and Statutory Foster Care in Botswana. Paper Presented at Schapera Project Conference, 30-31ST October 2008, University of Botswana.
- Jacques, G.** 2003: Parents without Portfolios: The Challenge to Social Work of Child-Headed Households in AIDS-Stricken Africa. Paper presented at Joint Universities Conference on Contemporary Issues in Social Work. 6-8 October. Pretoria.
- Jacques, G.** 1998: Back to the Future: AIDS, Orphans and Alternative Care in Botswana. Paper Presented at the Joint World Congress of the International Federation of Social Workers - IFSW and the International Association of Schools of Social Work-IASSW, Jerusalem, Israel, July 5-9.
- Kiamba, J. M. and Otugha, R.** 2003: Gender Characteristics of Households in Botswana, in: Central Statistics Office (ed.): Population and Housing Census 2001. Gaborone: Central Statistics Office, pp.436-452.
- Kooijman, K. F. M.** 1978: Social and Economic Change in a Tswana Village. Leiden: Afrika-Studiecentrum.
- Lange, G. M. and Wright, M.** 2004: Sustainable development in mineral economies: The example of Botswana, in: Environment and Development Economics, 4, pp.485-505.
- Lesetedi, G. N. and Ngcongco, N. L.** 1995: A Demographic and Socio-Economic Profile of Women and Men in Botswana: A Review of Summary Indicators of Population Composition and Distribution, Mortality, Migration and Economic Ability, in: Ministry of Finance and Development Planning. Gaborone Botswana: Central Statistics Office, pp.176-188.

- Madhavan, S.** 2004: Fosterage patterns in the age of AIDS: continuity and change, in: *Social Science & Medicine*, pp. 1443-1454
- Mandevu, R. and Muchiru, S.** 1998: Report on Rapid Assessment on the Situation of Orphans in Botswana. Gaborone: Ministry of Local Government, Social Welfare Division.
- Maphalala, B. A.** 2007: Coping with Grief: A Case Study of Orphans in Bobonong Village. Dissertation Submitted in Partial Fulfillment of the Bachelor of Social Work Program. University of Botswana, Department of Social Work.
- Maslow, A.** 1954: *Motivation and Personality*. New York: Harper and Row.
- Maundeni, T.** 2000: Children's Experiences of Divorce in Botswana. Thesis Submitted for the Fulfillment of Doctorate of Philosophy, University of Glasgow.
- Maundeni, T.** 2002: Wife Abuse Among a Sample of Divorced Women in Botswana: A Research Note, in: *Violence against Women*, 2, pp.257-274.
- Maundeni, T. and Levers, L. L.** 2005: Concerns about Child Subject Research in Botswana: A Call for Establishing Structures and Guidelines that Protect Children. Paper Presented at the Department of Social Work Seminar, September, 2004.
- Maundeni, T.** 2006: The Silent Survivors of HIV/AIDS: A Quest for Comprehensive and Inclusive Strategies in Botswana, in: Kasiram, M., Partab, R. and Dano, B. (eds.): *HIV/AIDS in Africa: The Not So Silent Presence*. Durban: Print Connection.
- Maundeni, T.** (Forthcoming): Residential Care in Botswana, in: Courtney, M.E. and Iwaniec, D. (eds.): *Prospectus: Residential Care of Children Comparative Perspectives*. Oxford Press.
- Ministry of Local Government** 2001: Initial Report to the United Nations Committee for the Convention on the Rights of the Child. Gaborone: Government Printer.
- Ministry of Local Government** 1999: Short Term Plan of Action on Care of Orphans in Botswana, 1999-2001. Gaborone: Ministry of Local Government, Social Welfare Division.
- Moatshe, B.** 2004: The Impact of Declining Donor Support on the Sustainability of Non Governmental Organizations in Botswana: Insights from Some NGO Managers in Botswana. A Dissertation Submitted in Partial Fulfillment of the Bachelor of Social Work, University of Botswana.
- Muchiru, S. M.** 1998: The Rapid Assessment on the Situation of Orphans in Botswana. Gaborone: AIDS / STD Unit. Ministry of Health.
- Ncube, A. D.** 1997: A Needs Assessment for School Social Work. A Dissertation Submitted in Partial Fulfillment of the Bachelor of Social Work Degree. Department of Social Work. University of Botswana.
- Nganunu** 2008: Lecture Notes Presented to Social Work Students taking a Course on Counseling. November, 2008.
- Ntseane, D. and Solo, K.** 2007: *Social Security and Social Protection in Botswana*. Gaborone: Bay Publishing.
- Oitsile, K.** 2007: The Effectiveness of Services Rendered to Orphans by Community Agencies: A Case Study of Selibe-Phikwe. A Dissertation Submitted in Partial Fulfillment of the Bachelor of Social Work Degree. Department of Social Work, University of Botswana.
- Organization of African Union** 1990: *Africa Charter on the Rights and Welfare of the Child*. Addis Ababa: OAU.
- Ratsatsi, E.** 2000: Evaluation of the Guidance and Counseling Programs in Boarding Schools: A Case Study of Molefi Senior Secondary School. A Dissertation Submitted in Partial Fulfillment of the Bachelor of Social Work Degree. Department of Social Work. University of Botswana.

Raditedu, B. L. 2004: Psychosocial Impact of Orphan hood on the Girl-Child: A Study of Kalkfotein. A Research Project Submitted in Partial Fulfillment of the Bachelor of Social Work Degree, Department of Social Work, University of Botswana.

Shaibu, S. 2004: Gender, Health and Ageing, in: Machacha, L and Letsie, L. (eds.): Report on the Workshop Proceedings on Gender and Ageing. University of Botswana: Gender Policy and Programme Committee.

Siphambe, H. 2003: Economic Activity and Labour Force, in: Central Statistics Office (ed.): Population and Housing Census 2001. Gaborone: Central Statistics Office, pp.191-198.

Taylor, Z. 1999: Values, Theories and Methods in Social Work Education: A Culturally Transferable Core?, in: International Social Work, 3, pp.309-318.

The Voice 2006, Newspaper, 14 July, 2006.

United Nations 2004: Botswana: Millennium Development Goals Status Report 2004: Achievements, Future Challenges and Choices. Republic of Botswana and United Nations.

United Nations 1989: The Convention on the Rights of the Child. Adopted by the General Assembly of the United Nations on 20 November 1989. Geneva, Switzerland: Author.

UNICEF 2000: The State of the World's Children, 2000. New York: Author.

UNAIDS/UNICEF/USAID 2004: Children on the Brink: A Joint Report of New Orphan Estimates and Framework for Action. New York: UNAIDS/UNICEF/USAID.

UNICEF 2005: The State of the World's Children. 2006. New York: UNICEF.

UNDP (United Nations Development Program) 1996: Human Development Report. New York: UN.

UNDP 2000: Human Development Report. New York: Author.

Author's Address:

Dr Tapologo Maundeni
University of Botswana
Department of Social Work
Plot 4775, Notwane Road
Private bag 00 705
BW-Gaborone
Botswana
Tel: ++267 355 4418 / ++267 72195803
Email: Maunde@mopipi.ub.bw / tmaundeni@yahoo.co.uk

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