*Full Length Research Paper*

# Satisfaction of AIDS orphans about orphan care and support programme

## Matshediso K.[1] Mokgatle-Nthabu M.[1] and Oguntibeju O. O.[2]*

[1]School of Public Health, University of Limpopo (MEDUNSA Campus), Pretoria.
[2]Department of Biomedical Sciences, Faculty of Health and Wellness Sciences, Cape Peninsula University of
Technology, Bellville, 7535, South Africa.

**It is a well known fact that Botswana has one of the world's highest HIV-prevalence rates as well as, the world's highest percentage of orphaned children living among its population. In response to this challenge, Botswana instated the National orphan care support programme. However, since its inception in 1999, little has been done to evaluate its effectiveness. The objectives of the study were to identify the services available to orphans in the orphan care and support service and to determine the satisfaction of orphans with this service. It was also deemed necessary to identify the challenges encountered by both the orphans and the officers in charge of the programme. A qualitative study was conducted in which 40 orphans and 4 officers of the programme were interviewed. Respondents reported dissatisfaction with the services (85%) and gave various reasons for their dissatisfaction including a shortage of human, material and financial resources. The high dissatisfaction rate reported by the orphans is of concern since it may have social, economic and psychological impact on the orphans and the society.**

**Key words:** Orphans, support care, service provision, challenges, Botswana, Africa.

## INTRODUCTION

Globally, the orphan crisis caused by the human acquired immunodeficiency syndrome (AIDS) pandemic remains a serious issue which will have long-term social, economic and psychological impact on societies. At the end of 2001, an estimated 14 million children worldwide had lost their mother or both parents to AIDS-related causes (Ministry of Health, Botswana, 2002; Smart, 2003).

According to a UNICEF report (UNICEF, 2004), there are over 34 million orphans in Africa, of which 11 million are orphaned by AIDS-related diseases. According to this report, Africa has the highest number of orphans in the world, 80% of which live in sub-Saharan Africa.

It is thought that the AIDS epidemic contributes significantly to poverty in many communities, since the burden of caring for the majority of orphans has become

the responsibility of extended families such as women or grandparents with extremely limited resources which subsequently, further exposes them often to severe psychological distress, making them more vulnerable to abuse and exploitation (UNICEF, 2004; Fredriksson and Kanabus, 2005; Ministry of Health, Botswana, 2006).

It is postulated that by 2010, more than 18 million children in sub-Saharan Africa will have lost one or both parents to AIDS-related diseases. In Botswana, it is estimated that 120,000 children had lost their parents to AIDS-related diseases by the end of 2003. By December 2004, Botswana had registered 47,000 AIDS orphans but there are likely to be many more (Fredriksson and Kanabus, 2005). Botswana is known to have one of the world's highest HIV-prevalence rates and has the world's highest percentage (20%) of AIDS-orphaned children among its population in the sub-Sahara (Miller et al., 2006). In April 1999, the Botswana National Orphan Programme was established to respond to the immediate needs of AIDS-orphaned children. A comprehensive

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*Corresponding author. E-mail: oguntibejuo@cput.ac.za, bejufemi@yahoo.co.uk, Tel: 021 953 8495. Fax: 021 953 8490.

policy for assisting AIDS orphans was established under this programme. The Botswana government currently runs a 'food basket' scheme, where a basket of food is provided to orphaned households once per month. Other basic needs of the orphans such as providing school uniforms and subsidizing transportation fees to attend school are also met through the programme.   In December 2005, 50,557 orphans were registered for support from the government (Fredriksson and Kanabus, 2005).

Culturally, Africans prefer to stay with extended families and that is the reason why most orphans in Botswana stay with relatives. However, due to a stigma as well as the increased burden on the caregivers (mostly family members), orphans do not always receive the care and protection they deserve. The 2001 population census revealed the parental status of children and school attendance of orphans and non-orphans. The results indicated that the incidence of orphans is as follows: 2% lost both parents; 3.6% is maternal orphans and 9.6% is paternal orphans. It has also been noted that orphans become disadvantaged as they are often left to take care of themselves or contribute more than is normally expected to their own daily living. There is anecdotal evidence to the fact that some relatives take orphaned children for the sake of obtaining extra labour or for their own domestic chores (Botswana Government, 2003; UNICEF, 2004).

With the death of their parents, orphans lose their economic base, parental guidance and care. Frequently, the lives of orphans, especially young girls have been transformed from childhood to adulthood. They become not only care-givers but in some instances become the heads of the households. They are too immature to fully understand what that responsibility means and neither have they acquired the basic skills needed as this is usually reserved for adults.

Evaluating programmes in developing countries can provide useful information to guide improvements in care delivery as well as provide lessons for people in other settings. Thus, a better understanding of the barriers to care delivery in the Botswana National Orphanage Care and Support Programme could provide insights into how better to deliver these important services.

### The study setting

The study was conducted in the Kanye/Moshupa sub-district of Botswana in the following villages: Moshupa and its catchments areas; Tshwaane, Ralekgetho and Letlhakane. Moshupa has a population of 18639 people (Central Statistics Office, Botswana, 2005; Central Statistics Office, Botswana, 2008). Among these numbers, there are 616 orphans who are registered with the National Orphan Care and Service Programme. Most of these orphans stay with relatives. However, a few of

them stay on their own (UNAIDS, 2006). The care and support programme in Kanye/Moshupa is managed by 4 officers who are community members usually from the Village Development Committee (VDC) and Village Health Committees (VHC).

The Social and Community Development (S and CD) office provides finance, clothing, food and continuous counselling to the orphans. Each month, government officers prepare vouchers which they send to the respective shops to supply food to the orphans. The VDC and VHC work closely with the S and CD department and do home visits, acting as a link between the S and CD and the community and then report back to the S and CD department. The Kanye/Moshupa programme offers the following services: identification and registration of orphans as well as continuous monitoring and counselling of them.

### Ethical considerations

According to Brink and Wood (1993), in conducting this type of research, three main ethical principles which should guide the investigators are: autonomy, beneficence and non-maleficence. Each one is important and was valued by the investigators. Autonomy refers to the individual having the right to self-determination as people are considered to be individuals and not simply members of a group; individuals are not interchangeable. Each one has worth and each one has the freedom of choice to decide whether to participate in a research project or not. Beneficence is the principle of "doing good" to another. "Doing good" to another person requires that someone makes the decision that the act will be good for an individual. Non-maleficence or "do no harm" requires that the investigators do no direct harm although, indirect or unanticipated harm may occur. The following was considered to ensure that the above ethical principles were adhered to: Authority to conduct the research was obtained from the Research, Ethics and Publication Committee of the University of Limpopo, South Africa and from the Ministry of Health Research Unit in Botswana.

### Voluntary participation and informed consent

The rights of the orphans and the officers to participate or not in the research were respected. All the orphans and the 4 officers participated freely after receiving information of the study and on their right to answer questions or not and the right to withdraw at any time should they so wish.  The guardians were informed about the purpose of the study and were requested to give consent for the orphans to participate. After the guardians gave their consent, the orphans were informed of the importance of the study and were then requested to participate. After giving their consent, they were interviewed.

Anonymity and confidentiality were maintained by ensuring that there were no personal identifiers such as names or addresses of the participants. The investigators also ensured that any discussion about the data remained confidential.

## Minimizing risk to the participant

The research was conducted with minimum risk to the participants. The only possible identified risk that could have risen was emotional instability when asked about their age and when the parent/guardians died. However, no such incident occurred. The investigators did not observe any emotional distress on the side of the participants as a direct consequence of the study during the data collection process.

## METHODOLOGY

### Research approach

A qualitative exploratory approach was chosen because the investigators were of the opinion that it could appropriately provide the necessary information needed for the study. According to Creswell (1994), a qualitative study is defined as an inquiry process of understanding a social or human problem based on building a complex, holistic picture, formed with words, reporting detailed views of informants and conducted in a natural setting.

### Study design

The study is an exploratory one in which the major emphasis is on the ideas and insight of the participants.

### Study population

The study population included all the registered orphans of the Orphan Care and Support Programme as well as, the 4 officers of the programme of Kanye/Moshupa sub-district, Botswana.

### Inclusion criteria

1. Orphans registered under the National Orphan Care and Support Programme.
2. Age range of 14 to 18 years old because the majority of the orphans are in this age group.
3. Personnel working in the programme.
4. Willingness to participate in the study.

### Exclusion criteria

1. All the orphans above the age of 18 years.
2. All those not willing to participate.

### Type of sample and sampling technique

A purposive sampling technique was used and only participants who met the criteria were selected from the register of the service.
The 4 officers of the programme were interviewed. According to

Wilson (1993), in purposive sampling, the investigators selected a particular group or groups based on certain criteria. In this sampling, the investigators selected orphans who were in the age group of 14 to 18 years old and who showed interest in the study. Interest was judged from the first interaction when the investigators and research assistant introduced themselves to the guardians and the potential participants. The investigators introduced the purpose of the visit and of the study. If the guardian consented, the investigators then invited the participants to participate and an appointment was made to meet with other participants at a VDC house where focus group interviews were conducted.

### Sample size

A sample size of 62 orphans was determined and 15% was added as a compensation for refusal rate which translated to an additional nine (9) participants to the sample size, making a total of 71 participants. However, the sample size remained 44 (40 orphans and 4 officers) due to data saturation. Data saturation is the situation in which the data has been heard before, for example participants' responses being the same throughout. There is no need to continue interviewing once the investigators establish that further interviews are not adding value to the findings or are repeating what has already been found in the previous interviews (Polit and Beck, 2006). The investigators found that saturation occurred within the first four interviews. They then decided to have two more interviews and stopped the interviews at the 6th focus group interviews with a total number of 40 orphans. This was followed by in-depth interviews of the 4 officers of the programme.

### Data collection

Data was obtained using focus group interviews. Focus group interviews bring together a group of people with similar interests or experience to discuss a certain issue. This method results in producing a more diversified range of responses from different people. The interviews were conducted by the investigators after agreement on the protocol to be followed in conducting these interviews.

### Data collection process

Data collection was done in two sections:

*Section A: Focus–group interviews*

#### Selection of the participants

The investigators obtained permission to conduct the study in villages from the Department of Social and Community Development (S and CD) in Moshupa/Kanye sub-district in Botswana. The register of all orphans was accessed and the criteria for inclusion were used in the selection of the participants. At the respective village, the investigators introduced themselves to the Village Development Committee (VDC) chairperson and explained the purpose of the visit. The VDC chairperson then granted permission to interview participants with the consent of their guardians and the participants themselves. The investigators utilized the VDC offices and primary school premises as a meeting place for the interview.

### Section B: In-depth interview

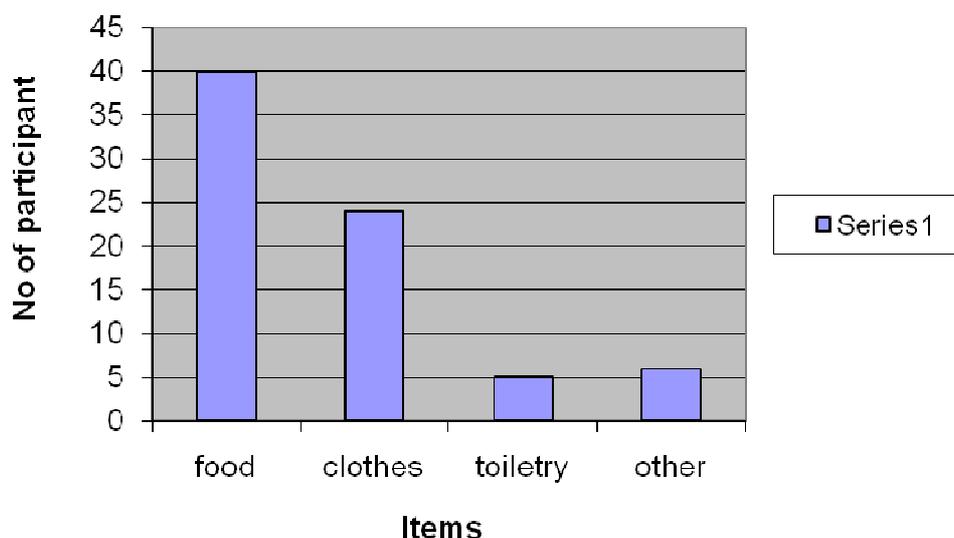Consent was sought from the 4 officers in charge of the programme

**Figure 1.** Material assistance to participants (n = 40).

**Table 1.** Profile of group A participants.

| Participant | Group A | Gender | School status | Additional information |
| --- | --- | --- | --- | --- |
| 1 | 1 | Male | Out | He is the youngest and the only boy in the family and lives with 3 other siblings and their children. |
| 2 | 2 | Female | In | Separated from other siblings, lives with the mother's aunt. |
| 3 | 3 | Male | Out | He lives with the grandmother, a sister and the sister's son. |
| 4 | 4 | Female | Out | Lives with the grandmother and a brother and her son. |
| 5 | 5 | Female | Out | Lives with the aunt, and the cousins, no brother or sister. |
| 6 | 6 | Male | In | Lives with the grandmother and the aunt and the aunt's two children. |

after the investigators explained the purpose of the study. In-depth, qualitative interviews were used as they are regarded to be excellent tools used in planning and evaluating extension programmes. An in-depth interview is seen as an open-ended, discovery-oriented method that is well suited for describing both programme processes and outcomes from the perspective of the target audience or key stakeholder. The goal of the interview is to deeply explore a respondent's point of view, feelings and perspectives. In this sense, in-depth interviews yield valuable information (Guion and Flowers, 2001).

**RESULTS**

**Section A**

***Profile of participants***

Only 7% of the participants reported that either their fathers or their grandfathers were caring for them. Most of the guardians (93%) were grandmothers and aunts and if not, the siblings cared for themselves. The results showed that most of the participants were still at school (70%) while 30% were out of school. Figure 1 shows that all participants were assisted with food and other items such as clothes. The profile of participants is shown on Tables 1 to 6.

Figure 2 shows that most of the participants (64%) prefer food baskets offered by the programme. Of the 40 participants, only 3% said that they were satisfied with everything the service offered. Eight percent (8%) said that there was nothing they liked about the service.

Figure 3 shows that 20% (8) of the participants were not happy that they were not being served fresh food and another 20% (8) said they were dissatisfied with the inconsistency of the service delivery; 17.5% (7) said they did not like the programme as they were not provided with clothes while 12.5% reported that the food is seldom

**Table 2.** Profile of group B participants.

| Participants | Group B | Gender | School status | Additional information |
|---|---|---|---|---|
| 7 | 1 | Female | Out | Lives with grandmother, an aunt, her child and an uncle. |
| 8 | 2 | Female | In | Lives with the grandmother and the uncle. |
| 9 | 3 | Female | Out | Lives with the aunt no other siblings. |
| 10 | 4 | Female | In | Lives with the aunt, other siblings stay with their grandmother. |
| 11 | 5 | Male | In | Lives with 2 elder sisters and a younger brother, the other sister has a child. They stay in a one room, living conditions very tough. Doing standard 1 at the age of 14 years. Sister enrolled him after the death of his mother. |
| 12 | 6 | Male | In | Lives with a grandmother who is very old and two other siblings. |

**Table 3.** Profile of group C participants.

| Participant | Group C | Gender | School status | Additional information |
|---|---|---|---|---|
| 13 | 1 | Female | In | Lives with the great aunt and 3 siblings. The sister has a daughter. |
| 14 | 2 | Female | In | Lives with the elder sister and the sisters' son. |
| 15 | 3 | Male | In | Lives with the grandmother, 2 other siblings and an aunt. |
| 16 | 4 | Female | In | Lives with the brother in a rented house paid by the father, but the payment is very inconsistent, sometimes he does not pay. The father is married to another woman. |
| 17 | 5 | Male | In | Lives with his sister who is a student at a teaching college. |
| 18 | 6 | Male | In | The grandmother, mother, and the aunt died, so he stays with one sibling and two other cousins and an aunt in their grandmother's house. Their uncle is studying in America. The grandfather stays elsewhere and being married to another woman. Father visits them but gives very little support. |

**Table 4.** Profile of group D participants.

| Participant | Group D | Gender | School status | Additional information |
|---|---|---|---|---|
| 19 | 1 | Male | In | Lives with grandmother and 2 other siblings. |
| 20 | 2 | Male | In | Lives with an elder sister with her 3 sons and a younger brother in one room. |
| 21 | 3 | Male | Out | Lives with the great aunt, 2 other siblings stay with other relatives. |
| 22 | 4 | Female | Out | Lives with her grandmother and other siblings. |
| 23 | 5 | Female | In | Lives with other siblings and the elder sister as the guardian. |
| 24 | 6 | Female | In | Lives with grandmother and other siblings. |

enough. The other 15% (6) reported a lack of supervision and supplied other reasons why they were dissatisfied with the programme. This means that 85% of the participants were not satisfied with the service delivery of the programme for various reasons. Our results showed that the majority of the participants (65%) preferred to be

Table **5.** Profile of group E participants.

| Participant | Group E | Gender | School status | Additional information |
|---|---|---|---|---|
| 25 | 1 | Female | In | Lives with other siblings. The elder brother working in town and visits them once a month but not on regular basis. |
| 26 | 2 | Female | In | Lives with grandmother and other 2 siblings. |
| 27 | 3 | Female | Out | Lives with the great aunt, two other siblings and her aunt's 2 children. |
| 28 | 4 | Male | In | Lives with the elder sister and 2 brothers. |
| 29 | 5 | Female | Out | Lives with the grandmother, another sibling stays with mother's cousin in town, is attending school. |
| 30 | 6 | Female | In | Live with the great aunt, 2 other siblings stay with the grandmother. |
| 31 | 7 | Male | In | Lives with one elder sister, an elder brother and two young brothers |
| 32 | 8 | Male | Out | Stays with other siblings, he is the youngest. |

**Table 6.** Profile of group F participants.

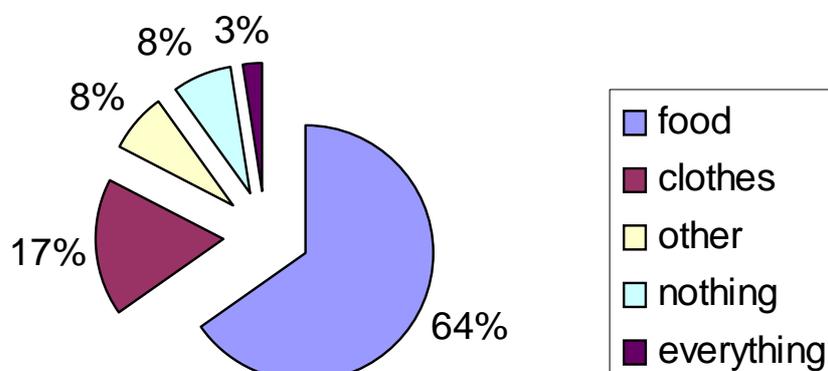| Participant | Group F | Gender | School status | Additional information |
|---|---|---|---|---|
| 33 | 1 | Male | In | Lives with the great aunt and 2 other siblings, a sister and a brother. |
| 34 | 2 | Male | In | Separated from other siblings, stays with the aunt, other siblings stay with another aunt. |
| 35 | 3 | Male | In | Lives with the grandmother and one other sibling. |
| 36 | 4 | Female | In | Lives with 4 other siblings, the elder sister stays in town (she is married) and rarely visits them. |
| 37 | 5 | Male | In | Lives with 3 other siblings, the eldest is a brother and very responsible. |
| 38 | 6 | Male | out | Lives with the grandmother, one sister and an uncle. |
| 39 | 7 | Female | In | The grandmother and the mother died. Staying with her brother, two cousins and an uncle. The grandfather has another wife, he only visits them. They depend only on rations from S & CD. If food gets finished, they wait for another month supply. |
| 40 | 8 | Female | In | Lives with the grandmother. |



**Figure 2.** What participants like most about the service (n = 40).
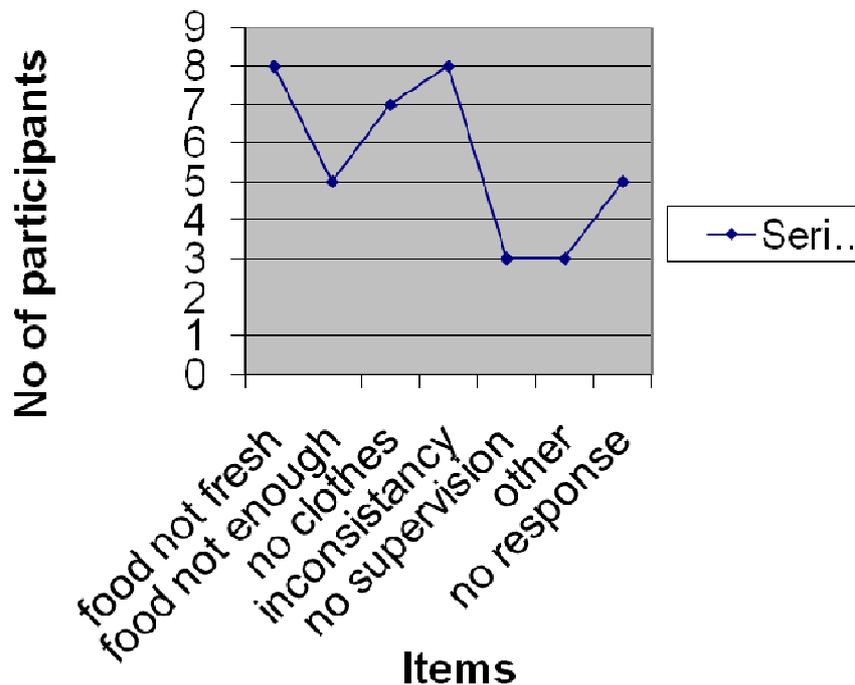
**Figure 3.** Reasons why participants do not like the programme (n=40).

given money to buy whatever they needed. Other participants have different views concerning what should be done to improve the programme.

**Section B**

**Responses from the 4 officers of the programme**

**Question:** What services does the programme offer?

***Answer***: Psychosocial support, material support, shelter and support visits. Psychosocial support include: counseling, following any social problem encountered as well as counseling during bereavement.

**Question:** What are your experiences or perceptions about the needs of the orphans?

***Answer:*** What I have learnt is that, people are different, so their needs differ. Not all of them need food. Some need psychosocial support. Food needs are there but it depends. Some of the orphans do need parental care because relatives are alcoholics and they do not offer good care to the beneficiaries. Such relatives frequently exchange this food for alcohol; others tend to share this food among themselves and with other relatives. Food such as meat is reserved only for special persons for example, boy-friends. Most of the beneficiaries are also exposed to some form of abuse, such as boys who are

given to relatives or to other persons as herd boys while the money is simply claimed by the caregiver. Girls are sometimes hired out to work as maids but just like in the case with boys, the caregiver claims the money. In a situation when the maid does not turn-up for work, the orphan will always be the one to substitute the maid and miss her classes until the maid returns to work. Some orphans opt to stay on their own as heads of the families which of course tends to confront them with many challenges.

**Question:** What are the challenges that you are confronted with when rendering the care and support?

***Answer:*** Shortage of manpower, financial resources and material resources. Due to shortage of manpower, we are not able to cover the area we are supposed to cover. We are also having a serious shortage of transport hence our support visit is not well done. We know that some of the beneficiaries somewhere need our support visit but we are failing to reach them due to financial constraints; most of the time we are operating on negative budget in our vote. However, we never miss to supply the orphans because of a shortage of funds that is why we operate on negative budget.

**Question:** What suggestions do you have as solutions to these problems?

***Answer:*** To stop the orphans from fighting amongst

themselves for food, there should not be any supplies for an individual child; the supply should be one package for the household. If it is done like that, even the relatives may not have the opportunity to share the food. Social Welfare is a broad field; it covers orphan care, child welfare, destitute and community development. So, to deal with shortage of staff, there should be specialization. There should be those officers for orphan care only, those for the destitute, those for child welfare and those for community development.

**Question:** What are the limitations of the programme?

*Answer:* The limitations are the same as the challenges: problems of transport, shortage of manpower and also operating under a tight budget. These are the limitations as they hinder us from performing maximally.

**Question:** What suggestions do you have in handling the limitations?

*Answer:* Specialization can correct the problem of shortage of staff because each employee will be employed specifically for a certain programme, e.g. one for orphan care and support while one for the destitute.

## DISCUSSION

### Identified services

The responses indicate that the services available to the orphans are essentially basic needs such as food baskets, clothing which is mostly school uniforms, casual clothes and blankets. The responses also indicate that the participants are assisted financially for example, money for school fees and school trips. Other household equipment such as gas stoves and gas cylinders are also provided for the orphans. All the participants reported that they receive a food basket on a monthly basis. Twenty-four (60%) reported that in addition to the food, they received clothing such as school uniforms and casual clothes. 12.5% receive toiletries in addition to food.

According to the National Orphan Care Policy, all orphans are to be provided with a food basket and material assistance such as clothing, blankets, gas cylinders and gas stoves and are also entitled to good health. However, not all the participants appear to receive all the services as the policy stipulates. This reveals an inconsistency in service delivery in terms of meeting target obligations. However, the inconsistency in service provision does not seem to hinder the delivery of food baskets on a monthly basis. No child reported not getting a food basket on any particular month. The main problem is providing other items such as school uniforms, blankets and home clothes. Due to the inconsistency, some children do not get all the intended items. Similar

problems were found in Uganda, as reported by Shuey et al. (1996) on orphan care.

According to the Botswana Ministry of Local Government (2008), the guidelines state that in addressing the needs of orphans and vulnerable children, a holistic approach should be adopted where all the needs of a child should be met. In our opinion, the service has not been fully realised in reference to its objectives, for example, the right to education cannot be fully enjoyed particularly in the absence of quality food, adequate medical services and decent shelter.

### Determination of participants' satisfaction

Participants expressed various views on satisfaction. Some participants were satisfied with the service whereas others were not. Twenty percent of the participants were not happy that they are not served with fresh food and another 20% said that they were dissatisfied with the inconsistency of the programme in terms of service delivery. It was noted that 17.5% said that they dislike the programme as they were not provided with clothes. Twelve and half percent (12.5%) reported that the food is seldom enough and the other 15% reported lack of supervision and offered other reasons for being dissatisfied with the programme. These percentages add up to 85% representing the greater percentage of the orphans. The concern is the fact that the service was meant to address the needs of all the orphans and it is our opinion that the orphans should be given the opportunity to express their views concerning the programme as this would promote transparency. According to the responses received, it is evident that most of the participants are dissatisfied with the service delivery due to various reasons. A study conducted in Nigeria (Ohnishi et al., 2004) on AIDS orphans and vulnerable children aged 4 to 18 years showed that of the 717 respondents interviewed, 152 (21.2%) were complete orphans and the rest were partial orphans. Children who had lost their mothers demonstrated lower satisfaction with life than children who lost their fathers. Respondents who demonstrated a higher satisfaction with life were children who enjoyed 3 meals per day.

Some orphans reported that they are dissatisfied with the service providers because they sometimes fail to fulfil their promises. For example, the policy clearly stipulates that all children should be provided with blankets however, this is not happening. This view is in agreement with that of Smart (1994) who stated that even when the service is available as is stated in the policy, service providers may fail to provide what is required due to various reasons such as a shortage of manpower. As reported by the personnel, manpower is one of the challenges facing service delivery to the orphans and this need to be reviewed by the government.

In this study, the majority of the students were still at

school (70%) and 30% out of school (mainly, because they did not pass their junior certificate and could therefore not enter secondary education). In the area of education, the programme seems to be achieving its goals to a large extent when viewing the percentage of orphans attending school as compared to those out of school.

## How to improve the service

The results revealed that 65% of the orphans are dissatisfied with the programme as regards its present operation and would like to see it improved in order that each orphan be given his/her money to buy what he/she wants.

When the participants were asked if they will be able to use the money responsibly, one participant said, "I think it will be good for us if they buy good food but I think because they are not buying good food it is better they give us money. Madam I don't think we can misuse money, at least we will be buying good food for ourselves".

The issue of not directly giving money to the orphans is not different from other countries. In Rwanda, there is a non-profit humanitarian aid organization that assists in the care of orphans and vulnerable children. Similar to the national orphan care and support programme in Botswana, it supplies material support to orphans but does not give money to them.  According to Buhigiro (2009), over 34,000 orphans and vulnerable children in Rwanda were given school supplies. Those in primary school were given at least fourteen exercise books, pens, pencils, a mathematical set, a pair of shoes and school uniforms, while those in secondary school were given all school requirements including the calculators, books, washing and bathing soap, body lotion, pens and pencils, school uniforms and school fees.

The loss of parents produces intense feelings of vulnerability, loneliness, emptiness and affects the desire for a fulfilling life. They feel life could have been much different had their parents being alive (UNAIDS, 2006). According to Whiteside and Sunter (2000), there are a high proportion of children who are not continuously cared for by parents and are mostly cared for by aunts and grandmothers. It is clear that childrens' psychological distress begins with a parent's illness and they are left emotionally and physically vulnerable after the death of a parent. This has been found to be true of the orphans interviewed in this study

## Challenges encountered when providing service

The officers said shortage of resources (human, material and financial) was a great challenge in providing care and support  services to the orphans. Officers divided the

challenges into two parts: office and community challenges.

## Office challenges

There is shortage of staff, transport and money. Our budget is very tight. Most of the times, we operate on negative budget. However, even though our budget is very tight, we do our best to assist the orphans. We rather run short of stationary in our offices than to miss attending to the needs of the orphans.

## Community challenges

In most cases, we meet challenges where the beneficiaries' parents' belongings are taken by the relatives. Valuable things like cars and houses are taken by the relatives. The officers also indicated that lack of support from the relatives or the guardians of the participants poses a greater challenge.

Officers reported that the main challenge in the care and support programme is the lack of a clear and sound mandate and service delivery.

## CONCLUSION

The results revealed that the government of Botswana has a national policy that stipulates which services are to be provided to orphans. However, the orphans were found to be receiving less than what they are supposed to receive. It was also observed that only food baskets were found to be always readily available on a monthly basis with 100% of the participants reporting that they were provided with food baskets every month. The rest of the services were found to be provided inconsistently. However, even though 100% of participants were provided with food baskets every month, 85% of them reported not satisfied with the delivery of other materials due to various reasons.

## LIMITATIONS

The findings of the study cannot be used to make generalizations about the whole population as the study was conducted on a small sample size and was also limited only to one district out of 24 districts. Age restriction may be seen as another limitation. Children less than 14 years old were not represented in this study, therefore, we could not evaluate their needs, satis-faction/dissatisfaction, because what is good for a 14 year old child may not necessarily be good for a five or 10 year old child.

## RECOMMENDATION

There should also be on-going counseling sessions for the extended families that care for the orphans and should be conducted in such a way that will assist the children to adjust well in the new family and also help the new parents to accept the children.

The problem of a shortage of manpower should be addressed by the relevant authorities.

In addition to a monthly provision of food baskets and other materials, psychological support should be adequately provided to the orphans.

It is recommended that proper supervision of the orphans be provided to ensure that the orphans are supplied with all the materials assigned to them on a regular basis and the quality and quantity of such materials should be checked.

## ACKNOWLEDGEMENTS

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