



Republic of Botswana

# USER-FRIENDLY GUIDE TO THE CARE OF ORPHANS AND VULNERABLE CHILDREN



**April 2010**

**Ministry of Local Government  
Department of Social Services**

*Based on the 2008 National Guidelines on the Care of  
Orphans and Vulnerable Children and the Children's Act (2009)*



**USAID**  
FROM THE AMERICAN PEOPLE

**HEALTH POLICY  
INITIATIVE**



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# FOREWORD

Botswana faces a growing challenge of caring for orphans and vulnerable children (OVC). The HIV epidemic has caused a vast increase in the number of OVC and has overstretched the community and family support networks they depend on for support.

Since 1999, Botswana's efforts to meet the needs of OVC have been guided mainly by the Short Term Plan of Action for the Care of Orphans in Botswana. To enhance coordination and standardization of multisectoral responses to the needs of OVC, the Ministry of Local Government adopted National Guidelines on the Care of Orphans and Vulnerable Children in 2008. The guidelines are intended to serve as pointers to organisations and individuals working or intending to work with orphans and vulnerable children by promoting effective responses and discouraging harmful practices.

In 2009, the National Assembly adopted the Children's Act, which clearly outlines the rights and responsibilities of children and their caregivers under the law. The Act also increases legal protection for children and defines offences and penalties for abuse, neglect, exploitation, or other mistreatment of children.

The Ministry of Local Government, Department of Social Services—in partnership with the Marang Child Care Network Trust and with technical assistance and financial support from Task Order 1 of the USAID | Health Policy Initiative—drafted this User-friendly Guide to ensure wider awareness of the content of the OVC Guidelines and the Children's Act by service providers, caregivers, children, police officers, social workers, and the community at large.

The User-friendly Guide includes key points from the OVC Guidelines and Children's Act that should be used frequently. The User-friendly Guide is designed to help nongovernmental organisations (NGOs), community-based organisations (CBOs), social workers, volunteers, and other services providers understand what the ministry's expectations are in terms of service provision to OVC. The guide is also intended to help parents, guardians, community members, and children themselves understand their rights and responsibilities, how to access services, and where to go for further information.

The guide can also serve as an advocacy and awareness-raising tool for NGOs, CBOs, social workers, parents, guardians, community members, and OVC to raise awareness of issues related to OVC; mobilise communities to better support and protect children; advocate for the rights of parents and children; and raise awareness of the different roles and responsibilities of parents, family members, community members, and service providers.

I therefore implore service providers, caregivers, and community members to make effective use of this guide in the interests of improving the quality of life of orphans and vulnerable children throughout Botswana.

Thank you.



Mr. Loeto Dilampi  
Director

Department of Social Services  
Ministry of Local Government

# TABLE OF CONTENTS

Acknowledgements	iii
Abbreviations	iv
Background	1
Definition of key terms	2
How to Use this Guide	4
Bill of Child Rights	6
Monitoring and Evaluation	7
Key Principles	8
Access to Basic Services	10
• Education	10
• Health	13
• Psychosocial Support	14
Children with Special Needs	16
• HIV-positive and Affected Children	16
• Child-headed Households and Children as Caregivers	18
• Children Living with Disabilities	18
• Children in Conflict with the Law	20
• Children Living on the Street	21
Child Abuse and Neglect	22
• What is Child Abuse?	22
• What are the effects of child abuse?	23
• What causes child abuse?	23
• What are some signs of child abuse and neglect?	23
• Where can I find out more about child abuse and neglect or get help?	23
• What should I do if I think a child is being abused or neglected?	24
• Where can I find out more about child abuse and neglect or get help?	25
• Child Labour	25
Succession Planning and Inheritance Rights	27
Licensing Requirements	28
Appendix 1: Sources of Information and Support	29
Appendix 2: Required Childhood Immunisations	30
Appendix 3: Sample Will	31



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Special thanks go to the following people who served as the task team in preparing these guidelines:

Dorcas Taukobong	Marang Child Care Network Trust
Kefilwe Mokokwe	Department of Social Services
Ratanang Ngwako-Balisi	Department of Social Services
Olemme Lekgoko	Department of Social Services
P. Makhala	Department of Social Services
T. Tsheko	Department of Social Services
Ookame Mokabathebe	Department of Social Services

# ABBREVIATIONS

AIDS	acquired immunodeficiency syndrome
CBO	community-based organisation
DSS	Department of Social Services
HIV	human immunodeficiency virus
M&E	monitoring and evaluation
MCCNT	Marang Child Care Network Trust
NGO	nongovernmental organisation
OVC	orphans and vulnerable children
PTA	parent teacher association
S&CD	Department of Social and Community Development
STI	sexually transmitted infection





# BACKGROUND

The growing number of orphans and vulnerable children (OVC) is a cause for concern in Botswana. While AIDS-related deaths are not the only cause of orphanhood and vulnerability, they have greatly increased the number of OVC. In addition, AIDS has made it harder to care for OVC by placing great strain on the families and communities they rely on for support.

In 2007, the National Situational Analysis on Orphans and Vulnerable Children found that there are 51,086 orphans living in Botswana (6.5% of children), while nearly one in five (17.2%) children have lost at least one parent.

Losing a parent is not the only source of vulnerability for Botswana's children. Nearly one-third of children are vulnerable as a result of poverty. Other causes of vulnerability include the following:

- Living in an abusive environment
- Heading a household
- Living with a sick parent or guardian
- Living with HIV
- Living with a disability
- Living outside family care

All these situations can make children vulnerable to abuse and exploitation, illness, withdrawal from school, child labour, and emotional distress and trauma.

Prior to 1999, the Government of Botswana recognised the need to coordinate and standardise the care and support of OVC. In 1999, the Short Term Plan of Action for the Care of Orphans in Botswana was developed based on the findings of a needs assessment. In 2008, the *National Guidelines on the Care of Orphans and Vulnerable Children* were adopted. In 2009, the National Assembly adopted the *Children's Act*. These documents provide a broad framework to support and guide stakeholders in the planning and delivery of comprehensive, high-quality services to all orphans and vulnerable children.

## Purpose of This Booklet

1. To explain the new OVC guidelines and the *Children's Act* in user-friendly terms to ensure that
  - a) Nongovernmental organisations (NGOs), community-based organisations (CBOs), social workers, volunteers, and other service providers understand what is expected of them and can provide guidance to community members and clients; and
  - b) Parents, guardians, community members, and OVC themselves understand their rights and responsibilities, how to access services, and where to go for further information.
2. To serve as an advocacy and awareness-raising tool for NGOs, CBOs, social workers, parents, guardians, community members, and OVC to
  - a) Raise awareness of issues related to orphans and vulnerable children;
  - b) Mobilise communities to better support and protect children;
  - c) Advocate for the rights of parents and children, including children's right to access basic services and to participate in decisionmaking; and
  - d) Raise awareness of the different roles and responsibilities of parents, family members,

# DEFINITION OF KEY TERMS

## Who is an orphan?

- Any child below the age of 18 years who has lost either one parent (child of a single parent) or both parents (child of married parents), either biological or adoptive. Married couples include those married in civil and traditional marriages.
- Any child who has been abandoned or dumped, or whose parents cannot be traced (social orphan).

## Who is a vulnerable child?

Any child below the age of 18 years who

- Lives in an abusive environment,
- Lives in a poor family and cannot access basic services,
- Heads a household,
- Lives with a sick parent(s) or guardian(s),
- Is HIV-positive,
- Is living with a disability, and/or
- Lives outside family care.

## What is a Children's Court?

Any magistrate's court meeting to consider a matter involving a child is considered to be a Children's Court. These matters include

- Neglect, ill-treatment, abuse, or exploitation;
- Applications for protection orders, foster care, and adoption; and
- Charges brought against children between the ages of 14 and 18 years old.

Where there is no Children's Court (magistrate's court), the District Commissioner or District Officer can hear and make decisions in matters involving children.

When the magistrate's court meets as a children's court, it should have a child-friendly environment where children feel safe, are not frightened, and can speak freely. For example, the Magistrate may dress in ordinary clothes, as magisterial robes are often frightening to children.

Children should not be asked to come face-to-face with someone who has caused them harm. They should be able to offer their testimony while the accused person is not there.

## What is a Village Child Protection Committee?

This committee is responsible for educating the community about the neglect, ill treatment, and abuse of children and for monitoring the welfare of children. It is made up of the following:

- *Kgosi* or *Kgosana* of the community concerned
- A social worker
- A man and a woman representing parents in the community (elected by community)
- Two children (male and female), representing children in the community (elected by community)

## What is a Children's Consultative Forum?

The forum meets annually to discuss issues affecting children and make recommendations to the

National Children's Council. It includes 10 children's representatives (under 18 years old) from each district. The district council facilitates their selection.

### **What is the National Children's Council?**

The council is a national body comprising Permanent Secretaries (or representatives) from the Ministries of Local Government, Labour and Home Affairs, and Education, together with the Attorney General (or representative) and six other people from outside the government selected by the Minister of Local Government to represent children's interests and rights. The Chairperson is appointed by the Minister of Local Government. The council meets quarterly to guide, coordinate, support, monitor, and ensure the implementation of activities related to children. The council also advocates for child-centered approaches in laws, policies, strategies, and programmes; and for resources for programmes and activities related to children.

### **What is a Commissioner of Child Welfare?**

Commissioners of Child Welfare receive reports about the abuse, neglect, or ill treatment of a child and take action they consider appropriate. Every Magistrate is automatically designated a Commissioner of Child Welfare. In the absence of a Magistrate, the District Commissioner or the District Officer may act as a Commissioner.

# HOW TO USE THIS GUIDE

## Community Mobilisation

This guide can be used as a community mobilization tool.

### What is community mobilisation?

Community mobilisation is pulling together a community's human and material resources (its people, its skills, and its wealth and goods—such as land and produce) to address a common cause—in this case, meeting the needs of orphans and vulnerable children. Community mobilisation should include everyone, not just some parts of the community.



### Why is community mobilisation important?

When community members work together, they can

solve problems that cannot be solved by one person on their own. The community is the best source of solutions because people understand their community, its problems, and its resources better than someone coming from outside. Every community is different. Something that works in one community may not work in another.

### How do I mobilise my community?

1. Identify people who have influence and can help you mobilise the community (e.g., Kgosi, councilors/politicians, village development committees, and other community leaders).
2. These leaders will help you bring people together to identify problems relating to OVC in the community and to generate ideas about how to solve these problems.
3. Decide on an action plan—what are you going to do as a community to solve these problems? Remember to include what resources (people, skills, money, food, etc.) you will need and how to gather them.
4. Put your plan into action!

There are tools that can help communities mobilise, such as the *Journey of Life* and Community Empowerment Process. Information on the *Journey of Life* is available from Project Concern International.

## Advocacy

This guide can also be used as an advocacy tool.

### What is advocacy?

Advocacy is the action of supporting a cause. It is getting people to support a change so that you can begin trying to influence people who have the power to make that change.

### How do I carry out advocacy? *(Be sure to include children throughout this process.)*

1. Identify what you want to change.
2. Share information about this change widely to get people interested and paying attention.
3. Identify possible solutions.
4. Identify the target of your advocacy efforts—your target should be the person (or people) with the power to make the desired change.
5. Identify strategies that can move your target to make the desired change.
6. Identify who is going to carry out the strategy and what each person or group will do.
7. Form partnerships and alliances to strengthen your efforts
8. Carry out your strategy!
9. Evaluate impact—as you carry out advocacy, it is important to notice whether your strategy is working. Are you able to influence your target? If not, you may need to try a different strategy or reach out to new partners who can help you.

### Who should advocate for OVC?

Everybody should help advocate for OVC—government, private sector, civil society, community members, parents and caregivers, OVC themselves, service providers, and organisations serving OVC (CBOs, NGOs, etc.).

### How can this guide help with advocacy?

This guide can help you identify issues for advocacy. Remember to involve OVC throughout the advocacy process, including identifying challenges and generating possible solutions.

### Why is it important to network and work together with others?

To effectively advocate and mobilise around OVC issues, it is important to work together and build strong working relationships with other individuals and groups.

As the Batswana say:

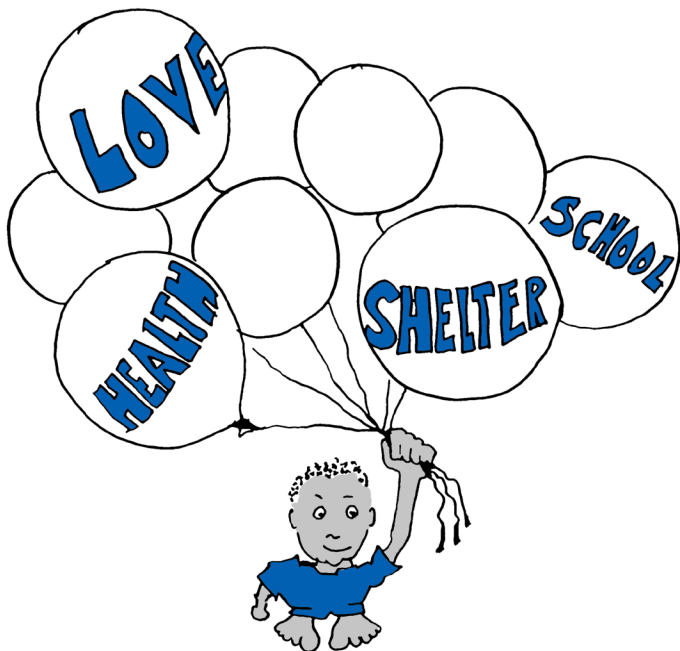
*Kgetsi ya Tsie e kgonwa ke go tshwaraganelwa.*

*Moroto wa esi ga o ele.*

# BILL OF CHILD RIGHTS

The Children's Act of 2009 includes a Bill of Child Rights, which guarantees children the following:

1. Right to life
2. Right to a name—right to a name from birth that does not stigmatise or demean child's dignity
3. Right to a nationality—right to belong to a country, including a birth certificate
4. Right to know and be cared for by parents
5. Right to appropriate parental guidance
6. Right to health—the right to the best health care possible, safe water to drink, nutritious food, a clean and safe environment, and information to help child stay well
7. Right to shelter—right to a safe place to live
8. Right to clothing
9. Right to education—right to free basic education
10. Right to leisure, play, and recreation—right to play and to rest
11. Right to freedom of religion, etc.—while parent/guardian may provide guidance on political, religious, and other matters, no parent should force a child to adopt any particular religion, philosophy, or doctrine
12. Right to freedom of expression—right to give opinions and for adults to listen and take child's opinions seriously
13. Right to freedom of association—right to choose his/her own friends and join or set up groups, as long as it is not harmful to others
14. Right to privacy
15. Right to protection against harmful labour practices—right to be safe in the workplace, to be paid fairly, and to be protected from work that is harmful to a child's health or education
16. Right to protection against sexual abuse and exploitation—right to be free from sexual abuse and to be protected from any kind of exploitation (being taken advantage of)
17. Right to protection from involvement in armed conflict—right to be protected from and free



# MONITORING AND EVALUATION

*This section will be most useful for CBOs, NGOs, social workers, volunteers, and other service providers.*

Monitoring and evaluation (M&E) is an important part of service provision and programme management. The M&E section is placed near the front of this guide to remind you that M&E is something to think about from the very beginning—when a programme or activity is in the planning stages. If you wait until the end, it will be too late to do useful M&E, because you will not have collected the information you need.

Monitoring and evaluating OVC services and programmes helps in many ways:

- *National statistics.* M&E data from service providers help the government and its partners understand what services are needed and for how many children. This then allows them to plan and budget appropriately to ensure these services are provided.
- *Programme planning and reporting.* Good M&E practices help service providers get a clear picture of who they are serving, what services are provided, and whether those services match their clients' needs and are having the desired impact. Good M&E also makes reporting to donors and/or government much easier.
- *Resource mobilisation.* M&E can be an excellent tool for resource mobilisation. It helps show donors and partners that an organisation has good programme management systems in place and it helps the organisation show how donor resources are being used. It also helps to show a need for the organisation's services, which can help it mobilise additional resources.
- *Evaluating progress and impact.* An effective M&E system can be used to evaluate and address challenges as programmes are implemented, or at the end of a programme, to see its impact.

All community-level organisations/individuals implementing OVC programmes should report to Department of Social Services (DSS) through the Department of Social and Community Development (S&CD), using the indicators provided. If you need information about the reporting process or forms for reporting, you should contact DSS or the Marang Child Care Network Trust (MCCNT)



# KEY PRINCIPLES

## Best Interests of the Child

The Children's Act states that the best interest of the child should be the most important consideration in all matters concerning children. It is thus important that those who support and care for OVC first consider the best interests of the child.

## Child Participation

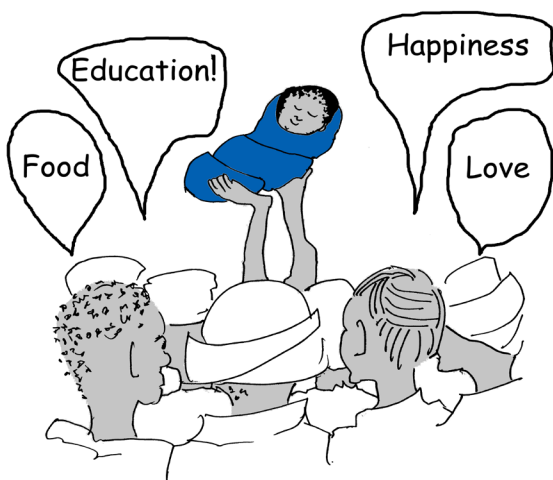
Every child who is of sufficient age, maturity, and level of understanding to be able to, should participate in decisions that have a significant impact on the child's life, including (Children's Act 2009)

- Where they live and who they live with;
- Separation from other siblings after the death of their parent(s)/guardian(s); and
- Inheritance and succession planning.

To help children participate, they should always be given information in a manner and language they can understand, in an environment that helps them feel free to participate.

The National OVC Guidelines offer additional guidance on child participation:

- It is important to involve children and youth in programme design and implementation.
- Children should take responsibility for their rights.
- Children have a right to be heard; however, they should voice their opinions with respect.
- Children over the age of 10 years old should be consulted and allowed to consent to adoption and foster care. In cases where a child is under age 10, a Social Worker should be involved.
- Adults play an important role in facilitating children's participation:
  - Parents and guardians should learn to listen to and discuss matters with children and take their opinions into consideration.
  - Communities should be sensitised on how children can contribute their views to inform decisionmaking on matters that affect them.





## Parental Rights and Responsibilities

Caring for and supporting a child is primarily the responsibility of the child's biological parents or guardians/caregivers (*Children's Act 2009*).

Every parent has the following duties to his or her child:

- To base actions and decisions about the child on the child's best interests
- To provide for the child's physical, emotional, educational, and material needs
- To provide direction and guidance to the child
- To seek advice from family members and community leaders and follow this advice when it is in the child's best interests
- To encourage the child's participation in household decisions and actions
- To raise boy and girl children as equals
- To ensure the child inherits adequately from his/her estate
- To respect the child's dignity—not to discipline the child in a way that violates his/her dignity or has a negative impact on the physical, emotional, or psychological well-being of the child or of other children in the household

As long as it is in the child's best interests, every caregiver/guardian has the following rights in relation to a child in his/her custody:

- To have the child live with him or her
- To control and guide the child's upbringing
- To maintain personal relations with the child
- To represent the child in all contractual and other legal matters regarding the child's property and other interests
- To participate in court and other proceedings related to the child (in accordance with regulations)
- To have access to parenting skills programmes

## Programming Principles

These basic principles should guide the design and implementation of all OVC programmes, interventions, and services:

- Strengthen the capacity of families to protect and care for OVC
- Mobilise and support community-based responses
- Ensure OVC's access to essential services, including education, healthcare, psychosocial support, and birth registration
- Ensure that government protects the most vulnerable children through improved policy and legislation and channeling resources to families and communities
- Raise awareness at all levels through advocacy and social mobilisation to create a supportive environment for children and families living with or affected by HIV and AIDS

# ACCESS TO BASIC SERVICES

## Education

Each and every child has the right to basic education.

A parent or guardian who denies a child the opportunity to go to school shall be fined between P5,000 and P10,000 (*Children's Act 2009*).

Among OVC ages 13–17 years old, 14.8 percent of males and 24.1 percent of females are not attending school (2007 situational analysis).



Preventing a child from attending school, for example by employing a child in your house or on your farm, is a crime punishable by fine or imprisonment.

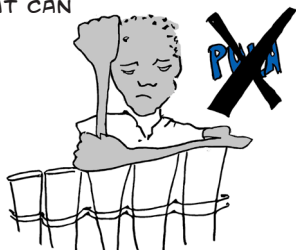
### Why is education important?

- Education can give children the skills they need to earn a stable livelihood. Even in traditional occupations such as farming and ranching, there is a need for literacy, management skills, mathematics, science and technology, and other topics learned in school.
- Education can help children protect property, inheritance, and other rights—both their own and those of their parents and family members.

Another advantage of sending children to school is that they will get proper nutrition through the school feeding programme.

While parents and caregivers have the primary responsibility for making sure that their children go to school, community members, leaders, and CBOs/NGOs should also take responsibility for making sure children attend school.

I'M GOING THROUGH A ROUGH PATCH, AND I DON'T KNOW HOW I CAN RAISE MONEY FOR SCHOOL FEES. WHAT CAN I DO?

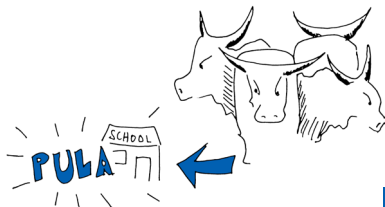


THE GOVERNMENT HAS SPECIAL WAIVERS THAT CAN ALLOW YOUR CHILD TO STAY IN SCHOOL IF YOU CAN'T AFFORD THE FEES. YOU SHOULD GO AND TALK TO A SOCIAL WORKER, THE DISTRICT OFFICER, A COMMUNITY LEADER/KGOSI, OR SOMEONE FROM A LOCAL NGO/ CBO TO FIND OUT HOW YOU CAN APPLY. YOU COULD ALSO ASK AUNTIE RATI TO HELP WITH SCHOOL FEES.



WAIT!

AREN'T THOSE YOUR COWS OVER THERE? YOU HAVE SO MANY! CAN'T YOU SELL ONE TO MAKE SURE THIS CHILD GETS AN EDUCATION?!



Social workers have to make an assessment before a child can be given a school fee waiver. This can take a long time. There is a need for further advocacy to find ways to make this process faster.

### School fee waivers:

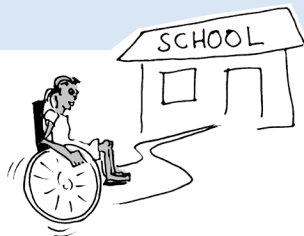
Teachers, social workers, and community members should help caregivers access school fee waivers if they need them.



MY CHILD HAS  
A DISABILITY.  
CAN SHE GO TO  
SCHOOL?



YES, SHE HAS THE RIGHT  
TO GO TO SCHOOL.  
YOU SHOULD START BY  
TALKING TO THE HEAD  
TEACHER ABOUT HOW  
THE SCHOOL CAN  
MEET YOUR CHILD'S  
SPECIAL NEEDS. IF  
THE SCHOOL CAN'T  
MEET THESE NEEDS, IT SHOULD BE ABLE TO  
REFER YOU TO A SPECIAL SCHOOL.



## How to Support Your Child's Education

Making sure children attend school is only the first step. You need to follow up on their progress and support them. Here are some ideas for how to support your child's education:

- Take time every week to talk to your child and see how they feel about school.
- Check in with your child's teachers at least once a month and ask about progress and attendance.
- Make sure you collect report cards and talk about them with your child.
- Participate in the Parent Teacher Association.

It is also important for school administrators and teachers to encourage parents to get involved. For example, you can ask parents to sign off on homework and attend meetings.

HERE IS THATO'S SCHOOL REPORT.  
AS YOU CAN SEE, SHE NEEDS HELP  
WITH MATHS.



MAYBE YOU  
COULD SEE IF A NEIGHBOUR  
CAN HELP HER WITH HER MATHS  
HOMEWORK.

I DON'T KNOW  
MATHS VERY WELL.  
WHAT SHOULD I  
DO?



HEISH, I'M SO TIRED OF DEALING WITH MPHO. HE'S  
GIVING ME TROUBLE! I CAN'T WAIT FOR SCHOOL  
TO START SO THE TEACHERS CAN DISCIPLINE THIS  
CHILD!



NO, THAT'S NOT THE RIGHT  
WAY TO THINK ABOUT IT. EVEN  
WHEN MPHO IS IN SCHOOL,  
YOU STILL HAVE A LOT TO DO! YOU HAVE TO  
MAKE SURE HE GOES TO SCHOOL. YOU HAVE TO  
MAKE SURE HE DOES HIS HOMEWORK. YOU HAVE  
TO MAKE SURE HE ATTENDS AFTER-SCHOOL  
ACTIVITIES. YOU SHOULD ALSO BE GOING TO MEET  
WITH HIS TEACHER EVERY MONTH TO MAKE SURE  
HE'S GETTING ALONG OKAY. I ALSO GO TO PTA  
MEETINGS.



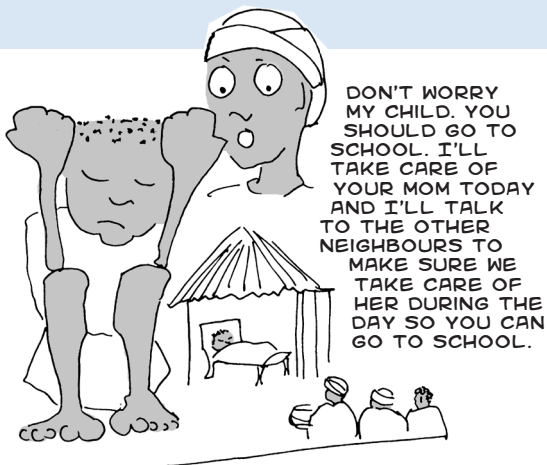
## Community's Role in Supporting Education

As a member of the community, you should help make sure that all children attend school, not just your own.

The neighbour in this cartoon should also know that she can go talk to a social worker or local NGO/CBO to find out if there are any programmes in her community to help her take care of her sick neighbour.

If there are no programmes like this in your community, you can ask NGOs/CBOs or local leaders to find a way to start such a programme.

I WISH I COULD GO TO SCHOOL LIKE OTHER KIDS BUT I HAVE TO STAY HOME AND TAKE CARE OF MY MOTHER. SHE'S VERY SICK.



DON'T WORRY MY CHILD. YOU SHOULD GO TO SCHOOL. I'LL TAKE CARE OF YOUR MOM TODAY AND I'LL TALK TO THE OTHER NEIGHBOURS TO MAKE SURE WE TAKE CARE OF HER DURING THE DAY SO YOU CAN GO TO SCHOOL.

MY CHILD IS RUNNING AWAY FROM SCHOOL. WHO CAN HELP ME MAKE SURE HE GOES TO SCHOOL?



YOU COULD TALK TO HIM AND TRY TO FIND OUT WHY HE IS RUNNING AWAY? HE MIGHT BE HAVING A PROBLEM WITH A TEACHER OR WITH THE OTHER STUDENTS OR HE MIGHT BE HAVING A HARD TIME LEARNING AND FEEL EMBARRASSED.



YOU COULD ALSO TALK TO THE GUIDANCE AND COUNSELING TEACHER, A SOCIAL WORKER, OR SOMEONE FROM A LOCAL NGO/CBO TO SEE HOW THE COMMUNITY CAN HELP. THERE IS ALSO A PROGRAMME CALLED "CIRCLES OF SUPPORT" THROUGH THE NEIGHBOURHOOD AGENTS THAT CAN HELP YOU KEEP YOUR CHILD IN SCHOOL.

WHEN I ASK, HE JUST SAYS THERE'S NO PROBLEM.

OR...



See section on "Child Abuse and Neglect" for more information on abuse and the penalties for abusing a child.

I TALKED TO MY CHILD AND HE SAYS THEY ARE BEING BEATEN WITH A HOSEPIPE.



HEISH, THAT'S NOT GOOD! YOU SHOULD GO TALK TO THE HEAD TEACHER BECAUSE THERE ARE RULES ABOUT HOW TO PUNISH KIDS AND IT SOUNDS LIKE YOUR CHILD IS BEING PUNISHED CRUELLY, WHICH IS AGAINST THE LAW!!



## Health

Every child has a right to good health. Any parent or guardian who does not make sure their child has proper health and medical care has neglected the child (*Children's Act 2009*).

OVC are at risk of poor health:

- OVC are less likely to get health care right away when they are sick because of poverty, sickly or elderly caregivers, or some other problem in the home.
- HIV-positive children can get opportunistic infections.
- OVC often have poor nutrition, which makes it easier for them to get sick.
- HIV-positive OVC are at risk of not following an HIV treatment regimen due to poor supervision.

It is important to identify HIV-positive children early to help them stay healthy (See “Children with Special Needs”).

### Immunisations

Caregivers are required by law to take children for immunisations. Caregivers should make sure OVC receive immunisations and should pay attention to and respond to announcements about immunisations. For more information, see Appendix 2.

I HAVEN'T SEEN YOU TAKING YOUR CHILD TO THE CLINIC. WAS SHE EVER IMMUNISED?



WELL I TOOK HER LAST YEAR, BUT I DON'T THINK I NEED TO TAKE HER ANYMORE. LOOK AT HER, SHE'S VERY HEALTHY!



OH NO, IT'S IMPORTANT THAT YOU TAKE HER FOR ALL HER IMMUNISATIONS. YOU SHOULD LOOK AT HER CHILD WELFARE CARD TO SEE WHEN SHE SHOULD GO FOR IMMUNISATIONS. WITHOUT THESE IMMUNISATIONS, SHE COULD GET VERY SICK AND SHE COULD MAKE OTHER CHILDREN SICK TOO!"

### Other Ways to Support Children's Health

- Have a first aid kit in the home.
- Make sure OVC learn about and practice general hygiene and cleanliness.
- Make sure OVC get life skills and knowledge about how to prevent infections and illness.
- Make sure OVC get enough nutritious food (see “Food Security and Nutrition” below).

### Food Security and Nutrition

Good nutrition is an important part of keeping children healthy. OVC are especially likely to suffer from malnutrition, including lack of important micronutrients. This makes them more likely to get sick.

All children should have equal access to adequate food, including boys and girls (*Children's Act 2009*).

### Ways to support food security and nutrition for OVC

The community, including caregivers and OVC themselves should be trained on

- Home gardening,
- Importance of good nutrition,
- How locally available/produced foods can contribute to good nutrition,
- Weaning practices, and
- How to assess nutrition.

### Local foods

Locally available foods can support proper nutrition and can often be grown in a backyard garden or even gathered. Backyard gardening can help provide the proper nutrition, including vitamins and other nutrients.

### Clean water

It is important to make sure to give children clean water to avoid infectious diseases. You should always boil water before giving it to a child.

### Nutrition clubs

Nutrition clubs can be set up in communities to help people learn about good nutrition and how to grow and prepare healthy foods.

## Psychosocial Support

### What is psychosocial support?

Psychosocial support is a way of meeting the social, mental, emotional, physical, and spiritual needs of children. Children need love, support, guidance, and care just as much as they need food and shelter. The environment children live in has a big impact on their health and well-being.

For example, a child whose parents are always fighting, shouting at each other, insulting each other in front of the child, or who drink too much alcohol is not living in a healthy environment even if he or she has plenty of food.

A good psychosocial support intervention should be based on the child's age, maturity, and ability to understand, as well as his or her rights.

### Special Concerns Related to OVC

Children feel anxious and afraid when their parents are ill, and they experience grief and loss when a parent dies.

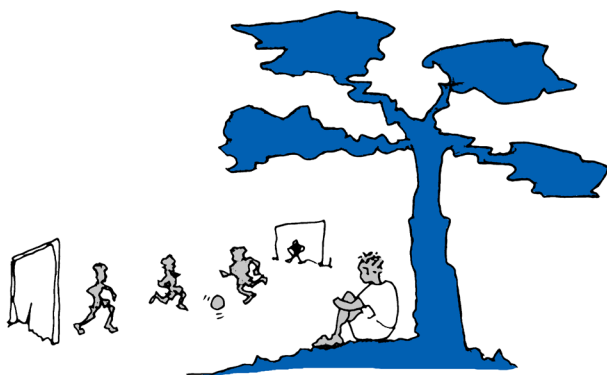
When trying to meet the physical needs of OVC, communities and social workers should also remember their mental, emotional, and spiritual needs. The death of a parent or caregiver is a crisis for a child—it means losing the love, support, guidance, stability, and security that parents provide, as well as losing a link with the past and the possibility of a shared future.

MY GRANDCHILD DOESN'T SEEM TO BE HEALTHY, BUT I GIVE HER SPAGHETTI AND BREAD AND RICE AND MOTOGO. EVEN THOUGH I'M GIVING HER FOOD, SHE'S NOT GAINING WEIGHT.



WHY DO YOU BUY SUCH EXPENSIVE THINGS WHEN YOU CAN FEED YOUR CHILD WITH BOGOBE, MOROGO, BEANS, OR PHANE? AND YOU CAN EVEN GROW THESE AT HOME SO EASILY.

In Botswana communities, there is a belief that childhood is a safe haven. This makes adults unwilling to recognise the pain and confusion that children go through as a result of losing a parent. It is not only adults who grieve. Children experience loss and grief like any other person, though they may show their grief in a different way. Ignoring a child's psychosocial needs can harm their ability to grow into strong, healthy adults.



### Signs that a Child's Psychosocial Support Needs are Not Being Met

- Becoming withdrawn (e.g., avoiding people, not wanting to go to school, and not wanting to play with other children)
- Running away from school
- Rapidly changing moods (i.e., happy one moment, then sad, then angry)
- Poor performance at school
- Acting aggressive or angry

### What should I do if I notice a child is showing these signs?

You should talk to a social worker or a local CBO/NGO to see how that child can be helped.

Caregivers, teachers, police, and families should be trained on how to identify these and other symptoms of trauma and where to refer children for psychosocial support.

Caregivers, teachers, social workers, and CBOs/NGOs should be trained on age-appropriate child counseling.

Caregivers and family members also need psychosocial support. They need to have a chance to grieve and express their feelings about the loss of their child or relative. This will help prevent caregivers from taking out their feelings on the child they are caring for.

### Separation from Siblings

It is important to keep brothers and sisters together after the loss of their parents. This can keep them from experiencing further trauma. Being with siblings is an important source of comfort and support for children during a difficult time.

#### What is a memory project?

A memory project can include written records, recorded stories, artifacts, photographs, and visits to places that are significant to the family and its history. A memory project helps children by encouraging open discussion between parents and worried children about parents' health; giving children a chance to read and reflect on their memories of their parents after they die; and giving children the chance to "trace their roots" and feel connected to their family history.

Contact a local NGO/CBO or MCCNT for more information.

# CHILDREN WITH SPECIAL NEEDS

## HIV-positive and Affected Children

In 2007, there were an estimated 15,000 HIV-positive children living in Botswana. Many more are affected by HIV regardless of their own HIV status. These children may experience discrimination as a result of their own or a relatives' HIV-positive status. Their own HIV-positive status may not be known—leaving them without access to proper treatment and care.

### HIV Testing and Counseling

It is important to identify HIV-positive children as early as possible. Early identification of HIV-positive children has benefits for both children and their parents/caregivers:

- Children have a better chance of living a long, healthy life.
- Children and caregivers have access to treatment, care, and support.
- Children are less likely to get sick from opportunistic infections.
- Parents will enjoy the benefits of raising a healthier child—without the burden of caring for a child who is sick all the time.

Parents should be encouraged to have their children tested for HIV.

Children below the age of 16 require consent of a parent or legal guardian for HIV testing.

Children who test negative for HIV should be given child-friendly counseling and information using appropriate and understandable messages to help them stay HIV negative. HIV-positive children should be connected with treatment and support services.

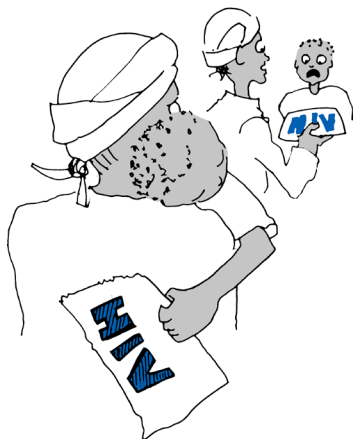
Social workers and other service providers should follow up with children who test positive for HIV and their caregivers to make sure they are receiving proper treatment and support.

### Disclosure of HIV Status

Good communication and open discussion about HIV within the family can help prevent stigmatisation. This is extremely important, as children and their families have much less control over stigma outside the home. It is important for the home and family to be a safe space to discuss issues and concerns related to HIV. Disclosing one's HIV status to family members is important in getting the support needed without being stigmatised. Disclosing to one's family members also ensures that all the necessary precautions can be taken to prevent new and re-infections.

### Disclosure of Child's Own HIV Status

Caregivers should assess at what stage they tell a child about the child's HIV-positive status. If caregivers need help deciding when or how to tell a child about the child's HIV-positive status, they should get help from social workers or healthcare providers.





With due respect to a child's right to confidentiality, caregivers should consider disclosing their HIV-positive status to other family members and other relevant people, such as teachers, social workers, church leaders, etc., who may be able to offer children extra support and guidance.

It is also important to disclose the HIV status of children to their siblings and discuss this openly within the family. This will help children who are worried about their brothers and sisters, as well as helping HIV-positive children by giving them greater support within their family.

### Disclosure of Parent or Caregiver's HIV Status

It is also important that HIV-positive parents and caregivers disclose their HIV status to children in their care. Children will be worried when their caregivers are sick. Talking to them about the illness can help them manage their fears and prepare them for the future.

### Care and Treatment

Parents should be educated on treatment and adherence, including

1. How to recognise symptoms of opportunistic infections,
2. The importance of seeking care as soon as symptoms appear,
3. How to keep basic records of their own and children's health status, and
4. Appropriate nutrition and feeding practices.

### Referral and Support Networks

Parents need to be referred to treatment and support services.

It is important to form networks within the community to provide support for HIV-positive and affected children and their caregivers.

Support groups for children whose families are affected can be an excellent way to help children affected by HIV. Some NGOs and CBOs working with children living with or affected by HIV run kids' clubs that are meant to provide this support: find out if one exists in your community.



Where support groups do not exist, mobilise the community to form them.



Even children who are not living with HIV can be strongly affected by it.

### Stigma and Discrimination

If family members are HIV positive or die as a result of an AIDS-related illness, children may be stigmatised or discriminated against. It is important to provide counseling and psychosocial support to help children deal with stigma. At the same time, there is a need to raise community awareness and understanding of

HIV to reduce stigma and discrimination.

### Child-headed Households and Children as Caregivers

Some children are caring for ill parents or caregivers, while others are becoming heads of households.

It is important for communities to take responsibility for supporting children who are acting as caregivers or who are heading households. Communities should make sure that

- The physical, emotional, social, and spiritual needs of child heads of households and child caregivers are being met;
- These children are able to go to school; and
- These children receive life and survival skills training to help them support themselves.

## Children Living with Disabilities

### What is a disability?

There are many different kinds of disability. A disability is a physical or mental impairment that affects a person's ability to use their senses (hearing, sight, smell, touch, and taste), learn, move, use and understand language, interact with others, care for themselves, and earn a living. There are also many different degrees of disability—from mild to severe.

A child suffering from a learning disability may find it hard to read and write as well as children of the same age, no matter how hard he/she tries.

A child with a visual or hearing impairment will not be able to see or hear as well as a child without this kind of disability.

### How can I tell a child has a disability?

Some signs of disability include the following:

- Child does not roll over, sit, crawl, or walk at around the same time as other children of the same age
- Child does not react to sudden loud noises
- Child does not turn toward you when you speak
- Child does not begin to “baby talk” by around six months of age
- Child does not use single words by 16 months of age
- Child avoids being touched
- Child's eyes change in appearance or have an unusual appearance
- Child blinks or rubs his/her eyes frequently
- One of the child's eyes moves in a different direction than the other
- Child rocks back and forth or bangs his/her head against the wall or other surfaces
- Child does not look or point when someone points out an object
- Child does not try to communicate

### What should I do if a child in my care is showing one or more of these signs?

Go to your local health clinic to have your child assessed for a potential disability.

### What should I do if I think a child in my community is living with a disability and does not appear to be receiving proper care and support?

If you feel comfortable doing so and if you believe it is in the best interests of the child, speak to the child's parents or another relative and encourage them to have the child assessed at the local health clinic or seek support from CBOs/NGOs.

If you do not feel comfortable approaching the child's family or you believe it would not be in the best interests of the child, bring the matter to the attention of a local leader, church leader, police, social worker, councilor/politician.

### Importance of Dignity

It is important to respect the dignity of children living with disabilities—not to treat them as less than

others or to call them by stigmatising names, such as *segole*, *mopakwana*, *setotwane*, *semata*, *eyethe*, etc.

### Life Skills

It is important that children living with disabilities be taught life skills, such as how to care for themselves, how to interact appropriately, and how to manage their own emotions. When a child living with a disability can do things for his or herself, it builds his/her confidence and self esteem. Life skills can also make it easier to find someone to care for a child in the absence of his/her parents.



It is important for children living with disabilities to be taught about reproductive and sexual health, including HIV prevention at the appropriate age. Often, people do not give this information to children living with disabilities because they wrongly believe that living with a disability means that a person is not able to have emotional and physical relationships like a “whole” person.

### Challenges Faced by Children Living with Disabilities

Children living with disabilities are especially vulnerable to abuse and neglect. Community members and caregivers need to be highly aware of this and watch for signs of abuse and neglect. Sometimes, caregivers are afraid to report abuse because of embarrassment about a child’s disability or because they fear the child will not be believed because of limited ability to express him/herself.

Children living with disabilities often experience stigma and discrimination. Some families keep children with disabilities hidden—preventing them from attending school or going outside because the stigma of disability makes them feel embarrassed and ashamed.

Children living with disabilities may find it hard to access buildings and information. They may also find it difficult to make their needs known.

Children with learning disabilities often fall through the cracks or are dismissed as “lazy” or “stupid.”

Community and family members often use stigmatising names.

### Myths About Disability

- A child’s disability is a result of sexual misbehaviour by the mother (e.g., *mopakwana*, *setomo*, etc.).
- Disabilities can be caused by curses or bewitchment.
- A child with a learning disability is deliberately lazy and therefore labeled as *tonki*, *sematla*, *eyethe*.
- People living with disabilities are not capable of doing things for themselves or taking care of themselves, and they can never have their own home or family.

## Facts About Disability

- Disability cannot be caused by a mother's sexual misbehaviour, or by curses or bewitchment.
- Disability can be caused by the following:
  - A genetic disorder that is inherited from either parent
  - Injuries during birth
  - Brain injury or infection before, during, or after birth
  - Premature birth
  - Poor diet and healthcare
  - Drug misuse during pregnancy, including alcohol and smoking
  - Environmental factors, social circumstances, and abuse
- Children with learning disabilities are not lazy or stupid; they are suffering from a medical problem just like a child who is blind or deaf.
- Disability does not mean inability. People living with disabilities can live independently and have fully functional lives.

## Abuse and Neglect of Children Living with Disabilities

Children living with disabilities are often more vulnerable to abuse and neglect than other children. For information on abuse and neglect and how to help an abused or neglected child, see section on Abuse and Neglect.

## Children in Conflict with the Law

Under Botswana law, children are treated differently than adults when they are accused of committing a crime. It is important for caregivers, service providers, police, the community, and children themselves to understand the proper procedures for handling children in conflict with the law and to speak out when these procedures are not being followed.

### Under the *Children's Act*

- A child under the age of 14 years old cannot be found to have committed a crime unless it can be proved that at the time the child committed the crime, he/she understood that the act was a crime and that he/she should not do it.
- Children's courts hear all cases involving a child between the ages of 14 and 18 years old. (See "Definitions" for more information.)
- When a child is accused of a crime, the police officer investigating the crime should cause a social worker to investigate and file a report on the child's general conduct, home environment, school records, and medical history; and this report should be considered by the court when making its ruling.
- Children should never be asked or allowed to give testimony in the presence of someone who has committed an offence against them.
- A child who is found guilty by a children's court may be
  - Placed on probation for six months to three years,
  - Sent to a school of industries for up to three years (or until he/she turns 21)—a school of

- industries provides rehabilitation, as well as vocational training,
- Sentenced to community service,
  - Sentenced to corporal punishment (not more than six strokes), or
  - Sentenced to imprisonment.
- Children's right to privacy should be protected—
    - No one should publish any information about a child involved in a court case that could identify the child or cause the child emotional, psychological, or other harm.
    - No one should share or publish any information about a child's previous convictions.
  - If anyone involved in a case before the children's court cannot afford the cost of legal representation, the government should provide him or her with legal counsel.
  - Any person violating provisions related to children in conflict with the law will be committing an offence that is punishable by a fine of P5,000 and/or imprisonment of up to three months.

## **Children Living on the Street**

While many people believe that street children do not exist in Botswana, it is becoming more common to find children living on the street. Efforts to help street children should focus on helping them find and rejoin their families and adjust to living as part of the community. Where it is not possible to find a child's family, or if the family is unable to care for the child, efforts should focus on finding an alternate caregiver—preferably a member of the child's extended family. The Botswana Christian Council can be a resource for strategies to help street children, as it has been successful in helping children rejoin their families and readjust to life in the community.

# CHILD ABUSE AND NEGLECT

## What is Child Abuse?

Any act that could harm a child's physical or emotional health and development. Not acting when a child is put in danger of such harm is also child abuse.

The forms of child abuse include the following:

- **Physical abuse:** Any physical injury to the child, including punching, beating, kicking, biting, or burning in a way that harms the child.
- **Verbal abuse:** Using a high-pitched and angry voice to the child, tongue lashing, or using vulgar and disrespectful language.
- **Emotional abuse:** Persistent or severe emotional ill treatment or rejection and/or a situation where a child's need for affection, approval, consistency, and security are not met. Emotional abuse is usually carried out by a caregiver or someone else who has power over a child. Emotional abuse affects the way a child thinks, feels, and behaves.
- **Sexual abuse:** Includes inappropriate touching of a child's genitals, inserting objects in a child's private parts, or penetrative intercourse (mouth, vaginal, or anal).
- **Psychological abuse:** When a caregiver or other adult uses harsh words to attack a child or denies a child warmth and affection. It can also include indifference, not showing an interest in what a child wants to say, not listening, or teasing a child.
- **Neglect:** Neglect is a form of child abuse. Neglect is failure to meet a child's basic needs (care, shelter, safety, attention, etc.). A child is neglected if he or she suffers significant harm by not being given food, clothing, warmth, hygiene, intellectual stimulation, supervision, safety, medical care, and/or affection. There are three types of neglect:
  - *Physical neglect:* Includes poor attention to dangers in the home; inadequate nutrition, clothing, or hygiene; or any other form of disregard for a child's physical safety and well-being.
  - *Educational neglect:* Refusing to allow a child of school-going age to attend school or failing to arrange education for a child of school-going age.
  - *Emotional neglect:* Not meeting the developmental and emotional needs of a child.



## What are the effects of child abuse?

Every form of child abuse has both short- and long-term negative effects, such as the following:

- Failure to form lasting relationships
- Low self-esteem (feeling bad about yourself)
- Permanent physical injuries
- Sexually transmitted infections (STIs) including HIV/AIDS

## What causes child abuse?

Child abuse may be caused by many things, including the following:

- General stress and unemployment
- Cultural practices and beliefs
- Dealing with a child with disability or difficult behaviour
- Personal history of abuse (childhood trauma)
- Alcohol and drug abuse
- Relationship conflict
- Parental belief and perception that children are their property and have to be controlled
- Teenage parenting
- Lack of parenting skills
- Dealing with a child with a disability or difficult behaviour

## What are some signs of child abuse and neglect?

- Bruises, burns, cuts, fractures, bite or punch marks, old scars
- Role playing scenes of abuse
- Increasing aggressive behaviour
- Running away
- Withdrawal
- Concentration difficulties
- Sleeping problems
- Poor hygiene
- Lack of or delay in seeking medical care
- Low body weight or severe weight loss
- Lack of child supervision
- Lack of basic needs—food, clothing, and shelter
- Drug or alcohol abuse by the child
- Irregular school attendance or dropping out
- Chronic parasite infestation

### Offences and Consequences

Under the *Children's Act*:

- Any parent, guardian, or caregiver who neglects, ill treats, or exploits a child—or who allows or causes the child to be neglected, ill treated, or exploited—is guilty of an offence and will be fined P5,000–20,000 and/or imprisoned for six months to two years.
- Any parent, guardian, teacher, or other person who is aware of a case of child abuse or exploitation and fails to report it is guilty of an offence and will be fined P10,000–30,000 and/or imprisoned for 2–3 years.
- Any person, including a parent, who plans or works together with another person who sexually abuses or exploits the child is guilty of an offence and will be fined P30,000–50,000 and/or imprisoned for 5–15 years.
- Any parent, caregiver, or guardian who misuses money given to him or her for support of a child is guilty of an offence and will be fined P2,000–5,000 and/or imprisoned for 3–6 months.

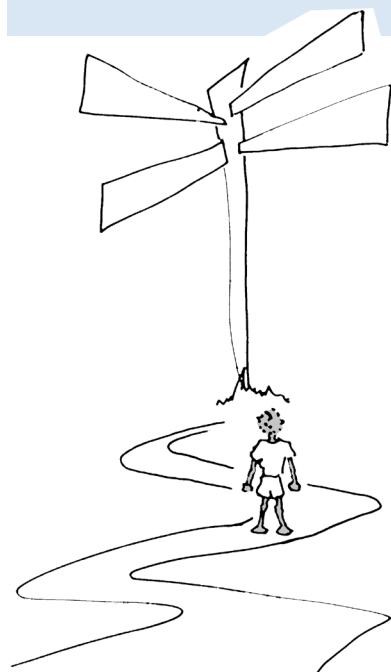
## What should I do if I think a child is being abused or neglected?

**1** If you think a child is being abused or neglected because you have noticed some of the signs of abuse/neglect or because a child tells you he or she is being abused, you should report the matter to a social worker (from S&CD or local CBO/NGO, health center, etc.) or to the police.

Reports can be made anonymously.

Anyone who reports child abuse/neglect has a right to be protected by the police from harassment or threats that come as a result of the report.

If you report abuse in good faith, you cannot be punished under the law if an investigation does not find evidence that abuse is happening.



**2** The social worker/police officer investigates by interviewing the child and the person who filed the report.

Before interviewing the child, the police officer/social worker should get permission from a parent or guardian, except in situations where this could put the child in danger or endanger the investigation.

**3** If the social worker/police officer finds that a child is in need of protection, he/she should submit a report to the Children's Court, including recommendations for how to deal with the child.

**4** If a social worker/police officer believes that a child is likely to suffer harm if not immediately removed to a place of safety, he/she may immediately remove the child to a place of safety. Interfering with a social worker/police officer carrying out this measure is a criminal offence, subject to fines and/

### In cases of sexual abuse,

- Do not clean the child or change the clothes before taking them to the hospital to be examined, as this will destroy important evidence.
- Take the child to the police immediately, and a police officer should immediately accompany you to the hospital/health center.
- Involve the police immediately so that the child can make a statement.
- The child should be taken to the hospital/health center for examination and counseling.

Children should not be asked to confront or give evidence in the presence of someone who has harmed them.

Children have a right to legal representation. They should not confront a prosecutor or magistrate alone.

Remember!!



## Where can I find out more about child abuse and neglect or get help?

- Local social workers
- Department of Social Services, Child Protection Services (3971916)
- Childline (3900900; Crisis Line: 0800-300-900) and other child care service organisations
- Police toll free number (999)

[See Appendix I for contact information and more resources]

## Child Labour

Every child should be protected from economic exploitation (taking advantage) and any work that is likely to be dangerous, to interfere with the child's education, or to be harmful to the child's physical, mental, spiritual, moral, and social development (*Children's Act 2009*).

Anyone who unlawfully employs a child is guilty of an offence and can be fined between P10,000 and P30,000 and/or imprisoned for 2–3 years.



Children have a right to be protected from harmful labour practices.

# SUCCESSION PLANNING AND INHERITANCE ISSUES

The 2007 situational analysis on OVC in Botswana found that there was a gap in succession planning. Few ailing parents talked with their children about their illness or made plans for their children's future. After the death of their parents, orphans were rarely involved in making decisions about their lives.

## What is Succession Planning?

Succession planning is planning for how your children will be cared for and supported after your death. Because no one can know when they will die, succession planning is important for all parents (not just

MUMMY, SHOULD YOU DIE, WHO IS GOING TO BUY US TOYS?

YOU SAY TOYS, TALK ABOUT THE SCHOOL FEES AND CLOTHING.



DO NOT WORRY MY CHILDREN, I HAVE WRITTEN A WILL, AND SO AUNTIE RATI WILL PROVIDE THE CARE AND LOVE YOU NEED.

those who are already ill). It is especially important for single or separated parents to do succession planning to prevent potential disinheritance of children by absentee parents. One way to plan and prepare for your children's future is to draft a will.

## Steps in Succession Planning

1. Talk with the children in your care about possible guardians in the event of your death. If you are suffering from an illness, it's important to talk about this with your children so they can understand and be prepared. If you are not ill, it is still important to have a plan, in case you should die unexpectedly.
2. Once you have agreed with the children about who should care for them if you die, talk with the guardian(s) you have chosen to get their permission.
3. Write down a list of assets that can be used to make a will.
4. Consult with a lawyer or Kgosi to write a will (see Appendix for simple guide to writing a will)

## What is a Will?

A will is a legally binding document that states how property will be distributed upon the death of the will maker.

See Appendix for information on how to write a will.

**Note for service providers:** It is important to train service providers, volunteers, social workers, and other caregivers on succession planning, how to write a will, and how to do a memory project.

## Inheritance Rights

When a parent dies without a will or fails to adequately provide for his/her surviving children in a will, the children have a right to a share of their parents' estate in accordance with the Administration of Estates Act (*Children's Act 2009*).

Anyone who violates the inheritance rights of a child is guilty of an offence and subject to a fine of P20,000–30,000 and/or imprisonment of six months to two years (*Children's Act 2009*).

Children's inheritance rights is a key advocacy issue because children are often unable to protect their rights without help from the community.

The High Court plays an important role in protecting the inheritance rights of children.

### What should I do if I see a child's inheritance rights being violated?

If you are aware that a child's inheritance rights are being violated, you can do the following—

1. Talk to the *Kgosi* on behalf of the child
2. Present the situation to the District Commissioner, Councilors/Politicians, Magistrate, Social Worker, or Police Officer

For further details on inheritance rights, see Section 27 (6-7) and the *Inheritance Act*.

### Importance of Local Leaders

Local leaders are vital to protecting the rights of children, and it is important that CBOs, NGOs, and other service providers work closely with these leaders on issues related to children's inheritance rights and help raise leaders' awareness of the *Children's Law* and other inheritance laws.

# LICENSING REQUIREMENTS

Under the *Children's Act*, it is an offence to operate a child welfare institution without a license. Services offered by child welfare institutions include the following:

- Preschool or daycare services
- Drop-in or afterschool services
- Community outreach
- Psychosocial support
- Retreat-based interventions
- Recreational facilities/services
- Residential care (live-in) services

All of the above services require licensing. Licenses may be obtained by submitting an application package to the local District Council S&CD office.

Before applying for a license, all organisations must be registered as one of the following:

- As a Trust—through the Deeds Registry (Attorney General's office)
- As a Society—through the Registrar of Societies (MLHA)
- As a not-for-profit company
- As a church

Any institution that wants to travel outside Botswana with children in its care to raise funds for the benefit of the children or for any other purpose must receive prior written approval from the Minister of Local Government. Otherwise, the institution can be fined P5,000–10,000.

All organisations wishing to apply for a license will need the following items:

- Form DDS12 or Form EECE (for early childhood care and education)
- Programme proposal specifying the needs the organisation wishes to address; the organisation's objectives; the organisation's current or intended activities; the target clientele; stakeholders involved and their roles; and expected outputs or results of the programme
- CVs or personal profiles for all staff members and volunteers
- Health check and criminal record check documents for all staff members and volunteers
- List of furniture and equipment in use (if applicable)
- Land use permit (if applicable)
- Fire inspection report
- Environmental health inspection report
- Letter from bank regarding credit worthiness
- Organisation's governing document in its entirety (i.e., constitution, deed of trust)

Anyone who operates such an institution without a license is guilty of an offence and will be fined P5,000–10,000 and/or imprisoned for 6–12 months.

Any licensed institution that violates the regulations and minimum standards set out in the *Children's Act* is subject to a fine of P10,000–20,000.

# APPENDIX 1: SOURCES OF INFORMATION AND SUPPORT

Name of Organisation	Services Provided	Contact Information
Botswana Baylor Children's Clinical Center of Excellence	<ul style="list-style-type: none"> <li>Pediatric care for HIV-positive children</li> <li>Teen clubs</li> </ul>	3190083
Botswana Christian Council	<ul style="list-style-type: none"> <li>Strategies to help street children</li> </ul>	
Botswana Council for the Disabled	<ul style="list-style-type: none"> <li>Information and services related to living with disability</li> </ul>	3973599
Botswana Network of People Living with HIV and AIDS (BONEPWA+)	<ul style="list-style-type: none"> <li>PLHIV network</li> <li>Can provide referrals to care and support services, including local support groups</li> </ul>	3906224
Botswana Network of Ethics, Law, and AIDS (BONELA)	<ul style="list-style-type: none"> <li>Legal advice and counsel on rights and laws related to HIV</li> </ul>	3952516
Childline	<ul style="list-style-type: none"> <li>Counseling, and referrals</li> <li>Crisis line</li> <li>Parenting skills</li> <li>Fostering and adoption</li> <li>Safe house for abandoned or abused children up to age 5 years old (by court order)</li> <li>Play therapy for traumatised children</li> <li>Lobbying and advocacy for children's rights</li> <li>Preparing children for court</li> </ul>	3900900 Crisis Line: 0800-300-900
Department of Social Services	<ul style="list-style-type: none"> <li>Family Welfare Services Division</li> <li>Child Protection Division: <ul style="list-style-type: none"> <li>NGO Coordination</li> <li>Psychosocial support</li> <li>Probation and aftercare</li> <li>Monitoring and evaluation</li> <li>Orphans and vulnerable children</li> </ul> </li> <li>Information on Journey of Life and Community Empowerment</li> <li>Information on reporting processes and forms for organisations serving OVC</li> <li>Information on how to set up a nutrition club</li> <li>Information on licensing for OVC/child welfare institutions</li> </ul>	3971916
Lifeline Botswana	<ul style="list-style-type: none"> <li>Counseling and referrals</li> </ul>	74478737
Marang Childcare Network Trust	<ul style="list-style-type: none"> <li>Issues of licensing and capacity building of NGOs/CBOs focusing on OVC</li> <li>Referrals to local NGOs/CBOs dealing with OVC issues</li> <li>Information on Journey of Life and Community Empowerment</li> <li>Information on reporting processes and forms for organisations serving OVC</li> </ul>	3901325 3951026
Police Toll Free Number		999
Department of Social and Community Development (S&CD)/Boipelego	<ul style="list-style-type: none"> <li>Local authority</li> <li>Implement social policies of the country directly to the people</li> <li>Provide services such as food baskets, counseling, protection of OVC, etc.</li> </ul>	
Department of Women's Affairs	<ul style="list-style-type: none"> <li>Information, referrals, and services related to women, including women's empowerment; gender and HIV; domestic violence; and marital rape</li> </ul>	3912290

# APPENDIX 2: REQUIRED CHILDHOOD IMMUNISATIONS

## Botswana Childhood Immunisation Schedule

Contact	Age of Child	Vaccine
1	At birth	BCG and HBV1
2	2 months	DPT1, OPV1, and HBV2
3	3 months	DPT2, OPV2
4	4 months	DPT3, OPV3
5	9 months	Measles and HBV3
6	18 months	DPT and OPV Boosters
7	7 years	DT and OPV Boosters
8	13 years	TT Booster

## TT5 Schedule

Dose	Interval	Protection
TT1 (DPT1)	First contact	None
TT2 (DPT2+3)	4 weeks after TT1	3 years
TT3 (DPT 18 months)	6 months after TT2	5 years
TT4 (DT std 1)	1 year after TT3	10 years
TT5 (DT std 7)	1 year after TT4	Child-bearing age

# APPENDIX 3: SAMPLE WILL

## WILL OF {name of individual}

I, **[NAME OF INDIVIDUAL]**, a resident of **[ADDRESS]**, hereby make this Will and revoke all prior Wills and Codicils.

### I. PERSONAL INFORMATION:

a. I was born on **[DATE OF BIRTH]** in **[PLACE OF BIRTH]**

b. I am married to **[NAME OF SPOUSE]**, who I will refer to as "my spouse." We were married on **[DATE OF MARRIAGE]** in **[PLACE OF MARRIAGE]**.

**IF SEPARATED ADD:** We have been separated since **[DATE OR YEAR OF SEPARATION, AND IF BY COURT ORDER OR AGREEMENT, ADD PURSUANT TO ORDER OF THE \_\_\_\_ COURT ON DATE]**.

**OR IF NEVER MARRIED**

b. I am not married, and I have never been married.

**OR, IF PREVIOUSLY MARRIED**

b. I am not currently married, but I was previously married to **[NAME OF LAST SPOUSE]** in **[YEAR OF MARRIAGE]**, and the marriage ended by {state which} **[DEATH, DIVORCE, or ANNULMENT]** in **[YEAR]**.

c. I have **[NUMBER OF]** living children; {if so please state name(s)}.

d. In the event I am the sole surviving parent of minor children, then I appoint **[NAME]** to serve as their Guardian. If s/he is unable or unwilling to serve, I appoint **[NAME]** as Alternate Guardian.

### 2. BENEFICIARIES:

I give my property—**[LIST OF ASSETS OR PROPERTY]** to the following persons:

All to my spouse. **OR** One-half (or other percentage) to my spouse and the balance to **[NAME]**. **OR** One-third (or other percentage) to my spouse and the balance to my children, equally and their issue, per stirpes. **OR** All to my children, equally, and their issue, per stirpes. **OR** To **[NAME BENEFICIARY(IES) AND PERCENTAGES]**.

If any beneficiary under this Will does not survive me by 30 days, then I shall be deemed to have survived such person.

### 3. PERSONAL REPRESENTATIVE OR EXECUTOR:

I appoint **[NAME]** as Executor of my Will, and if she is unable or unwilling to serve, then I name **[NAME]** as alternate Executor. My Executor and alternate shall have all powers granted by applicable laws of my country to carry out all provisions of this Will, may use provisions and procedures for the simplified handling of estates, may hold in trust the share of any minor beneficiary until she reaches age 18, and shall not be required to post a bond.

I, **[NAME]**, hereby sign this Will at **[PLACE]** on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
\_\_\_\_\_**[SIGNATURE]**.

### WITNESSES

**GET THREE PEOPLE, WHO ARE ALL THERE AT THE SAME TIME, TO SEE YOU SIGN THE WILL, TO IMMEDIATELY SIGN THIS ATTESTATION. A WILL THAT IS NOT PROPERLY WITNESSED IS NOT VALID.**

Each of us hereby states, under penalties of perjury, that on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at {place} we observed {name} who we know and have otherwise proved her identity to us, declare the above document to be her Will. She then asked us to serve as her witnesses and then signed the document in our presence. She appeared to be an adult, of sound mind and memory, and acting of her own free will, and not under any force or duress. We are now, immediately after she signed the Will, signing our names in her presence.

\_\_\_\_\_**[Signature of Witness #1]**

\_\_\_\_\_**[Signature of Witness #2]**

\_\_\_\_\_**[Printed name of Witness #1]**

\_\_\_\_\_**[Printed name of Witness #2]**

\_\_\_\_\_**[Address of Witness #1]**

\_\_\_\_\_**[Address of Witness #2]**

\_\_\_\_\_**[Signature of Witness #3]**

\_\_\_\_\_**[Printed name of Witness #3]**

\_\_\_\_\_**[Address of Witness #3]**







