A census of orphaned and vulnerable children in two villages in Botswana

GN Tsheko, LW Odirile, M Segwabe & K Bainame

MASIELA TRUST FUND

W.K. KELLOGG FOUNDATION
FROM VISION TO INNOVATIVE IMPACT

HSRC
HUMAN SCIENCES RESEARCH COUNCIL

Compiled by the Masiela Trust Fund's OVC Research Unit, Botswana in collaboration with the Social Aspects of HIV/AIDS and Health Research Programme, Human Sciences Research Council, South Africa

Published by HSRC Press
Private Bag X9182, Cape Town, 8000, South Africa
www.hsrcpress.ac.za

First published 2006

ISBN 0-7969-2149-0

Print management by comPress

Distributed in Africa by Blue Weaver
PO Box 30370, Tokai, Cape Town, 7966, South Africa
Tel: +27 (0) 21 701 4477
Fax: +27 (0) 21 701 7302
email: orders@bluewater.co.za
www.oneworldbooks.com

Distributed in Europe and the United Kingdom by Eurospan Distribution Services (EDS)
3 Henrietta Street, Covent Garden, London, WC2E 8LU, United Kingdom
Tel: +44 (0) 20 7240 0856
Fax: +44 (0) 20 7379 0609
email: orders@edspubs.co.uk
www.europanonline.com

Distributed in North America by Independent Publishers Group (IPG)
Order Department, 814 North Franklin Street, Chicago, IL 60610, USA
Call toll-free: (800) 888 4741
All other enquiries: +1 (312) 337 0747
Fax: +1 (312) 337 5985
email: frontdesk@ipgbook.com
www.ipgbook.com

CONTENTS

LIST OF TABLES

LIST OF FIGURES

FOREWORD

Since the first case of HIV/AIDS was identified in Botswana in 1985, the major focus of government and other agencies has been on the prevention of the spread of the disease at the expense of mitigating its impact.

Notably, the reductions in the levels of infant and childhood mortality that have been achieved in the past years have been reversed. Adult mortality and life expectancies have also been affected by the scourge of HIV/AIDS.

Faced with this situation, government, civil society and the private sector have adopted a multi-sectoral approach to address the challenges brought about by this epidemic. This approach includes setting up programmes such as voluntary counselling and testing (VCT), routine testing, control and prevention of sexually transmitted infections (STI), prevention of mother-to-child transmission (PMTCT) of HIV/AIDS, highly active antiretroviral therapy (HAART), community home-based care and orphan care programmes. Although the country has all these programmes in place, it is still faced with many challenges. These include new infections, deaths resulting from HIV/AIDS and increased numbers of orphans and vulnerable children (OVC).

A study of this kind provides baseline information on the magnitude of the orphan problem in two villages in Botswana: Palapye and Letlhakeng. The results will provide insight into the issues that affect OVC. This would assist the Masiela Trust Fund in designing relevant intervention strategies that are evidence based.

Project Director, Masiela Trust Fund OVC Research

ACKNOWLEDGEMENTS

This study was funded by the Kellogg Foundation and undertaken by the Masiela Trust Fund OVC Research-Botswana under the umbrella of the Human Sciences Research Council (HSRC) in South Africa. Masiela Trust Fund OVC Research is indebted to the field assistants, data entry clerks, respondents and community leaders who participated in this study. We are also grateful to our research team, who have worked tirelessly in the preparation of instruments, collection of data and report writing.

Lastly, we are thankful to staff at Masiela Trust Fund for the support they provided during the study period.

ACRONYMS AND ABBREVIATIONS

AIDS	acquired immunodeficiency syndrome
BSS	behavioral surveillance survey
BOTUSA	Botswana USA Partnership
CBO	community-based organisation
EA	enumerator area
HIV	human immunodeficiency virus
NGO	non-governmental organisation
OVC	orphans and vulnerable children
PMTCT	prevention of mother-to-child transmission
PSS	psychosocial survey
SPSS	Statistical Package for the Social Sciences
STI	sexually transmitted infection
STPA	short term plan of action
VCT	voluntary counselling and testing

EXECUTIVE SUMMARY

The Human Sciences Research Council (HSRC), together with its partners within the Southern African Development Community (SADC) region, have been commissioned by The WK Kellogg Foundation (WKKF) to develop and implement a five-year intervention project focusing on orphans and vulnerable children (OVC), as well as families and households coping with an increased burden of care for affected children in Botswana, South Africa and Zimbabwe.

The main aim of this component of the research was to obtain a count of all the OVC in all eligible households in Palapye and Letlhakeng, the two research sites in Botswana. The study also collected information about caretakers, the number of other children being cared for, the nature of their accommodation and the households economic situation. This was done to determine the exact numbers of OVC in the two sites and to obtain a sampling frame for conducting a baseline psychosocial survey of the OVC in the two areas.

This OVC survey used a census design in which a house-to-house (only persons who usually live in the household) enumeration of all the households and members of households in each village was employed. A total of 4 906 households were enumerated. Of the 4 906 households, 91.2 per cent were successfully interviewed. The information from the survey data shows an imbalance in the sex ratios and the dependency ratio of less than 100. The data also suggest that a majority of households were female-headed (55.3 per cent) while child-headed households comprised a small percentage (0.5 per cent) of all households. The sex-ratio imbalances and female-headed households observed here and elsewhere in the literature are important to our understanding of the implications of the spread of HIV/AIDS and the orphan-care problem. In the literature it is stated that women, children and those from female-headed households are socially and economically disadvantaged.

The proportion of young people aged 18 years and below comprise slightly less than half of the total population surveyed. In this survey about a third of children aged 18 years and below have lost at least one parent. The percentage of orphans in both sites is similar. About one in 25 children in the same age bracket were disabled. Many children aged 6-18 years were still at school. Although a large number of children who are of school age do go to school, a small percentage (seven per cent) have never attended school. Children aged between six and seven who do not attend school are usually unable to do so because of financial constraints. These are some of the factors that prevent children from accessing education. In addition, a high percentage (40 per cent) of the heads of child-headed households have never been to school. This has implications for the OVC's socio-economic wellbeing.

The problems experienced by households at both research sites include nutrition, lack of school uniforms and clothing in general. At least 50 per cent of the households reported having a member who has been continuously ill for three months. Both Letlhakeng and Palapye have traditional and modern houses. However, 53.6 per cent of respondents live in a room at the back, reflecting the fact that most people live in rented accommodation. Even though 97.2 per cent have access to safe drinking water, only 12.4 per cent have piped water inside the house.

The results of this study show that there are vulnerable children in both Palapye and Letlhakeng and these findings are consistent with what has been observed in other national surveys in Botswana (Population Census, 2001). Given the similarity of the results of this study to other national surveys, clearly these are economically and socially disadvantaged households.

CHAPTER 1

Introduction

Background

Definition of orphanhood and vulnerability

According to the Ministry of Local Government Lands and Housing, 1999, Botswana defines an orphan as a child who is aged between 0-18 years and has lost either a father or a mother or both parents. A social orphan is defined as an abandoned child whose parents cannot be traced. Skinner et. al. (2003) define an orphan as a child who has lost both parents through death or desertion, or if the parents are unable or unwilling to provide care. They further define a child as someone who is aged 18 and below, although in some cases a person aged 21 or less is defined as a child.

Skinner et. al. (2003) also define a vulnerable child as someone who has no or restricted access to basic needs and rights even if both parents are living. A vulnerable child is a child who is either orphaned or is living in crisis situations with multiple causes. Such situations may result in prostitution or street life. These are children who belong to high risk groups and lack access to basic social facilities. Risk can be identified in terms of malnutrition, morbidity, death and loss of education (World Bank and UNICEF, 2002).

Prevalence of orphanhood and vulnerability in Botswana

Botswana has not yet conducted any research solely on the prevalence of orphans. There are data available from the Department of Social Welfare under the orphan care programme, as well as from the Central Statistics Office collected during the Population and Housing Census. Data from the Department of Social Welfare is limited in that it contains information on registered orphans only and excludes unregistered orphans and vulnerable children. However, the data from Central Statistics Office are less comprehensive and less detailed as they lack household vulnerability indicators. Given these limitations, a more focused study is needed.

Rationale and aims of the study

The project will operate in five phases, using both qualitative and quantitative approaches to meet the above mentioned objectives. The phases of the project are:

- Phase 1: Collecting initial background information needed for the study.
- Phase 2: Conducting three surveys, namely the Psychosocial Survey (PSS), OVC Census and Behavioral Surveillance Survey (BSS).
- Phase 3: Developing various OVC interventions.
- Phase 4: Implementing the new OVC interventions.
- Phase 5: Monitoring and evaluation of the OVC interventions.

The overall aim of the project is to implement research-driven, evidence-based, intervention programmes to assist children, families and communities affected by HIV/AIDS in Botswana.

The objectives of the project include:

- Assessing the social conditions, health, development and quality of life of orphans and vulnerable children.
- Indentifying family and household support systems for coping with the burden of care for OVC at family, ward, community, national and international level.
- Obtaining additional information that would be useful in the OVC census baseline and the BSS surveys for the study sites
- Obtaining any additional information that would be useful for sharing with Masiela Trust, the grant-maker.
- Using the information obtained to build capacity in community-based systems for sustaining care and support to vulnerable children and households over the long term.

The specific objectives of the census include:

- Documenting the problem in terms of numbers of OVC at the two research sites.
- Providing current information on demographic and related socio-economic characteristics of the two research sites.
- Providing and maintaining a time series of demographic data at village level. These data enhance appraisal of the past, assessment of the present and estimation of the future.
- Providing data that will be used to develop community capabilities to produce, coordinate and disseminate relevant, accurate and timely statistics to meet the information needs of various users in relation to the problem of OVC.
- Providing data to be used for interventions by the community based organisations (CBO) involved in the OVC programme.
- Developing and maintaining an efficient sampling frame for PSS and BSS.

CHAPTER 2

Methodology

Census

The population census in Palapye and Letlhakeng involved enumerating people at their places of residence. A house-to-house (only persons who usually live in the same household) approach of all the households in the village was employed using an OVC census record sheet (Appendix 1). Thirty enumerators and ten supervisors per site were involved in the data collection exercise. Supervisors were involved so that they could monitor the day-to-day activities of the census.

The census design is an official, usually periodic, enumeration of a population, often including the collection of related demographic information. Botswana has never conducted an OVC census. Prior to the 1991 population census, there has not been any mention of OVC in any of the census reports. The 1991 Population Census report integrated the impact of HIV/AIDS on mortality rates, fertility and life expectancy. These are the only variables that could be linked to orphans and vulnerable children.

Description of the sites

Palapye

Palapye is situated in the Serowe/Palapye district. It is one of the largest villages in Botswana, with a population of 26 293, of whom 12 087 are men and 14 206 are women (Central Statistics Office, 2001). This means that women comprise 54 per cent of the population. Palapye is in Central Eastern Botswana, about 275 kilometres north of the capital city, Gaborone. Palapye is built around a coal-driven power station called Morupule. The local mine, Morupule Colliery, supplies the coal for the power station. Most of the people living in Palapye are employed by either the power station or the colliery. Many of the population are employed mainly by the government in the ministries of health, education and in local government. However, most families still depend on farming for survival.

Palapye is a semi-urban locality and Setswana is the main language. It also has an advanced infrastructure. The community has access to different shops (food, furniture, and clothing), public phones, public transport, electricity, water and tarred roads among other things. It is a typical village, where some families still live in one-roomed traditional houses that are made of mud with a thatched roof. Most of the households do not have running water and proper sewage. Palapye has some urban areas where some families live in modern multi-roomed houses that have running water, proper sewage and electricity. The Department of Water Affairs has provided community standpipes in the village for use by villagers who do not have running water in their homes.

Palapye still embraces the traditional caring culture of the extended family, although there are signs that the extended family has begun to disintegrate. The extended family has always provided a safety net, but is now undergoing a tremendous social and economic change that has a direct impact on the family's ability to provide care for OVC. The socio-economic developments taking place in the country have had both negative and positive impacts. One of the negative impacts at societal level has been the break-up of the extended family as more and more family members move into towns to seek

employment. As a result of these movements, and the rise in the cost of living, families are no longer as intact as they used to be. This has resulted in a tendency towards a more nuclear family rather than an extended family. Such constraints have led to the formation of child-headed households.

Palapye has both the traditional and modern type of leadership, comprising a chief, two deputy-chiefs, a district commissioner and other state officials, such as the police, political councillors, members of parliament and others.

There is one primary level hospital and four clinics. These are government-supported facilities that provide for the health needs of the community, including those of OVC. The Botswana 2003 second-generation HIV/AIDS surveillance (National AIDS Coordinating Agency, 2003) does not separate Palapye as a community, but includes its population in data from the rest of the Serowe/Palapye district. The HIV prevalence rate for the district was 43.3 per cent in 2003. The hospitals and clinics provide an array of services to benefit people living with HIV/AIDS and these include prevention of mother-to-child transmission (PMTCT) of HIV/AIDS programmes, a sexually transmitted infections (STI) clinic, tuberculosis (TB) treatment, and access to antiretroviral treatment for both children and adults through Serowe and Mahalapye hospitals. The Sekgoma Memorial Hospital based in Serowe is located about 45 kilometres west of Palapye, while Mahalapye Hospital is located about 60 kilometres south of Palapye. People living in Palapye also have access to a free voluntary counselling and testing (VCT) centre provided through a local VCT provider, Tebelopele. The VCT uses rapid tests and has been supported through collaboration between Botswana and the USA government, BOTUSA (Tebelopele Voluntary Counseling and Testing annual report, 2004).

There are schools in Palapye, which are operated through both the private and public sector. There are six day care centres. Out of these, only one is provided by a NGO and is called House of Hope. Other day care centres are provided through the private sector and charge monthly rates of between P300-P450 per child. There are eight primary schools and three secondary schools, all supported by government through the Ministry of Education.

Through the Ministry of Local Government, Social Welfare Division, Palapye's orphaned children benefit from the government orphan care programme. The purpose of the programme is to identify and register orphans, as well as to provide monthly rations in the form of food and toiletry. Clothing is provided annually. By December 2004, the programme had registered 1 743 orphans (Ministry of Local Government, 2004).

Letlhakeng

Letlhakeng is situated in Kweneng West District. It shares borders with the Khutse Game Reserve in the west, Lentsweletau Sub-District in the north, Kweneng District in the east and Southern and Kgalagadi Districts in the south-west. Letlhakeng is the capital of the sub-district. It is about 120 km west of Gaborone. The population of Letlhakeng is 6 032 with 3 339 women and 2 693 men (Central Statistics Office, 2001). Women comprise 55.3 per cent of the population.

Letlhakeng is primarily a rural district and the communities depend on farming for survival. In some cases, families depend on hand-outs from government provided under its destitute policy. Though the dominant language used is Setswana, the community also uses other minority languages such as Sekgalagadi and Seshaga. This is a typical

settlement with traditional housing where most of the households do not have running water, proper sewage and electricity. The Department of Water Affairs provides standpipes for use by villagers who do not have running water in their homes. Most families use fire wood to cook rather than using gas or electricity.

Letlhakeng is made up of traditional settings, which still embrace the extended family culture of caring, although there are signs that the extended family has begun to disintegrate. The extended family has always provided a safety net but is now undergoing a tremendous social and economic change that has a direct impact on their ability to provide care for OVC. The socio-economic developments taking place in the country have had both negative and positive impacts. One of the negative impacts at societal level has been the break-up of the extended family, as more and more family members move into towns to seek employment. As a result of these movements, and the rise in the cost of living, families are no longer able to remain intact and the nuclear family is replacing the extended family. These social challenges have often resulted in the formation of child-headed households.

Letlhakeng has both the traditional and modern type of leadership consisting of the headman and state officials, such as the police, political councillors and members of parliament. Letlhakeng village serves as the capital of the sub-district and residents from Kweneng West sub-district access most services from this village. The infrastructure in Kweneng West is generally poor. The communities do not have easy access to different shops (food, furniture, clothing), public phones, public transport, electricity, water, tarred roads and other amenities.

There is one clinic with a maternity wing. This is a government-supported facility that provides for the health care needs of the community, including those of OVC. The Scottish Livingstone hospital in Molepolole, which is 60 kilometres away from Letlhakane, provides an array of services to benefit people living with HIV/AIDS. These include PMTCT programmes, an STI clinic, TB treatment and access to antiretroviral treatment for both children and adults. People living in Letlhakeng also have access to a free VCT centre located in Molepolole. The service is provided through a local NGO, Tebelopele. The VCT centre uses rapid tests and has been supported through a collaboration between Botswana and the USA government, BOTUSA. The availability of a tarred road between Letlhakeng and Molepolole makes communication and travel affordable.

Through the Ministry of Local Government, Social Welfare Division, Letlhakeng orphaned children benefit from the government orphan care programme. The purpose of the programme is to identify and register orphans, as well as provide monthly rations in the form of food and toiletries. Clothing is provided annually. By December 2004, the programme had registered 542 orphans (Ministry of Local Government; Department of Social Services, 2004).

There is one primary school and a junior secondary school and these are operated mainly through the Ministry of Education. There are two day care centres in Letlhakeng and both are privately owned. This means that parents have to pay for their children to go to the day care centre.

Study sample

Table 1 shows that 3 725 of households were surveyed in Palapye. Out of these, 3 433 (92.2 per cent) of households completed the survey, but in 4.1 per cent of the households there was no one present and 3.3 per cent of the households were abandoned.

Table 1: Total number of households visited, Palapye, 2004

Result	Number of households	Per cent
Completed	3 433	92.2
Incomplete	3	0.1
Refusal	13	0.3
No one present	153	4.1
Abandoned	123	3.3
Total	3 725	100.0

Table 2 shows that the total number of households surveyed in Letlhakeng was 1 180. Out of these, 1 040 (88.1 per cent) of households completed the survey, but in 7.5 per cent of the households there was no one present and 3.7 per cent of the households were abandoned.

Table 2: Total number of households visited, Letlhakeng, 2004

Result	Number of households	Per cent
Completed	1 040	88.1
Incomplete	4	0.3
Refusal	3	0.3
No one present	89	7.5
Abandoned	44	3.7
Total	1 180	100.0

Community preparation

Time was spent with the community, including leaders in both Palapye and Letlhakeng, to negotiate entry. This was done in consultation with other CBOs working with OVC in the two study sites. Such preparation helped the community and the leaders to understand the programme.

Research instruments

A questionnaire, in the form of an OVC census record sheet, was used to collect data from respondents. The generic OVC census form from the HSRC was adapted for Botswana. The form was also translated into the local language, Setswana. The enumerators interviewed the head of the household and filled in responses on their behalf. The questionnaire had four areas of focus and these included:

1. An identification area, which included the location of the home in terms of village and ward names.
2. A list of the members of the household. This included the full names of respondents, their age, gender, relationship to head, type of orphan, disability if any and school attendance record, including reasons for not attending school.
3. Household living conditions, including the type of housing, availability of water, cooking and lighting sources, toilet type and financial resources.
4. Household vulnerability indicators, including how often they had meals and whether they had access to medical facilities when sick.

Data collection

Prior to going into the field, the enumerators and supervisors went through five days of training from 26th to 30th July 2004. The purpose of the training was to:

- Teach the field work team how to conduct a census, including the ethical issues involved in conducting a census.
- Familiarise the field work team with the data collection tool.
- Provide the fieldwork team with an opportunity to practise with the data collection tool.

The supervisors were trained for two days, while the enumerators were trained for three. There were training manuals developed specifically for supervisors and for enumerators. The supervisors' manual focused on supervision during data collection as well as understanding the census enumerator data collection sheet. During the training topics such as ethical issues, understanding the census questions and appropriate words to be used, were covered. Time was set aside during training to allow practise in using the instruments, followed by feedback from participants. The enumerator's manual focused on collecting data from the field. The training concentrated on understanding the census sheet. Time was also set aside to allow practise to ensure that the contents of the sheet were understood and to provide an opportunity to conduct interviews using the instrument. Consensus on ethical consideration, style of questioning and appropriate words to use was also reached after the instrument was introduced.

Data collection started shortly after the training. Once in the field, the enumerators worked closely with their supervisors, area community liaison officers and the research team. Fieldwork lasted from 9th August – 3rd September 2004.

Data management and analysis

After data were collected from the field, it was brought to a central place in Gaborone for data editing, coding, entry, data cleaning and analysis. Data entry was done, using the Statistical Package for the Social Sciences (SPSS), by well-trained data entry clerks who,

prior to starting data entry, were oriented to the tool that was used for data collection. There were some quality data entry checks done during entry, for example, to check cases where the same data were entered twice. Once data entry was completed, data cleaning was done by the project researchers. Finally, the data were analysed using SPSS. Simple cross tabulations and descriptive statistics were used.

Quality control

During the OVC census, ten supervisors were engaged per site. They were required to make sure that every enumerator worked according to the instructions laid down. The supervisor checked and supervised the enumeration work thoroughly by following the procedures that were clearly laid out. Supervisors had to be in contact with enumerators all the time, to collect and check enumerators' work and help them solve whatever fieldwork problems they encountered. Supervising the work of enumerators was an integral and important part of the OVC census and was intended to improve the quality of the data being collected by ensuring that enumerators produced work of high quality. This was done by monitoring interviews and editing questionnaires. For the enumerator to perform their work effectively and efficiently they had to understand all the details and procedures contained in the manual, as well as those in the enumerator manual and make sure that they knew how to complete the questionnaire. They also needed to know all the details regarding their enumerator areas (EA), that is their location, their boundaries, important landmarks and the name of each enumerator under their respective EA.

All the supervisors were trained by the research team to enable them to understand the contents of the questionnaire and how it should be filled in and the various activities and stages involved, as well as their role in the census. They were also trained to be able to identify and prevent the two types of errors that could occur, which involved coverage and content. The supervisors were trained first, then the enumerators. During enumerator training, supervisors were assigned their respective enumerators. At this time, the supervisors were familiar with all the various OVC census activities and they helped assist in the training of the enumerators. Such an exercise helped supervisors to get to know their enumerators well. The exercise also strengthened interaction between enumerators and their respective supervisors.

The training of supervisors ensured that all enumerators received their materials for the enumeration work. They ensured that the checklist form was completed and signed and proper arrangements were made for departure to their EAs. There was a quality control form that supervisors used as a guideline to help them to detect work that failed to meet acceptable quality standards, take corrective action through further guidance and closer supervision of weaker enumerators and to confirm if work was still unacceptable. These guidelines helped the supervisor to refer the problem to the research team after the last stage. The research team were then expected to further initiate corrective measures including replacement of the enumerator or a special clean-up of the questionnaires.

Supervisors accompanied each enumerator at the beginning of the enumeration and observed each of them enumerating in at least two households. They visited the enumerators in order of competency, from the strongest to the weakest.

Supervisors were trained in how to conduct themselves during interviews, for example, never to interrupt an interview as this may upset the enumerator and the respondent and to go over the questionnaire after each interview, explaining to the enumerator any mistakes made during the interview and correcting the form if necessary.

Ethical considerations

This study received ethical clearance from the Health Research and Development Committee for Ethical and Scientific Review in Botswana.

Confidentiality

The entire research team (researchers, supervisors, field liaisons and enumerators) were required not to disclose the contents of any interview to anybody who was not part of the team. All interviews were conducted in private unless the participant requested a particular person's presence. Participants were not forced to participate in the study. Participants also had the right to terminate their participation at any time during the interview. They were given respect for all the decisions they made.

Consent form

Both verbal and signed consent were used in the study. The enumerators explained the contents of the consent form and its importance. The form was given to participants to read, or in cases where they could not read, the form was read to them by the enumerator. The parent or guardian consented on behalf of children under the age of 21.

In the consent form, participants were assured that the information obtained would be confidential. This was necessary to ensure that participants were comfortable disclosing information about themselves and their families without fear of victimisation.

CHAPTER 3

Results

Palapye

Response rate

Table 3 shows the total number of households surveyed in Palapye. Of the 3 725 households that were visited in Palapye, 3 433 were successfully interviewed. This yielded a response rate of 95.3 per cent, including repeat visits.

Table 3: Number of households and response rates, Palapye, 2004

Category of household	Locality Name
	Palapye
Visited households	3 725
Occupied households	3 602
Completed households	3 433
Household response rate (%)	95.3

Demographic characteristics

The nature of these data require that certain demographic indices pertaining to the age and sex of the population be determined, as these are often of interest. The importance of this is in the context of the issue at hand, in this case OVC. These methods of analysis and description are not applicable to a comparison of different populations but can be used when the same population is compared over time. The following subsections give a description of the survey population in Palapye.

Sex composition

Data from this survey show that there were 7 331 men and 9 364 women in the population. Women comprise 56.1 per cent of the population while 43.9 per cent are men. This could be expressed as a ratio of men to women, where out of every 100 women there were 78.3 men. This relative imbalance was also seen at national level, where there are more women than men in the general population (Population and Housing Census, 2001).

Age composition

A description of the population using age dependency ratios shows the contribution of variations in age composition to variations in economic dependency. The ratio for the Palapye study area shows a lower dependency ratio of 67.4 per 100, a value which is lower than 100, the pivotal value. This discrepancy could be further emphasised by another measure, which describes the age composition as the ratio of the number of elderly persons relative to the number of children. This index establishes whether the population is aging or growing younger. This measure gives good information on family structure and by inference, on the ratio of caregivers/caretakers in the study population to younger siblings in the household. For instance, a population with an index of less than 15 is described as young and that with an index of over 30, as old. In this study

the estimate for this measure is 11.3 per 100. Therefore, the value for Palapye reflects a young population (10.4 per 100).

Individual socio-economic characteristics

Relationship to head of household

Of the 16 695 household members 20.2 per cent were classified as head of household, while 36.2 per cent were daughters and sons of the head. About 19 per cent of the household members were grandchildren as presented in Table 4 below.

Table 4: Percentage distribution of household members by relationship to head, Palapye, 2004

Relationship to head	Number	Per cent
Head	3 365	20.2
Spouse	882	5.3
Child(Biological)	6 037	36.2
Sibling	976	5.8
Parent	96	0.6
Child-in-law	47	0.3
Parent-in-Law	15	0.1
Grandfather – Maternal	50	0.3
Grandfather – Paternal	10	0.1
Grandmother – Maternal	157	0.9
Grandmother – Paternal	20	0.1
Grandson/daughter	3 105	18.6
Step child	29	0.2
Adopted child	42	0.3
Other relative	1 242	7.4
Employee	61	0.4
Not Related	561	3.4
Total	16 695	100.0

Orphan status

Data from the survey showed that a total of 7 584 children aged 18 years and below were surveyed in Palapye, of which 67.9 per cent had both parents alive and present, 21.2 per cent had only mother alive and present, while only 7.5 per cent had lost both parents through death or permanent desertion (See Table 5 overleaf).

Table 5: Percentage distribution of children under 19 years by parental survival status, Palapye, 2004

Parental survival status	Number	Per cent
N/A (Both parents alive and present)	5 150	67.9
Lost a mother (through death or permanent desertion)	253	3.3
Lost a father (through death or permanent desertion)	1 610	21.2
Lost both parents (through death or permanent desertion)	571	7.5
Total	7 584	100.0

Table 5 shows that about 32 per cent of children had lost a parent either through death or desertion. The survey results also show that among children who lost a father through desertion or death, 47.5 per cent were boys while 52.6 per cent were girls. Among those who lost a mother, 46.3 per cent were boys, while 53.8 per cent of them were girls. The percentage of male children who had both parents either dead or deserted was 7.5 per cent, compared with 7.6 per cent among females.

Table 6: Percentage distribution of children under 19 years by parental survival status and sex, Palapye, 2004

	Male		Female		Total
Parental survival status	Number	Per cent	Number	Per cent	Number
Both parents alive	2 447	68.1	2 703	67.7	5 150
Lost a mother (through death or permanent desertion)	117	3.3	136	3.4	253
Lost a father (through death or permanent desertion)	762	21.2	848	21.3	1 610
Lost both parents (through death or permanent desertion)	268	7.5	303	7.6	571
Total	3 594	100.0	3 990	100.0	7 584

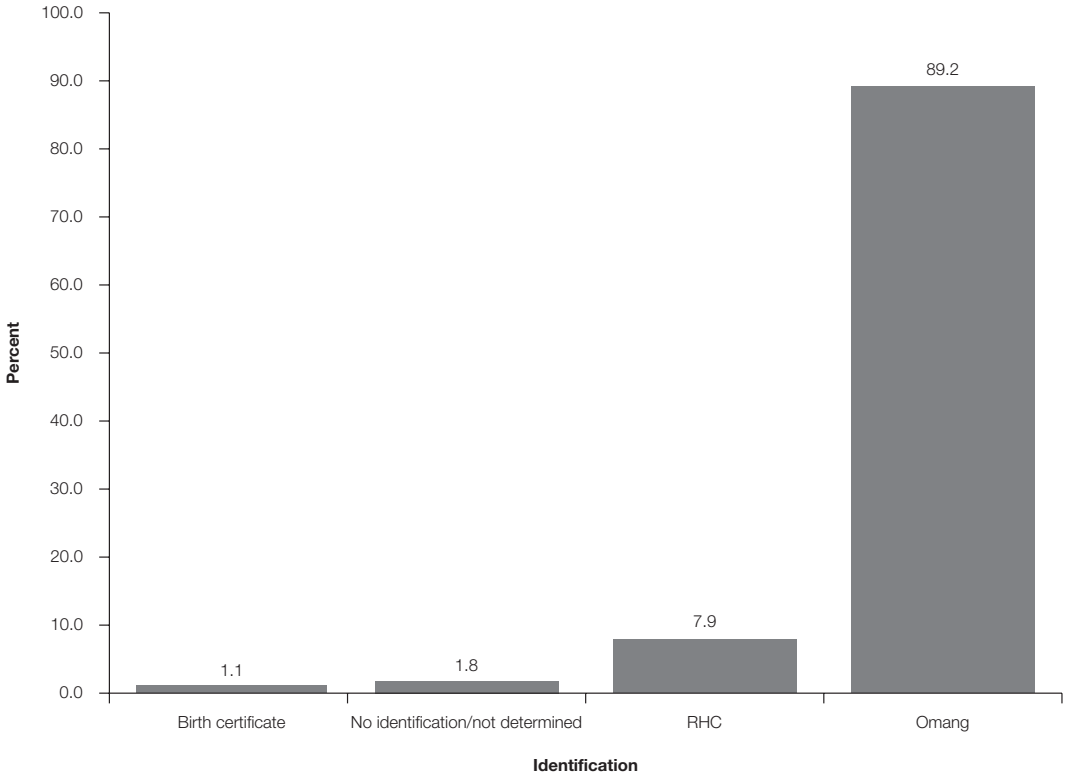
Disability

Households were asked about members who were disabled. The number of children aged 0–8 years in Palapye who were disabled was 176. In relative terms, 2.6 per cent of the 7 706 children were disabled.

Identification

A large majority of household members in Palapye had some form of identification. About 90 per cent of members in the survey population had obtained the national identification card, commonly known as 'Omang'. About two per cent of household members had no form of identification (see Figure 1 overleaf).

Figure 1: Percentage distribution of household members by whether they have some form of identification



Educational attainment

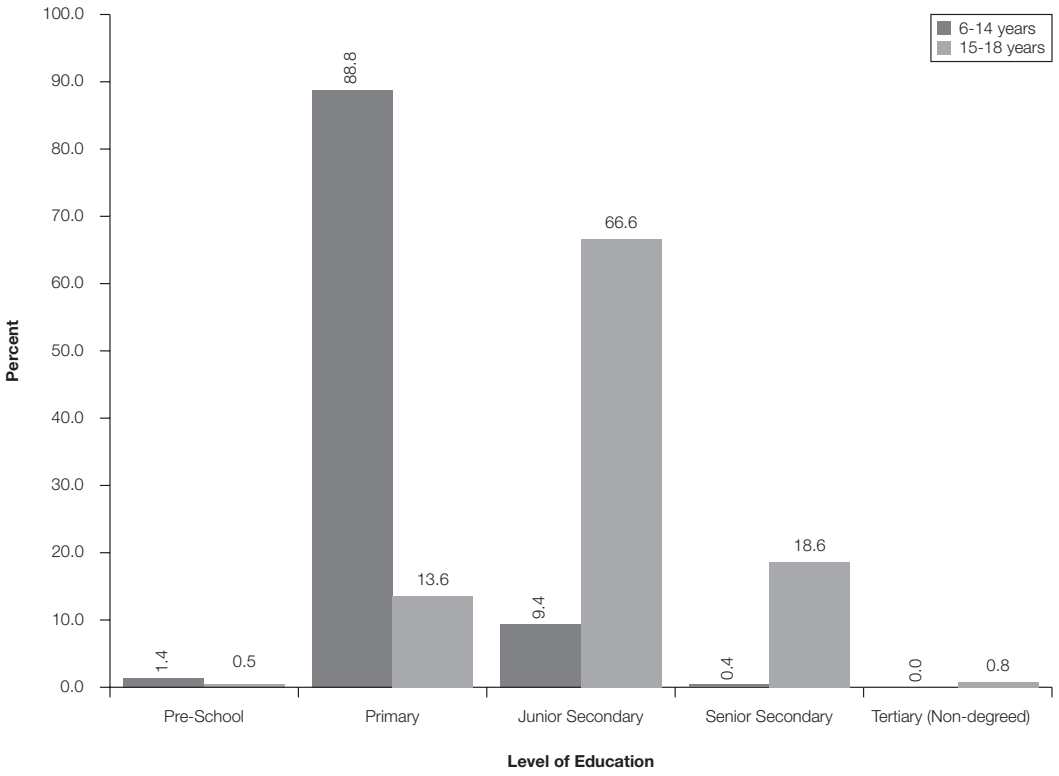
School attendance

About 78 per cent of the enumerated population in the locality of Palapye had ever attended school. Out of the 16 695 people enumerated, 30.3 per cent were still at school and 47.8 per cent had left school. Only 21.3 per cent of the population had never been to school and 0.6 per cent did not state whether or not they had ever attended school. A further analysis of the data show that 83.8 per cent of school-going children, aged six to 18 years, were at school while about seven per cent have never attended school. A majority (63.9 per cent) of those who have never attended school were children aged six years. Formal education in Botswana begins at age seven.

Level of education

Among the population that had ever attended school, a large proportion of the respondents had attained primary level (46.9 per cent), followed by those with junior secondary level (31.4 per cent) and senior secondary level (14.1 per cent). A small percentage, about five per cent, had attained a tertiary level qualification. About 89 per cent of school-going children aged six to 14 years were in primary school and only 9.4 per cent were in junior secondary schools. For children aged 15 – 18 years the percentage in primary education is lower (14 per cent). The percentage of children in the same age group who were in secondary schools was 85.2 per cent (See Figure 2)

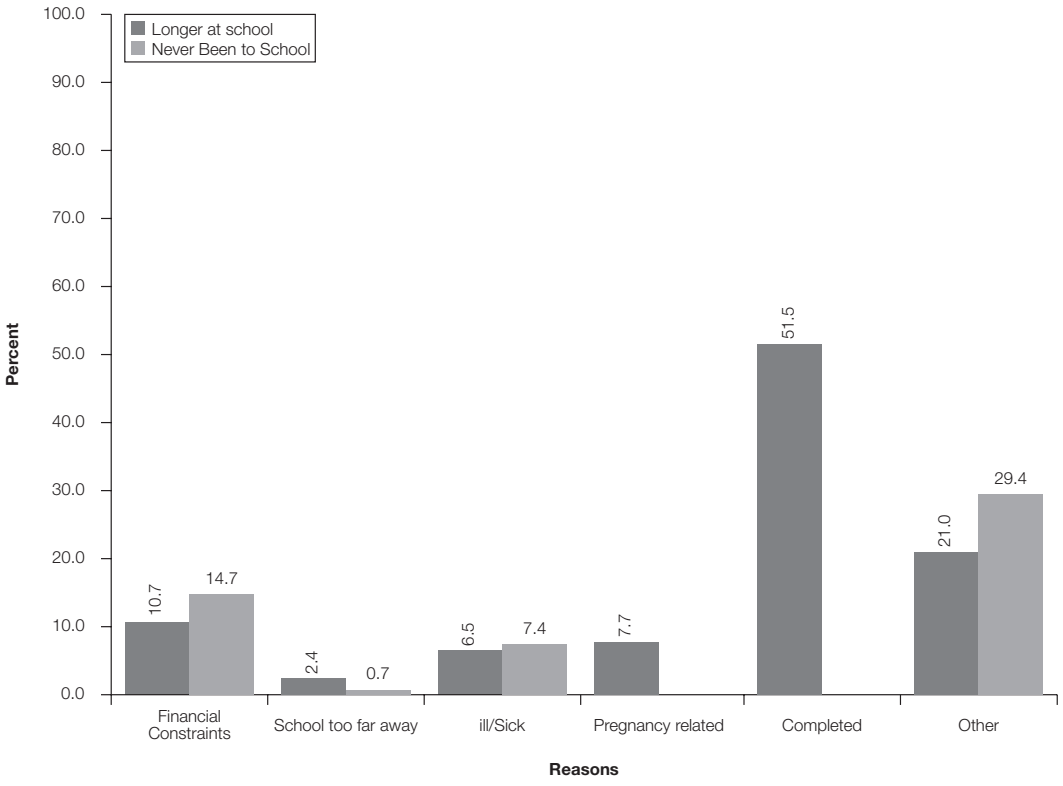
Figure 2: Percentage distribution of school-going children aged 6 – 18 years by level of school education



Reasons for not being at school

Sixty five per cent reported having completed school: 4.7 per cent of the girls interviewed cited pregnancy as a reason they were not at school; 13.2 per cent reported financial constraints; 2.6 per cent and 0.9 per cent cited ill health and the fact that the school was too far away respectivly. For those who have never attended school the most common reasons cited were financial constraints (20 per cent) and that the household member was still under school-going age (64.3 per cent).

Figure 3: Percentage distribution of school-going children aged 6 – 18 years by reasons for not being at school



Among the 495 children aged six to 18 years who were no longer at school the following were cited as reasons for this: financial constraints (10.7 per cent); ill/sick (6.5 per cent) and pregnancy-related (7.7 per cent). Financial constraints were cited by 14.7 per cent of the 136 children who have never attended school (see Figure 3).

Household socio-economic characteristics

Household vulnerability indicators

On average, the residents of the locality of Palapye have 2.2 meals a day. This index comes with a standard deviation of 0.785. In this locality, 20.8 per cent of the 3 403 households reported having only one meal a day and 1.3 per cent have an average of four to five meals a day. Asked whether they sometimes go without food, of the 3 395 households surveyed, 28.5 per cent reported that they sometimes go without food.

Figure 4: Percentage distribution of households with orphans by vulnerability indicators, Palapye

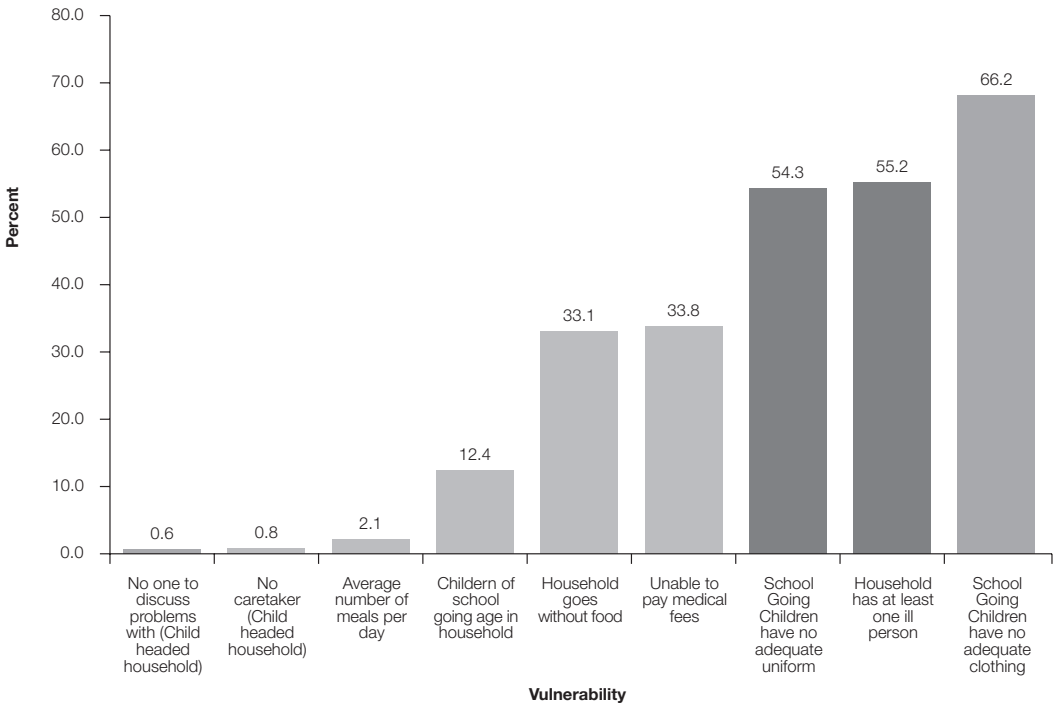


Figure 4 presents a percentage distribution of households with orphans by vulnerability indicators, such as no care taker, inability to pay medical fees and inadequate meals each day. The statistics show that among the 1 125 households that had orphans, the major issues are inadequate clothing for children (including inadequate school uniform), having to care for an ill member, unable to pay for medical fees and households going without meals. The statistics are a concern, since a number of government programmes are in place to alleviate the burden on households that have orphans. These results indicate that some families may have not registered orphans.

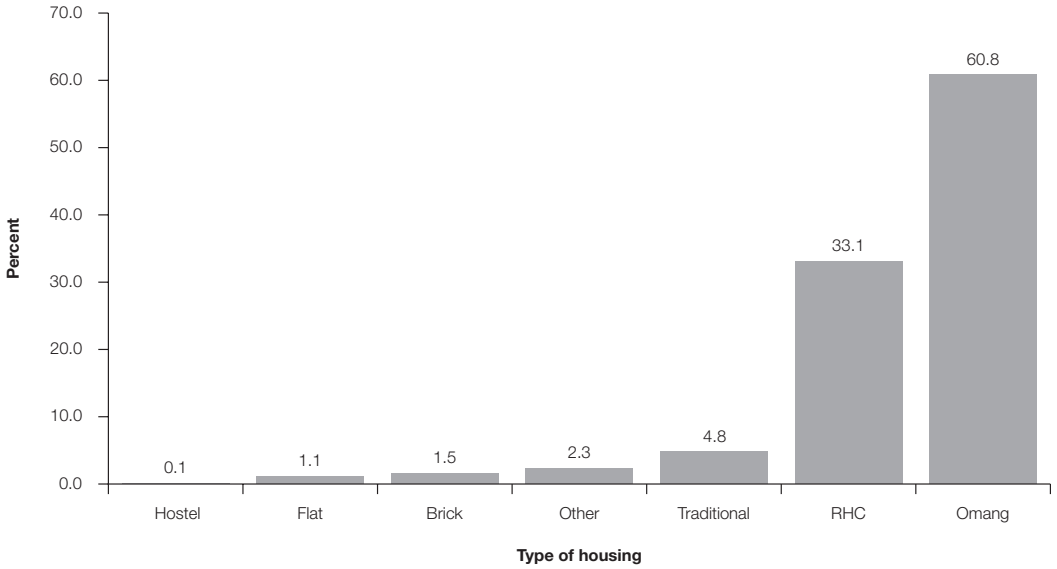
Type of housing

The majority of households stay in a room at the back of a house (60.8 per cent), 33.1 per cent had brick houses and 4.8 per cent lived in traditional housing units (see Figure 5).

Access to safe drinking water

Almost all (98.7 per cent) households had access to safe drinking water. Among households with safe drinking water, 63.1 per cent obtained water from a pipe outside the house which is just a short distance away, while 15.5 per cent of the households obtained water from taps inside the house.

Figure 5: Percentage distribution of households by type of housing unit, Palapye



Resources for cooking and lighting

Almost half of the households use wood for cooking (47.7 per cent) while 47.2 per cent used gas. The percentage of households using paraffin for lighting is 55.3 per cent while 39 per cent of households used electricity.

Sewage disposal

Households were also asked about means of sewage disposal, and over 80 per cent of households reported having some means of sewage disposal. A majority of these households (68.6 per cent) were using pit latrines, while 16.5 per cent use flush toilets and only seven per cent had no formal sewage disposal.

Average annual household income

Households were assessed on income generated through remittances, farming, wages, pension, grants, business, labour and other means. The data show that wages are the main source of income for most households. On average, households draw P14 562.35 per annum from wages alone.

Average household expenditure

Households were assessed by their expenditure on food, clothing, education, health and other household expenses each month. The data show that on average, households spend least on health care (P25.93) with the highest expenditure being for food (P130. 87).

Household assets

Seventy per cent of households reported owning a radio followed by an electric/gas stove at 68.2 per cent, farm animals (37.1 per cent), phone (26.3 per cent) while 20.4 per cent own a car.

Letlhakeng

Response rate

Table 7: Number of households and response rates, Letlhakeng, 2004

Category of household	Locality Name
	Letlhakeng
Visited households	1 180
Occupied households	1 136
Completed households	1 040
Household response rate (%)	91.5

Table 7 shows the total number of households surveyed in Letlhakeng. Of the 1 180 households that were visited in Letlhakeng 1 040 were successfully interviewed. This yielded a response rate of 91.5 per cent. It is noteworthy that 11.2 per cent of the households in the Letlhakeng research site were either abandoned or there was no one at home regardless of repeat visits.

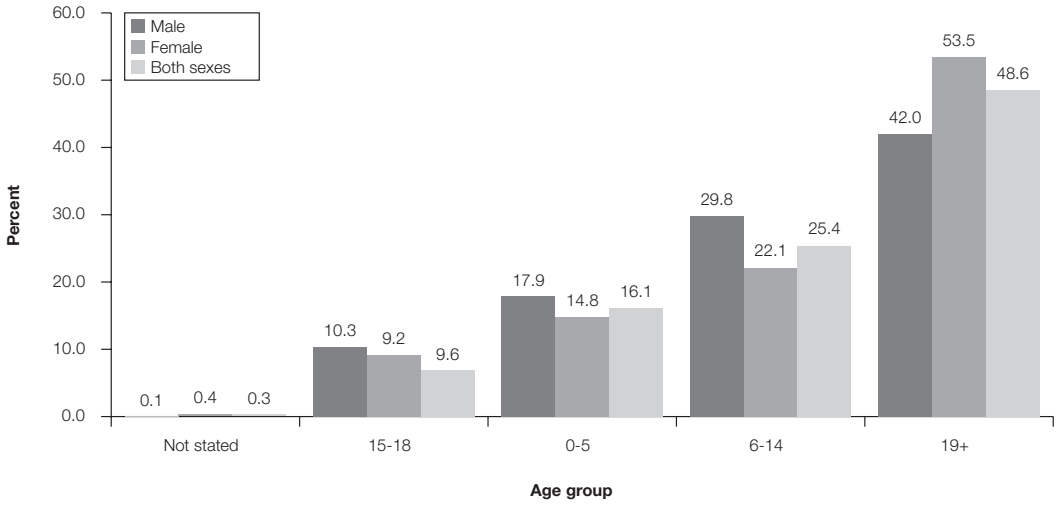
Demographic characteristics

Demographic indices pertaining to age and sex are important in understanding the characteristics of the population. There is often interest in the description and analysis of age-sex data. The methods of analysis and description are not applicable to the comparison of different populations but can be compared to the same population over time. The following subsections give a description of the survey population in Letlhakeng.

Sex composition

The data from this survey show that there were 2 430 men and 3 200 women in the survey. In relative terms, women comprise 56.8 per cent of the population, while 43.2 per cent were men. This could also be expressed as a ratio of males to females, where out of every 100 women there were 76 men. This imbalance was also observed at the national level where there are more women than men in the general population (Central Statistics Office, 2002). Incidentally this argument cannot also be extended to age sex ratios, where it is found that the proportion of women in the population surpasses that of men only at older ages (see Figure 6). To further derive an understanding of the sex composition of this population, another measure can be used to assess the excess/deficit of males as a percentage of the total population. This measure does not yield results that are different. It only shows a deficit of males (13.7 per cent) in the survey population.

Figure 6: Percentage distribution of survey population by age categories and sex, Letlhakeng, 2004.



Age Composition

Variations in age composition can also be used to provide a description of the population using the age dependency ratio, which shows economic dependency. The ratio for the Letlhakeng study area shows a low dependency ratio of 67.4 per 100, a value which is lower than 100, the pivotal value. The discrepancy could be further emphasised by another measure, which describes the age composition as the ratio of the number of elderly persons to the number of children. This index establishes whether the population is aging or growing younger. This measure gives better information on the family structure and, by implication, on the ratio of caregivers/caretakers in the study population to younger siblings in the household.

Individual socio-economic characteristics

Relationship to head of household

Of the 5 630 household members, 17.6 per cent were heads of household, while 42.0 per cent were daughters and sons of the head. About 21 per cent of the household members were grandchildren (see Table 8).

Table 8: Percentage distribution of household members by relationship to head, Letlhakeng, 2004

Relationship to head	Number	Per cent
Head	989	17.6
Spouse	306	5.4
Child (biological)	2 362	42.0
Sibling	166	2.9
Parent	53	0.9
Child-in-law	17	0.3

Parent-in-law	8	0.1
Grandfather – Maternal	19	0.3
Grandfather – Paternal	1	0.0
Grandmother – Maternal	56	1.0
Grandmother – Paternal	22	0.4
Grandson/daughter	1 194	21.2
Step child	9	0.2
Adopted child	15	0.3
Other relative	358	6.4
Employee	6	0.1
Not Related	49	0.9
Total	5 630	100.0

Orphan status

Data from the survey showed that a total of 2 880 children under 19 years of age were surveyed in Letlhakeng, of which 72.4 per cent of children had both parents alive and present, 18.6 per cent had only the mother alive and present, and 5.7 per cent had lost both parents through death or permanent desertion (See Table 9 below).

Table 9: Percentage distribution of children under 19 years by parental survival status, Letlhakeng, 2004

Parental survival status	Number	Per cent
N/A (Both parents alive and present)	2 084	72.4
Lost a mother (through death or permanent desertion)	87	3.0
Lost a father (through death or permanent desertion)	535	18.6
Lost both parents (through death or permanent desertion)	165	5.7
Not stated	9	0.3
Total	2 880	100.0

About 27 per cent of children had lost at least one parent, either through death or desertion. The survey results presented in Table 10 overleaf show the percentage distribution of children under 19 years of age by parental survival status. In this table there are no marked differences in parental survival status between men and women. On the other hand, probably as a result of the imbalances in the sex ratio, there is evidence to suggest that many more girl children are orphaned than male children.

Table 10: Percentage distribution of children under 19 years by parental survival status and sex, Letlhakeng, 2004

	Male		Female		Total	
Parental survival status	Per cent	Number	Per cent	Number	Per cent	Number
Lost a mother (through death or permanent desertion)	2.6	36	3.5	51	3.0	87
Both parents dead	5.7	80	5.8	85	5.7	165
Lost a father (through death or permanent desertion)	17.7	248	19.5	287	18.6	535
Lost both parents (through death or permanent desertion)	74.0	1 036	71.2	1 048	72.6	2 084
Total	100.0	1 400	100.0	1 471	100.0	2 871

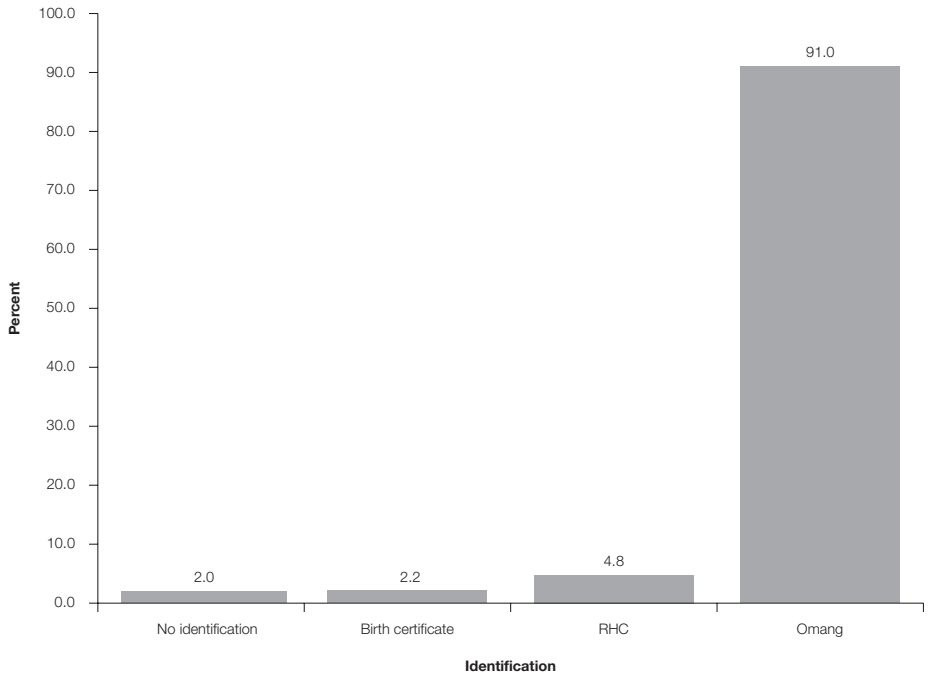
Disability

Households were asked about numbers of disabled children. There were 168 disabled children in Letlhakeng aged 0 – 18 years. These children made up 5.8 per cent of 2 880 children.

Identification

Most household members in Letlhakeng had some form of identification. Over 90 per cent of members of the survey population had obtained the national identification card, commonly known as 'Omang'. Only two per cent of household members had no form of identification (see Figure 7).

Figure 7: Percentage distribution of household members by whether they have some form of identification, Letlhakeng



Educational attainment

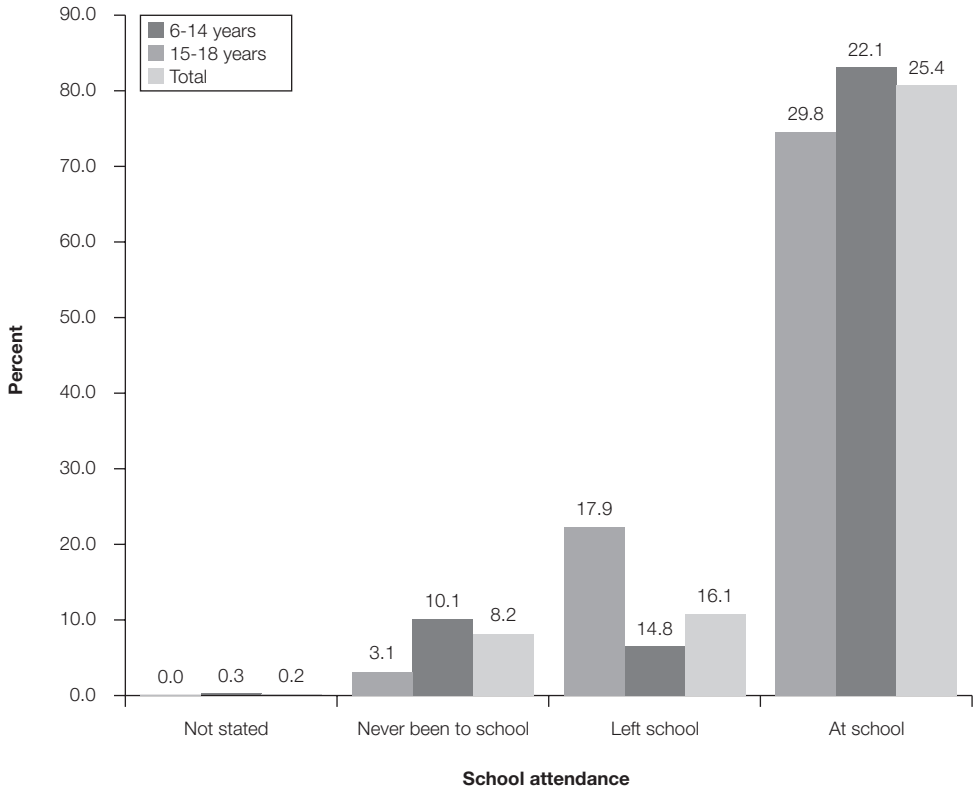
School attendance

64.5 per cent of household members in the locality of Letlhakeng had attended school. Out of the 5 630 enumerated population, 30.1 per cent were still at school and 34.4 per cent had left school. Only 34.9 per cent of the population had never been to school and 0.6 per cent did not state whether they had ever attended school or not.

Level of education

Among the population that had attended school, a large proportion of the respondents had attained primary level (35.8 per cent), followed by those with junior level (21.3 per cent) and senior secondary level comprised 4.4 per cent. About one per cent had attained tertiary education (Figure 8).

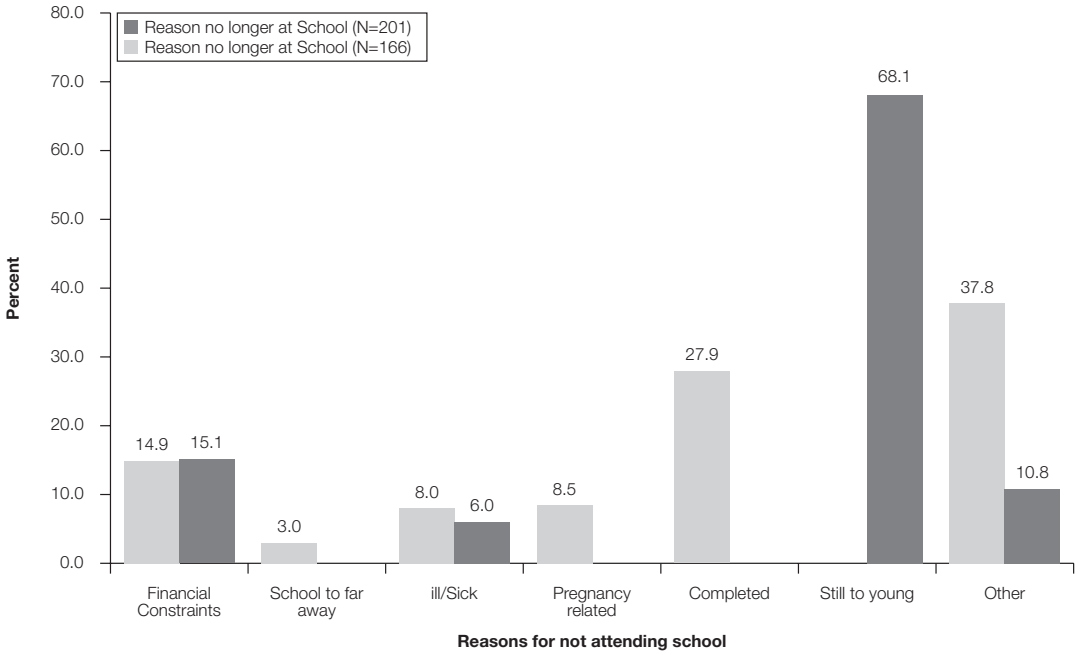
Figure 8: Percentage distribution of school-going children aged 6 – 18 years by level of schooling



Reasons for not being at school

For those who are not at school, 45 per cent reported having completed school, 2.9 per cent cited pregnancy, 5.5 per cent reported financial constraints, 1.5 per cent and 0.4 per cent cited ill health and said that the school was too far away. The most commonly given reasons for never attending school were financial constraints (21.0 per cent) and that the household member was below the require age to start school (48.3 per cent) (Figure 9 overleaf).

Figure 9: Percentage distribution of school-going children 6 – 18 years by reasons for not attending school

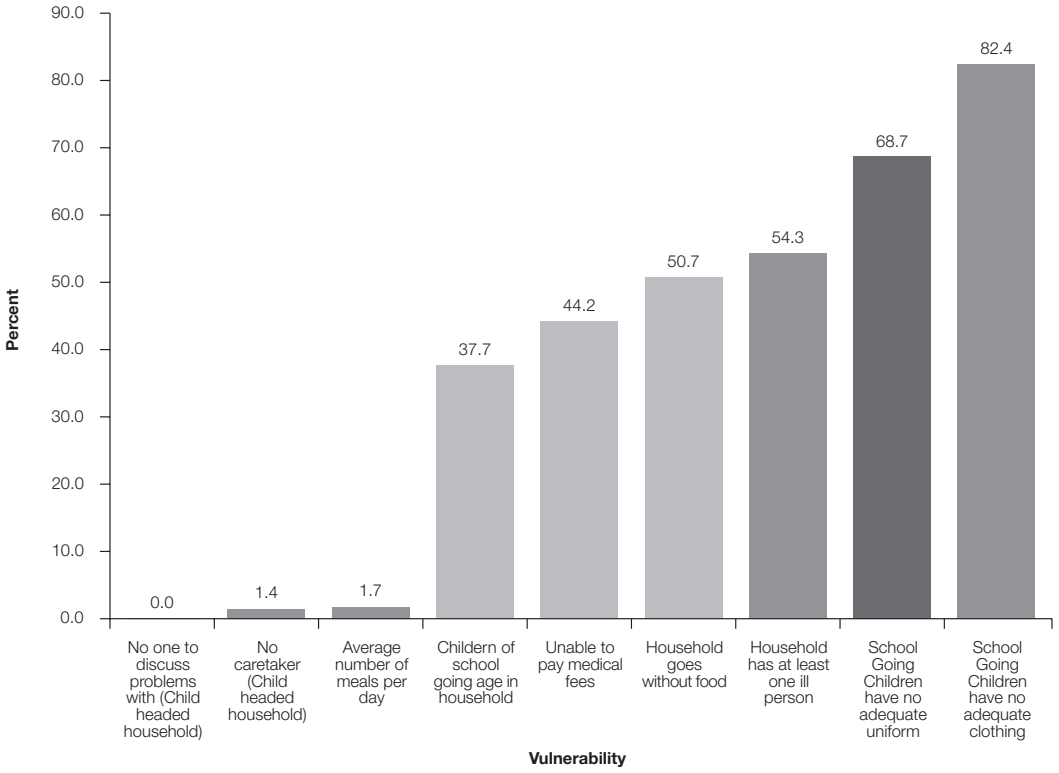


Household socio-economic characteristics

Household vulnerability indicators

On average, the residents of the locality of Letlhakeng have 2.1 meals a day. In this locality 25.4 per cent of the 4 437 households reported having only one meal a day and 1.1 per cent have, on average, four to five meals a day. Of the 4 423 households, 32.6 per cent reported that they sometimes go without food (Figure 10 overleaf).

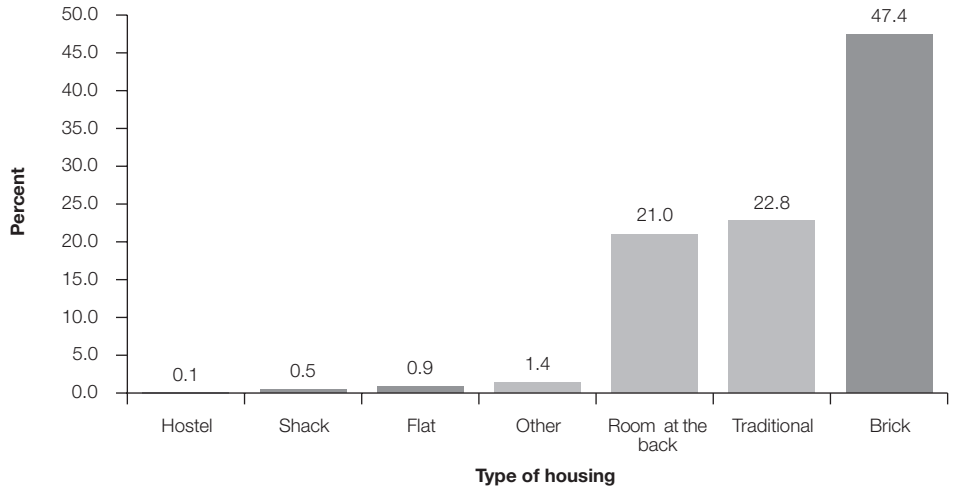
Figure 10: Percentage distribution of households with orphans by vulnerability indicators, Letlhakeng



Type of housing

The percentage of households in Letlhakeng with traditional housing units was 22.8 while 47.4 per cent had a brick house (Figure 11).

Figure 11: Percentage distribution of households by type of housing unit, Letlhakeng



Access to safe drinking water
About 93 per cent of households had access to safe drinking water. Among households with safe drinking water, about 38.2 per cent obtained water from a pipe a short distance outside the house.

Resources for cooking and lighting
A majority of households use wood for cooking (90.7 per cent) while 7.8 per cent used gas. The percentage of households using paraffin for lighting is 71.5 per cent while 10.7 per cent of households used electricity. The main source of cooking fuel in Letlhakeng is fire wood and the main source of lighting is paraffin.

Sewage disposal
Survey data show the percentage of households by type of toilet facility. The main type of toilet facility used by households is a pit latrine (57.6 per cent) while 28.8 per cent of households had no access to any toilet facility.

Average annual household income
Survey results indicate that wages are the main source of income. On average, households have an annual income of P3 687.92.

Average household expenditure
Data on household expenditure show that, on average, households spent less on health care (P25.93) with the highest monthly cost being food (P130.87).

Household assets
The majority of households reported owning farm animals (54.8 per cent), followed by owning an electric or gas stove (36.1 per cent) and having a radio (31.4 per cent).

CHAPTER 4

Discussion

Orphanhood and vulnerability rates

The results of this study conclude that there are vulnerable children in both Palapye and Letlhakeng. Out of the total number of children surveyed in Palapye, 68.7 per cent had both parents alive while 72.9 per cent of children in Letlhakeng had both parents alive. In Palapye, 20.8 per cent of children had only a mother alive, while 18.5 per cent of children in Letlhakeng had only a mother alive. This means that 16 per cent of the children surveyed in both sites did not have parents at all.

It is important to note that there were no differences in the number of meals eaten per day by orphaned and non-orphaned children in both Palapye and Letlhakeng. The average number of meals per day was reported as two. Out of the 76 per cent of children who go to school, 35.8 per cent are orphaned.

Household vulnerability index

The majority of households in Palapye (62.4 per cent) lived in a room at the back of a house. This is not surprising, as this may not be a permanent home for most occupants. In Letlhakeng, 59.2 per cent of the respondents lived in traditional housing, while only 4.8 per cent lived in traditional units in Palapye. This is explained by the fact that Palapye is semi-urban and more developed than Letlhakeng. Even though 72 per cent of the respondents from the two sites had access to various forms of sewage disposal, 18 per cent had no access to any toilet facility. Most of the 18 per cent without any toilet facility were in Letlhakeng. It is clear that wages are the main source of income for most households in both sites. In an average household in Palapye the annual wage is P14 562. 35 while in Letlhakeng this is P3 687. 92. This confirms how rural and poorly resourced Letlhakeng is.

Child-headed households

The results of the study show that there are more women (12 556) than men (9 751) in the study sites. This imbalance is reflected by the fact that there are more female-headed households (55.3 per cent). Out of the 0.4 per cent of the households that are child-headed, 9.5 per cent of the heads are disabled. Such findings show that the majority of households are vulnerable and economically disadvantaged. Forty per cent of heads in child-headed households have never been to school. This has implications for OVC's socio-economic wellbeing, because lack of education handicaps an individual and exposes the person to crisis situations.

Limitations of the study

The OVC census enumeration in Palapye suffered a number of setbacks. This was in spite of the fact that enumerators were adequately trained to undertake this exercise. It appeared from the field work monitoring that some enumerators lacked understanding of their role in the field. For this reason the locality of Palapye suffered a serious undercount, where (at least on the basis of the 2001 population and housing census) about a third of the households were not enumerated. The results of this study should therefore be interpreted with caution.

RECOMMENDATIONS

1. The current system of identifying orphans needs to be strengthened to allow all orphans to have access to the orphan care programme. The programme can be strengthened by employing more people and purchasing more vehicles for use by the programme. Furthermore, communities should be educated in order to encourage them to register orphans without fear of stigmatisation.
2. School authorities need to be educated about the orphan care programme so that OVCs are not sent away from school because they lack school uniforms and other school needs. This has meant that some OVCs never return to school.
3. Service providers, such as government and NGOs, need to be trained in providing psychosocial support to orphans. In many cases, orphans are not provided with counselling to help them to cope with the loss of a parent, stigmatisation, isolation and neglect.
4. Service providers in the government and NGOs also need to be trained to identify child-headed households and to provide all the necessary assistance to such households. This could include assisting child heads complete school, care and support of other household members.
5. Communities need to be educated on orphanhood and its implications.
6. A countrywide orphan census is needed, as it will allow the results of the study to be generalised. A countrywide census would better inform policy and intervention programmes.

OVC census data sheet

ORPHANS AND VULNERABLE CHILDREN CENSUS DATA SHEET 1

CONFIDENTIAL when completed

A Identification	Province	District	Ward	Sector	EA	Household	Interviewer Code	Date	Supervisor Code	Date

Location of Home		Interviewer Visits	1	2
A1	Physical Address/Village Name	Date		
A2	Additional contact details (nearest feature e.g. school)	Result*		

*** Star indicates codes to be used available in code list page 3-4**

B List of members of household *(Those who normally live here)* and fill in the following information

B1	B2	B3	B4	B5	B6	B7	B8	B9	B10	B11
Full Name Leina ka botlalo	Age ***Dingwaga*** **Write Age** Kwala dingwaga	Gender Bong **1. Male** Monna **2. Female** Mosadi	Relationship to head* ***Lesika le tlhogo ya lelwapa*** **Enter the code**	Type of Orphan ***Lesiela le le ntseng jang*** 0. Batsadi botlhe ba a tshela 1.Go tlhokafetse mmaagwe 2. Go tlhokafetse rraagwe 3. Batsadi botlhe ba tlhokafetse	Is (*name*) disabled? ***A (leina) o nale bogole?*** **1.** Yes *Ee* **2.** No Nnyaa	If YES, What is the type of disability? ***Fa gole jalo, ke bogole jo bo ntseng jang?*** 1. Bothata le go tsamaya 2. Mo go boneng 3. Go bueng 4. Mo go utlweng 5. Go wa mototwane 6. Bolwetse jwa tlhaloganyo 7. Bogole jo bo ntsinyana 8. A mangwe	Have you ever attended school? ***A o kile wa tsena sekole?*** **1.** Yes Ee **2.** No Nnyaa ***If NO Go to B10***	Highest level of education completed. O eme fa kae mo dithutong tsa gago*?* 1. Pre–school 2. Primary 3. Secondary 4. High School 5. Tertiary (Non-degreed) 6. Tertiary (Degrees)	What is the main reason why (*name*) has never been to school? ***Ke lebaka lefe le letona la gore(leina) a bo a ise a tsene sekole?*** 1. Financial constraints 2. School too far away 3. Ill/sick 4. Still too young 5. Other	If (*name*) is no longer at school, what is the main reason? ***Ke lebaka lefe le le tona la gore (leina) a bo a sa tlhole a tsena sekole?*** 1. Financial constraints 2. School too far away 3. Ill/sick 4. Pregnancy related 5. Completed 6. Other
1.		1 2		0 1 2 3	1 2	1 2 3 4 5 6 7 8	1 2	1 2 3 4 5 6	1 2 3 4 5	1 2 3 4 5 6
2.		1 2		0 1 2 3	1 2	1 2 3 4 5 6 7 8	1 2	1 2 3 4 5 6	1 2 3 4 5	1 2 3 4 5 6
3.		1 2		0 1 2 3	1 2	1 2 3 4 5 6 7 8	1 2	1 2 3 4 5 6	1 2 3 4 5	1 2 3 4 5 6
4.		1 2		0 1 2 3	1 2	1 2 3 4 5 6 7 8	1 2	1 2 3 4 5 6	1 2 3 4 5	1 2 3 4 5 6
5.		1 2		0 1 2 3	1 2	1 2 3 4 5 6 7 8	1 2	1 2 3 4 5 6	1 2 3 4 5	1 2 3 4 5 6
6.		1 2		0 1 2 3	1 2	1 2 3 4 5 6 7 8	1 2	1 2 3 4 5 6	1 2 3 4 5	1 2 3 4 5 6
7.		1 2		0 1 2 3	1 2	1 2 3 4 5 6 7 8	1 2	1 2 3 4 5 6	1 2 3 4 5	1 2 3 4 5 6
8.		1 2		0 1 2 3	1 2	1 2 3 4 5 6 7 8	1 2	1 2 3 4 5 6	1 2 3 4 5	1 2 3 4 5 6
9.		1 2		0 1 2 3	1 2	1 2 3 4 5 6 7 8	1 2	1 2 3 4 5 6	1 2 3 4 5	1 2 3 4 5 6
10.		1 2		0 1 2 3	1 2	1 2 3 4 5 6 7 8	1 2	1 2 3 4 5 6	1 2 3 4 5	1 2 3 4 5 6
11.		1 2		0 1 2 3	1 2	1 2 3 4 5 6 7 8	1 2	1 2 3 4 5 6	1 2 3 4 5	1 2 3 4 5 6
12.		1 2		0 1 2 3	1 2	1 2 3 4 5 6 7 8	1 2	1 2 3 4 5 6	1 2 3 4 5	1 2 3 4 5 6
13.		1 2		0 1 2 3	1 2	1 2 3 4 5 6 7 8	1 2	1 2 3 4 5 6	1 2 3 4 5	1 2 3 4 5 6
14.		1 2		0 1 2 3	1 2	1 2 3 4 5 6 7 8	1 2	1 2 3 4 5 6	1 2 3 4 5	1 2 3 4 5 6
15.		1 2		0 1 2 3	1 2	1 2 3 4 5 6 7 8	1 2	1 2 3 4 5 6	1 2 3 4 5	1 2 3 4 5 6

Enter the chief respondent's line number | **If Names In B1 Continue Tick In The Box Below And Use Another Sheet.->**

ORPHANS AND VULNERABLE CHILDREN CENSUS DATA SHEET 2

CONFIDENTIAL when completed

A Identification	Province	District	Ward	Sector	EA	Household	Interviewer Code	Date	Supervisor Code	Date

C Household's Living Conditions

Main Dwelling Units Type*	1.Traditional Ntlo ya setswana	2. Mixed Tlhakatlha kano ya matlo	3. Detached Polata	4. Semi-detached Rantafole	5. Flat Matlhatlaga nyane	6. Shack Mogwaafatshe	7. Other Tse dingwe (specify)
C1. Enter number of structures							
C2. Enter number of rooms							

C3. **Water for drinking and cooking** *Metsi a a nowang le a a apayang*

C4. **What is the household's main source of energy?** *
Ba lelwapa ba tsaya kae/ba dirisa eng go dira tse di latelang

C5. **What main type of toilet facility is used by this household?** Tick one.
Le dirisa ntlo ya boithomelo e e ntseng jang?

Main water source *Kwa go tsewang metsi teng	Distance from water source* *Sekgala/bokgakala go tswa kwa metsing*	Cooking* Go apaya	Lighting* Go tshuba	Flush	Bush	Pit	Communal	None

C6. **Average monthly expenditure on?** *O dirisa bokae ka kgwedi mo dilong tse di latelang?.* Enter amount in local currency	Food *Dijo*	Clothing *Diaparo*	Education *Thuto*	Health *Bongaka*	Other *Tse dingwe*	Total *Madi otlhe*

C7. **What is the household's average monthly income?** (*Enter Amount*) ***Ba lelwapa ba amogela bokae ka kgwedi?***

C8. **Household Income** (*Enter Amount*)

	1.Remittances *Madi a a abiwang ke goromente*	2.Farming *Temo*	3. Wages *Kamogelo*	4. Pension *Penshene*	5. Grants Dithuso tsa bopelotlhomogi	6. Own business Kgwebo ya gago	7. Casual Labour *Go tshwara sekoropo*	8. Other *Tse dingwe*
H/h income per annum								

C9. **Other Income Indicators - They must be functioning** (*as observed, or asked*) Tick the appropriate response

Television Sesupa ditshwantsho tsa motshikinyego	Radio Seromamowa	Electric/Gas stove *Setofo sa motlakase Gas*	Phone *Mogala Home cellphone*	Car *Koloi*	Manufacturing equipment* Didirisiwa tsa madirelo	Farm animals* *Diruiwa tsa mo gae*	Farm Equipment* Didirisiwa tsa temo

C10. **External material assistance** Type*Mofuta / Source*Motswedi

D Main Indicators of Vulnerability (circle response)

D1. How many meals do you have per day? *O ja dijo ga kae ka letsatsi?*	1 2 3 4 5		
		1. Yes/ Ee	**2. No/Nnyaa**
D2. Are there some days you go without food? *A go nale malatsi a o atle o nne o sa je?*		1	2
D3. Are there any children of school going age who are not attending school? *A go nale bana ba ba ka bong ba tsena sekole mme ba sa se tsene?*		1	2 N/A
D4. Are you able to pay medical fees (transport and consultation), if the children fall sick? *A o kgona go duelela kalafi (sepalamo,tlhatlhobo) fa bana ba lwala?*		1	2 N/A
D5. Do the children have adequate clothing? *A bana ba nale dilwana tse di kgotsofatsang?*		1	2 N/A
D6. Is there anyone who has been seriously ill during the past month in the household? *A go nale mongwe yoo kileng a lwala mo kgweding ee fetileng?*		1	2
D7. Do the school going children have adequate school uniforms? *A bana ba sekole ba nale paka ee kgotsofatsang?*		1	2 N/A
D8. **(For child headed h/holds)** Is there a caretaker(s) for this household? *A go nale motlhokomedi mo lwapeng le?*		1	2
D9. **(For child headed h/holds)** Do you have anyone to discuss problems with? *A go nale mongwe yoo buang le ene fa o nale mathata?*		1	2

REFERENCES

Central Statistics Office (2002). 2001 Population and Housing Census: Population of Towns, Villages and Associated Localities. Government Printer: Gaborone, Botswana.

Ministry of Local Government, Lands and Housing (2004). Beneficiary Analysis Report. December 2004. Government Printer: Gaborone, Botswana.

Ministry of Local Government, Lands and Housing (1999). Short Term Plan of Action on Care of Orphans In Botswana. Government Printer: Gaborone, Botswana.

NACA (2003). Botswana 2003 Second Generation HIV/AIDS Surveillance. NACA: Gaborone, Botswana.

Skinner D., Tsheko N., Mtero-Munyatsi., Segwabe M., Chibatambo P., Mfecane S., Chandiwana B., Nkomo N., Tlou S. D., and Chitoyo G. (2004). Defining orphaned and vulnerable children. Human Sciences Research Council Press: Cape Town, South Africa.

UNICEF (2003). Africa's Orphaned Generations. UNICEF: New York.

World Bank and UNICEF (2002). Training Module: Ensuring education, access for orphans and vulnerable children. World Bank: Mombasa, Kenya.

World Bank and UNICEF (2002). Modeling the impact of HIV/AIDS systems: a training manual. World Bank: Mombasa, Kenya.