Table of Contents

1. Introduction 1
1.1 Aim and research questions 4
2. Background 5
2.1 An overview of the context of Botswana 5
2.1.1 National response to the HIV pandemic, in particular for OVC 6
2.2 Review of previous research 9
2.2.1 Orphans and vulnerable children in Botswana 9
2.2.2 Service provision to orphans and other vulnerable children 11
3. Theoretical framework 14
3.1 Institutional theory 14
3.1.1 The organizational field 15
3.1.2 Institutional isomorphism 16
4. Methodology 19
4.1 Choice of method 19
4.2 Field experiences 19
3.3 Analytical process 21
3.3.2 Focused coding 22
3.4 Quality criteria 23
3.5 Ethical considerations 25
5. Results 26
5.1 International influences 26
5.1.1 Regulation that lack contextual sensitivity 27
5.1.2 A reduction of funding 28
5.2 The “impact” of culture 29
5.2.1 The challenge of folk medicine 30
5.2.2 Religion as an important tool of support 32
5.2.3 Corporal punishment as a disciplinary measure 33
5.2.4 A problem with communication about HIV associated with stigma 34
5.3 Perceptions of changes associated to social support 35
5.3.1“The death of the family support” 35
5.3.2 A decline of interest in cattle farming? 37

5.3.3 Lack in youths participation in community gatherings 37
5.3.4 A new focus creating new challenges – social media 38
5.5 Organizational features 39
5.5.1 An attempt to achieve “a normal family setting” 39
5.5.2 “Overstaying sometimes by 10 years” 41
5.5.3 Challenges in cooperation due to overstay 42
5.6 Summary 44
6. Discussion 45
6.1 Method discussion 49
References 51
Appendix 1: Interview guide 55
Appendix 2: Permission letter 57

1. Introduction

> *... We see a lot of dynamic issues in regard to culture in Botswana, I will just say we try to uphold cultural values as diverse as they are, even though our culture is facing the threat of you know, the rest of the world influencing on what is happening in the country.* (Social worker, 2016-04-29).

This quotation is from an interview with a staff member working at one of the non-governmental organizations (NGOs) in Gaborone, Botswana. Several forces from external organizations can be distinguished to affect the work of these staff members. The NGOs can thus be understood to cooperate in a context characterized by a balance between international influences and local traditional practices (see for example Cooney, 2006; Frumkin & Galaskiewicz, 2004).

Institutional theory provides an understanding of the context in which the NGOs are working in, where the organizations are highly affected by other organizations both from a local and global perspective (DiMaggio & Powell, 1983). NGOs may become more similar as they try to change according to laws and regulations of "Western" social work and in organizing intervention strategies, professionals working within the NGO´s will then most likely face certain challenges and barriers. Organizations are often rewarded for being similar to other organizations in their field, for example as to be recognized as legitimate and trustworthy, to gain increased prestige and stability and to fit into the kind of administrative categories that will entitle them to receive public and private funds (DiMaggio & Powell, 1983; Oliver, 1991).

A limited number of NGOs in Botswana provide services and support to families, parents and particular children. The children that the staff members get into contact with are mainly orphans and other vulnerable children (OVC). A child is defined to be younger than 18 years and an orphan is a child, who has lost one or both parents. A vulnerable child is a child who lives in a poverty stricken family; in an abusive environment; in a child headed household; outside family care; with sick parent (s)/guardians or is HIV infected (Government of Botswana, 2008, p. *ii*). These circumstances can lead to abuse and exploitation, emotional distress and trauma as well as withdrawal from school. Living with HIV also jeopardize children's survival, since the stigma and shame surrounding the illness can limit the access to health services (Feranil et. al, 2010;

UNICEF, 2006). This may result in orphans and vulnerable children having to face a variety of emotional, psychosocial and health difficulties (Arnab & Serumaga-Zake, 2006; Miller et. al, 2007; Thwala, 2013). Hence sufficient support and care for these children are of importance. A large number of children in Botswana are orphans mainly as a result of HIV and AIDS in adults. Every year hundreds of children in the world becomes infected with the illness, and sub-Saharan Africa is the most severely affected region (UNICEF, 2015; WHO, 2015). Botswana has one of the highest HIV prevalence in the world. In addition, the country is facing challenges related to a high mortality rate among children and with persistent poverty (UNAIDS, 2014; UNICEF, 2012).

In response to the HIV/AIDS epidemic the national commitment of Botswana and partners (e.g. development partners and civil society organizations) have made a successful progress over the last 15 years of tackling the illness. In particular, a strong implementation of biomedical prevention programs, where transmission of HIV from mother to child has reduced significantly. Despite success in implementation of some preventative programs there are others that are lagging behind; for example, services and programs that provide support and care to orphans and vulnerable children (Botswana Ministry of Health, 2014). In order to reassure orphans and vulnerable children's well-being and their rights UNICEF (2012) argue that more support is required. However, there is a struggle to sustain and improve the country's programs and services since Botswana developed into a middle-income country and as a result the international funding decreased (Botswana Ministry of Health, 2014).

Furthermore, the traditional family support system that work according to the extended family taking care of the orphans is seriously overstretched by the increased numbers of children in need of support and accommodation (Feranil et. al, 2010). Since the extended families and communities have a hard time coping with the burden, care institutions offered at different NGOs serve as an alternative home for many children (Nyamutinga & Kangéthe, 2015). From my own experience being an exchange student at the University of Botswana previous to this field trip as well as when carrying out this study, the support given to orphans and vulnerable children are carried out by NGOs staff members such as housemothers, social workers, psychologists, volunteers, etc. A majority of the children enters these facilities before they have reached two years and many end up staying permanently. The staff-members thus struggle to carry out the

kinds of support and care these organizations are "meant" to carry out, according to guidelines and regulations (see Government of Botswana, 2008; Feranil et. al, 2010)

In order to identify and understand challenges and implementation barriers from an organizational perspective, it is important to acknowledge the difficulties the staff members express when they provide care and support at the NGOs. Since they are a part of the organization and working within the context of the organizational field, tensions may arise which have implications for the organizations, such as limited ability to provide their services in a time when they also are receiving decreased funds. In addition, UNICEF (2012) mentions that a focus on barriers can be an opportunity to significantly increase the services effectiveness and cost efficiencies. Still, facilitating factors are equally important, since this is likely to impact the organizations and their relations to other organizations, as well as the children and how staff members carry out their work. For example, a focus on spiritual belief in the organization may facilitate cooperation to religious organizations and the community (see for example Sachs & Krantz, 1991). In summary, there is a lack of research in regards to what organizational struggles that NGOs face, which relates to when the local and the global (social) work practices meet and to how the ability for NGO professionals to provide support and care to orphans and other vulnerable children thus may be affected by this relation.

To carry out this study in Botswana is relevant due to the fact that the country has made a big commitment to battle HIV and to support orphans and other vulnerable children, while at the same time struggling with a large number of HIV. UNICEF (2012) for instance, state that there is a need to refine the design of these services and interventions in Botswana for the well-being of the children and the future of the nation. The impact of the HIV epidemic stretches beyond the health of the individual and into the households, communities, as well as to the development and economic growth of nations (Feranil et. al, 2010). Since HIV effect different levels of a society, this study may also broaden the general understanding of some organizational barriers that the NGOs face in the context of Botswana and similar countries.

Social workers worldwide have been and are highly involved in the prevention and treatment of HIV disease. The impacts of HIV may result in a need for knowledge about the disease in all areas of social work practice (Natale, et. al, 2010; Strug, et. al, 2002). IFSW (2012) argue that a

range of responses from the social work profession is appropriate in the context of HIV/AIDS because of the social work training and commitment to human rights. This study is relevant to social work as it may provide examples of problematic situations faced by organizations working with children in a society that is highly affected by HIV and AIDS. Social workers can learn from the strategies used by these NGOs staff members in order to overcome challenges in their own practices.

1.1 Aim and research questions

The aim of this study was to explore NGOs work with orphans and other vulnerable children in Gaborone, Botswana. The focus was foremost on what organizational challenges and barriers the staff members experienced in their work of supporting the children and their families. In terms of such challenges the local community in terms of e.g. traditions and beliefs becomes important, particularly as they interact with the ways and goals of the global community. Lastly, what the professionals may stress as important and possibly facilitating in their work are equally important to explore. In order to meet the aim, the following questions were formulated:

- How do staff members from different positions talk about organizational challenges which they may face in their work, and what main barriers are emphasised?
- How do they work to overcome these and other challenges and barriers in their everyday work?
- What do the different staff members identify as significant in order for them to carry out the support?

2. Background

The context that different NGOs are cooperating within can have several implications for the support and care given to orphans and vulnerable children in the country. Therefore, a presentation of Botswana, previous interventions and responses to HIV, the situation of orphans and other vulnerable children as well as a review of the previous research of the subject, will provide a broad understanding of some of the conditions that have impacts on the work performed by staff members.

2.1 An overview of the context of Botswana

Botswana has since becoming independent from Britain in 1966 held free and fair elections. The country has made a rapid transition from being one of the least developed country to an upper middle income country (Globalis, 2014). The development has been possible due to the socio-economic and political stability in the country as a result of for example mining resources and a functioning republic democracy. Botswana has developed a well-functioning health care, education and social system, thereby improving the overall well-being of the citizens (Government of Botswana, 2008; Globalis, 2014). Education is highly valued in Botswana, although there is no formal compulsory schooling all children are entitled to ten years of primary education. The basic civil liberties in the country are respected in essence and the legal system is also considered to be independent (Landguiden, 2015). Since the country gained independence, rebellions and violent protests have successfully been avoided. The population also have, in general, good access to clean drinking water (Globalis, 2014). However, the country suffers from desertification and drought at times. This because Botswana is located in southern Africa and consists mainly of desert landscape with the large area of Kalahari. In the north there is the inland delta of the Okavango, which is one of Africa's seven natural wonders. Wildlife sanctuaries covers one fifth of the country’s area and are important for tourism (Globalis, 2014).

There are around two million people in the country and as such sparsely populated. Most of the population is Christian and belongs to the ethnic group Tswana, which has eight subgroups. The various ethnic groups have diverse cultures. Alongside Christianity many of the inhabitants

practice traditional, indigenous religious rites, which may involve elements of spiritual belief and ancestor worship (Landguiden, 2015). A large part of the population relies on animal husbandry for a living. Traditionally, agriculture and especially cattle farming in Botswana has an important social and cultural role (Landguiden, 2015).

The country is often regarded as an African success story as a result of the rapid economic and social development. However, the country is struggling with persistent poverty, high unemployment and HIV/AIDS rates. Despite the huge development of the extensive health care system, Botswana is one of the most affected countries in concern to HIV epidemic and including high mortality rates among children (Globalis, 2014; Landguiden, 2015). In June 2010 there were 44,327 orphans and 36,183 vulnerable children registered in the country. But due to lack of registration and difficulty naming vulnerable children the number is probably highly underestimated (UNICEF, 2012). There is no available or dependable numbers of children vulnerable in relation to HIV, poverty or other causes (Feranil, 2010).

Human Immunodeficiency Virus (HIV) is a viral disease in which the immune system progressively degrades. The last stage of the disease takes place when the body can no longer protect itself against illness, this phase is called Acquired Immune Deficiency Syndrome (AIDS). In this stage the person often die of diseases that the body normally would overcome such as tuberculosis or pneumonia. The person who is infected with the virus can live for many years before symptoms of AIDS occur and thus without being aware of his/her HIV status. Usually, it takes an average of ten years before the person dies from being infected that is if medication is not taken. HIV is transmitted through sexual intercourse, from mother to child during pregnancy, childbirth or breastfeeding and through blood transfusions or contact with infected blood, or by the use of the same syringe (UNICEF, 2015). The first cases of HIV in Botswana was reported in 1985. HIV and AIDS in Botswana is the greatest development challenges to the country (Government of Botswana, 2012a).

2.1.1 National response to the HIV pandemic, in particular for OVC

The HIV and AIDS epidemic in Botswana represents major challenges for the government, civil society, private sector, religious organizations and development partners (Government of Botswana, 2009). The national responses dates from the late 1980s and has been strong focusing

on addressing the emergent challenges and priorities over time, for example through the National Antiretroviral Therapy Programme. Noticeable phases in the country's response are among others the Short-Term Plan (1987-1989); the first Medium-Term Plan (1989-1993); the second Medium-Term Plan (1997-2002); the National Strategic Framework for HIV and AIDS (2003-2009) and the second National Strategic Framework for HIV and AIDS (2010-2016) (Government of Botswana, 2009).

The initially established plans such as the Short-Term Plan and the first Medium-Term Plan, covered a description of first a medical then a health system response to HIV and AIDS. However, these plans lacked sufficient quality and coverage of information campaigns and public awareness about the illness as well as a clear description of the responsibilities for implementation of programs by all included sectors (e.g. public, civil society and private) (Government of Botswana, 2012b; Government of Botswana, 2009). The first National HIV and AIDS Policy was developed in 1992 to support these plans and introduced a need of a multi-sectoral approach in order to address HIV and AIDS, while the second Medium-Term Plan introduced the institutional structures necessary in order to organize and manage this national response (Government of Botswana, 2012). The multi-sectoral approach was strengthening in the National Strategic Framework for HIV and AIDS by incorporating involvement at the local level. The second National Strategic Framework highlighted national priorities during this specific time period such as preventing new infections and to expand HIV treatment, care and support (Government of Botswana, 2009; Government of Botswana, 2012a).

The most effective way to decrease new infections of HIV is according to the Government of Botswana (2009) by preventative measures. Prevention of mother-to-child transmission (PMTCT) is one of the most successful interventions in the country. In 1999 the PMTCT program offered antiretroviral drugs to all pregnant women in Botswana. The program involves treatment for pregnant women living with HIV as well as information on how the infection occurs between the mother and child. As a result of the program, the country has a very low mother to child transmission rate (Botswana Ministry of Health, 2014). HIV voluntary testing and counselling was also introduced and the first Botswana AIDS Impact Survey was performed in 2001 including such as information on HIV prevalence and incidence rates (Government of Botswana, 2009).

In 2002 Botswana's National Antiretroviral Therapy Programme was introduced providing universal and free antiretroviral treatment to people living with HIV. Botswana was the first country in sub-Saharan Africa to do so, leading to a drastic reduction of number of new infections and AIDS-related deaths. The country with its prevention and treatment programs, is often viewed as a success in Africa in combating the HIV epidemic (Botswana Ministry of Health, 2014).

In 1999 the Government of Botswana implemented the Short-term Plan of Action for Orphans (STPA) to guide the response to the needs of orphans that were mainly a result of the HIV epidemic in the country. The goal of the plan was to provide instructions of care for orphans and vulnerable children (OVC), including the quality of services and freedom from abuse. The program also described the importance of establishing cooperation between the various stakeholders, such as NGOs and the private sector, in order to achieve sustained care and support. The Department of Social Services (DSS) under the Ministry of Local Government are the ones responsible for implementing the Orphan Care program (Government of Botswana, 2008). The Orphan Care program began as to provide food baskets, psychological counselling and to facilitate school fees for orphan. However, the focus of the program is mainly on material support rather than psychosocial support which lead to a lack of necessary survival skills for the children when ending the program at the age of 18 (Government of Botswana, 2012b).

The government of Botswana conducted in 2007 the National Situation Analysis on Orphans and Vulnerable Children in Botswana (Government of Botswana, 2007). The main finding of the study included that; STPA continues to guide OVC programs and services; some of these children facing unmet psychosocial needs; there is a shortage of social workers; a lack of coordination between implementers and service providers; limited knowledge about OVC programs in the public and lack in counselling and parental skills of the caregivers. One of its recommendations was to expand the services in order to include not only orphans but also vulnerable children in future guidelines and policies (Fernail, et. al, 2010). After this analysis the National Guidelines on the care of orphans and vulnerable children was adopted in 2008, followed by approving the Children's act of 2009. These documents aimed to provide a broad framework and guiding stakeholders in the delivery and planning of services to orphaned and vulnerable children in the country (Government of Botswana, 2008).

In summary, a strong and committed national HIV response in Botswana has enabled significant progress in tackling the HIV epidemic across the country (Government of Botswana, 2012a). The commitment has led to a significant amount of strategies and frameworks, including a coverage of guidelines for the support to orphans and other vulnerable children. However, there are still challenges and inadequacies in providing this care and support. According to Feranil, et. al (2010) there are a difficulty in regard to OVC policies and programs not fully being operationalized and implemented.

Furthermore, important is notice the civil society organizations which have besides the national response played a crucial role in providing HIV testing and support services. Some of the Civil Society groups such as NGOs is also an important partner in offering services to orphans and vulnerable children in the country (Government of Botswana, 2008). UNICEF (2006) describe a significant increase in the rate of child abandonment in many of AIDS-affected communities around the world. This can be a result of poverty, fear of HIV infection from the child or by the parent's inability to raise the child. For that reason, many abandoned children spend their early years in a hospital or institution setting such as NGOs (UNICEF, 2006). According to the Government of Botswana (2008) the families of the orphans and vulnerable children is those who best can care for them. In line with the recommendations from UNICEF (2006), which state that the best childcare solution for children is to be kept within the family environment. This is encouraged as to provide the child with a nurturing and supportive setting. However, this solution is not always possible.

2.2 Review of previous research

This review will provide an overview of orphans and other vulnerable children in regard to what needs they might have and what circumstances they might face. In addition, the review will focus on the service provided by the NGOs to these children with examples from Botswana and other African countries.

2.2.1 Orphans and vulnerable children in Botswana

The basic right of children, such as the right to receive adequate health care, education and freedom of discrimination, life and liberty are described by Maudeni (2009) as sometimes being

disregarded in Botswana. In particular, orphans and other vulnerable children may experience these issues and in addition they are in a vulnerable situation of abuse and neglect by family members or others, isolation, anxiety, early marriages, emotional stress and depression (Maudeni, 2009).

Orphaned children aged between 0-4 in Botswana suffer according to Miller et. al (2007) from poor health and often live in poor households, usually with their grandparents. The authors furthermore illustrated that there are persisting inequalities suggesting that HIV, inadequate care and other factors are possible mechanisms impacting health (Miller, et. al, 2007). Arnab and Serumaga-Zake (2006) also conducted a survey about the situation for orphans and vulnerable children affected by HIV and AIDS in Botswana. The main findings highlighted a poor socioeconomic situation for orphans in the country where a high number live with their relatives. The majority of the orphans received support for food and school expenses, while a small number got medical or child care, counselling services, religious support and another small number was helped through income-generating projects (Arnab & Serumaga-Zake, 2006). To broaden the AIDS awareness and increase the social and financial support to these children were thus argued as necessary by Arnab and Serumaga-Zake (2006), in order to overcome this poor socioeconomic situation.

Arnab and Serumaga-Zake (2006) further explained orphans to be particularly vulnerable in relation to the HIV pandemic, since they many times experience difficulties long before the death or loss of the parent. The vulnerability can be a result of living with a parent that suffers from HIV and AIDS since the progression of the illness tend to cause negative changes in the child's life, such as emotional distress and a greater responsibility for the household (Arnab & Serumaga-Zake, 2006). Thwala (2013) also described that many orphans and vulnerable children experience, or are at risk of varying degrees of psychological stress and socioemotional issues. The event of parental death may put the child through several additional psychosocial difficulties. Children affected by HIV/AIDS can thereby experience grief, depression, feeling of sadness, anger, trauma, worry, stigma and discrimination, as well as nightmares and unhappiness (Thwala, 2013). The psychosocial needs of orphans and other vulnerable children are however many times ignored in relation to an emphasis mainly on their physical needs. The problems affecting these

children has shown to be complex, therefore leading to prompt actions from adults and professionals (Thwala, 2013).

Nyamutinga and Kangéthe (2015) describe that the children living at care institutions, such as NGOs often get abandoned by their parents and are therefore found in the streets, on doorsteps of churches or on the road. First they get taken to the police and eventually placed in institutions. The police and child welfare organizations tend to work together making sure there is a home for these children by placing them in residential care or in an orphanage. In this aspect some NGOs offer an alternative home or a viable solution (Nyamutinga & Kangéthe, 2015).

2.2.2 Service provision to orphans and other vulnerable children

Ferguson and Heidemann (2009) explored strengths and challenges in providing services to orphans and vulnerable children at thirty-four different NGOs in Kenya. Some strengths from these different themes were staff commitment, available programs and services, success to reintegrate the children into families and resourceful communities. While among the challenges there were a lack of staff and specialized training, insufficient funding and infrastructure and lack of collaboration among organizations in the community (Ferguson & Heidemann, 2009). The findings from Ferguson and Heidemann cannot however be easily generalized to the context of Botswana, since the different contexts vary and as such also the work carried out. But the themes can serve as broadening the understanding of what strengths and challenges similar NGOs in other African countries experience.

There are several NGOs in Gaborone, Botswana, that take the responsibility of children in urgent need of protection. The service they provide include a long term stay which can be compared to institutionalized care. Some authors have examined the appropriateness of institutionalized care for orphans and vulnerable children (Nyamutinga & Kangéthe, 2015; Kangéthe & Makuyana, 2014). For example, Nyamutinga and Kangéthe (2015) discusses the aspect of appropriateness regarding institutions caring for orphans and vulnerable children in the context of HIV and AIDS. The study used examples of Botswana and South Africa. The findings from Nyamutinga and Kangéthe highlighted positive and negative aspects of institutional care for these children. Most of the organizations that care for orphans and vulnerable children are explained to follow the ministry guidelines and timetable events regarding for example adherence to a child's HIV

treatment plan. The institutions can also provide mothering and attachment figures for the child as well as professional and HIV/AIDS services (Nyamutinga & Kangéthe, 2015).

However, Nyamutinga and Kangéthe (2015) argue that the institutions also bring inappropriateness in handling the children which concerns for example the stigma suffered by the children, unreliable and irregular donations and lastly management challenges. The stigma associated with children in institutionalized care takes place regardless if these children are infected by HIV or not. Stigma can take a variety of dimensions, for example the child can be bullied in school, or be seen as carrying the unfit morals of their mothers (Nyamutinga & Kangéthe, 2015). Stigmatization can lead to effects on the child's psychological, emotional and social well-being. When children living with HIV and AIDS get aware of their state and its implications they may become stressed. They can experience shame, apathy, worthlessness and despair (Nyamutinga & Kangéthe, 2015). The staff including managers, administrators and caregivers should for that reason have knowledge to handle the challenges faced by the children. However, the caregivers according to Nyamutinga and Kangéthe (2015) many times lack the necessary knowledge and skills to care for children living with HIV/AIDS and the challenges associated with the illness, which in turn can lead to occupational stress in these institutions. The support to the children are often relying on the caregivers. Social workers are often employed by highly ranked orphanages since not all can afford to employ those (Nyamutinga & Kangéthe, 2015).

Further the study (Nyamutinga & Kangéthe, 2015) showed management challenges, for example in Botswana many of the institutions are managed by people of low socio-economic and literacy levels, for example volunteers or activists. There was also a concern that most of the institutions rely on donations to be able to run their organizations. This leads to uncertainties when it comes to ensuring the child's needs. Some children may need a specific diet as a result of the treatment and it is often uncertainties about whether the institutions can supply for this. Some orphanages have difficulties to provide the children with a balanced diet and must rely on what they can get hold off, sometimes thus being expired food products. Furthermore, there are institutions that have been forced to close down as a result of this (Nyamutinga & Kangéthe, 2015).

In an earlier study made by Kangéthe and Makuyana (2014), institutionalized care for orphans and vulnerable children may lead to negative impacts. This since the institutions offered poor

attachment to these children and limited ability to create social networks, as they often were separated from the community. The institutions can function as a place of safety and protection, however, the separation from the community can also lead to stigmatization. Additionally, is concern with a negative impact on the child's growth affecting the cognitive development and behavior (Kangéthe & Makuyana, 2014). Cognitive impairments such as difficulties with her/his concentration and language development, forming emotional relationship and attention seeking behavior have been showed to occur. When children stay for a long time at an institution, with its structured routine the individual often lacks socially empowering skills and knowledge how to care for themselves. This may lead to vulnerable to abuse and exploitation and it can be difficult for the individual to adjust to a life outside of the institution (Kangéthe & Makuyana, 2014).

3. Theoretical framework

The theoretical framework of institutional theory was selected related to and as a way to make the findings in this study explicit. Institutional theory will be presented with particular focus on the concept of *organizational field* and *institutional isomorphism*.

3.1 Institutional theory

Institutional theory includes a framework of explanations over how organizations are in a close interchanged relation to their surroundings, consisting of other organizations. In addition, the theoretical perspective contains an understanding of the organizations to follow rules (formal and informal) rather than choosing economically rational way of action. This includes actions of following rules/conventions and norms, that with time is regarded as taken-for-granted. Resources and customers are not the only focus of competition between organizations, but also institutional legitimacy and political power as well as economic and social fitness. Furthermore, the theory emphasis the process in which organizations change to evolve into stable units (Eriksson- Zetterquist, 2009).

The premise of the theory is that institutions emerge when people construct their social reality, which is in line with a social constructivist perspective. The view of the ability of humans to consciously develop and influence institutions are varying across different subjects. Sociologists generally assume that people are not free to choose which institutions, procedures and legal standards to follow (Eriksson- Zetterquist, 2009). There is further a disagreement among disciplines about the definition of institution, from emphasizing on micro or macro, cognitive or normative aspects (DiMaggio & Powell, 1991). The definition of institution that will be utilized in this study is the one of Jepperson (1991, p. 145 referred in Eriksson-Zetterquist, 2009, p.15):

> *Institution represents a social order or pattern that has attained a certain state or property; institutionalization denotes the process of such attainment. By order or pattern, I refer, as is conventional, to standardized interaction sequences. An institution is then a social pattern that reveals a particular reproduction process. When departures from the pattern are counteracted in a regulated fashion, by repetitively activated, social constructed, controls – that is, by some set of rewards and sanctions – we refer to a*

pattern as institutionalized. Put another way: institutions are those social patterns that, when chronically reproduced, owe their survival to relatively self-activating social processes.

According to the above definition, formal organizations are thus understood to be systems of coordinated and controlled activities which has emerged in highly institutionalized contexts. Meyer and Rowan (1977) argue that many formal organizational structures arise as reflection of rationalized institutional rules. These rules function as myths which the organization gain legitimacy, resources, stability and enhanced survival prospects. Professions, policies and programs are established alongside the services and products that are understood to produce rationality. This results in a force that drive many new organizations to incorporate practices and procedures already defined as rationalized concepts of organizational work and are institutionalized in society. And so, many organizations adopt them ceremonially. The formal organizational structures contribute to legitimacy and enhanced survival prospects through reflection of myths in the organization's institutional environment. The myths are stressed not necessarily to be effective, but are used in order to make the organization be seen as rational, modern and adequate. As the organizations trying to implement the same myth, organizations evolve a similar shape (isomorphic). Those organizations that chose to refrain from myths, seems deviant and nonchalant, or non-legitimate. Isomorphic results then in survival through adaption and is legitimized of its members and the surroundings. Institutionalized rules are seen as embedded in society through reciprocated interpretations. The rules can be taken for granted, supported by the public opinion or enter the legal system (Meyer & Rowan, 1977).

Organizations that reflect institutional rules tend to stretch their formal structures to maintain ceremonial conformity in a context of uncertainties, by becoming loosely coupled. The organizations then build the gap between their formal structures and actual work activities (Meyer & Rowan, 1977).

3.1.1 The organizational field

Organizational field may include "industries" in the same trade, or "industries" that are chained to each other (e.g. supplier - producer - retailor), and can be distinguished from a national or

international perspective (DiMaggio & Powell, 1983). In this study the "industry" is the NGOs that are working with orphans and other vulnerable children. The concept provides an explanation on how organizations with their surroundings give rise to different processes and meaning activities. In other words, an explanation of organizations interaction with each other, through cultural and normative processes. Thus, the organization is affected through fields and forces in the field. The organizational field include those organizations that constitute a recognized area of institutional life; resource and product consumers, key suppliers, regulatory agencies, and other organizations that produce similar products or services (DiMaggio & Powell, 1983). Organizational field in this study consists of international organizations, the government and public of Botswana as well as other organizations in the country working with this target group. When organizations interact on the field, they will turn more similar in shape - isomorphism (DiMaggio & Powell, 1983).

3.1.2 Institutional isomorphism

DiMaggio and Powell (1983) described a move of the engine of rationalization and bureaucratization from the competitive marketplace to the state and the professions. Bureaucracy remains the common organizational form, but the organizations are argued by DiMaggio and Powell (1983) of becoming more homogeneous. The structural change in organization seems less driven by the need for efficiency or competition. Bureaucratization and other homogenizations emerge out of the "structuration" (Giddens, 1979) of organizational fields. Which rather is effected by the state and the professions. A paradox arises when a set of organizations emerge as a field; "*rational actors make their organizations increasingly similar as they try to change them"* (DiMaggio & Powell, 1983, p. 147). This outcome occurs from three isomorphic processes – *coercive, mimetic* and *normative*. It is important to notice that this typology is not always empirically distinct (DiMaggio & Powell, 1983). Isomorphism is defined as; *"a constraining process that forces one unit in a population to resemble other units that face the same set of environmental conditions"* (Hawley, 1968 referred in DiMaggio & Powell, 1983, p. 149).

Coercive isomorphism, emerge from political influences and the issue of legitimacy. Coercive isomorphism results from formal and informal pressure on the organization from other external organizations upon them are dependent, as well as cultural expectations in the further

surrounding of society. The more dominant organizations require adjustment of the field's less dominant or dependent organizations in adopting the structures that are considered legitimate. This pressure can be viewed as a force, a persuasion or as an invitation to join in collusion. Coercive isomorphism can in this regard also be linked to a development of organizational hierarchies, in relation to organization that aim of gaining support from more hierarchically organized donor organizations (DiMaggio & Powell, 1983).

Organizational change can also be a direct response to government mandate. An example is when organizations must adopt new pollution control technologies to conform to environmental regulations. The organization's behavior and structure is also affected by the existence of a common legal environment. By for example - the vicissitudes of the budget cycle and financial reports that ensure eligibility of federal funds (DiMaggio & Powell, 1983). As rationalized stated and other large rational organizations expand their dominance over more arenas of life, the organizational structures have been argued to increasingly reflect rules that are legitimated and institutionalized by and within the state. Organizations are for that reason increasingly organized around rituals of conformity to wider institutions (Meyer & Rowan, 1977).

Mimetic isomorphism, is a response to uncertainty by imitation and modelling of successful concept from other organizations in their field. The organization can escape expenses and the need to develop "new" solutions to a problem by the imitation of other organizations. The imitation can be adopted unintentional or explicit. Examples are if the environment creates symbolic uncertainty or if technologies are poorly understood, then mimetic can serve as a way to overcome the struggle and gain legitimacy. The imitation can further take a ritual aspect to enhance the organizations legitimacy, for example a company can adopt regulations to demonstrate that they are trying to improve working conditions (DiMaggio & Powell, 1983).

Meyer (1981, referred in DiMaggio & Powell, 1983, p. 152) argue that one can predict newly emerging organization without knowledge about the nation itself, because *"peripheral nations are far more isomorphic –in administrative form and economic pattern- than any theory of the world system of economic division of labor would lead one to expect."*

Normative isomorphism, is associated with professionalization and primarily steams from members of a professional group's collective struggle to define the conditions and methods of

their work. The influence of professions and educations affect what is considered to be the "right way" of doing things, which may include moral duties (DiMaggio & Powell, 1983).

Professionalism is about a particular profession's common endeavor to identify the methods and conditions that will apply, and to create a common understanding and legitimation of the profession. There is a consistent compromise between professionals with non-professionals, and director etc. In addition, normative isomorphism is related to the force of socialization. The professionals are for example socialized to behave in the same way (DiMaggio & Powell, 1983). In this context the professionalism has two sources. Firstly, it becomes important to hire staff with a university degree since formal education has gained a greater influence in society. This include legitimation in a cognitive base produced by university specialists. Secondly, the development and growth of professional networks has contributed to spreading models for organizing across organizational boundaries. For example, universities are important in the development of organizational norms among professionals (DiMaggio & Powell, 1983).

Finally, organizations are often rewarded for being similar to other organizations in their areas, by facilitating transactions between organizations, to be recognized as legitimate and reputable, and to fit into administrative categories to be entitled to public and private funds. However, in some organizational fields, the pressure of competitive efficiency is alleviated because the number of organizations are limited and there are strong fiscal and legal obstacles to enter and exit the field (DiMaggio & Powell, 1983). This was found at the NGOs in this study due to a limited number of NGOs in the field. The understanding of isomorphism is relevant at the NGOs as the findings point to similarities among the organizations working with orphans and other vulnerable children. For example, there were similar; ways of organizing the institutions; interventions strategies that were used; professions working there and challenges faced by the professionals. Several forces from external organizations were found to affect the work of staff members at the NGOs, therefore institutional theory is used in this study to understand these forces.

4. Methodology

4.1 Choice of method

In this study an inductive approach guided the study design and research premiss. Certain aspects of grounded theory (GT) were used as it provides systematic, although flexible guidelines for the collection and analysis of the qualitative data. The guidelines can be viewed as general principles in contrast to strict rules (Charmaz, 2006).

Charmaz (2006) stress the flexibility of the method by incorporating a symbolic interactionist theoretical perspective. In thus, established the understanding of the gathered data, perspectives and research practices as constructed in social interactions. In this study as an observer, I was a small part of the world that was studied and the material collected. The interpretive portrayal of the world is thus not an exact image of it (Charmaz, 2006). The basic grounded theory guidelines used was memo-writing, constant comparisons and interaction between the collection and analysis of empirical data (Glaser & Strauss, 1967).

Data collection in this study was gathered from formal and informal interviews with staff members at three NGOs that provide care and support to orphans and other vulnerable children. At one of these, observations have also been carried out during a time of three weeks.

4.2 Field experiences

The collection of data material in this study were separated into two phases, although, the separation may simplify the understanding of the data collection since the gathering of data in practice shifted between identifying and performing interviews with staff members. The first phase was focusing on getting access to the field and a knowledge of the actors involved in the care by performing observation and informal interviews with staff members (Bryman, 2011). The second phase was characterized by formal interviews (see attached interview guide). In grounded theory the gathering of data takes place parallel to the analyzing of data (Glaser & Strauss, 1976). This process was used in this study and characterized by adaption, which meant that after emerging results of the analysis, the further gathering of data was modified. For example, “the

second phase" emerged after analysis of the informal interviews in "the first phase". Theoretical notes, so called memos, served as important in this process. These notes included a range of ideas leading way of the gathering additional material (Charmaz, 2006).

In the initial step staff members working with providing care and support for orphans and vulnerable children were identified and selected. This first phase was characterized by a struggle to get access to the field, I had to wait for approval of research permission from the Ministry of Health. To apply for a research permit in Botswana required a large number of approved documents for example a study proposal, grant approval letter, approval letter from the University and so forth (see attached appendix). The process of applying for research permission can take up to three months, but fortunately for me it took only two weeks. When approval was made, visits to different NGOs around Gaborone was made and I conducted informal interviews and observed their work. In order to get an idea of how care was organized I asked open questions to identify actors involved as well as under what conditions they operate. One contact person in Botswana has served as a key figure during this initial phase by facilitating access to the field (Bryman, 2011). The key person identified different governmental and non-governmental organizations and hospitals that all had different roles in the care and support to orphans and vulnerable children in Gaborone. Non-governmental organizations were chosen as they were identified as significant for the study. The NGOs carry out most of the care to orphans and vulnerable children in the country.

Questions asked during this initial phase were open-ended and adapted to the conversation, depending on the setting and the type of conversation. For example, questions such as; tell me about your experiences of working here. These interviews is described as a method of direct conversation but with the allowance for in-depth exploration of specific experiences and topics (Charmaz, 2006). Furthermore, it allowed to explore different statements, request further explanations, go back to an earlier point and under the surface of an experience and so on and forth. The interview was an appropriate fit for GT since both being *"open-ended yet directed, shaped yet emergent, and paced yet unrestricted"* (Charmaz, 2006, p. 28).

In the second phase individual formal interviews were performed. Tape recording was used during the formal interviews. The interviews were conducted with staff members at three different NGOs in Gaborone. The sampling of staff members were chosen in relation to their

profession and their knowledge of the field. They were identified during the informal interviews to have different experiences and relationships to the children. For example, it was showed that the housemothers had a closer relationship to the children that the managers. The goal was to get a nuanced understanding of various professionals' experiences as possible. The staff members identified to participate in this study were four social workers, one psychologists, three housemothers, two managers, and one volunteer. In total there were seven women and four men. There was to be another interview with a social worker, which was cancelled for unknown reasons. The informal and formal interviews lasted between 30-60 minutes and took place at the NGOs at staff members work such as offices, meeting rooms and in kitchens.

The interviews had some predetermined themes for example questions about the organization, culture, religion and so on (see appendix; interview guide). Follow-up questions were made to clarify different aspects of questions. At the time of the formal interviews, time was also spent at one NGO to observe the work with the children. The observation was participating (Bryman, 2011), as I joined in the daily work which included meetings, helping out with everyday chores such as cooking, feeding and washing. During the observation the focus was on the staff members and not the children. The aim of the observation was to get an appreciation of the work and to build a relationship with the staff members, which made the formal and informal interviews easier to perform.

3.3 Analytical process

The ambition with influences from grounded theory in the analytical process, was that the data material wasn't forced into a predetermined theory (Glaser & Strauss, 1976). However, due to limitation in regard of time and access to field, this study did not opt for generating theory but may serve as a starting point in the process of understanding what affected the staff members work. The interviews were transcribed verbatim without pauses and in close proximity to the interviews. It was mainly the informal and formal interviews that served as core data material. The observation was more as additional to certain views and analytical development. Coding is used in order to separate, sort and synthesize the empirical data. The coding process was in line with Charmaz (2006) separation into two steps; the initial coding and the focused coding.

3.3.1 Initial coding

In the initial coding phase, fragments of data words, lines, segments and incidents were analyzed and categorized. This initial step led to later decisions about defining the core categories, through for example ideas about possible categories of codes that reappeared in the data material. But also by certain segments that the staff members emphasized to be more important than other parts of their work.

Line-by-line coding, was the first step in this coding process. Every line of written data was named with a label by asking the question "what is going on here", "what is this an indication of" (Glaser & Strauss, 1976). This process enabled an openness to the data and to acknowledge nuances about the challenges that the staff members faced. In this process the codes defined what the data was about, by naming segments of data with a label that summarized and accounted for each piece of material. The codes thus showed the selection, separation and sorting of data in order to begin an analytic accounting of them. *"Initial codes are provisional, comparative and grounded in the data"* (Charmaz, 2006, p. 48), meaning an openness in regard to analytical possibilities and creating codes that is closely linked to the empirical material. This was achieved by providing each segments of data with all the possible codes, to select the one that was understood to represent the material the best. Different codes from the same section but that emerged from different coding strategies (e.g. line-by-line and segment coding) were also compared to each other in order to find the best match. The codes that indicated a fit with the data was followed up through further interviews to clarify if the codes reappeared (Charmaz, 2006). Example of initial codes were; not enough money, lack of funding, no cloths, use of own money, inability to pay.

3.3.2 Focused coding

There were certain aspects that tended to be repeated by all the staff members. This indicated different affecting patterns as core categories. During focused coding, the most frequent and useful initial codes were chosen (Charmaz, 2006). From the example of initial codes mentioned above, it was found to be a recurrent problem associated with funding and especially that of

decreased funding. In this step a comparison of the codes was carried out. For example, by comparing different codes that explained a decreased funding a pattern about international influence were detected. The findings from the interviews were compared to each other in order to identify similarities and differences. For example, there was a similarity between the NGOs to stress as being dependent on funds, while there was a difference between to what degree they used strategies to overcome this difficulty. "Constant comparative methods" is explained by Glaser and Strauss (1967) to be utilized when one compare data with data, and data with codes.

Theoretically saturation occurs when the gathered data doesn't add anything new to the overall finding (Glaser & Strauss, 1967). I met some difficulties regarding this aspect because of a limited time in the field, leading to a natural termination of the collection of data. For example, new findings in a late stage of the analysis may be an indicator of more categories that affect the staff members work. A more extended time in the field had given an opportunity to collect more data and to possible develop a deeper understanding of the field of research. During the analyzing process five main categories emerged. These were: *international influence*, *the "impact" of culture*, *perceptions of a change in social support* and *organizational features.*

3.4 Quality criteria

A constant reflection of the quality of the study have been carried out through the study. Lincoln and Guba (1985) referred in Bryman (2011) describes the research quality criteria's being related to credibility; including trustworthiness and transferability. Other criteria are reliability and confirmation. Trustworthiness means by how probable the results are. The ambition was to achieve this by providing a nuanced picture of the findings and by allowing the participants to identify the problem area and putting their experiences in their own words.

Transferability has to do with whether one can apply the results in other contexts. Although GT main ambition is to generate theory this study focused to gain an understanding of this specific context and the factors affecting the staff members at NGOs. However, with inspiration from GT the findings will be described in detail. This to increase the possibility to "generalize" some of the understandings of processes to other similar contexts (Bryman, 2011), in for example Africa.

Reliability regards the possibility to get similar results at another time (Bryman, 2011). This was aimed to be achieved through careful interpretation using the steps of grounded theory in order to closely link the codes and categories to the data material. To assure that the codes were reliable they were compared and followed up with other interviews. There can however be no guarantee that there won't be other results in the future, since the factors affecting staff members work at NGOs may differ with time.

Relevance is achieved when the study offers an incisive analytic framework interpreting what is happening and making processes and structures visible (Glaser & Strauss, 1967). Further coding is a way to get away from imputing the researchers own motives, fears, unresolved personal issues etc. to the respondents and to the data. This since the coding enables the researcher to think about the data in new ways, by making processes and assumptions explicit. It is also possible to distance one's own preconceptions and the participants' taken-for-granted assumptions about the problem by view it from a new perspective (Charmaz, 2006). In line with the concept of confirmation, which is about objectivity, meaning that the researcher has control of her/his own values and not let them affect the study in a skewed manner (Bryman, 2011). In order to reduce the risk of interpreting the data based on my own preconceptions, earlier research including theories and perspectives were sought in a late stage. It was reviewed after the analyzing of data and formulation of categories, hence following a more inductive method.

It is important to emphasize the understanding that the codes that have been used to capture the empirical reality, have emerged from the language, meanings and perspectives through which the empirical world is constructed (Charmaz, 2006). By choosing words that represent codes that define what is considered significant in the data and to describe what is believed to happen. I was guided by a certain pre-conception which included the idea about struggles for the staff members at NGOs in order to carry out the support to the children. However, as a foreigner this might have facilitated my ability to identify affecting factors which the staff members took for granted. The coding process can therefore enable the researcher to examine hidden assumptions in the language of herself as well as of the participants. Through cooperation and interaction with the participants, the study aimed to understand the participants' opinions and experiences from their perspective. The encoding process helped to do, by closely study the emerging data (Glaser, 1978; Charmaz, 2006).

3.5 Ethical considerations

To conduct this study ethical approval was sought from the Ministry of Health in Botswana. The information that was approved included benefits the study may had for the participants such as a broaden understanding of their work. The risk determination was considered as minimal. The protection of informants has been viewed as one of the most important aspect in conducting this study, precautions has been made in order to make sure no one harm will come from the study, by confidentiality, keeping personal details at a safe place and make sure that participants could not be identified (Swedish Research Council, 2011). The names used in the results have been changed. In addition, there was during the observation no focus on the children but instead of the staff members work to make sure the children were not part of this study and harmed.

A consent form was handed to the Ministry of Health in Botswana 13-04-2016. The form included information about the study design and purpose, that participations were voluntary and with the possibility to end the participation at any time (Bryman, 2011). The management was contacted first to get permission to perform interviews and observation with staff members. The consent form was further handed out to the participants to read before the data collection took place. Bryman (2011) also highlights the importance of ethical consideration in research, such as the gathering of informed consent. To make sure that the participant fully understood the information, it was explained verbally and ensuring that participants could ask questions before as well as during the data collection. Informed consent from the participant was collected verbally.

The author had also an ethical awareness about ethical problems and situation that could arise during the study, for example about the role of the researcher and to what extend to be active or passive in the observation. There is a danger that the researcher identifies with the participants and thereby "go native" (Bryman, 2011). At times, it was difficult as I established a bond with the staff members, therefore I found it important to have a continued reflection about this and my role as a researcher.

5. Results

The findings are divided into four main categories and related subcategories (see table 1). The categories will present organizational challenges the NGOs staff members encounter in their work of supporting orphans and other vulnerable children as well as their families. In addition, the results will present the strategies that the staff use in order to deal with these challenges and what they find important in order to carry out their work.

Table 1. *Categories and subcategories from the empirical data.*

Categories	**Subcategories**
International influences	Regulation that lack contextual sensitivity A reduction of funding
The "impact" of culture	The challenge of folk medicine Religion as an important tool of support Corporal punishment as a traditional measure A problem with communication about HIV associated with stigma
Perceptions of changes associated with social support	"The death of the family support" Decline of interest in cattle farming? Lack of youths participation in community gatherings A new focus creating new challenges – social media
Organizational features	An attempt to achieve "a normal family setting" "Overstaying sometimes by 10 years" Challenges in cooperation due to overstay

5.1 International influences

The data material shows a consistency of international influences mainly from the Western world and partly from other places such as South Africa. The influences show challenges that affect the work performed by staff members at the three NGOs. This was a recurring element in all of the informal discussions as well as in a majority of the formal interviews. There are different experiences from the staff members in relation to the degree of these influences, and whether it is viewed in positive or negative terms. The overall international influences include *a lack of contextual sensitivity in regard to regulations and guidelines* and *a reduction of funding.*

5.1.1 Regulation that lack contextual sensitivity

Contextual sensitivity in this context means it is considered important when performing support and care for orphans and vulnerable children to include the specific characteristics of a society. In Botswana, particularly it is the living conditions and social problems faced by the citizens which the staff members view as important to consider. A lack of contextual sensitivity in regulations and guidelines which are not applicable to fit the context of care for children at the organizations where staff members work was mentioned. Since the regulations are developed to fit other context such as Western societies. The staff members talked about difficulties to implement these regulations. During an informal conversation with a social worker such view was described in the following way:

> *It would be better if the government didn't sign every regulation just to be in good terms with the West. They should instead consult the people working with the children. Because the regulations are after a Western context and not an African one. Consultation would be the best because if they need to accept different rules they need to know how they will implement them.*

A common consideration by the staff members' included a difference between African and Western countries. This led to an inability to apply regulations from one context to another without making adaptations, such as connecting them to specific aspect important for the society in which these children grow up in. This could for instance include an understanding of social problems in terms of what is seen as a social problem in the specific society including; how the social problem is explained; and what can be done about it. For example, in Botswana HIV and AIDS are viewed as a social problem with implications for every aspect of society and the individual's life, hence they understand it to impact social work in regard to which area the focus of staff members' interventions should be. A bottom-up approach is something that the above social worker argued for, since this would be helpful in order to overcome implementation difficulties.

Another example of a lack of contextual sensitivity is related to the choice of language in these regulations and guidelines. The guidelines are described by the staff members to be in English and not in Setswana. The most common and accepted language to use in Botswana is Setswana.

Most of the inhabitants in the country understand Setswana better than English: "*You see, we don't have any tools yet to handle this. I want to develop a tool like that, for example many of the guidelines we get are in English and this makes the implementation difficult."*

In addition to language barriers there are also phrasing used in the guidelines that are not always suited for the specific context. The manager above explained this further with an example of HIV guidelines: "*I'm working to translate these into Setswana, so Botswana children and people of Botswana understand... At a level they understand, not with jargons they don't understand."*

By the use of terms that doesn't translate to the context there is a difficulty to implement them, for example professional jargons used in the Western societies. However, there is a willingness by some of the staff members to overcome this implementation gap and revise the choice of language but also to make temporary guidelines which are more contextual. There is a wish to cooperate with the government in terms of developing guidance that better suit the context. Although the organizations stressed that they are not yet included in that process.

Some staff members do however express to have positive opinions about the international influences. For example, the manager said: *"I want to see what is working internationally, in other context, for example why it is working in South Africa."* The focus here is on international exchange of information, especially when it comes to developing programs and interventions for orphans and vulnerable children by gathering information and knowledge from other contexts. In turn it can inspire the staff to incorporate some of the parts that work well in other similar settings of NGOs by adapting them to the Botswana context.

5.1.2 A reduction of funding

As Botswana has received funding from international sponsors for many years, the NGOs explained them as highly dependent on funding for their ability to carry out their work. Therefore, the international societies also have great influence through their funding. The influence may be related to a struggle of power in which the NGOs are dependent on donations from international organizations (DiMaggio & Powell, 1983). When Botswana developed into a middle-income country, the donations decreased. A social worker explained this as what sustains the organization:

Getting support from various sponsor's and donors is what sustains the organization. And then it is very key in order to provide quality care for the children, very very key. We get donations, both locally and internationally. But there is a decline of international donors...

Funding includes mainly financial support, but the organizations are also given food, clothing and educational donations. The reduced funding was stressed as a problem by all three NGOs. The dependence on funds complicates the organizations' ability to perform and expand their services, which means less available support and care for the children. For example, the staff members explained an inability to take the children out for trips in the community due to decreased funding: *"The children are always stuck here. They only go to school. You know, there is no money"* (housemother). Another example of a difficulty concerning the decreased funding is explained by another housemother, being that if a child is sick the housemother has to take the child to the hospital by using her own money, which is not refunded back to her: *"... Say a child is sick, akere (akere; a common Setswana phrase for; "is it not"). I have to use my money. I have to rush. And I live in the rural area, akere*". This proved to be a problem according to the housemothers since it takes both time and money (being poor herself) to travel from the home to the organization and further to the hospital. Hence, this were stressed as an implication for children in need of medical attention and in terms of being able to do things with the children.

5.2 The "impact" of culture

In terms of culture all of the staff members experienced how different factors within their culture could serve as challenges, but also be used as tools in their work. The staff members' stressed cultures in terms of traditions, values, language, beliefs and parental styles (e.g. communication and discipline patterns). A particular salient understanding was that in Botswana there is a variety of different cultures. For example, the staff members' explained that there are ten different tribes, all having different types of cultures. An overall difficulty in their work was to find a balance between maintaining cultural elements but at the same time not to impose a particular way of culture on the child. A social worker explained this as *"we have got to find a balance":*

> *We avoid by all means a situation where a caregiver imposes their culture on the children, because we have children from all different backgrounds. So we have got to find a balance, what is general you know.*

There was an agreement among all informants that these aspects of culture is something the staff cannot look away from and that it was neither desirable to do so. They stretched the importance of being sensitive to the children's specific cultures and belongings, by including aspects of different traditions and beliefs and work with them as tools or strategies. For example challenges was expressed as associated with *folk medicine*, *religion*, *corporal punishment* and *parental communication*.

5.2.1 The challenge of folk medicine

Folk medicine was described particular by one of the organizations as an important aspect of Botswana culture. The staff members' explained that folk medicine can include treatment with herbs and holy water. A child often receive medication from their parents "traditional doctor". In extreme cases the "traditional doctor" can also perform operations. To have confidence in folk medicine is contrasted to the perspective of modern medicine and thus explanations in regard to diseases and treatment. Folk medicine was described as tightly interwoven with a belief in spiritual explanations about disease, including for example witchcraft (see Sachs & Uddenberg, 1984; Sachs & Krantz, 1991). A manager from one of the NGOs explained the perspective of folk medicine in the example of HIV:

> *Some families do not believe in illness instead of the traditional explanations such as witchcraft and spiritual explanations. They do not believe in taking medication, but instead they take holy water that they receive from their traditional doctor.*

A medical school understanding of HIV is related to a transmission of the illness through sexual intercourse, blood or breast milk; while a spiritual belief can include an explanation of the illness being transmitted as a result of witchcraft (Sachs & Krantz, 1991).

Reliance on folk medicine has been explained by some of the staff member to negatively impact their possibility to support the children and their parents and is known to be the case in other African countries as well (see Sachs & Krantz 1991; Good, 1990). Thus parent choose other

ways, outside the staff members' domain, to get support and help for their children's conditions. For example, instead of finding help from the hospital some parents choose to go to the "prophetic church" and "traditional doctor". The focus of staff interventions, strategies and guidelines is focused upon health and illness formulated from a biomedical perspective. The resistance by the parents to take help from these services provided by the organizations, can be understood in relation to the gap between their beliefs and the services that staff members provide. This gap was described as a difficulty for the staff members since in their view it can have seriously negative health consequences for the child, such as one example explained by a manager:

> *Children have a lot of hope. But, you know, the parents have the control and choose to go to traditional doctors. This many times lead to defaulting for the children or even premature deaths. I think they are, how can I say it, too much in grief.*

The situation in which the parents chose to go to a "traditional doctor" instead of the staff members is stressed by the above manager as a coping strategy when the parents are grieving the child's terminal illness. To understand the reasons to turn to traditional medicine is important for the staff members. The staff stressed that there are difficult dimensions that surround a terminal illness in regards to end of life care. For example, it can include a reluctance of accepting the fact that the illness has no cure. A common strategy is to turn to folk medicine which can provide the parent with additional hope. The manager explained one of the reasons to choose folk medicine as there is no means of life: "*We want to improve the quality of life for the children, so they can die peacefully. But parents often look for a cure, there is no meaning to life otherwise. They don't want to give up hope."*

The belief in folk medicine was not merely expressed as a barrier by the staff members for the organizations. Some staff members explained that folk medicine can help children through for example herbs and faith: *"Spiritual belief can help, by for example herbs and faith"*. Folk medicine was explained to lead to hope, meaning and a coping strategy for the parents to overcome a difficult situation related to their child living with a terminal illness. Although folk medicine could be viewed as positive, it was discussed that it is important to talk about it; what is working, how it's working and why it's working. This in order for the staff members to be able to support the parents in their efforts of balancing the cultural belief and at the same time visiting

hospitals to do checkups and provide medicine to the child. Such open communication was deemed as necessary.

5.2.2 Religion as an important tool of support

Religious belief, mostly Christianity, was considered to be a part of the Botswana culture and especially important for staff members in regard to their performance of care and support. Most of their clients had strong beliefs which the staff members also use as an important tool in providing support. Religion is to be understood in relation to a belief that creates motivation. One example, a social worker explained that faith can be used as a tool for her motivation to perform the work, by performing a job that is noble in the eyes of God:

> *I like the fact that I'm improving peoples' life's, that I am reconciling families, that I am healing broken hearts, that i am helping lost and neglected children, I would say it is a noble job, you know I would say I am one that is close to God. And counselling is one of the strengths of God. Jesus Christ is a wonderful counsellor. So I love the job that I do, it is a very noble job like that.*

The staff members incorporate religious belief in their work with the children and parents. For example, the children living at their organizations go to Sunday school at church and there are religious support groups available for them. Another way they incorporate religion is through counselling both with child and parent, which include praying and discussion of existential questions. This was explained by the staff members to support the child and parent to find meaning and motivation when faced with difficulties. In addition, religion could be viewed as providing good standards and regulations in an effort of "molding the individual" to become a good citizen. Religion can thus contribute an understanding of their work as a benefit for the present and future of the community and country: *"It does contribute to molding the individual. Not only in terms of behavior, but also socially and economically. There is a lot that you can pick from the bible, which you can use to empower."* Christianity in comparison with folk medicine was used much more willingly and was thought to give hope and meaning.

Although there is a common understanding by the staff members that all human beings have some kind of belief - not necessary Christianity -, there is a wish not to impose the staff

members' religious belief on the child or parent. In some cases they stretched this as problematic when it *reduce accountability.* One example is a situation in which staff and parents hold different religious beliefs about the problem which the child encounter. A social worker described that he ended up referring a family to a religious organization since he couldn't explain the behavior of the child: *"If you find every time there are no reasons stealing and sometimes, you know, I end up referring them to religious organizations*." There was a focus on spiritual explanations of social problems from some of the staff members, which complicated their ability to carry out the support. Spiritual explanations provided a reduced feeling of accountability for the staff members in their work performance by stating *"it is up to God"* and thereby out of their control. Furthermore, some of the staff members' described religion to reduce the children and parents' feeling of accountability. This was explained by a manager, in the context of children and parents that put less responsibility in the child's recovery and treatment: *"Belief create a force, or say strength, for clients in difficult situations. But they really have to find a balance between praying and taking medicine."* The staff member explained that she attempts to help her clients overcome this feeling of a lack of accountability by making them aware of their own strengths and not leave *"everything up to the will of God".*

5.2.3 Corporal punishment as a disciplinary measure

Corporal punishment of children was described by all the staff members to be a common disciplinary measure by parents in the country. This disciplinary measure of children was by staff members related to tradition. The staff members' explained that corporal punishment has become a part of their tradition and that it is passed down between generations. It was a consistent discussion about this among the various staff members, where attitudes and opinions differed to a large degree at most between the housemothers and more "educated" other professions (e.g. social workers and psychologists). The majority of the staff members explained corporal punishment as having an adverse impact on children which results in abuse and neglect in the family environment. Corporal punishment of children is not used at the organizations, which resulted in a situation where no alternative way of discipline was implemented by the housemothers. A psychologist explained this: "*They are used to corporal punishment as a traditional way. But it is not encouraging to do so there because the children are protected from that... It was difficult to apply time out."*

To not be able to use corporal punishment in child care was stressed as a challenge for the staff members in their ability to raise the children. The housemothers described this leading to a situation where they either ignored or threatened the children when they miss behaved. *"... And say if you do this you are not getting food, or we won't go to the mall together. If they are naughty".* To not use any alternative ways of discipline was explained to have negative effects on children's behavior as well as in the interaction with other children and visitors. Some of the staff members expressed that corporal punishment is positive in the upbringing of children. For example, in order to teach the child about right and wrong, which will be helpful for the child in their future. Therefore, some staff members explained it as a problem not to be able to use this disciplining measure in the context of the organizations. A social worker explained that:

> *At the organization they don't have corporal punishment of children, which is normal in African culture. It is used normally in families but they can't use it here. Which is a problem. Since that is an important part of our culture.*

As corporal punishment is regarded a tradition, this can prevent alternative ways of thinking across disciplinary options for the housemothers. The staff members stressed communication as a disciplinary measure instead of corporal punishment. A psychologist explained this aspect as:

> *Traditionally people still believe that the only way to discipline someone is through corporal punishment. That is what they usually believe. Me, myself after dealing with those children, I have never seen the need... Corporal punishment inhibits communication.*

5.2.4 A problem with communication about HIV associated with stigma

According to most staff members they were faced with challenges in relation to communication patterns between parent and child. It was expressed that many parents struggle to talk to their child about HIV. In addition, there was explained to be a lack of knowledge about the illness and transmission due to fear and negative perceptions that arise when HIV was first recognized in the country. One of the staff members explained this by: *"You know, this fear is still a problem, people are scared to catch HIV and sometimes even to be around people with the illness."* Some of the staff members related this fear to stigma and discrimination. It was stressed that the

parents try to protect their child from the stigma surrounding HIV. This was however explained by the staff members to neglect important needs of the child by for example not taking the child to the hospital for check-ups. For that reason, all the staff members stressed the importance of communication between parent and child in regard to the illness. Stigma and discrimination was a common explanation according to the staff members not to talk to the child about HIV and not to disclose the child's status. A manager described this situation:

> *I have noticed that the family have difficulties with communication, with children. The parents don't want any contact with us, because if someone in the community finds out the whole community will think everyone in the family has HIV.*

The organizations try to overcome the issues associated with stigma by different outreaching programs and home visits to educate the community about HIV and positive parenting. This was explained by a social worker as: *"We sometimes go out to the public to teach them about any issues surrounding children."*

5.3 Perceptions of changes associated to social support

All the staff members talked about changes in their communities, which resulted in challenges associated with their services to provide social support to children and youths. These perceptions of changes include a shift in the current system of support for orphans and other vulnerable children and a shift in the youth's participation in traditional and cultural practices. These changes will be explained by four examples; *"the death of the family support", lack of participation in community gatherings, decline in interest of cattle farming* and *the new focus of social media*. In addition, the staff members explained the changes to generate a need of new intervention strategies for example educational programs by the use of media resources.

5.3.1"The death of the family support"

There was a common discussion between the staff members about "a change" in the current structure of support and care for orphans and vulnerable children in their community. From previously having a strong commitment from the family and extended family in the care and responsibility of these children to a somewhat abated commitment. A social worker described the change as:

> *Because of the death of the family support system, you know, earlier on we used to have a very strong family support system where uncles and aunts had responsibility on children and now things have changed, say the mother is being convicted after an offence nobody is willing to remain with the kids and take responsibility for them.*

The staff members expressed that the "change" include feelings of a decreased responsibility for other children than your own. It was explained that the extended family can't afford to accommodate for another child. The social worker continued to explain: "*So these days you have to stand up on your own. I can't afford to accommodate for another child because I am already overwhelmed with what is mine".* The decreased responsibility for other children was stressed as having too much expenses in regard to "their own family". Therefore, there was expressed to be a "change" in support to the children from the family to each individual taking care of themselves.

This change was explained to serve as problematic for the staff members work performance and since there is a higher pressure today with more children enter than what it was in the past. A social worker described this by an increased need of care solutions that provide long term support for orphans and other vulnerable children: *"We keep having more and more coming; there is a very big need for places like this".* The increased need of care solutions for these children was explained by the staff members to result in overcrowded organizations. It was stressed that there are more children in need of care than they can provide accommodation and services for. The above social worker described the situation as: *"So it is no good for children either to be overcrowded, you know sickness can easily be transmitted like rashes, like coughs, you know".*

A common opinion from staff members was a desire that children grow up in a family rather than at an organization. A social worker explained this: *"There is a need, but not in terms of group living, but as having foster care in the wider community".* Therefore, the staff members promote in favor of foster care and adoption for orphans and other vulnerable children. However, if there is a decreased support from the extended family and community in the care to the children this can be an indicator that complicate the staff members' ability to promote foster families.

Although a decreased support from family and extended family, this did not mean that the collective and extended family system doesn't still stand for a huge share of the responsibility for orphans and other vulnerable children.

5.3.2 A decline of interest in cattle farming?

Traditionally, cattle farming is an important part in the everyday life of people in Botswana. For example, the children grow up to learn about cattle farming from their parents or relatives. Some of the staff members explained that the youths of today have lost part of their interest in cattle farming. This was explained by a lack of knowledge and a shift to other professions in the city. It was stressed to be important that the staff members make the children living at the organizations aware of cattle farming. This in order to maintain an important part of their tradition. However, this was considered to be a challenge in the organizational setting. A social worker explained: *"If they were placed in a family, they would see and visit kettle post, akere".* Placement in institution can for that reason be viewed as weakening cultural values and traditions which are still deemed as important.

5.3.3 Lack in youths' participation in community gatherings

Community gatherings include meetings between neighbors in the community to discuss a wide range of subjects. It varies from personal issues with for example child care, to community issues concerning the whole neighborhood like education. Staff members explained the decrease in participation as a worry about the youth's moral and behavior as they expressed there were educational struggles. In addition, community gatherings were explained to create an important feeling of belonging, meaning and source of support for individuals in the country. It is still considered to be essential in the efforts of maintain the traditional cultures of the country. Staff members stressed that they are using it as a "method of referral" to child and parent when struggling. But staff members illustrated that youths of today are not as interested in this support anymore, thus by not joining the gatherings. A social worker explained this lack of participation: *"But we have our traditional methods of community gatherings, we don't find much of the young people there anymore."* The lack of participation of the youths in community gatherings was expressed to lead to a need of other strategies of reaching the youths. For example, strategies to address the struggles with behavior and morals.

5.3.4 A new focus creating new challenges – social media

Social media has taken a platform in the society of Gaborone and was explained by the staff members to have led to a new source of support for youths. In addition, there was a perception of social change associated with social media that contributed to challenges for staff in regard to the children's problems. The problems were explained by the staff members to include a changed behavior related with alcohol and drug intake in the country. The changed behavior includes a lack of social skills and a lack of respect for the elderly. A social worker explained this further:

> *We see a lot of change in behavior, there is a lot of alcohol and drug intake in the country. And it is even going down to some of these small, innocent children. Which definitely affects the social skills of children and youths in the country.*

These international influences are expressed as having an impact on traditional and cultural practices. The staff members uphold about the importance of maintaining cultural values for the children in a time of globalization, these 'trends' were seen as worrisome as it effected the smallest children and as they grow up. The social worker continued to explain these aspects:

> *Botswana is generally still very traditional. Though we know that everybody has access to it (social media). So we see a lot of dynamic issues in regard to culture in Botswana, I will just say we try to uphold cultural values as diverse as they are, even though our culture is facing the threat of you know, the rest of the world influencing on what is happening in the country.*

The new focus of social media was explained to create new challenges which results in a need for other or new interventions and support strategies from the staff members. This in order to reach the youths with their support. A social worker highlighted this: *"... If that would be in terms of media resources or whatever".* To explain that there can be a need to meet the children and youths on their "court yards" in line with their new ways of finding support. For example, media resources were described as a way to reach youths by education or programs that focus on mental health. Hence, social media serve as both a problem and an enabler to their work.

5.5 Organizational features

The category of organizational features contains attributes particular for these organizations including an overall aim of imitating *"a normal family setting"* in the context of institutionalized care for the children. Other features concern *cooperation difficulties with other organizations* and *cooperation difficulties among staff members*.

5.5.1 An attempt to achieve "a normal family setting"

A "normal family setting" was explained by the staff members to aim at creating a feeling of a home environment for the child. For example, one NGO organized the care for the children under the same roof, where also the housemothers stay. A social worker from another NGO explained their way of organizing the care: *"The children live in family houses here and they have their caregivers here. Each child has a home, a mother and an auntie".* In addition, the "normal family setting" include a close relationship between mother and child. A housemother explained that: *"They take us as their mamas, aunties and sisters. We take them as our children. They are as our kids as we love them."*

There was also a desire from the staff members to introduce housefathers in their facilities so the child will learn about fatherly love. A social worker said: *"But there would also be a good thing if they would have housefathers. Like someone to call papa, dudu, you know".*

A "normal family setting" was stressed as desirable by all of the staff members from the perspective that the best interest of the child is to grow up in a family. Thus, adoption or foster home was expressed as the best alternative care solution if a child is without parental support. A housemother explained the best care solution as: *"Adoption would be the best. Then they get parents and surnames, instead of having 10 mothers."* While a social worker explained:

> *If they are available for adoption, let the child be adopted because we don't want them growing up in an institution, they need a family environment, they need to know there is mother, father, there is uncle, and other siblings. If we need to give them for fostering let it be.*

A family was stressed as the best care solution for orphans and other vulnerable children because the institutionalized environment is not desirable in child care, since explained by the staff members of having negative effects on the children. In addition, these children are faced with certain life circumstances where they have lost parental care. Therefore, the staff expressed a particular need for a family environment. A social worker explained the children entering their care facility: *"We have children that are a result of baby dumping, a result of neglect, a result of infanticide, who are a result of host mental depression, who are a result of family breakdowns."*

Furthermore, a social worker explained children in need of having a mother and father and everything that goes with it, especially love: "*They have needs, and as much as a child at home they need the same things, they need the same guidance, they need love, and affections, they need motherly love and fatherly love."*

All of the staff members' also emphasized certain common social problems that the children at the different NGOs are facing. To summarize it included; a lack of social skills and general knowledge; attachment problems; stigma; dependent behavior; difficulty in school and default to adopt to the society outside once moving from the facility, etc.

A social worker explained the issues that the children face as: *"The most difficult part is actually figuring out how to help a child that has lost parental care, and at the same time portray extreme conduct disorder."* The psychologist explained furthermore that; *"you know children that are staying at institution, their behavior and certain things about them are different compared to children in another setting."* It was stressed by the staff members that many of the children also face health problems as a result of HIV. A social worker described:

> *They have different health issues, some of them are HIV positive and just like at home their housemothers are living with them and they have to take responsibility of making sure they get proper medication on time.*

Although a family setting is explained to be the best care solution for the children, it was deemed to have to be a different setting from the one that the child came from which often included abuse, neglect, addition etc. A family who hold and offer love, attachment and support. The housemother said that they are the children's "real mother" and threat them as their own children which was stressed as the absolute most important goal of their support:

We have to raise the children as our own, help them grow up akere. Because many of them have lived in families with abuse and drug addiction. The children have it much better at the organisation.

The staff members described a need for more specialized care and interventions in regards to these children's psychological, social and health problems. The specialized care is stressed to include individual assessment of each child with focus on specialized care for behavior, personal struggles and social skills. A social worker explained:

I mean like how to help them face or accept the situation that brought them here. Which means that more interventions that are tailored to suit each child's circumstance.

To achieve "a family setting" within the institution was explained as a strategy by the staff members in order to face the implementation gap of foster homes and adoption. However, the strategy was associated with challenges in regard to negative consequences of institutionalization.

5.5.2 "Overstaying sometimes by 10 years"

An insufficient cooperation between NGOs and governmental organizations was explained by the staff members as an obstacle in regard to achieve adoption and foster care for the children. The staff stressed that the social worker at the city council is responsible to place the child in either foster care or with adoptive parents within three months after placement at the NGOs. This since the NGOs are only to serve as a temporary placement. A social worker explained:

The social worker places an application and we look at the application, and we see so the child falls within the category that the child needs care. We admit the child but this is through a court order. The legal system is very much involved in the issue of the child being admitted. Every child has a court order. No child is admitted without a court order.

The child is placed in the care of these NGOs through a court order. However, it was found that some of the organizations were struggling to get court orders and a majority of children's files were missing. This was stressed as challenges in cooperation between the NGOs and the

governmental organization (city council). The psychologist explained the lack of cooperation in the following way:

> *If there was a proper running of things, or if people would follow up after placing a child, see there are no such things. After placing a child and the court order say the child should stay for three months, they start doing follow up after three years. I think that people are not doing their job.*

The staff stressed the lack or delayed follow-up from the social workers at city council which led to a situation where the children overstay at the NGOs. A social worker explained this issue with the cooperation to lead to overstay at the organizations:

> *It has been shown that the children tend to overstay at the institutions. Even though they are supposed to stay for 3 months, they end up overstaying, sometimes by 10 years. Resulting in a permanent stay opposed to a temporary one.*

The situation of lack of cooperation and overstay include the understanding of adoption and foster care not to be implemented, although the staff members explained it to be the best solutions for the orphans and vulnerable children. The children are explained to overstay the organizations by *"sometimes 10 years"* which result in a permanent opposed to a temporary placement. This is against the agreement between the organizations of the maximum three months' placement and the result is often that the child grow up and live their entire life within an institutionalized setting.

5.5.3 Challenges in cooperation due to overstay

That the children overstay was stressed to complicate the cooperation between staff members. The permanent stay includes challenges in regard to cover the everyday needs of the children living at their organizations as well as a long term plan for a healthy child development: *"This is the situation now, so the problem is a plan of action during the meantime".* That the children tended to overstay was expressed to create challenges in relation to the cooperation between the staff members in their responsibility to care and support the children. All the staff members explained an uncertainty about their roles and tasks which had to be adopted to this situation. This has shown by some of the staff members to lead to own ideas and strategies to overcome

this ambiguous role. For example, a psychologist described an own strategy of "a childcare plan" to overcome this uncertainty:

> *Childcare plan is like a plan, a basic backbone. If you are new, you get it so say if you are a psychologist, a housemother, social worker you get one. It sorts of gives you information about interaction, or shows who is responsible for what, shows who is doing what. Because it was difficult to know who is responsible for what and how you go on about certain things.*

One example where it can be distinguished a challenge with cooperation between staff members and their ambiguous role is in regard to the disclosure process, including who and when to tell a child about their HIV status. Cooperation was stressed as important in relation to HIV, particularly in regard to the process of HIV disclosure to the children living at their organizations. The different staff members had different opinions about when to disclose and who the best actor was to do so. A housemother explained her opinion as: *"I think the hospitals and social workers should talk to the children about it. When they are 14 years they might be ready".* Even though the opinions differed, there was an agreement among the staff to put responsibility on each other or others, for example on hospitals to disclose. This led to that there was no one who took responsibility for HIV disclosure to the child living at their organization. A psychologist explained:

> *I felt that if there is no direction or responsibility, and something is not in order with the child I found it difficult and hard to know who to ask, akere. Because one will say that one, and another one will say that one. It is easy for them (housemothers and social workers) to neglect something. They can then say no but that one should take care of it.*

In addition, there were also different opinion about how stigma was possibly shaping the disclose situation, including knowledge about negative consequences for the child if disclose doesn't take place such as a broken relationship between child and caregiver, feelings of anger, sadness and betrayal. A housemother explained:

> *When they are at the age they can keep a secret. The small ones might run around and tell everyone they have HIV because they don't understand. While older can keep secrets. If you don't tell them, they can grow up with anger about why you haven't told them.*

A lack of cooperation between staff members as a result of overstay may neglect some of the children's needs, through for example no "plan of action" during the wait for foster care and the ambiguous roles among the staff members.

5.6 Summary

In summary the findings from this result show influences over the NGOs work including international, cultural and organizational factors. The staff members cooperate within an organizational context of international influences and "changes" in the Botswana community. International influence has been explained to be "more dominant" organizations in relation to the NGOs that are dependent on their funds. "Changes" in the community regards a decreased interest and participation by youths in traditionally important aspect of everyday life in the country, such as cattle farming and community gatherings. These influences together with impacts of culture, provided the staff members with challenges such as balancing different values, for example of folk medicine and spiritual belief with biomedical medicine and explanations for illness. Another example was the balance between maintaining these traditions but at the same time continue to adopt to international changes. The NGO staff members can thus be understood to provide services and care to orphans and vulnerable children in between several forces, which they have to consider for their organization to gain legitimacy and "survive" (DiMaggio & Powell, 1983). In the following section, the explained dynamics of adaption and preserving when carry out the support at the NGOs will be discussed in relation to institutional theory.

6. Discussion

The purpose of this study was to explore NGOs work with orphans and other vulnerable children in Gaborone, Botswana. The focus was particularly on what the staff members experience as organizational challenges and barriers in their work of supporting the children and their families. In addition, what they stressed as important in order for the NGOs to carry out the work. The findings show NGOs to cooperate in a context of several factors that challenge but also facilitate the staff members work associated with international, cultural and organizational influences. Furthermore, the findings emphasize perceptions of changes in society that are associated with social support. The findings were relatively similar across the three NGOs. In order to reach an understanding of these changes and influences impact over the staff members work, institutional theory has been used.

Institutional theory emphases structures and processes in relation to organizations. In particular, the interaction between organizations which includes forces resulting in the process of institutionalization. Through the process the organization may gain legitimacy and enhanced survival prospects, but not necessary efficiency. The forces lead the organization to become more similar to other organizations (isomorphism) within the same organization field (DiMaggio & Powell, 1983). This may explain the similarities that was distinguished between the NGOs. As a result of the findings from this study the NGOs can be seen to cooperate within a large organizational field including; international and global communities; international social work; other NGOs working in other context but with the same target group; the society of Botswana including the Government of Botswana and the public.

The results show international influences over the staff members work, mainly from the Western societies but also others such as South Africa. In relation to the concept of coercive isomorphism, the international communities can be explained to put pressure on the NGOs in regard to adopt international guidelines and regulations. This makes it possible to separate the organizations into a hierarchy, with dominant and dependent organizations (DiMaggio & Powell, 1983). To incorporate the results into that model, the NGOs would serve as the one that are dependent on the more dominant international community in order to receive funding. All of the staff members' stressed the decreased international funding as a struggle in their ability to carry out their support

to orphans and vulnerable children and their families. An explanation is that the NGOs adopt international regulations to be seen as legitimate and thus obtain funds. The NGOs can then maintain to provide their services and support – and so the organization "survive". In addition, coercive isomorphism includes political pressure from for example the state of a nation (DiMaggio & Powell, 1983). The staff members stressed that the Government of Botswana accept the international regulations. If the Government of Botswana choose to accept and implement the regulations, they may win legitimacy for their "business" and can continue to receive funds. The findings highlight that the NGOs are faced with a struggle once trying to implement these regulations since it was shown they lack of contextual sensitivity. This could be explained in line with the theory, stating that the adaption doesn't have to serve as efficient. This situation can be understood to result in a conflict between the desire to adapt to the pressure from the international community and the implementation gap that the NGOs are facing.

Coercive isomorphism may also include pressure from the community of a society with certain expectations from the public. The staff members' stressed there to be several changes in the support and care for orphaned and vulnerable children in the country. The family and extended family was emphasized both by previous research and the findings from this study to struggle to accommodate for the number of orphans and other vulnerable children in the country. The NGOs was explained to provide the community with a necessary support. In relation to the theory, the community can be understood to put pressure on the NGOs work by cultural expectations. For example, the use of religion as a tool as well as to have an understanding of folk medicine and corporal punishment. The results highlight there to be a struggle for the staff members to balance keeping the culture and adopt to the international regulations. For example, social media was expressed to lead to new sources of support for the youths. This created a difficulty for staff members to reach the youths with their services, while the wish was still to keep traditional cultural values. The example can highlight the complexity of reality, when the staff members face struggles between adaption and preservation (DiMaggio& Powell, 1983).

The results also highlight that the international influence could be used as a guideline for the NGOs in order to create programs and interventions. Among other things, it was stressed by the staff members that there was a need but also a lack of specialized care at their organizations for the children. Mimetic isomorphism is a concept that explains that in a situation where there is

uncertainty, the organization imitate trends from other organizations within their organizational field (DiMaggio & Powell, 1983). Since the staff members explained there to be a lack of necessary care for the children with no other alternative implemented, this can in relation to the theory be understood as a situation of uncertainty. The NGOs then turned their sight to other countries (e.g. South Africa) to find inspiration for development of intervention strategies. There was also stressed by the staff members that because of "changes" in the perception of support to the children, there may for example be a need to adopt media resources that has worked as interventions in other countries.

Furthermore, the result show that the staff members expressed the desirable care solutions for the children living at the organizations to be in a "normal family". Foster care was explained by the staff members to be the best environment for the child to grow up within. There was found to be several perceptions of what foster care implies, all of them positive as staff members stressed that foster care is used in developed countries. In relation to Meyer and Rowan (1977) concept of myths in institutional settings, the perception of foster care may be seen as a myth. A myth of a positive perspective over what foster care consist and implies for the community. For example, that foster care is the only and best solution for children without parental support and a way to incorporate the child into the community. However, the results show that foster care is not implemented in Botswana. The implementation gap may create a situation of uncertainty. The NGOs thus try to implement foster care as it is stressed to function in other context. If the organizations imitate foster care ceremonially – as it is organized in other countries – the staff members may face implementation challenges. In order to maintain ceremonial conformity in a context of uncertainties, the organizations can become loosely coupled (Meyer & Rowan, 1977). The organizations then stretch their formal structures to build the gap between the formal structures and the actual work activities. This may be explained by the NGOs to provide the children with a "family like setting" while waiting for the implementation to take place. Although a risk of this explanation is to minimize the explained cooperation difficulty between the NGOs and the governmental organizations. This by focusing on the "myths of foster care" rather than the expressed difficulty about a lack of cooperation.

The concept of normative isomorphism includes professional norms that have different values of impact. Meaning that some professional norms and standards have greater influence than others

(DiMaggio & Powell, 1983). For example, the result shows a struggle for the staff members to balance the values of folk medicine with the school medical explanations for illness in their work. The values of folk medicine by the staff members as well as the families in Botswana can in line with the concept be explained to serve a greater value than the medical school explanation (DiMaggio & Powell, 1983). Thus leading staff members to use spiritual explanations of witch craft for illness and the help of for example herbs in their work. However, the staff members also stressed professional values as minimizing negative health consequences for the children as important. The use of folk medicine was explained in cases to lead to seriously negative impacts when for example the "traditional doctor" perform operations which can result in deformation of the child or that the child doesn't take their ARVs. The staff members thus decided to emphasize the school understanding over the belief of folk medicine, even though this brought a challenge to reach the parents and children.

The last part of the discussion will aim to discuss the findings in relation to social work. So the questions being; what are the lessons that can be drawn of the findings; what impact does it have for social work; and what can other context learn by the example of Botswana. Well, by relating these questions to institutional theory, it is estimated that organizations greatly affect each other. The results showed a considerable international influence over social work, which affected the staff members work at NGOs in Botswana. In some cases, the influences complicated their work while in other cases it was viewed as helpful. But the influences were understood to affect the NGOs by pressure for change and adaptation. Social work can then be seen in an international context. Furthermore, institutional theory appreciates the impact of taken-for-granted rules that function close to be perceived as "truths". In social work there is a necessary to make these taken-for-granted rules explicit in order to abstain from an ethnocentrism point of view. This to achieve the core principles of social work practice as respect to diversities, social justice, human rights and collective responsibility (IFSW, 2014). Ethnocentrism may be defined as:

> *The disposition to read the rest of the world, those of different cultural traditions, from inside the conceptual scheme of one's own ethno cultural group. The ethnocentric attitude assumes that one's own ethnic Weltanschauung (worldview) is the only one from which other customs, practices, and habits can be understood and judged* (Goldberg, 2005).

To use an ethnocentrism approach in social work can thus be argued to lead to overgeneralizations about cultures and their individuals; claim about the own cultural superiority; and a failure to understand others on their own term (Winkelman, 2009; Goldberg, 2005). The findings from this study might serve as drawing attention to our own taken-for-granted truths about reality and social work. Hence put notice on our own conceptual schemes and *"of other ways of thinking, seeing, understanding, and interpreting the world, of being and belonging—in short, other ways of world making."* (Goldberg, 2005).

6.1 Method discussion

In this section there will be a discussion about the study's methodological choice and implementation. Lastly there will be some suggestions of future research on the subject.

Due to the limited time period of eight weeks in the field, Gaborone was chosen. Since being the main capital a huge stand of the support and care to orphans and other vulnerable children are centered there. I did not get access to the field until two weeks into the study period, this since an ethical approval from the Ministry of Health was to be collected (see attached appendix). This affected the access to the field and delayed the schedule. For that reason, the results in this study serve only as a glimpse of the chosen research subject. It takes more material and a longer time in the field to gain a greater understanding of the complexity of the factors affecting the staff members work. In addition, grounded theory that influenced the analysis method was experienced as difficult to grasp at first. Therefore, an understanding of GT took a relatively long time before settled. The analysis and the collection has however given a flexibility to the study with the ability to see new aspects of data during a late stage in the research process.

Difficulties that was encountered during the study were also associated with a language barrier, which limited access and understanding of the data. Since the spoken language largely being Setswana, there were times when I did not understand what was said mainly during the observation. To try to partially overcome this, I have taken the help of a contact person (informant). An interpreter could have been used but I chose not to since it might have limited my access to perform informal interviews and observation on the field (Bryman, 2011). In the

interviews with staff members I also encountered a difficulty for the staff members to share some of their experiences, in particular negative experiences. This was explained related to fear over criticizing the management. I gained confidence for my study from the staff members after spending time at the field which resulted in a willingness to participate.

A critical approach is stressed as crucial in the research process (Swedish Research Council, 2006). I aimed to achieve this by keeping my own pre-conceptions explicit for myself through reflection when gathering and encoding the material. Due to a background as a student in social work and of already having spent time in the field, the interpretation of what is happening on the field may have had consequences. For example, by negative opinions about institutionalized care I might have entered the field with a conception that this was a difficulty for the staff members. To overcome a situation where I had already defined the problem for the staff members I reflected over my own preconceptions and tried to remain as open as possible to what the staff members expressed as difficult. I worked with a hypothesis that I early on had observed which was that there were barriers in the social workers work to carry out the support. From my experience the social workers did not spend time with the children. I perceived there to be difficulties for the staff members in general to perform their work. Before the study I reflected about my experiences in order not to enter the field with a predetermined idea and interpretation about the work. To be able to not impose my own perspectives over the study I made sure the staff members defined the problem and was unconstrained to talk about their perspectives and experiences.

Further research in this field may serve to cover areas which was not covered in this study. For example, future studies can; include more NGOs than this study did; focus on deficiencies in the cooperation between NGOs and the city council; focus on best care solutions for orphans and other vulnerable children; or examine what happens after the care at the organizations.

References

Arnab, R., & Serumaga-Zake, P.A.E. (2006). Orphans and vulnerable children in Botswana: the impact of HIV/AIDS. *Vulnerable Children and Youth Studies, 1:3,* 221-229. doi: 10.1080/17450120600973445

Botswana Ministry of Health. (2014). *Botswana Country Progress Report 2013.* Republic of Botswana: National AIDS Coordinating Agency.

Bryman, A. (2011). *Samhällsvetenskapliga metoder.* Malmö:Liber.

Charmaz, K. (2006). *Constructing Grounded Theory: Practical Guide Through Qualitative Analysis.* London, Thousand Oaks, New Delhi: Sage Publications.

DiMaggio, P.J., & Powell, W.W. (1983). The Iron Cage Revisited: Institutional Isomorphism and Collective Rationality in Organizational Fields. *American Sociological Review, 48* (2), 147-160. Recieved 2016-04-01 from; https://www.jstor.org/stable/2095101?seq=1#page_scan_tab_contents

Eriksson- Zetterquist, U. (2009). *Institutionell teori – idéer, moden och förändring.* Malmö: Liber.

Ferguson, K.M., & Heidemann, G. (2009). Organizational strengths and challenges of Kenyan NGOs serving orphans and vulnerable children: a template analysis. *International Journal of Social Welfare, 18,* 254-364. doi: 10.1111/j.1468-2397.

Feranil, I., Herstad, B., Jallow, W., & Mbuya-Brown, R. (2010). *Assessing implementation of Botswana's Program for Orphans and Vulnerable Children.* Washington, DC: Futures Group, Health Policy Initiative, Task Order 1.

Giddens. (1979). *Central problems in Social Theory: Action, Structure and Contradiction in Social Analysis*. London: Macmillan

Glaser, B.G. & Strauss, A.L. (1967). *The Discovery of Grounded Theory: Strategies for Qualitative Research.* Chicago: Aldine Publishing Company.

Globalis. (2014). *Botswana.* Downloaded 2016-03-27 from; www.globalis.se/Laender/Botswana

Goldberg, D. (Red.). (2005). *New Dictionary of the History of Ideas.* The Gale Group, Inc. Downloaded 2016-05-20 from; http://www.encyclopedia.com/topic/ethnocentrism.aspx

Good, B.J. (2003). *Medicine, rationality, and experience: An anthropological perspective.* Cambridge University Press.

Government of Botswana. (2012a). *Botswana National Policy on HIV and AIDS*. Botswana: Ministry of Presidential affairs and Public Administration.

Government of Botswana. (2008). *National Guidelines on the Care of Orphans and Vulnerable Children.* Ministry of Local Government: Department of Social Services.

Government of Botswana. (2012b). *Progress report of the national response to the 2011 declaration of commitments on HIV and AIDS.* National AIDS Coordinating Agency.

Government of Botswana. (2009). *The second Botswana National Strategic Framework for HIV and AIDS 2010-2016.* National AIDS Coordinating Agency.

IFSW. (2014). *Global definition of social work.* Downloaded 2016-05-29 from; http://ifsw.org/policies/definition-of-social-work/

IFSW. (2012). *HIV and AIDS.* Downloaded 2016-05-29 from; http://ifsw.org/policies/hiv-and-aids/

Kangéthe, S.M., & Makuyana, A. (2014). Orphans and Vulnerable Children (OVC) Care Institutions: Exploring Their Possible Damage to Children in a Few Countries of the Developing World. *Journal of Social Sciences, 38* (2), 117-124. Recieved 2016-03-25 from; http://connection.ebscohost.com/c/articles/94966854/orphans-vulnerable-children-ovc-care-institutions-exploring-their-possible-damage-children-few-countries-developing-world

Landguiden. (2015). *Botswana.* Downloaded 2016-03-27 from;www.landguiden.se/Lander/Afrika/Botswana?p=1

Lisbeth, S., & Krantz, I. (1991). *Anthropology of medicine and society: a new perspective for a multidisciplinary audience*. Stockholm: Repro print AB.

Lisbeth, S., & Uddenberg, N. (1984). *Medicin, myter, magi: ett annorlunda perspektiv på vår sjukvård*. Stockholm: Liber.

Maudeni, T. (2009). Care for Children in Botswana: The Social Work Role. *Social work and society online journal, 7* (1). Recieved 2016-03-15 from; http://www.socwork.net/sws/article/view/41/344

Meyer, W. J. & Rowan, B. (1977*).* Institutionalized organizations: formal structures as myth and ceremony. *American journal of sociology, 83* (2), 340-363. Recieved 2016-04-15 from; https://www.jstor.org/stable/2778293?seq=1#page_scan_tab_contents

Miller, C-M., Gruskin, S., Subramanian, S.V. & Heymann, J. (2007). Emerging health disparities in Botswana: examining the situation of orphans during the AIDS epidemic. *Social science and Medicine, 64,* 2476-2486. doi: 10.1016/j.socsimed.2007.03.002.

Ministry of Local Government. (2008). *National Guidelines Care of Orphans and Vulnerable Children.* Department of social services.

Natale, A.P., Biswas, B., Urada, L. & M. Scheyett, A. (2010). Global HIV and AIDS: Calling all Social Work Educators. *Social Work Education, 29* (1), 27–47. doi: 10.1080/02615470902810868.

Nyamutinga, D., & Kangéthe, S.M. (2015). Exploring the Appropriateness of Institutionalized Care of Orphans and Vulnerable Children (OVCs) in the Era of HIV/AIDS: Examples from South Africa and Botswana. *Journal of Human Ecology, 19* (1-2), 63-69. Recieved 2016-04-01 from; http://www.krepublishers.com/02-Journals/JHE/JHE-49-0-000-15-Web/JHE-49-1-2-000-15-Abst-PDF/JHE-49-1,2-063-15-2690-Kangethe-S-M/JHE-49-1,2-063-15-2690-Kangethe-S-M-Tx[7].pdf

Oliver, C. (1991). Strategic Responses to Institutional Processes. *The Academy of Management Review, 16* (1), 145-179. Recieved 2016-05-25 from;

https://www.jstor.org/stable/258610?seq=1#page_scan_tab_contents

Strug, D.L., Grube, B. A. & Beckerman, N.L. (2002). Challenges and Changing Roles in HIV/AIDS Social Work. *Social Work in Health Care, 35* (4), 1-19. doi: 10.1300/J010v35n04_01.

Swedish Research Council. (2006). *Good research practice – what is it? Views, guidelines and examples.* Downloaded 2016-05-05 from; https://www.vr.se/download/18.6b2f98a910b3e260ae28000469/Good+Research+Practice+20+april.pdf

Thwala, K. (2013). The role of culture in psychosocial development of orphans and vulnerable children. *International Journal of Adolescence and Youth*, *18* (2), 105-121. doi: 10.1080/02673843.2012.665169.

UNAIDS. (2014). *The Gap Report.* Downloaded 2016-03-27 from;
http://www.unaids.org/sites/default/files/media_asset/UNAIDS_Gap_report_en.pdf

UNICEF. (2012). *Annual report 2011.* Downloaded 2016-03-27 from;
http://www.unicef.org/botswana/BCO__Annual_Report_2011.pdf

UNICEF. (2015). *Barn och AIDS.* Downloaded 2016-03-27 from;https://unicef.se/fakta/barn-och-aids

UNICEF. (2006). *Caring for children affected by HIV and AIDS.* Innocenti Research Centre.

WHO. (2015). *HIV/AIDS.*Downloaded 2016-03-27
from;www.who.int/mediacentre/factsheets/fs360/en/

Winkelman, M. (2009). *Culture and Health. Applying Medical Anthropology.* San Francisco: Jossey-Bass.

Appendix 1: Interview guide

Organization and profession

-Would you like to tell me about the organization you work for?

-What is it that you do?

- How long have you been a ….. ? / Do you have similar experience from previous work?

- Tell me about a normal day for you

-What type of support is there for children living with or affected by HIV?

-Which solutions do you think would suit these children the best?

- How do you get into contact with children living with HIV?Could you describe the usual work process,from when you first get into contact with the children?

- How much time do you spend with the children? Family? Extended family? Caregivers?

- Do you work with other professionals working with children? Organizations?

- During how long time do you provide help to the same child? / What does the time frame depend on? / After the support what happens?

- Who can get access to the help you provide?

-What is working well? Why do you think that is the case?

- What is working less good? Why?

Challenges and facilitating factors

- What would be the best solution according to you? What needs to change?

- Can you see anything that is making it difficult to carry out the help?

- Please tell me about a dilemma you have faced concerning your work?

- Could you describe some positive and negative aspects about your work? Examples, why is it good/bad?

-Why is it working this way?

- What would you wish for in your work?

- Is there anything you have to consider to carry out the support?

Target group

-Would you mind telling me a bit about the children?

- Do you see that they any specific needs?

-What kind of help do they need?

- How should they get it?

- Who do you think should give that support?

Is there anything you would like to add that I haven't asked about?

Appendix 2: Permission letter

TELEPHONE: 363 2766
FAX: 391 0647
TELEGRAMS: RABONGAKA
TELEX: 2818 CARE BD

Republic of Botswana

MINISTRY OF HEALTH
PRIVATE BAG 0038
GABORONE

REFERENCE NO: HPDME 13/18/1 X (477) **27 April 2016**

Health Research and Development Division

Notification of IRB Review: **New application**

Ms Evelyn Lundberg
Kilallen 8A
55450 Jonkoping Sweden

Protocol Title: **A STUDY ABOUT CHALLENGES FACED BY SOCIAL WORKERS PROVIDING SUPPORT FOR CHILDREN LIVING WITH HIV AND AIDS IN BOTSWANA**

HRU Approval Date:	27 April 2016
HRU Expiration Date:	26 April 2017
HRU Review Type:	HRU reviewed
HRU Review Determination:	Approved
Risk Determination:	Minimal risk

Dear Ms Lundberg

Thank you for submitting new application for the above referenced protocol. The permission is granted to conduct the study.

This permit does not however give you authority to collect data from the selected sites without prior approval from the management. Consent from the identified individuals should be obtained at all times.

The research should be conducted as outlined in the approved proposal. Any changes to the approved proposal must be submitted to the Health Research and Development Division in the Ministry of Health for consideration and approval.

Furthermore, you are requested to submit at least one hardcopy and an electronic copy of the report to the Health Research, Ministry of Health within 3 months of completion of the study. Approval is for academic fulfillment only. Copies should also be submitted to all other relevant authorities.

Continuing Review
In order to continue work on this study (including data analysis) beyond the expiry date, submit a Continuing Review Form for Approval at least three (3) months prior to the protocol's expiration date. The Continuing Review Form can be obtained from the Health Research Division Office (HRDD), Office No. 7A.7 or Ministry of Health website: www.moh.gov.bw or can be requested

via e-mail from Mr. Kgomotso Motlhanka, e-mail address: kgmmotlhanka@gov.bw As a courtesy, the HRDD will send you a reminder email about eight (8) weeks before the lapse date, but failure to receive it does not affect your responsibility to submit a timely Continuing Report form

Amendments
During the approval period, if you propose any change to the protocol such as its funding source, recruiting materials, or consent documents, you must seek HRDC approval before implementing it. Please summarize the proposed change and the rationale for it in the amendment form available from the Health Research Division Office (HRDD), Office No. 7A 7 or Ministry of Health website: www.moh.gov.bw or can be requested via e- mail from Mr. Kgomotso Motlhanka, e-mail address: kgmotlhanka@gov.bw . In addition submit three copies of an updated version of your original protocol application showing all proposed changes in bold or "track changes".

Reporting
Other events which must be reported promptly in writing to the HRDC include:
- Suspension or termination of the protocol by you or the grantor
- Unexpected problems involving risk to subjects or others
- Adverse events, including unanticipated or anticipated but severe physical harm to subjects.

If you have any questions please do not hesitate to contact Mr. P. Khulumani at pkhulumani@gov.bw, Tel +267-3914467 or Lemphi Moremi at lamoremi@gov.bw or Tel: +267-3632754. Thank you for your cooperation and your commitment to the protection of human subjects in research.

Yours faithfully

Dr. K. Seipone
For /Permanent Secretary