



SOS CHILDREN'S
VILLAGES
BOTSWANA

WRIGLEY ORAL HEALTH PROJECT

LEFAKAE MMAPASEKA SEITSHIRO

JAN– MAR 2017

The Wrigley Oral health project continues to offer the best needed support in improving the oral health of school going children in Botswana. The project still carries on with the current mandate and partnerships to give the much needed oral health education which aims to encourage and inculcate good oral health practices amongst school going students aged 2-13years. The project also aims to restore hope and prevent the worst that could happen in cases of the uprising oral health complications/worsening of the health of children with oral health complications. This is done through the involvement of the health wing/ dental clinics which are responsible for the screening of students and administration of the right treatment for those diagnosed with oral health conditions/complications.

2017 marks the second year of the project in the country. Looking back and making reflections on results, reception of the project, participation of both stakeholders and beneficiaries together with the voices of the people, it is evident that the project has had and continue to make a great difference/impact in the lives of many children across the country both in urban and rural set ups where it is implemented. In the past three months the project was highly focused in Gaborone schools as opposed to the past year where the most part of the implementation was done around the Serowe and Francistown areas. With a few schools left in Gaborone and Serowe areas the project aims to round them up in the following school term (beginning May and go the Francistown area. Running concurrently with the implementation of the project is the lobbying of new partners in two new areas/districts (Kgatleng and Kweneng Districts). All things working together and the proposals being acceded to, the project will be replicated through the same model of project implementation in these two new areas. This will be done also alongside review visits to past schools.

The project implementation model remains as is: Education, Screening and Treatment. This together with the support of all our stakeholders have proved to be the best, however we have a few inevitable challenges especially with treatment and screening in some areas as the clinics are not always available. Below are the successes, challenges and recommendation for the project moving forward.

SUCSESSES

- From January to date the project has covered a total **7 252** students from 10 Gaborone based schools in one term. Adding on to the **3 736** from September 2016 to December 2016 the project stands at **10 988**. The current project success rate therefore stands at **69 %** of the **16 000** target set for September 2017. Refer to table below the successes.
- The project had received publicity and mileage through Gabz FM (local radio station). The station has offered free minutes to SOS Children's village projects. This has helped our organisation to take the oral health message across and to reach even more masses in areas that we intend to extend the project. The project marketing will continue as the radio station has still offered the project yet another slot.
- The participation of the dental clinics, the supplies from Colgate and our colourful and easy to read materials continue to add tremendous value to our project. Through the dental clinics children who could have never accessed treatment earlier have an opportunity to do so and further complications are eliminated. The Colgate supplies (tooth brushes and tooth pastes) on the other hand give children the practical experience

of brushing their teeth daily. The children's excitement and thankfulness upon receiving their Colgate goodies remain unparalleled.

- The support of other school staff/ teachers in some areas make our work even more easier. The teachers help in gathering children, keeping them in an orderly (that reduces noise and unwanted disturbing movements) and also assist in the distribution of materials. Some teachers act as cheers leaders to the students especially during peer to peer brushing techniques demonstrations and during the questions, comments and answers session between students and facilitators.
- The schools continue to assist in spreading the message of proper oral health care to the parents/ guardians in forums like the PTA (Parent Teachers Association) meetings. This sensitization has proved positive as teachers report reduced sugary food in the children's lunch packs from home.

SCHOOL	NUMBER OF STUDENTS
Segoditshane Primary School	560
Tsholofelo Primary School	765
Tshiamo Primary School	637
Diphetogo Primary School	859
Camp Primary School	650
Thebe Primary School	600
Ithuteng Primary School	1063
Bontleng Primary School	700
Boikhutso Primary School	683
Khuduga Primary School	735
Total	7 252

CHALLENGES

- The first school term is usually characterised by sports and athletics competitions. As a result, it is a challenge to secure favourable time slots when all students are available. This result in the project taking a little more time and longer in some schools to allow most beneficiaries to participate.
- Transfer/ Absence of trained teachers: Some teachers who are key persons/trained to facilitate during schools visits have been given transfers to other schools in the country. In some instances, other teacher or the only remaining teacher are not available due to other academic commitments (workshops and Ministry of education results meetings). This end up forcing the coordinator to facilitate to all students so that the project work does not suffer and lag behind.
- We also experienced adverse weather conditions (very heavy rains) in the country and this lead to a restriction of activities, postponement thereof and infringements on the times allotted for the project by the school. Due to these conditions students' movement were restricted to classrooms only as opposed to outdoor areas which have proved

efficient over time especially for infant classes. This forced us to make class one by one visits instead of combining classes.

- Unavailability of the dental clinic/staff during some visits in Gaborone. The dental clinic cannot fully commit to being with the project at all schools visits. This is due to other hospital engagements which runs concurrent to the project and also their departmental goals/mandate for the current year. Although this doesn't stop us from making our visits and educating the students it does impact on the children as their guardians/parent take time to take them to the dental clinic for treatment which they could have otherwise received during our visits.
- Though the schools continue to spread the oral health education message during parents' teachers' gatherings and some parents have shown positive response through what they pack for their children, it is still not easy to control what kids buy beyond the school gates (which most of the time is the candy, biscuits and ice pops with high sugar content).
- Some teachers still shy away from conducting lessons during school visits.

CURRENT ACTIVITIES

- Ongoing School appointments: Further engagement with the leaderships of schools that have not yet been visited is ongoing.
- Awaiting materials supplies: We are almost out of stock (tooth pastes and brushes supplies) and have ordered from the supplier. We hope the order will be delivered by the end of the month to start off in May to enable us to continue immediately when the schools reopen.
- Project publicity: Gabz fm one of the private local radio stations continues to give mileage to the project through free publicity slots. This allows our office to spread the education/information reach to the greater community allowing not only project participants but the parents of the project beneficiaries and future project participants get information
- Negotiations and further discussions with the proposed new regions stakeholders (Kgatleng regional education office and Kweneng regional education office, Livingstone Memorial Hospital and Deborah Memorial Relief) is ongoing.

RECOMMENDATIONS

- Incentives to further motivate teachers (small tokens of appreciation: Branded Bags, Caps, Water Bottles etc.). In as much as we have overly emphasised the spirit of volunteerism and the value added of this project to the teachers most still regard it as extra work and feel the need to be appreciated.
- The project looks forward to selling the project to the private practice especially in the Gaborone area (where there are many private dental clinics). These can be mostly used especially in instances where the hospital cannot be able to help. If this model works, we can even add on more schools in the area.

- Engagement of student practitioners from the Institute of Health Sciences. Although the students can only screen and not treat I believe this will help as they can write diagnosis and make referrals for students.

In conclusion the current project mileage gained through the spread of the message on radio, in school meetings, amongst teachers and by children amongst their peers and lobbying in of new partners is the vehicle through which the project will reach its targeted recipients and the end expected results (reaching and improving the oral health life of 32 000 beneficiaries).



