

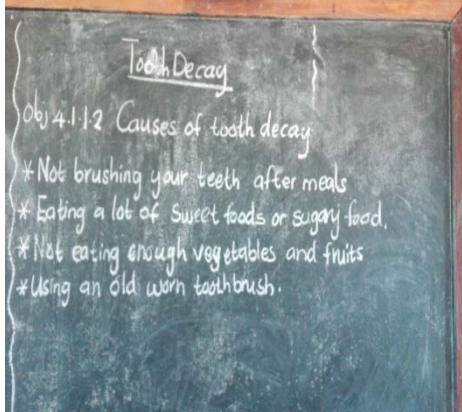


SOS CHILDREN'S  
VILLAGES  
BOTSWANA

# WRIGLEY ORAL HEALTH PROJECT

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## INTRODUCTION

The last three months (April to June) marked a milestone and winding up of all the targeted schools in the first phase of the Wrigley Oral Health Project. The project has so far reached all the schools that were targeted for the first phase of the roll out with an exception of (3) three Primary Schools (Monye, Ramaphatle and Our Lady Primary Schools and the SOS CV Family Strengthening Program (in Francistown and Tlokweng).

In the month of May a total of 7 schools (5 primary Schools and 2 pre-schools) in Francistown were visited and the students were given Oral Health Education by the SOS team together with a group of 6 dental specialists from Jubilee hospital. The dental team consisted of dental therapists and hygienists. During teachings and interaction with students it became evident that most students were very much aware of the importance of good oral health yet they were faced with challenges of practicing those. Although Francistown like Gaborone is a city most students indicated that they didn't have brushing tools to help them brush their teeth on daily basis and also exposure to consumption of high sugary content food was the reason for escalating tooth problems especially tooth decay. The schools have tuck shops and vendors outside and most of the items that they sell and are affordable to a great community of students are sweets/candy which is the very things that cause tooth decay among school going children. Students were educated on the importance of taking care of their first set of teeth (milk teeth) as it very much affect and influence the growth and structure of their the permanent set. They were encouraged to reduce intake of sugary foods especially the sweets as they attested to consuming quite a lot of them. They were also taught that it is advisable to take sweets alongside their meals and to avoid as much as they can the consumption of sweets on daily basis. They were encouraged to skip days or even weeks without eating sweets and to brush their teeth 2 times daily. Proper brushing techniques were demonstrated and students took turns in practicing on tooth models that were provided.

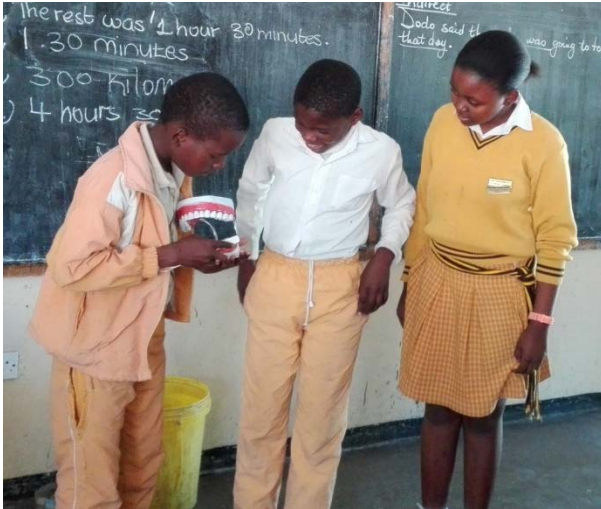


**ACTIVITIES**

During the month of May the project reached out to Seven (7) schools in Francistown. Although nothing was done in the area of screening and treatment the hospital staff came on board and offered great help in the extensive education of students in the various locations in the city of Francistown. Students were also given reading materials as a point of reference to continually remind them of taking good care of their teeth. They were also given tooth pastes and brushes so that they can be able to brush their teeth daily. **The table below shows the schools visited and their total enrolment:**

NAME OF SCHOOL	NUMBER OF STUDENTS
Aerodome Primary School	709
Tagala Primary School	677
Mahube Primary School	829
Maradu Primary School	649
Phatlhogo Primary School	677
YWCA Pre-School	48
SOS CV kindergarten	58
<b>Total Number of Students</b>	<b>3 647</b>

A total number of **3647** students were reached in Francistown. This bring the whole number of students reached through the project since its official launch in Botswana to **9 360**. The total number target was 16 000 hence a **59%** success rate has been achieved to date. The target was not reached due to an interplaying of various factors that are highlighted in this report (Schools out of the current coverage context, schools not attending the training/failure to send representatives to the training hence no trainers in the schools and duplication of project efforts if the FSP was to be considered).



## SUCCESSSES

- A total number of 16 out of the 19 schools that were catered for by the project have been reached. This totals to 84% success rate in terms of outreach. Of the three schools Ramaphatle and Monye Primary Schools were not reached because upon stakeholders' consultation leading to launch and implementation it was realized that the schools were outside the catchment area for Princess Marina Hospital and therefore are serviced by a hospital in the Kweneng area. Due to this reason the schools were not included in the training of trainers and will be considered as the project continues. On the other hand the Our Lady school in Francistown never sent any representatives to the training of trainers hence their exclusion and hopefully they will come on board in September 2016.

- Some schools in Francistown went an extra mile to have all the stakeholders (Chiefs, Village development committee representative and Parents Teachers Association Representatives on board and informed about the project during visits to schools. The present stakeholders showed appreciation of the project and the eagerness to spread word about it to the parents in the city during other organizational meetings/platforms outside the school.

- All students have been given the necessary education and tools to help them on their journey to practicing good oral health practices. Follow up visits to all schools will be arranged and teachers have been encouraged to keep reminding students of the importance of good oral health and making reference to wall posters given to each class in every school visited.



## CHALLENGES

- Having all the trained teachers available in each school during visits remains a challenge due to other school programs and commitments (workshops/seminars, studies and social engagements). However the high number of specialists that turned up for the Francistown outreach was very helpful.
  - The teeth models still prove difficult to hold during peer to peer demonstration for infants.
  - Two of the schools in Francistown had special education students and a compromise had to be made to cater for visually challenged students who needed one on one assistance.
- The project could not be taken to Family Strengthening Programs in Tlokweng and Francistown as this will lead to a duplication ( Most of the FSP students go to the same local schools that are target by the project both in the first and second phase)
  - It was difficult to be granted permissions to other primary schools as the headmasters cited that the external programs brought by different organizations tend to disturb classes and cause delays in the completion of school curriculum which in turn negatively affect the performance of students in exams. This was however sorted through the engagement of education officers who have endorsed the program to be run in schools.
  - Teachers continue to expect honorariums/rewards upon completion of education.

## RECOMMENDATIONS

- Certificates to be provided for all trainees in the next phase of the program and all teachers will be informed from the onset that in as much as it will be great to reward them for their concerted effort in driving the project during schools visits it remains difficult to due to budgetary constraints.
- If possible small sized teeth models be provided during school visits to be used by infants classes for peer to peer demonstration
- Provision of small sized toothbrushes and kids tooth paste in the next phase.
- Remaining materials ( Posters, pamphlets, tooth pastes and tooth brushes) to be distributed in the first few schools joining the project before the use new materials.

## CONCLUSION

This report marks a completion of all schools that were targeted for the first phase of the project and the beginning of stakeholder engagements for the next phase of the project. The second phase will commence in September 2016 following a training of trainers' workshops to be conducted for all teachers from the new schools joining the project. It is anticipated that total 50 schools will be brought

on board for the 2016/17 phase. This is quite by far a large number: over two times larger than the first phase number. We hope through this number to meet and go beyond the targeted number of students in the second year of the project. It is intended that in the second year, to reach new schools and also revisit past schools for progress and monitoring purposes. The milestone achieved so far and the responsiveness and excitement of students, the responsiveness of parents and the eagerness and total support and commitment of teachers, hospital staff and educational officers is a sign that the project is and has been helpful and will continue to be as it spreads to other schools countrywide.