



Republic of Botswana

SUCCESS STORY

HUMANA PEOPLE TO PEOPLE'S EXPERIENCE IN ROLLING OUT THE SADC ELIMINATION EIGHT (E8) MALARIA TEST, TREAT AND TRACK SERVICES IN BORDER DISTRICTS OF BOTSWANA

*By: Emmanuel Mafoko – MPH, BSc
[SADC E8 Consultant]
Date: 27th September 2017*

What is SADC Malaria Elimination Eight (E8) initiative?

The SADC Elimination Eight (E8) Regional Initiative is a coordinated, eight-country effort in southern Africa to achieve the historic goal of eliminating malaria in four frontline countries (Botswana, Namibia, South Africa and Swaziland) by 2020, and pave the way for elimination in four second line countries (Angola, Mozambique, Zambia and Zimbabwe) by 2030. The SADC E8 and Ministry of Health has partnered with Humana People to People (HPP Botswana) to implement the Malaria Test, Treat and Track (TTT) services in four (4) border districts of Botswana; being Chobe, Okavango, Bobirwa and North East. How the initiative started?

After scoping exercise by Ministry of Health and SADC E8 in the late 2016, SADC E8 and Humana People to People started rolling out the Malaria Test, Treat and track services during the Month of July 2017. The initial activities were capacity building of the TTT malaria surveillance teams, followed by training of community health workers. Then at district level district authorities and village traditional leaders were briefed and consulted about the project. The meetings were conducted with leaderships in all the four districts; being Chobe, Bobirwa, Okavango and North East, where the program was introduced and received a positive response from all leaders.



*Community Health officers
in group work during training
in Tati Siding Village, North East
of Botswana- August 2017.*

SUCCESS STORY

When and how the Initiative was implemented?

Program activities were started in August 2017, where all teams surveillance; basic as well as Community health workers were engaged. The team were introduced to the village leadership and community at large in organised kgotla meetings (Kgotla meetings are Community Meetings which are held at village customary court). These was later followed by the intervention of community mobilisation by community health workers who moved from house to house sensitizing the community on Malaria and also equipping them with key preventative messages for them to be free from the disease.

Community health workers are stationed at the local clinics where they conduct health talks in the morning to the people who come to clinic, during door to door they screen at household level and whenever they suspect a someone they refer to the nearest clinic/hospital. Together the teams target workplaces,

boarder areas, solders and other migrant workers and create awareness and thereafter test them. The Nurses followed community health workers with testing services whilst the Environmental Health officers supported the nurses during testing services and also they mapped the districts to identify hot spots and breeding sites.

Program Success:

- o Humana have managed to introduce the project to local leaders in all the four districts
- o Humana have started key activities in all districts; Chobe, Okavango, Bobirwa and North East
- o Humana have set up project offices in all the areas
- o Through the support from E8 Country Focal Person Humana have managed to secure commodities in all districts.



Surveillance Nurse Testing at Kazungula boarder in Chobe District of Botswana- August 2017



Malaria Basic Nurse Mr. Kopano receiving commodities from Masunga Primary Hospital Pharmacy Department- North East District, Botswana.

SUCCESS STORY



*Malaria Testing Campaign
at Samochima Village
in Okavango District, Botswana.*

Lessons Learnt:

HPP Botswana team has learnt lessons during the program start up;

- o Humana have learnt that collaboration is key to eliminate Malaria through working closely with the surveillance officers in District Health Management Teams.
- o Humana have also experienced that Malaria cases need an agent response since whenever there is a case the team has to quickly move in and conduct contact tracing.
- o The local clinics are very supportive and our Community health workers are mobilising the community together with Health education assistants.

Challenges

- o We are still behind in testing due to shortage of test kits however two weeks ago Director of Public health wrote a Savingram to the DHMTs to support us on the issue.
- o Implementation of program activities started very late due to late disbursement of funds hence affecting our targets as we have the first quarter targets to carry forward.
- o Delay in transferring program vehicles to HPP has also taken long and affected our implementation.



ELIMINATION 8

AFRICA - BOTSWANA - LESOTHO - LIBERIA
SOUTH AFRICA - SWAZILAND - TANZANIA - ZIMBABWE

