



BOTSWANA

Interventions for ECD in PHC: Integrated Community-Based Health Services

Day 2
Interventions for ECD in the health sector

Mildred Masiga, Chief Health Officer, Ministry of Health, PHC Unit

Nurturing the Future
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Development in the Health Sector**

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Background of PHC in Botswana

- Pluralistic health system.
- The public sector covers almost 83% of the population.
- Botswana's healthcare service delivery system was historically based on the Primary Health Care Model following the Alma Ata Declaration in 1978.
- Prior to 2010, the country had a robust and devolved primary health care model, anchored on the provision of health services by the Ministry of Local Government and Rural Development.
- Since 2010, the Government of Botswana has relocated services to the central level to improve operational efficiency and service delivery with varied level of success.
- Four levels of care; (Primary Health Care (PHC), primary hospital, district hospital, and referral/Tertiary hospital).

Background

- Advent of HIV/AIDS pandemic health service approach shifted from people centered approach to curative health provision in an effort to save lives
- Many organizations came on board to give a helping hand
- Multiple players with independent goals, funding structures and incentive models lead to siloed programming

This new responses

To mitigate these challenges,

- Standardized approach to CHW remuneration was considered to ensure equity and sustainability while preserving the spirit of volunteerism.
- Collaboration was fostered through development of harmonized community health worker strategy which sort to enhance efficiency and reinforce community-driven development.
- Ultimately, achieving a balance between incentivization and community participation
- Was followed by the development of Integrated Community Based Health Services guideline (2020)

Integrated Community-Based Health Services (ICBHS)

Objectives

The Integrated Community-Based Health Services (ICBHS) in Botswana aim to:

- Enhance child health, nutrition, and early development by integrating maternal and child care, early stimulation,
- Responsive caregiving into community health programs.

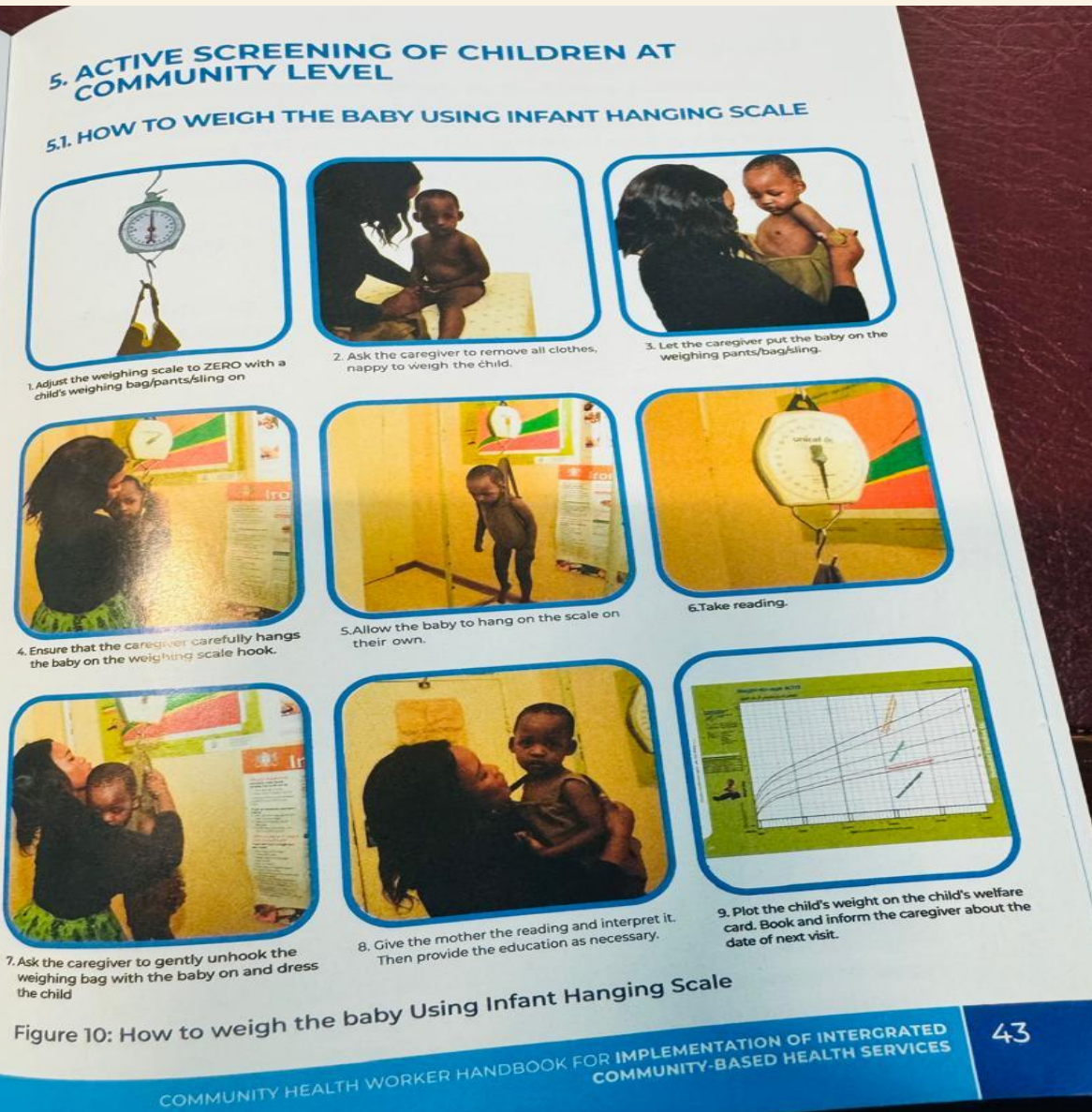
The guideline focuses on;

- Expanding outreach, supporting vulnerable children,
- Strengthening multi-sectoral collaboration,
- Training health workers to promote holistic Early Childhood Development (ECD).
- Parental involvement, community participation
- continuous monitoring ensure sustainable impact on child well-being.

Interventions for ECD in Community Based Health Services

- Interventions for ECD are into Community-Based Health Services (ICBHS)
- Ensure that child health, nutrition, responsive caregiving, and early stimulation are included at community-level health programs.
- Brings services closer to families, particularly in rural and underserved areas.

PHC interventions



- **Health Education Assistants and Community Health Workers:** conduct home visits and provide guidance on child health, nutrition, early stimulation, growth and development milestones
- **Integrated Maternal and Child Health Services** including: breastfeeding support and nutrition counselling, Growth monitoring; cognitive and emotional development & Immunization programs
- **Parenting and Caregiver Support Programs** Support groups for parents of young children to provide education on positive parenting, child safety, and mental well-being
- **ECD-Friendly Community-Based Playgroups** facilitate playgroups and stimulation centers where young children engage in structured early learning activities.

PHC interventions

Support for Vulnerable Families

- Integrated services focus on orphans and vulnerable children (OVC), children with disabilities, and those affected by HIV/AIDS.
- Interventions for ECD include psychosocial support, home-based early learning, and referrals for specialized care.

Training of Community-Based Health Workers

- Community-based health workers receive training in Care for Child Development (CCD), an initiative that helps caregivers support children's early learning and emotional well-being.
- Training covers early stimulation techniques, recognizing developmental delays, and guiding caregivers on responsive interactions.

Cross-Sector Collaboration

- Health services work closely with education and social welfare sectors to ensure ECD is incorporated into community programs.
- Partnerships with UNICEF, NGOs, and local organizations help expand community-based interventions for ECD.

Use of Mobile Health (mHealth) and Digital Tools

- Some programs use mobile health (mHealth) platforms to send SMS reminders and provide caregivers with tips on early childhood nutrition, hygiene, and learning activities.



Coordination, Monitoring & Evaluation

Coordination

- District Health Management Team is the central oversight level of service delivery in all districts
- Collaboration with partners, village leadership (dikgosi), health care providers and established community structures

Monitoring & evaluation

- DHIS2 tracker is used to collect and manage interoperable data at household level by CHWs during household visits.
- The system allows creation of dashboards that help generate the health status of the subject community for better health response.
- It also facilitates generation of reports for planning and improved programming.
- The dashboards and reports can be created at facility and national level.



ACHIEVEMENTS

- Sensitisation and advocacy at National and district levels
- Developed
 - National guideline for implementation of Integrated Community-Based Health Services (ICBHS)
 - Digital community health information system: 10 districts trained
 - Curricula for health care workers and CHW
- Harmonised data collection & reporting tools
- Trained 374 mentors from all health districts who will in-turn cascade the training to HEA & CHW with their districts
- Piloted in 2 districts & rolled out to 5



LESSONS LEARNED, CHALLENGES, OPPORTUNITIES


Lessons learned

- Integration is not an event but a process
- Intersectoral collaboration is key
- Capacity building for health care workers and CHWs is essential in equipping them with requisite skills to deliver holistic services for ECD

Challenges

- Workforce shortages
- Limited funding for community-based ECD
- Geographic barriers in rural areas.

Opportunities

- Political will and commitment
 - Expanding mobile outreach programs
 - Existence and strengthening inter-sectoral collaboration
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SCALING UP FOR CHILDREN (or caregivers)

- Roll out implementation of ICBHS to the remaining 25 districts
- Scale up capacity building
- Continue advocacy for ICBHS



Thank you

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For more information:

https://www.moh.gov.bw/Publications/ICBHS_Guidelines-v7.pdf

Contact Details: +267 3632069

