

WHEN COMMUNITY SOLUTIONS BECOME AMMUNITION TO KICK OUT POLIO

THE CHARLESHILL EXPERIENCE



This is the story of **Moses Mogapi**, a 25-year-old who traveled nearly two thousand kilometers to work in the heart of the Kalahari Desert as a Social Mobilizer for a polio outbreak. The remote village of Charleshill, located near the Mamuno border between Botswana and Namibia, became his new home. Moses describes his passion for "working with ordinary folks to relieve suffering" and his dedication to serving marginalized communities, especially children, which led him to join forces with the enthusiastic Charleshill Polio Outbreak team.



Moses Mogapi, the man at the forefront of Charleshill's fight against polio, displaying the detailed records that are critical to the campaign's success. Photo Credits: UNICEF/Botswana/2023

United in purpose, Moses and his team overcame significant challenges to reach children in the most inaccessible areas of the Charleshill sub-district through a door-to-door strategy. Their story exemplifies how teamwork, community spirit, and innovative local solutions, despite a hostile environment and scarce resources, positioned Charleshill among the top 10 (out of 27 districts) in Botswana for vaccination coverage by the end of the first round of the Polio Outbreak Response.

Moses acknowledges that this achievement was not the result of individual effort but through collective action. He expresses deep gratitude towards the Ministry of Health, GPEI partners including UNICEF and WHO, Charleshill DHMT, and the Botswana Red Cross Society for enabling his team to reach marginalized and hard-to-reach children with lifesaving nOPV2 vaccines. *«Reaching some of these areas is a nightmare... imagine trying to get to Makunda in a 4x2 vehicle... you get stuck in the sand easily... so I don't take assistance from partners for granted»*, he shares. He is particularly thankful for UNICEF's support in providing "fit for purpose" transport during their door-to-door visits and for the engagement of social mobilizers. Despite the time constraints, with only four days to vaccinate all children under seven, the team set ambitious targets for itself, aiming for at least 70% coverage by day two, starting with schools where there was a concentration of the target population. However, by the end of day two, they had only achieved just over 50% coverage, falling short of their target and facing growing desperation.

Desperation as the race to meet vaccination targets intensifies

By day three, official coverage statistics were not yet released, but anxiety was palpable in Charleshill. Moses shares how it became clear they needed to devise an innovative strategy beyond the official campaign plan to meet their target goals. That evening, the team gathered in the small M&E office at Charleshill Clinic, their makeshift "war room", to brainstorm. Despite the daunting odds, including limited vehicles and personnel, their unwavering belief in collective effort and a "never say die" attitude led them to develop new strategies for reaching children in the most remote areas. They prioritized reaching the Basarwa children, known for their high mobility, children of parents or caregivers who abuse alcohol and are frequently on the move, and children living in the outskirts of Charleshill where roads are sandy, and houses are sparse. Though Charleshill boasts good internal roads, many households in the outskirts remain hidden and difficult to access.

The Home-Grown Social Mobilization Acceleration Strategy

After extensive brainstorming, the team developed a multi-faceted strategy to boost last-minute coverage. They established three temporary vaccination sites: a football pitch, an empty space behind the police station, and near Charleshill Clinic. These sites, especially the football pitch located on the



village's outskirts, became key to their strategy. Additionally, they deployed a mobile van to announce vaccination opportunities in the languages of potentially missed children, particularly the Sesarwa language. Two roving and mobile teams, supported by UNICEF and the Red Cross, navigated the sandy streets to vaccinate children on sight and gathered intelligence on unvaccinated children, leading to successful vaccinations at local drinking spots. Moses reflects on the success of their plan with pride, though the memory of a harrowing experience during the campaign tempers his joy.

A Heart-Wrenching Sight

One day, as Moses and his team conducted house-to-house vaccinations, they encountered a family living in a Red Cross tent, a sight that deeply moved them. They found children sprawled on the ground, visibly malnourished and in dire conditions, with no adults in sight until an elderly woman appeared, trying to start a fire. The team learned the children's teenage mother was alcoholic and negligent. Inside the youngest child's medical file was a letter to social welfare, unheeded for months, which could have offered the family crucial assistance. Moses immediately sought help from a UNICEF representative, leading to swift action by the social welfare department. This intervention not only provided the family with necessary support but also underscored the broader impact of UNICEF and its partners in reaching children in need.

In the end, Charleshill's successful vaccination coverage, achieving over 85% and ranking among the top 10 districts, was a testament to the collective effort and support from the Ministry of Health, UNICEF, DHMT, and the Red Cross. Moses, much like his biblical namesake, led his team to protect the children of Charleshill—and by extension, the country—from polio, thanks to the unwavering support of UNICEF and GPEI partners.

Story by UNICEF Botswana Communications