IMPACT REPORT

2024 / 2025



Nineteen years of changing lives through healthcare education told through the students, patients, and communities who lived it.

Boitekanelo College | Changing Lives

FOREWORD

A Gap We Chose Not to Ignore

In 2007, Boitekanelo College opened with a single programme, a small team and a clear purpose. At the height of the HIV/AIDS pandemic, Botswana's health system faced a critical shortage of trained personnel, and BC was founded to help close that gap by developing Health Care Assistants. Dr Tiro Mampane, then working at Princess Marina Hospital, recognised that he could contribute more by training the next generation. Nineteen years later, that single programme has grown into five schools, more than 3,200 students and over 9,000 graduates serving across Botswana and beyond.

But growth is not, in itself, impact. For BC, impact is what happens when education leaves the classroom: when a graduate serves a patient, when a student applies clinical knowledge in a community, when research informs practice and when a partnership strengthens a health service. Our purpose is to change lives through quality healthcare education and training, and every partnership, placement and community engagement in this report serves that purpose.

This report asks what difference our graduates, programmes and partnerships are making, and answers with evidence: the problem each initiative addressed, what BC did and what changed. It is both a celebration and a commitment to measure, learn from and increase that impact. That is what Changing Lives means to Boitekanelo College.

> “Changing lives through quality healthcare education, strengthening systems and improving health outcomes.”
>
> **Dr. Tiro Mampane, Founder & President, Boitekanelo College**

NINETEEN YEARS, ONE CONVICTION

> When we see a gap that affects patient care, we act.



9,354

Graduates Since 2007



3,266

Students Enrolled This Year



70%

In Employment Within 6 Months



100%

69% in Public Hospitals and the remaining in other Public health settings



50+

Wheelchairs Donated To Public Hospitals



32

Students Who Participated in National Polio Immunisation Campaign



80%

Growth In Research Output Since 2023



1,557

Clients Screened In Community Health Outreaches



96%

Student Retention Rate



31

Clinical Sites Across 4 Countries



9/10

CSR Engagements



P1000000,00+

In CSR Cash & In-Kind Support



48

Named Institutional Partners

These are the headline numbers. The rest of this report is about what sits behind them — a needs assessment on foot through a settlement with no running water; a delivery van pulling into a referral hospital ICU; thirty-two students going door to door with an oral polio vaccine. This is Boitekanelo College's 2024/2025 year, told the way it happened.



CHAPTER 1
Who We Are

Boitekanelo College is a Botswana-born health sciences institution, established in 2007 to build the human capacity Botswana needs to deliver quality healthcare. It operates from a purpose-built campus in Tlokweng, on the outskirts of Gaborone, and comprises five Schools spanning Public Health, Allied Health, Nursing, Rehabilitation Sciences, and Leadership & Management, with a Graduate School extending the ladder further.

Quality underpins that growth. Programmes are accredited by the Botswana Qualifications Authority, the quality management system is certified to ISO 9001:2015 by the Botswana Bureau of Standards, and graduates are connected to the Nursing and Midwifery Council of Botswana and the Botswana Health Professions Council. The rehabilitation programmes are recognised by the World Federation of Occupational Therapists.

Students learn through lectures and laboratories, but also in hospitals, clinics and communities. Faculty contribute through research, outreach and professional development, and partnerships with hospitals, government, universities and professional bodies move knowledge between education and practice. The question this report asks is simple: **what difference is Boitekanelo College making, and how can that impact be made greater?**

98%
PASS RATE

96%
STUDENT RETENTION

74%
EMPLOYERSATISFACTION

A Growth Story, in Milestones

2007
Registered as Boitekanelo Training Institute — 1 programme, 4 employees, 50 students

2009
BQA accreditation secured; enrolment reaches 150

2011
Renamed Boitekanelo College; first diploma programmes; enrolment surpasses 1,000 per semester

2013
First degree programmes and first graduation ceremony

2025
5 schools, 19 health programmes, 234 staff, 3,266 students, 9,354 cumulative graduates



The Tlokweng campus, home to BC since 2007.



The campus library — one of the resources behind a 98% pass rate.

Our Five Schools

1. **School of Public Health:** *Prof. Nanki Ramabu*, Dean. Occupational Health & Safety, Health Promotion & Education, Public Health, Community Development

2. **School of Allied Health:** *Ms. Koziba Chepete,* Dean. Emergency Medical Care, Clinical Technology, Pharmacy Technology, Diagnostic Radiography

3. **School of Rehabilitation Sciences:** *Prof. Oswell Khondowe,* Dean. Speech-Language Therapy, Occupational Therapy, Counselling, Guidance & Counselling, Audiology

4. **School of Nursing:** *Prof. Keitshokile Mogobe,* Dean. Nursing, Healthcare Assistance, Phlebotomy, Dental Surgery Assistance, Health & Social Care

5. **School of Leadership & Management:** *Ms. Boitumelo Senne,* Dean. Healthcare Service Management, Medical Records & Transcribing, Health Informatics, Hospital Administration

A Graduate School, led by Dr. Yvonne Tecla, extends the ladder further still, through a Postgraduate Diploma in Healthcare Leadership & Management, a Postgraduate Diploma in Disaster Management, and Master's degrees in Health Professional Education and in Healthcare Leadership and Management.

CHAPTER 2

What Students Find When They Go Looking

Nine stories: the problem, what BC did, and what changed

Nine community stories follow, each told as a story: the **problem** students or staff found, **what BC did about it**, and **what changed.** Where a detail is not yet confirmed, it is flagged rather than assumed.



STORY 1 · COMMUNITY DEVELOPMENT, COUNSELLING AND HEALTH
THE WIDOWS OF ARTESIA
A village, a question, and a College that learned to listen first

It began with a question that no single profession could answer alone: what would it take for this community to become more resilient and empowered?

In Artesia Village, fourth-year Community Development students on their field attachment sat down with a group of widows. They did not arrive with a programme. They arrived with a method: Problem Tree Analysis, open community discussions, careful observation and direct consultation, all aimed at finding not just what was wrong, but what was driving it.

The problem was bigger than income

The students expected hardship, and found it: unemployment, limited ways to earn, little money. But the roots ran deeper. Some widows had no adequate access to water or sanitation. Many carried grief and loneliness that no cash transfer could reach. Social isolation, limited vocational skills and anxiety over property and inheritance rights completed a picture of vulnerability in which every problem fed the others. Treating one symptom would have left the rest untouched.



A speaker addresses the gathering at the Artesia project.



Widows and community members at the Artesia Wellness Day, 2025.

A plan with more than one root

The **Artesia Widow Empowerment Project** began on **21 March 2025**, and its design mirrored the problem. A standpipe would bring water closer for two widows. A toilet would give dignity to a widow living without sanitation. A sewing, knitting and crocheting centre would build skills and a source of income. And throughout, awareness sessions would speak plainly about widows' rights, gender equality and protection from discrimination.

Students who became fundraisers

Good intentions need resources, and the students found that out the practical way. They washed cars on the Boitekanelo campus, collected contributions from College staff and wrote a funding proposal to China Jiangsu Company for the proposed centre. Artesia's own leadership stepped forward: K**gosi Thwane donated P1,000**, and the Botswana Community Development Practitioners Association gave **P500** towards the Wellness Day. BC provided the refreshments.

The sums were modest. **The lesson was not.** These were students learning to turn a community's need into a proposition, to approach supporters and to build relationships around a shared goal, skills no lecture theatre can fully teach.

Healing before building

Recognising how much grief and loneliness sat beneath the practical problems, the Community Development students reached across the College to the Counselling Department. On 4 April 2025, counselling students and their lecturer facilitated sessions that gave the widows room to talk about their experiences, explore coping strategies and build resilience and peer support. It was the moment the project stopped being only a development exercise and became a human one.

A Wellness Day for the whole person

Then the village filled. Sixty-five people came to the project's Wellness Day: widows, students, health professionals, community leaders, local stakeholders and BC staff. They heard health education on hypertension, diabetes, breast and cervical cancer, nutrition and healthy lifestyles. They had basic health screenings, took part in light physical activity and received motivational and psychosocial support. And, for a project built around isolation, simply being together was part of the treatment.

65
WELLNESS DAY PARTICIPANTS

P1,500
FROM KGOSI THWANE AND THE BCDPA

3
DISCIPLINES AT WORK:DEVELOPMENT, COUNSELLING, HEALTH



Students, partners and community members at the Artesia site.



Community members gathered on the Artesia project grounds.

What changed, and what is still ahead

For the widows, the project opened access to counselling, health information, screening and company. It also mapped concrete routes to water, sanitation and livelihoods. For the students, it delivered something rarer than a grade: experience in community assessment, referral, fundraising, event coordination and stakeholder engagement. For the College, it showed what happens when Community Development, Counselling and health professionals share one mission.

The College is also candid about what is unfinished. Funding gaps, transport limits and delays held back the water and sanitation work, and the sewing and crocheting centre is still the missing piece of the longer-term livelihood plan. The students have planned a follow-up with Kgosi Thwane and the widows to review progress and set the next phase. A field attachment lasts weeks, and a Wellness Day lasts a day. **A relationship between a community and a college can last far longer**, and Artesia is where BC is learning to build one.

Aligned with the SDGs: *No Poverty (1), Good Health and Well-Being (3), Gender Equality (5) and Clean Water and Sanitation (6).*

STORY 2 · COMMUNITY DEVELOPMENT · MASIMONG, TLOKWENG

MASIMONG: LISTENING BEFORE BUILDING

A settlement mapped on foot, one conversation at a time

A church was already handing out food parcels and school uniforms. BC's students asked the harder question: why did so many of these children need them?

A conversation that changed the assignment

During their engagement with Eagles Arena International Church in Tlokweng, Community Development students learned that many of the children receiving food parcels and school uniforms came from **Masimong**, an informal settlement where families faced challenges that were invisible from outside it. The church was answering the visible needs. The students saw that help without understanding would only ever address part of the problem, and they wanted to hear from the people who lived there. A routine student exercise became a full **Community Needs Assessment.**

Walking the settlement

The students used a **transect walk**, moving through Masimong section by section to observe living conditions, find the resources people already had and talk informally with residents and community representatives. They started with no assumptions about what the settlement needed. They let what they saw and heard build the picture.



Walking Masimong's informal settlement with a community key informant.



Informal housing and household water storage observed during the assessment.

When the doors did not open

The students wrote formally to the Kgosi and the local Social Work office, asking for permission and collaboration. No answer came within the project timeframe. Rather than abandon the assessment, they worked with a community key informant who walked the settlement with them and supplied its history, people and resources. The lesson was one of the most practical in the curriculum: effective practitioners respect formal structures, and also know how to build trust and adapt when the plan changes.

What they found

The picture was one of interlocking hardship. Many households travel long distances for water or buy it in small quantities. Sanitation is limited. Families live in homes of corrugated iron and other temporary materials, exposed to heat, wind and rain. Some children cannot attend school consistently because they lack birth certificates or national identity documents, and for others the distance is the barrier. Unemployment is high, and households get by on small-scale trading, casual labour, poultry keeping, gardening and brewing traditional beer.

> Unemployment contributes to poverty, which affects housing, education, nutrition, and access to basic services. Future interventions should address multiple issues simultaneously rather than treating each problem separately
>
> **Masimong Community Needs Assessment**

What Masimong already has

The students refused to describe Masimong only by what it lacks. Residents have practical, marketable skills in hairdressing, painting, fencing and basic construction, and some hold vocational qualifications. The area has a water plant, agricultural land at Iron Lady Farms, forest resources and a mountain with real tourism and recreation potential. The students' question changed accordingly, from "What does Masimong lack?" to **"What does Masimong already have, and how can those assets be strengthened?"**

What happens next

Institutional closures and the start of clinical attachments meant that action could not follow immediately, but the findings are the foundation for what does. The next step is a **school-uniform and stationery donation drive** for Masimong's most vulnerable children, with Eagles Arena International Church, which already has trusted relationships with families there. Longer term, the students recommend better access to water and sanitation, help for residents to obtain identity documents, and livelihood projects built on the skills already in the settlement: agriculture, crafts and tourism.

It is a small project by budget. It is not a small example of what a Community Development degree is for: practitioners who go and look before they assume, and who leave a community with more than they arrived with.

Aligned with the SDGs: *No Poverty (1), Quality Education (4), Clean Water and Sanitation (6) and Reduced Inequalities (10).*

STORY 3 · HEALTH SYSTEM · PRINCESS MARINA HOSPITAL

P200,000 for the ICU

A founder who once worked these wards, and a College that keeps coming back

Dr Tiro Mampane once worked at Princess Marina Hospital. When Boitekanelo College returned with equipment worth P200,000, it chose the unit where every shortage is felt at the bedside: the Intensive Care Unit.

Why the ICU

At the handover, Dr Mampane explained that the choice was deliberate.

> Our focus this time around was on the ICU because it is one of the most sensitive and demanding units in any hospital. We understand the pressures faced by healthcare workers and the importance of having adequate equipment.
>
> **Dr. Tiro Mampane, Founder & President, Boitekanelo College**

He added that BC remains committed to contributing meaningfully to Botswana's healthcare system, particularly through partnerships that address real, on-the-ground challenges: “The donation is our contribution towards strengthening patient care and supporting frontline staff.”



BC hands over essential medicines — including suction catheters and IV administration sets — to Princess Marina Hospital.

What was delivered

The consignment covered the everyday and the critical: **drip stands, wheelchairs, surgical gowns, adult HME filters, suction catheters, airway devices, ABG test cartridges, calibration packs, fluid giving sets and normal saline**. It followed a medicines delivery to the hospital in December 2025, which The Business Weekly & Review reported under the headline "Boitekanelo College Donates Essential Medicines to Princess Marina Hospital."

The hospital's answer

Matron Cheneso Seku, receiving the donation, spoke for the wards:

> We sincerely appreciate Boitekanelo College for this generous donation and for always remembering Princess Marina Hospital and the challenges we face. These items will go a long way in improving the efficiency of our ICU and ensuring that patients receive the best possible care.
>
> **Matron Cheneso Seku, Princess Marina Hospital**

She noted that support like this does more than stock shelves. It strengthens services and lifts the morale of staff working under demanding conditions. Hospital Superintendent Dr Paulos Mokgachane went further, describing BC as a longstanding and dependable partner:

> Boitekanelo College has been an integral partner of the hospital over the years. Their continuous donations and support have not only strengthened our capacity but have directly contributed to saving lives at this hospital.
>
> **Dr Paulos Mokgachane, Hospital Superintendent, Princess Marina Hospital**

A relationship that runs both ways

Princess Marina is not a distant beneficiary. It is one of BC's principal clinical training sites, hosting students from Clinical Technology, Emergency Medical Care, Occupational Therapy, Nursing, Pharmacy and Healthcare Assistance. The donation and the training pipeline reinforce each other: the College equips the wards that teach its students, and those students go on to staff them.

It started with five wheelchairs

The ICU donation is the largest chapter in a longer story. On **15 September 2023**, five wheelchairs and ten drip stands arrived at Nyangabgwe Referral Hospital in Francistown, the first act of what BC now calls its **Wheelchair & Drip Stand Donation Drive**. It grew into a national programme. Princess Marina received 10 wheelchairs and 15 drip stands. Scottish Livingstone Hospital in Molepolole, where roughly 200 BC students are placed each year, received wheelchairs and drip stands too. The Mogoditshane Cheshire Foundation received 10 wheelchairs for children with disabilities, and hospitals in Palapye, Mahalapye, Lobatse and Jwaneng followed. Across eight towns and villages, the drive has delivered more than **50 wheelchairs and 45 drip stands**, worth over **P161,000** in confirmed assets.



The collaboration is invaluable — its impact on strengthening clinical practice and supporting student training has been significant. Together, we have been shaping future healthcare professionals for years.

Dr Collen Maipelo, Acting Hospital Superintendent, Scottish Livingstone Hospital

P1 MILLION
ICU-FOCUSED DONATION TO PRINCESS MARINA

50+
WHEELCHAIRS DELIVERED NATIONWIDE

45
DRIP STANDS DELIVERED NATIONWIDE

Aligned with the SDGs: *Good Health and Well-Being (3) and Partnerships for the Goals (17).*

STORY 4 · AUDIOLOGY · WORLD HEARING DAY 2026

Sound Check

Three schools, 638 learners, and a problem no teacher could see

A child with a blocked ear does not look ill. The problem hides in plain sight, in classrooms, quietly limiting how much of every lesson gets through.

Into the classrooms

For World Hearing Day 2025, BC's Audiology Department took two specialists into three primary schools around Gaborone and Tlokweng: **Dr Clement Chisiva,** an ENT surgeon with the WizEar Trust, and **Dr Alakanani Zikhali,** an ENT surgeon at Gaborone Hospital. At **Kgosikgosi, Batlokwa and Botsalano**, BC's Audiology students ran every learner through otoscopy, WHO-validated digital hearing tests and Pure Tone Audiometry, working side by side with the surgeons.



A BC Audiology student runs a WHO-validated digital hearing screening on a learner in Tlokweng, World Hearing Day 2025..



The BC outreach vehicle at Batlokwa National School, one of three primary schools reached by the screening programme.

What the screening found

Of **638 learners** screened, 494 passed. **144, roughly one in four, were flagged for intervention**. At Kgosikgosi, 37 of 91 learners needed follow-up; at Batlokwa, 59 of 351; at Botsalano, 48 of 196. The most common cause was earwax blockage, a condition easy to treat and easy to miss, and one that can interfere with a child's hearing and, over time, their learning. Each flagged learner is now on a path to referral and treatment they would not otherwise have had.

638
LEARNERS SCREENED

3 out of 4
PRIMARY SCHOOLS REACHED

23%
FLAGGED FOR FOLLOW-UP CARE



Otoscopy check on a learner during the World Hearing Day screening, 2025.



A BC student records results as learners queue to be screened.

From screening to system change

On **12 March 2025**, BC hosted a World Hearing Day Impact Breakfast, bringing clinicians, academics, students and sector stakeholders together to turn the results into something more durable than a one-day event. The discussion was candid. It exposed a gap between identifying a hearing problem and a child actually reaching treatment, and concluded that Botswana needs a **formal referral pathway** linking schools, primary healthcare, audiology and ENT services. It named the shortage of audiologists as the binding constraint on scaling school screening. And it surfaced a gap BC can close itself: **Sign Language competence** in its Audiology graduates, so that hearing care stays accessible to patients who communicate without hearing at all.



Specialist presentation at the World Hearing Day Impact Breakfast



Clinicians, academics and students at the Impact Breakfast.

"From communities to classrooms to systems."

World Hearing Day Impact Breakfast, Boitekanelo College,

Aligned with the SDGs: *Good Health and Well-Being (3) and Quality Education (4).*

STORY 5 · CLINICAL TECHNOLOGY · WORLD KIDNEY DAY

THE SILENT DISEASE

Taking kidney screening to the people, two years running

Chronic kidney disease rarely announces itself before it is advanced. So BC's Department of Clinical Technology stopped waiting for people to come to a clinic, and went to them.

Risks the body does not announce

In Botswana, chronic kidney disease is driven by hypertension, diabetes, family history, HIV, obesity, smoking and the use of traditional medicine. Most people carrying those risks feel perfectly well. Screening is the only way the disease gets noticed in time.

Taking the clinic to the people

In partnership with the **Nephrology Society of Botswana, Renocare Dialysis Clinic and Diagnofirm Medical Laboratories**, Clinical Technology ran urinalysis, blood pressure and blood glucose screening in public spaces, each check paired with one-on-one education on the risk factors. In 2026 the team worked at three sites: **Mogoditshane Kgotla**, the national World Kidney Day event, where 386 people were seen; **Mahalapye**, with Renocare Dialysis Clinic, 312; and **Francistown**, at Riverside Hospital, 221.



919
CLIENTS SCREENED (2025)

4
TOWNS AND DISTRICTS REACHED

2
CONSECUTIVE YEARS

Reaching beyond the venue

The message travelled further than any gazebo could. On World Kidney Day in both 2024 and 2025, a live educational segment on GABZ FM's "Health Dialogues" carried kidney health to a national audience. The 2025 programme also reached Francistown and Kang in the Kgalagadi District, two communities a long way from the capital.

919 community members were seen across three engagement sites in 2025 , screened for kidney disease and the two conditions that most commonly cause it, hypertension and diabetes.

Department of Clinical Technology, World Kidney Day Community Engagement Report, Boitekanelo College

Aligned with the SDGs: *Good Health and Well-Being (3).*





STORY 6 · EMERGENCY RESPONSE · TLOKWENG, FEBRUARY 2025

WHEN THE WATER ROSE, THE COLLEGE ANSWERED

The Matlala CJSS evacuation centre, and a health institution doing what it exists to do

Floods do not wait for a convenient moment, and neither do the families they push out of their homes. In February 2025, in the same town as the College's own campus, Boitekanelo faced a question it had spent eighteen years teaching its students to answer: what does a health institution owe the community beside it?

When the water rose

Heavy flooding in Tlokweng forced families to leave their homes. Many found refuge at **Matlala CJSS**, which became an evacuation centre. A roof is the first thing a shelter provides. Everything after it, bedding for the night, a meal, someone to check on a child's cough or an elderly parent's medication, has to come from somewhere else.

A College that did not wait to be asked

BC did not wait for a request. Led by Founder Dr Tiro Mampane, the College mobilised what it had: a **mobile clinic** to bring medical care to the centre, **300 mattresses** so displaced families could sleep, and **food supplies**. Then the students came. More than 100 volunteered, giving their time at Matlala CJSS to provide medical care and essential supplies to the families sheltering there.



BC's tent, donated mattresses and delivery vehicle at the Matlala CJSS flood relief handover.

Everything a health college teaches, in one place

A flood response asks for the full range of what BC teaches: clinical care for the unwell and injured, public health judgement for crowded shelters, counselling for people who have lost their homes, and organisers who can carry 300 mattresses from a vehicle to a hall. Those capabilities live across the College's five Schools, and the evacuation centre was a place to put them to work, side by side, in service of people who needed them that day.



Student volunteers with 300 donated mattresses ahead of distribution to flood-affected households in Tlokweng.

Gratitude, and a lesson that lasts

Afterwards, Dr Mampane presented certificates of appreciation to the student volunteers, recognition for learning that happened a long way from a classroom. Officials praised the effort as a true display of community spirit, and The Business Weekly & Review covered it under the headline “Boitekanelo College Leads Flood Relief in Tlokweng.” For the students, the lesson was one no textbook can set: that professional skill means most when it reaches someone in the worst week of their year.

300
MATTRESSES DONATED

100+
STUDENT VOLUNTEERS

1
MOBILE CLINIC DEPLOYED

Aligned with the SDGs: *No Poverty (1), Good Health and Well-Being (3) and Sustainable Cities and Communities (11).*

STORY 7 · GLOBAL HEALTH · WHO REGIONAL COMMITTEE

A SEAT AT THE WHO TABLE: RC73

When the World Health Organization's 73rd Regional Committee for Africa convened in Botswana, BC contributed **P150,000** and sent students to serve as marshals at the associated Walk the Talk charity walk — a rare chance for BC students to work alongside a United Nations health agency on home soil, and a marker of the institution's standing beyond its own campus.



BC students served as marshals at the Walk the Talk charity walk, held alongside the WHO's 73rd Regional Committee for Africa.

STORY 8 · COMMUNITY RESPONSIBILITY · CHILD CARE
SOS Children's Villages Botswana

BC made a donation to SOS Children's Villages Botswana and took part in the organisation's anniversary event, whose banner carried the message that no child should grow up alone. It is one of several civic relationships BC keeps with organisations that care for children.



A speaker addresses the SOS Children's Villages Botswana event.



Guests and officials at the event.

STORY 9 · COMMUNITY RESPONSIBILITY · TLOKWENG, 2022

A HOME BUILT BY 15 KILOMETRES

How a charity race gave a Tlokweng family a roof, a stove and running water

For years, a Tlokweng widow raised her family in a tin shack with no electricity and no running water. On 21 May 2022, the runners of Boitekanelo's 15 km charity race ran a house into existence.

The household

She is a widow in the Sotoma neighbourhood of Tlokweng, raising ten children and grandchildren, among them six left in her care by the death of her sister. The family lived in a tin shack. There was no electricity and no running water, the basics that every child in a household of this size depends on.

Fifteen years, fifteen kilometres

In 2022, Boitekanelo College turned fifteen, and chose to mark the milestone by giving something away. The **15K Charity Race** started at the College in Tlokweng on **21 May 2022**, with runners choosing a 5, 10 or 15 kilometre route through the town. **Access Bank Botswana** was the gold sponsor, and **Botswana's Minister of Health, Dr Edwin Dikoloti**, joined as "Chief Runner". Every kilometre had a destination: the money raised would build a home.



The handover ceremony outside the completed house.

A milestone measured in people

The house was one part of a wider anniversary promise. BC also committed to sponsoring **15 degree students**, valued at about P4 million, and **15 certificate students**, valued at P450,000, putting the cost of a health education beyond the reach of some of the families who most need one. Reflecting on the first fifteen years, Dr Mampane told the Mmegi newspaper: "Everyday is like we are in a boxing ring."

A health sciences college builds nurses, paramedics and pharmacy technicians. That it also built a house says what it believes its job is. Education changes the person who receives it, and sometimes the right first step is a roof for the family that person comes from.



Interior of the finished house: kitchen, bathroom and bedrooms.

21 May 2022
15 KM CHARITY RACE, STARTING AT THE COLLEGE

2
BEDROOMS, WITH POWER AND RUNNING WATER

30
STUDENT SPONSORSHIPS: 15 DEGREE, 15 CERTIFICATE

Aligned with the SDGs: *No Poverty (1), Good Health and Well-Being (3), Quality Education (4) and Sustainable Cities and Communities (11).*

CHAPTER 3

A Year of Showing Up

Corporate social responsibility, one commitment at a time



Not every contribution BC makes fits neatly into a clinical placement or a research paper. Between July and November 2024 alone, BC's CSR calendar carried the institution into a flooded suburb, a struggling senior secondary school, a WHO regional gathering, a half marathon, a biker rally, and the community halls where its own Health Promotion & Education students teach hypertension and diabetes screening to people who may never set foot on campus. None of it was obligatory. All of it was budgeted, staffed, and shown up for.

9
CSR ENGAGEMENTS, JUL–NOV 2024

P279,000+
IN CASH & IN-KIND SUPPORT

1,128
PUPILS AT ONE ADOPTED SCHOOL

Adopting Kagiso Senior Secondary School

On 2 August 2024, BC formally adopted Kagiso Senior Secondary School through its MOU with BOSETU (the Botswana Sectors of Educators Trade Union) — a school of 1,128 pupils and 124 teaching and 39 support staff whose pass rate had been sliding for three straight years before BC's involvement:



BC leadership and BOSETU officials at the formal adoption of Kagiso Senior Secondary School, 2 August 2024.

Year	Pass Rate
2020	19.08%
2021	30.63%
2022	18.93%
2023	13.7%

The intervention followed a formal sequence rather than a single donation: a needs assessment by BC's IT and Occupational Health & Safety departments, operational planning, pre-exam motivational talks for students, and a strategy workshop with school leadership. The material support ran to **P50,000 in cash, P38,000 in photocopying, and P26,000 in IT equipment** — a year's WiFi router, ten keyboards and ten mice — aimed squarely at the everyday constraints (connectivity, printing, demotivation ahead of exams) that a pass-rate trend like this one usually reflects.

Walks, Runs, and Wellness Stalls

BC's calendar of smaller civic commitments ran through the same period: a mobile clinic and **P5,000** donation at the Tlokweng 4km Health & Wellness Walk (28 July 2024); a water point and running-club entries at the BDF Half Marathon's 21km route (1 September 2024); basic first aid awareness delivered to the Sons of Kings Bikers at their "Fallen Heroes" event (21 September 2024); and a **P10,000** donation with a recruitment stall at the Botswana Dietetics Association Conference (15 August 2024). At National Science Week (20 August 2024), BC ran a wellness-check stall and presented student research — including a poster on the factors influencing measles vaccination coverage among children under five in Chadibe village, drawing on national data showing vaccination coverage had dropped to 90% in 2022.



Participants at the Tlokweng 4km Health & Wellness Walk, 28 July 2024.



BC staff and students with the Botswana Dietetic Association at its annual conference, 15 August 2024.



A BC stall engaging visitors during National Science Week, 20 August 2024.



BC Running Club members with their finisher medals at the BDF Half Marathon, 1 September 2024.



BC staff demonstrate basic first aid awareness at the Sons of Kings Bikers' "Fallen Heroes" event, 21 September 2024.

Health Promotion in the Community

BC's Health Promotion & Education department ran three further community wellness days in 2024, each staffed by its own students rather than outsourced to a vendor: hypertension, prostate cancer and BMI screening interpretation for elderly women at the Sedibeng Foundation Spa for Senior Citizens (16 August); hypertension, type 2 diabetes, physical activity, nutrition and mental health education for schoolchildren at Gabane's Nare Sereto Junior School (20 August); and hypertension and diabetes screening at Meropa Resources' wellness day in Medie (16 November). Across the three, the teams combined HPE, Clinical Technology, Healthcare Assistance and Counselling students with HPE lecturers and a clinic officer — community outreach doubling as structured clinical exposure.



The BC team arrives for the Sedibeng Foundation Spa for Senior Citizens, 16 August 2024.



An HPE student leads a health education session for learners at Gabane's Nare Sereto Junior School.



BC students staff a Meropa Resources wellness stall in Medie, 16 November 2024.



Opening Doors Through Education

Beyond healthcare, BC runs free weekend tutoring in mathematics, biology, chemistry and physics for students rewriting their final exams, and has run school prize-giving ceremonies and study boot-camps across the Gaborone, Tlokweng, Central and Kweneng regions.

A Form 5 study-camp participant receives her prize at a school prize-giving ceremony.

Date	Engagement	Support Provided
28 Jul 2024	Tlokweng 4km Health & Wellness Walk	Mobile clinic, 4 staff, P5,000 donationg
2 Aug 2024	Kagiso SSS Adoption	P50,000 cash, P38,000 photocopying, P26,000 IT equipment
15 Aug 2024	BW Dietetics Association Conference	P10,000 donation, recruitment stall
16 Aug 2024	Sedibeng Foundation Spa for Senior Citizens	Health education, 9-person student/staff team
20 Aug 2024	National Science Week	Wellness checks, research poster presentation
20 Aug 2024	Gabane – Nare Sereto Junior School Wellness	Health education, 10-person student/staff team
1 Sept 2024	BDF Half Marathon	Water point, running club entries
21 Sept 2024	Sons of Kings Bikers	“Fallen Heroes” Event Basic first aid awareness
16 Nov 2024	Meropa Resources Wellness Day, Medie	Health education, 10-person student/staff team

Taken individually, each of these is a modest line item. Taken together, they describe an institution whose community presence does not stop at the clinics and schools it has formal placement agreements with — it shows up at the half marathon, the bikers' memorial, and the senior citizens' spa day too.

CHAPTER 4

Thirty-Two Students, Four Days, One District

Public health practice, door to door



Between the 8th and 11th of June 2025, thirty-two Public Health and Health Promotion & Education students traded lecture theatres for the streets of Tlokweng, joining the District Health Management Team's second-round Oral Polio Vaccination Campaign.





32
BC STUDENTS DEPLOYED

4
DAYS OF HOUSE-TO-HOUSE VISITS

<5
TARGET AGE GROUP, IN YEARS



Before deployment, the DHMT trained every student in vaccination procedure, caregiver communication, household mobilization, infection prevention, and documentation — turning classroom competencies in epidemiology and community diagnosis into something closer to muscle memory. Then they went to work: knocking on doors, finding children under five, talking anxious or simply busy caregivers through why the oral vaccine mattered, and referring the households they couldn't immediately reach.

The value ran in both directions. The DHMT gained thirty-two extra pairs of trained hands during a labor-intensive campaign, and reached children who might otherwise have been missed entirely. The students gained something a textbook cannot supply what it actually feels like to run a population-level health intervention, one household at a time.

> Student participation demonstrated the College's capacity to contribute skilled human resources to public health initiatives and enhanced opportunities for future collaboration in community outreach, research, and work-integrated learning programmes.
>
> **Department of Public Health and Health Promotion & Education, Boitekanelo College**

CHAPTER 5

Beyond Our Borders

Where Boitekanelo-trained health professionals learn, serve and connect



A Boitekanelo qualification does not stop at Botswana's border.

The College's approach to health education is increasingly regional in both its clinical exposure and institutional partnerships. Students train within Botswana's health system and, through an expanding network of clinical partners, gain exposure to healthcare environments across Southern Africa. At the same time, Boitekanelo is beginning to export something equally important: health-sector expertise, professional development and knowledge exchange.

This creates a two-way relationship. Students learn from different healthcare environments, while partner institutions gain access to Boitekanelo's growing pool of health-science expertise.

A Clinical Network Built Around Practice

Clinical education is central to Boitekanelo's model. Students are required to translate academic knowledge into practical competence within real healthcare environments, working alongside qualified professionals and encountering the complexity of patient care first-hand.

Within Botswana, the College's clinical placement network spans 28 public hospitals and three private hospitals, including Bokamoso Private Hospital, Gaborone Private Hospital and Sidilega Private Hospital.

The scale of this network matters because clinical education cannot be delivered effectively through the classroom alone. Each placement site becomes an extension of the College's learning environment, giving students opportunities to develop professional judgement, technical competence, communication skills and an understanding of how healthcare systems operate.

CLINICAL PLACEMENT REACH



Botswana:
28 public hospitals and 3 private hospitals



South Africa:
Netcare Group of Hospitals, RH Bophelo Group, Rondebosch Medical Centre and St Helena Private Hospital



Eswatini:
SwaziMed Private Hospital, Good Shepherd Hospital, Mbabane Hospital and an additional clinical site



Lesotho:
Clinical placement partnerships supporting regional experiential learning



BC-trained clinicians on placement at Netcare Garden City, South Africa.

The network represents more than geographic reach. It gives students exposure to different models of healthcare delivery, patient populations, professional teams and clinical environments, strengthening their ability to work beyond the boundaries of a single institution or health system.

From Placement to Partnership

The most significant evolution is that Boitekanelo's international relationships are beginning to move beyond sending students into external clinical environments.

Boitekanelo College entered into a five-year Memorandum of Understanding with the Ministry of Health of the Kingdom of Eswatini, establishing a framework for collaboration in health workforce development.

Under the partnership, Boitekanelo will contribute to preceptor capacitation workshops, American Heart Association life-support training, including BLS, ACLS, ATLS and PALS, and Leadership and Health Informatics modules for Eswatini's health workforce.

This represents an important shift in the College's international engagement.

The relationship is no longer simply:
"Our students train in your hospitals."

It is becoming:

"Our institutions learn from each other and build health-sector capacity together."

The five-year commitment creates a platform for sustained professional development and knowledge exchange, allowing Boitekanelo to contribute its academic and training capacity to another country's health workforce while deepening its understanding of regional health-system needs.

STORY 10 · WORKFORCE · GRADUATES GOING GLOBAL

FROM TLOKWENG TO ABU DHABI: A PARAMEDIC PIPELINE

A health qualification earned in Botswana can take a graduate further than Botswana's own job market. BC decided its graduates should be able to reach broader markets where demand may be higher, and to gain international experience, advanced skills and exposure along the way.

The route began with a **Memorandum of Understanding with TW Elemo Limited**, an international healthcare recruitment agency, aimed at creating global employment pathways for BC graduates. Ten Emergency Medical Care graduates were interviewed for paramedic positions in Abu Dhabi. One of them, Ms Nthami Thela, completed every stage of a rigorous process, including clinical competency assessments, medical clearances and international credentialing, and departed to begin her career in the United Arab Emirates.

She is not alone. Twenty BC graduates have secured employment opportunities in Abu Dhabi, and two have already gone. Each placement improves a graduate's long-term career mobility and earning potential, and positions Botswana as a source of skilled health professionals the world wants to hire.

20
GRADUATES WITH ABU DHABI OPPORTUNITIES

2
ALREADY DEPLOYED

10
EMC GRADUATES INTERVIEWED



From left: Mr Botumile (Alumni Relations), Ms Nthami Thela (alumna), Ms Koziba Chepete (Dean, School of Allied Health) and Mr Obusitswe Kgoleyamotho (Head of Emergency Medical Care).

Learning Across Southern Africa

Regional clinical exposure also creates opportunities for students to see healthcare through different lenses. A placement in South Africa, Eswatini or Lesotho is not simply a change of location. It places students within health systems with different institutional structures, resource environments, patient needs and professional practices.

For Boitekanelo, this supports a broader educational objective: developing graduates who are adaptable, professionally confident and able to contribute across diverse healthcare environments.

For partner institutions, student placements provide an opportunity to engage with emerging professionals while strengthening relationships with a Botswana-based health sciences institution. The value therefore flows in both directions.

Research That Crosses Borders

Boitekanelo's internationalisation is also reflected in its research relationships.

At home, the College collaborates with organisations including the Neuroscience Society of Botswana and the Ministry of Health. Regionally, research and academic relationships extend to institutions such as the University of Cape Town, Sefako Makgatho Health Sciences University and Lusaka Apex Medical University. Further afield, the College has established research links with UiT – The Arctic University of Norway.

These relationships expand the possibilities available to BC researchers and students by connecting Botswana-generated knowledge with regional and international research networks.

The value of international research collaboration is not simply the number of institutions involved. It is the ability to bring different expertise, methodologies, perspectives and research environments together around health questions that cross borders.

Health challenges rarely respect national boundaries. Neither should the knowledge required to address them.

Bringing Knowledge Home

Internationalisation is most meaningful when it creates value for Botswana.

Boitekanelo's external partnerships provide opportunities for students and staff to encounter new approaches, technologies and models of practice and to bring those experiences back into the College and the local health system.

The College's growing international network therefore forms part of its contribution to strengthening Botswana's health workforce, not an alternative to that mission.daries. Neither should the knowledge required to address them.

The Emerging Regional Role

Boitekanelo's journey beyond Botswana's borders is still developing.

What began largely as a need to secure appropriate clinical environments for students is evolving into something broader: a network through which the College can educate, exchange knowledge, build professional capacity, conduct research and contribute to health-system development across the region.

The five-year Eswatini partnership illustrates this evolution particularly clearly. A relationship that began around clinical exposure has developed into a structured commitment to workforce development. That progression provides a model for the College's next phase of internationalisation.

The ambition is not simply to have students placed in more countries.

It is to build meaningful health-sector partnerships that produce measurable value for students, professionals, partner institutions and the communities they serve.

Impact at a Glance

32+ Botswana clinical facilities

28 public hospitals + 3 private hospitals

Regional clinical exposure

South Africa
Eswatini
Lesotho

5-year health workforce partnership

Ministry of Health, Kingdom of Eswatini

International research network

Botswana
Southern AfricaNorway

Multiple pathways of impact

Clinical Education → Workforce Development → Professional Training → Research → Knowledge Exchange



Beyond The Border

The story of Boitekanelo's international reach is ultimately not a story about geography.

It is about what happens when a Botswana health sciences institution becomes part of a wider community of practice.

Students cross borders to learn. Professionals cross borders to teach. Researchers cross borders to generate knowledge. Institutions cross borders to strengthen health systems.

And in doing so, the impact of a qualification earned in Botswana can travel much further than the campus on which it was earned.









CHAPTER 6

Discovery

Research output nearly triples in three years

For much of its history, Boitekanelo College was built around a clear and urgent purpose: training the health professionals Botswana needed.



That purpose remains at the heart of the College. But alongside teaching and clinical training, another institutional capability has been taking shape, the ability to ask questions, generate evidence and contribute knowledge back to the health professions.

The numbers show the change.

In 2023, BC recorded five publications. That increased to six in 2024 and 17 in 2025.

Year	Publications
2023	5
2024	6
2025	17

Research culture is not created by publication counts alone.

It is built when academics have the confidence and opportunity to investigate problems, when students encounter research as part of their education, when institutions collaborate across disciplines and borders, and when findings can inform professional practice and health systems.

BC's research activity is beginning to reflect this broader ecosystem.

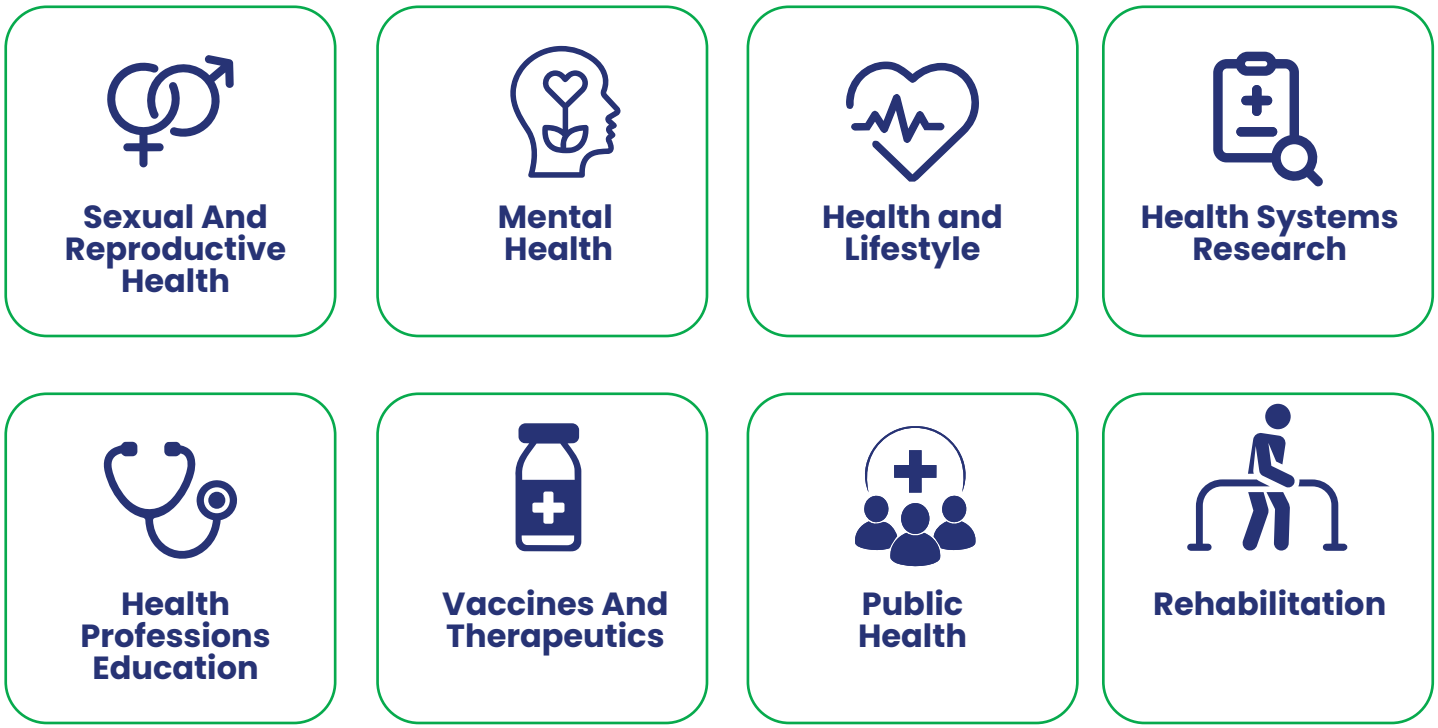
The College now has a postdoctoral research fellow on staff, strengthening its capacity for research mentorship and advanced scholarly work.

For students, this creates an important shift.

Research is no longer something that exists only in academic journals or as a final requirement for a qualification. It becomes a way of learning to identify problems, examine evidence and contribute to conversations about the health challenges facing communities.

Where BC Research Looks

The questions being explored reflect the breadth of the College's health sciences mandate:



This breadth matters because the health challenges facing communities rarely fit neatly within one discipline.

A question about rehabilitation can become a question about accessibility. A question about sexual and reproductive health can become a question about education, policy or health-system access. A question about health professions education can ultimately become a question about the quality and availability of care.

CHAPTER 7
The Whole Student

Because a healthcare education is more than a curriculum



A student who is hungry, anxious, or unsupported does not learn well, however good the lecturer. BC's Health & Wellness Team, coordinated by Ms G. Bamilili and a multidisciplinary team including a Disability & Special Needs Officer, a Health and Wellness Officer, counsellors, and campus clinic staff, exists on that premise, offering psychological support, disability services, preventative healthcare, and general clinical care to every student on campus.

Service Area	Includes
Counselling	Individual, academic, personal & social, stress & anxiety, relationship, and crisis counselling; confidential referrals
Disability Services	Scribing/reader support, disability advocacy, inclusive learning support
Health & Wellness	Preventative care, wellness promotion, health screening and education
Campus Clinic	General consultations, minor illness/injury, pharmacy, sexual & reproductive health, HIV & AIDS services, immunisation

Reaching the Students Who Need It Most

This support leans hardest toward BC's most vulnerable students. Orphaned and Vulnerable Children (OVC) at BC receive dedicated advisory support and priority pastoral care as a matter of course. In 2024/2025, that support gained a practical new dimension: a financial literacy workshop delivered in partnership with First National Bank Botswana, walking OVC students through budgeting, saving, and financial planning most had never been formally taught. The Sewelo Mentorship Programme added a further layer, peer support and career guidance for students navigating BC from diverse and sometimes difficult starting points.

Together, this welfare infrastructure sits behind a number that rarely makes it into a prospectus: BC's overall student retention rate of 96%.

CHAPTER 8
Where Our Graduates Go

9,354 stories, two of them below



Every statistic in this report is really a stack of individual people. BC's Business Profile puts it as a rate, 70% of graduates in employment within six months, but a rate doesn't tell you what that employment looks like. These two do.



Hlabano T. Mbisana, an Occupational Health & Safety graduate

Hlabano T. Mbisana, an Occupational Health & Safety graduate of BC's Class of 2015, is now an industrial and construction safety manager. He has supervised major sites including the extension of the Broadhurst Magistrate's Court and street-lighting installation in Tati Siding, consults widely across Botswana's construction industry on safety, health, environment, and quality (SHEQ) issues, has authored a health and safety manual, and now returns to BC as an external invigilator.



Placements like these at Riverside, at Netcare, across the 28 public and 3 private hospitals in Botswana and the wider regional network described in Chapter Five are where BC's clinical training model closes the loop: students trained on real wards, by real BC-employed clinical instructors, become the clinicians those same wards go on to hire.

BC-trained clinicians on placement at Riverside Hospital, South Africa.

CHAPTER 9
Looking Forward

What 2026/2027 is built to do



None of the work described in this report is treated as finished. BC's CSR strategy for 2026/2027 sets specific, owned targets against each pillar covered above — turning this year's momentum into next year's commitments.

Pillar	2026/2027 Target
Healthcare Infrastructure	Reach 15 facilities total; introduce a medical equipment leasing partnership with a corporate sponsor; ring-fence P200,000 for the pillar
Community Health	Screening Deliver 4 community screening events annually; expand into at least 2 districts outside Gaborone
Education Access	Award a minimum of 10 scholarships; formalise a dedicated OVC support fund; run 2 FNB financial literacy workshops per year
Workforce Development	Maintain 350+ students on MoH placements; expand to 3 regional sites; complete Preceptor Training for MoH Eswatini
Community Partnerships	Formalise student CSR bodies with annual plans; host 2+ community engagement events per term; secure 1 new corporate CSR partnership

BC's own strategic ambitions run further still — into new campuses, new geographies, and new kinds of facility. Those plans are not yet delivered outcomes, and this draft has kept them out of the numbers above for that reason. But they set the direction the rest of this report's momentum is heading in:

- Regional expansion into South Africa and Kenya, with a first RSA campus already under construction
- A proposed Boitekanelo Medical Precinct in Kasane, combining a teaching hospital, rehabilitation centre, student and staff residences, and conferencing facilities
- A proposed 1,000-room student accommodation development on a 3-hectare site, in partnership with the Batlokwa Trust
- Two to four new academic programmes annually, including a planned School of Dentistry

EPILOGUE

The Gap, Revisited

Nineteen years, one hospital, and the question that started it all

In 2007, Dr Tiro Mampane, then working at Princess Marina Hospital, looked at a health system short of trained people and decided to train the next generation himself.

That decision became Boitekanelo College. Nineteen years later, the College walked back into the same hospital. It carried equipment worth **P200,000** for the Intensive Care Unit, and behind it stood students from six of its programmes, learning on those very wards. The Matron thanked the College for "always remembering Princess Marina Hospital and the challenges we face." The Superintendent called BC an integral partner whose support had directly contributed to saving lives. Few institutions get to close a circle so visibly.

Between those two moments lie the pages of this report. Widows in Artesia, asked what would make their community stronger. A settlement in Tlokweng that students mapped on foot. Primary-school children whose hearing was checked before anyone suspected a problem. Families sleeping on donated mattresses at an evacuation centre. People in a queue for a kidney screening they did not know they needed. A widow and her children and grandchildren walking into a house of their own. None of these is a headline figure. All of them are the same decision, made again.

The numbers matter too, and this report has tried to give them honestly: 9,354 graduates, 3,266 students, clinical placements in 31 hospitals in Botswana and sites across South Africa, Eswatini and Lesotho, and a five-year agreement with Eswatini's Ministry of Health. But the numbers are the shadow of the work. The substance is a Matron who can run her ICU a little better today than she could yesterday.

The report is just as honest about what is unfinished: the water and sanitation works in Artesia, the livelihood centre still to be built, the uniform drive still to reach Masimong's children, the referral pathway Botswana still needs for the children whose hearing was screened. Unfinished work is how an institution knows its story is still being written.

With thanks

To the students who volunteered at an evacuation centre, queued learners for screening and walked an informal settlement door to door. To the staff who led and taught alongside them. To the 28 public and 3 private hospitals that open their wards to BC's students. To every partner, sponsor and community that trusted the College with its time, its children and its stories. Thank you.

The gap that started this institution has not closed. It has moved: from the ward to the village, from the village to the classroom, from the classroom to the system. Boitekanelo College intends to keep following it.

Changing Lives

Boitekanelo College

Contact Us

+267 398 0500
+267 391 1009

Plot 5824 Masetlheng
Tlokweng, Gaborone