

DENTAL RELIEF ACTION IN RURAL KIGOMA HELD AT AHLULBAYT ISLAMIC SEMINARY



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Introduction: About One World One Smile

One World One Smile (OWOS) is an international non-profit organization founded in Dar es Salaam, Tanzania in late 2014. OWOS is devoted to increasing accessibility to dental health care and awareness of oral hygiene for communities without access to dental services across Tanzania. Oral hygiene and oral health care are particularly important in a country such as Tanzania where HIV/AIDS and diabetes are prevalent. Poor oral health is a major risk factor with both of these diseases because depleted immune system compromises an individual's ability to combat oral infection and escalates the severity of any health issue.

OWOS currently reaches its goals through the following interventions:

- Organizing dental camps and conduct check-ups and provide oral treatment for marginalized communities.
- Training on oral hygiene practices for adults and children.
- Resource mobilization.

OWOS final Mission statement is to implement the development of communities in remote areas around oral health centres building tandems [primary school=One World /oral health centre=One Smile] from which communities will develop with one common goal: to educate and allow these communities to grow through their member's education with the help of OWOS.

Our action: dental camp in Kigoma – Why Kigoma?

Kigoma Region resides in the northwestern corner of Tanzania, on the eastern shore of Lake Tanganyika. The region is bordered to the north by both Burundi and the Kagera Region. To the east, it is bordered by the Shinyanga and Tabora regions, to the south by the Rukwa Region, and to the west by Lake Tanganyika, which forms a border with the Democratic Republic of the Congo.





• Kigoma's main economic activity is subsistence farming. Family size averages **7.3 people**, the region of Kigoma being **one of the poorest in the country**. The 2012 census shows a population of 2,127,930 with Kigoma Urban having 211,566 and Kigoma rural 215,458.

Initially, our action was aiming for the second time, at treating refugees at the UNHCR camps and we worked towards that goal with all our energy and means. Unfortunately, it seems like refugee's wellbeing is not in Tanzanian Red Cross Society's agenda as a priority despite what one might think. As an added barrier we already know that oral health is not contemplated under UNHCR's guidelines. This summarizes pretty well the path that was laid before us. Administrative barriers were not surpassed by TRCS' authorities and were presented to us as an unsurmountable challenge where we saw no more than one more mound of administrative requirements due to the fact that we had in our team 8 foreigners volunteering in a total of 12.

Not allowing these "excuses" to stop us from accomplishing our mission and fulfill our vision, we managed to partner with **Bilal Muslim** represented by Sheni Lalji who helped us organize in 2 days a whole different setup so that we could put our skills, team, and will to help to the service of the most deprived in Kigoma.

• OWOS is an I-NGO registered in Tanzania and aiming at providing oral health to underprivileged population in the country, regardless of age, gender, religion, or origin.



OWOS' activities in Tanzania, are still possible today despite the numerous difficulties, thanks to the continuous support of Twiga Cement, W&H Austria, The Karimjee Foundation, the Sea Cliff, and Slipway hotels in Dar Es Salaam and Air Tanzania in providing financial help towards logistics and equipment, plane tickets to Kigoma for 3 members of our team, hotel rooms in Dar to ease the transition in arrival/departure schedules.

One World One Smile team is aiming at treating thousands of patients before the end of 2018 and this was just one more big step towards that goal.

Activity

The OWOS team was composed of six dentists, 2 Tanzanian, 2 French, 1 Spaniard, 1 Indian who had support of 6 other volunteers as support staff from Tanzania, France, Germany and the UK. Many other young students and staff members from the Ahlulbayt Seminary were present during the whole event, giving our team huge logistical support throughout the campaign. This allowed us to provide dental treatment services, in a well-organized, calm and secure environment to the numerous patients who responded to our call.

The medical dental camp was held for 8 days from the 6th to the 13th with one added difficulty on top of the previously mentioned. Our Dental staff was composed of 6 dental surgeons for the first three days, 4 for the following 2 days, and only 2 for the last 3 days, which lowered our rate of treatment considerably. Despite it all, the doctors and the auxiliary staff were dedicated and committed and did not turn away a single patient.

Screening was conducted in the outside waiting area by one Doctor and patients were then referred to the team for extractions or other treatments to be performed. In this manner all discussions/" negotiations" were taken care of previously thus avoiding unnecessary loss of time by the treating Doctors. When multiple extractions were required the team tried by all means to finish them all in one go, to avoid having returning patients on the following days as well as risking leaving patients with major diagnosed pathologies untreated.











Sterilization was conducted following the principles of cold sterilization, with a team of 2 nurses and 2 separate timed cycles to allow for sterile instruments to be permanently available. No incidents were signaled during the process.

Meals and water at the camp were provided for the whole team by the Ahlulbayt staff during the total duration of our campaign.



Output: Dental Treatments Provided

Our treating Doctors did interventions on 352 patients out of the 447 screened. Some of the screened patients had minor or no issues.

One was diagnosed with a Carcinoma (oral cancer) and referred to Muhimbili for further treatment, and one autist kid presented an important abscess on her cheek and had to be referred for examination under general anesthesia as it could not be performed with intubation on site.

Most of the patients that were treated described having had pain for over a year time. Also, we ran into more than usual hygiene problems and patients complained about not being given tooth paste.

Statistics of treatments provided:

Total Patients screened: 607- None were left unattended on the last day

Total patients treated: 294

Total extractions performed: 535 (average 1,66 extractions/patient)



One carcinoma – malignant tumor has been diagnosed and the patient referred to Kigoma Regional hospital

One benign tumor was also diagnosed during a molar extraction and the tumor was fully removed, and the patient allowed to go home with no consequences.





Expenses for the Camp

Operations costs:

Petrol	TZS	1,421,759
Meals	TZS	1,456,500
Admin fees	TZS	2,895,408
Hotels	TZS	2,747,500
Flights transport	TZS	7,474,512
Misc	TZS	579,112
Local employees	TZS	4,200,000
Consumables	TZS	3,237,507
TOTAL	TZS	24,012,298
	\$	10,554.86

Important sponsorship allowed us to make this action sustainable:

- Sea Cliff Hotel sponsored OWOS with 6 hotel rooms for volunteers during their connection from Dar to Kigoma
- Slipway hotel Sponsored with one night for one volunteer
- Air Tanzania Sponsored with 3 complimentary tickets from Dar Es Salaam to Kigoma
- Karimjee Foundation Sponsored the rental of a 4WD to drive with the equipment from Dar to Kigoma



- Hilltop Hotel in Kigoma with accommodation and food for all our volunteers during the whole duration of the camp. The hotel also provided daily transport
- Ahlulbayt Seminary for hosting our camp allowing us to work in excellent conditions

Conclusions and Appreciation.

We believe that all parties concerned where highly impressed with the number of attendees present during the camp as patients and the level of services required. This type of humanitarian action fulfils a double purpose.

The first and main one is obviously treating patients that have no access to oral health care due to their social condition. Most of them have stated having been in pain for over a year and sometimes a lot more than that. Many of them have also confirmed having attended the medical services at the camp, but having been told that nothing could be done for pain relief except medicating them orally, thus allowing for dangerous dental infections to keep growing, sometimes leading to life threatening situations; 2 of these were encountered during this camp, both resulting in favorable treatments and therefore prognosis

The second and not least important in our opinion is <u>creating</u> <u>awareness among all the parties involved</u>. Although oral health conditions are not viewed by the general population as life-threatening conditions, poor oral health has been shown to be strongly associated with subsequent mortality. Poor oral health will undoubtedly affect the survival rate of an HIV or diabetic patient for example, since not only do these conditions affect their overall immune response, but a dental infection will deplete even more their immune system allowing for these diseases to take over control.

Unfortunately, actions with such a short duration can only offer slight and temporary relief when such broad populations are concerned.

The way dental pathology evolves is insidious and not always painful, thus turning it into a traitorous disease. Patients whose awareness is non-existent will only request treatment when pain is present, and pain is only present during acute phases. Then the symptoms change, pain disappears, and the pathology/infection can continue to evolve as a benign tumour would, destroying healthy tissues to expand and grow. Through these chronic phases, patients often don't feel anything and therefore do not consider they are in need of treatment. Even when we see them during the camps and try



to make them aware of the dangers the situation presents, we have a rather hard time convincing them and having them accept treatment.

Therefore, in the same manner that it is OWOS' mission statement and long term goal to build and equip in specific remote areas of Tanzania Dental Care Units collaborating with other International NGO's or local partners, to permanently have foreign volunteers offer oral care in them, we believe that it would make a huge difference if UNHCR considered stipulating Oral Health under its guidelines for the refugee camps in Tanzania. One World One Smile would offer to contribute to this major improvement in health services by setting up, supervising, coordinating and managing One Dental Care Unit in each camp, to cover Dental health services throughout the year. This project will be presented separately to UNHCR.

One World One Smile would like to thank its sponsors the Karimjee Foundation and Twiga Cement for giving us support to cover our NGO's general operation costs, W&H Austria, for kindly donating to our NGO the electronic equipment to perform the required surgeries.

One World One Smile would also like to thank all the volunteers who put their life on hold to come to Tanzania and make a difference in the patient's lives. Much gratitude is extended to **Bilal Muslim** in the person of Sheni Lalji who allowed to make this action a success through an impressive logistical rapid support. Many thanks to all the students and managing staff at Ahlulbayt Seminar who kept helping us with minor and not so minor tasks, and kept making sure all our needs were met.

Last and not least, all our gratitude goes to the many donors who keep giving to our cause through GlobalGiving and other platforms, day after day, knowing that there is no small amount, and that the value of money is given by what is done with it

One World One Smile could not have done it without the support of everyone who contributed in one way or the other in making this camp the success it was, from the Doctors, to the patients and a team of 20+ people working restlessly to make this action one of OWOS' most unforgettable experiences yet.

Nashukuru Sana – Because no one should die of a tooth ache.

