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Dental Care on the Shores of Lake Victoria

I have a real interest in working in different cultures and communities, so when I read about the dental projects and volunteer opportunities with Christian Relief Uganda, I was eager to find out more, and possibly become a team member myself! This is my story...

The bus clattered and juddered over the deep ruts and pot holes of the red mud roads. All around us lush green sugar and banana plantations, tea and coffee estates, tapioca, cassava, jack fruits and large ripening avocados. Children played in the dust outside small round mud huts with their goats, cattle, rabbits and chickens nearby. This is rural Uganda, where we have spent the past two weeks working with a dental team on behalf of Christian Relief Uganda.

We were based in the villages off the shores of Lake Victoria, and the aims of the project were to provide immediate dental pain relief in an area where there is no dental care, and to provide dental health education to adults and children both at the clinics and in local village schools. Each year dental team members volunteer their time and experience to provide pain relief clinics to some of Uganda's poorest and most needy populations.

The population of Uganda is 31 million, and there are only 500 dentists most of whom are based in the cities and towns. Up to 85% of the local population are HIV carriers and the people live an impoverished life based on rural subsistence farming. We were in villages surrounding Jinja, the sugar plantation capital of the country, where the children frequently chew on sticks of sugar cane to replace the meals their families cannot afford to buy. As a result there is vast dental decay and pain experienced in both adult and child populations. The only dental help that may be available is through the local healers and witch doctors that may use crude practices to remove painful teeth. Travelling on a long bus journey to receive dental treatment at some distant dental clinic is both expensive and time consuming, so not a realistic option for these people.

Each day our team moved to different villages and set up clinic in the small rural churches and schools. The numbers of volunteers varied throughout the project that in total extended over a 6 week period. At the time that I worked there were 3-4 dentists (UK and Ugandan), 2 therapists, 4 hygienists,



several nurses and some translators. All the dental equipment we needed was carried in the bus, and at each location the clinics were setup to create areas for triage, clinic, sterilisation and post op instruction and dental health education. There were 5 fold up dental chairs constantly in use and each day over 100 patients were treated for their urgent dental needs. The team members as well as local interpreters worked tirelessly treating the long queues of men women and children who patiently lined up in the hot sun.

Often the dental needs seemed overwhelming; there was so very much dental decay. In triage clinic men, women and children were assessed for any urgent treatment needs. With such high caries experience it was common to see extensive carious lesions on deciduous and permanent premolars and molars in the majority of young children and adult dentitions. We found ourselves saying again and again "Which ONE tooth hurts you the most? There are only the time and resources to treat the most urgent pain". There were a number of cases of rampant baby bottle tooth decay- where the little children had been fed sweet sugar syrups from the crushed cane.

As our clinical time and resources were limited we worked fast to provide urgent extractions, and ART a traumatic restorative treatments- where hand instruments were used to excavate caries and then fillings of glass ionomer cement placed in the cavities. Dental health education was taught using large brightly coloured

posters and tooth brushes and models of teeth to demonstrate tooth brushing skills. There was a brief lunch time respite when we ate locally prepared boiled rice, cassava, delicious chicken stew--- and then it was right back to the afternoon session.

In the week that I spent with the team, dental health education was given to over a 1000 children in the local schools. The lessons were often taught in the small mud- floored classroom where children sat attentively with bright eyes ready to listen to the stories and messages. Sometimes the lessons took place out under the trees,



where children had slates and chalk to write with. We used brightly coloured and culturally appropriate straw posters to illustrate the key messages of when and how to brush our teeth and large models of teeth. We talked about how to avoid getting tooth decay and pain. We showed them how to use their local Lantana twigs or "Kapanga's" to brush away the remnants of sugar cane in the deep pits of their back molars, and how to use them to brush around the gum lines and between their teeth. We suggested that they could break off a Kapanga twig and chew it on their often long walks to school each morning and evening. How attentively they listened and how eager to learn! We were often accompanied on these school visits by John, our local

trainee dental health educator, who translated and expanded on the topics we taught. He is hoping to formalise his training by studying Oral health Education through a correspondence course from the UK. In this way he will be able to further his dental health teaching opportunities in the village schools.

Our time in Uganda, the Pearl of Africa, was truly an experience of a lifetime. How thrilling and inspiring to have an opportunity to travel to and work in this project to bring some small dental relief to a much needy population.

For further information about the dental programme or opportunities to sponsor the work, please contact Barbara Koffman, Dental Coordinator www.christianreliefuganda.org