MATA DENTAL CLINIC
CHURCH GO DOWN - NYENDO - MASAKA
PULPATOMY, OTHODONTIC TMT, SCALING & POLISHING, FILLINGS,
RCT & XRAY, DENTURES (ARTIFICIAL TEETH)/CROWNS, EXTRACTION,

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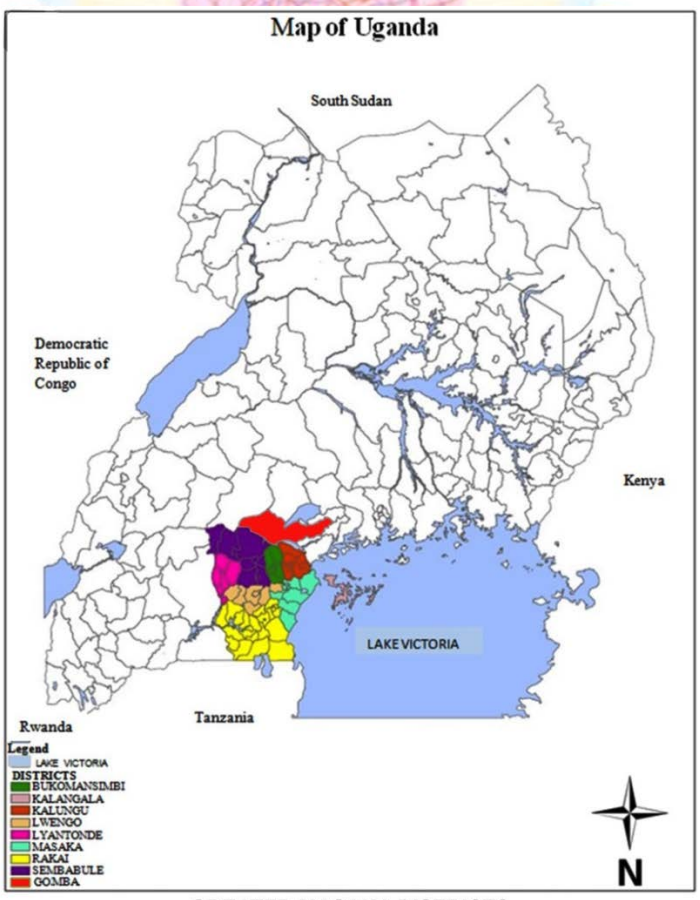
PUBLIC HEALTH DENTAL OUTREACH PROGRAM 2018/2019
QUATERLY REPORT MARCH - JUNE

With reference to our MATA DENTAL CLINIC vision, mission and core values; and in compliance to the ICD Fellowship spirit to reach out and serve mankind, I hereby send the very first quarterly report of our PUBLIC HEALTH DENTAL OUTREACH PROGRAM 2018/2019.

BACKGROUND INFORMATION

Mata Dental Clinic was established in 1997, and was receiving not less than 50 patients every working day of the week from the catchment area of Greater Masaka region. In 2006 the clinic started conducting outreach programs to the community, schools, and NGO children's projects. Presently 3500 patients benefit annually from this ever ongoing outreach program.

However, there still remains an overwhelming need to reach more people in a better way with preventive and restorative methods. Greater Masaka region has nine districts, *(see map)* with an average *(estimated)* population of about one million.



GREATER MASAKA DISTRICTS

As mentioned earlier on in my report dated 2/6/2019, we received and accepted the grant support delivered in person by Dr. Chris Jagger of SALCET, in March. The 2018/2019 outreach program was started immediately, and is still continuing.

Receiving the delivered…..

Program 2018/2019 launched

By end June, we have so far screened and treated 1208 children in outreaches, 666 females, 542 males, and 3100 patients in our home clinic (MATA …) On a monthly average, we have been able to treat a bigger number of patients, especially children because of the grant materials. Many thanks to God, ICD, and Henry Schein, and the SALCET TEAM for the donation and support.

Oral hygiene talks in schools and institutions have been accordingly conducted and success in awareness and sensitization has been positively achieved.

Following hereunder is the summarized information of children screened and treated. Sometimes parents and guardians of these children were also treated but their records are not included because emphasis was on children's dental welfare. Parents received treatment as a motivational incentive to encourage them monitor and guide children daily at home:

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CUMULATIVE REPORT ON PUBLIC DENTAL HEALTH OUTREACH PROGRAM. ORAL HEALTH HYGIENE TALKS, SCREENING, AND TREATING

1) KAYONZA CDC ON 30TH MARCH, 2019

Number of children: 271 Females: 151 Males: 120

Findings:

Out of the 271 children,149 had teeth free of dental caries and normal gums.

1.	Children whose Teeth needed immediate Attention	136
2.	Children with missing teeth due to mutilation	43
3.	Filled teeth	9
4.	Missing teeth due to extraction:	25
5.	Fractured teeth	0
6.	Children with overcrowded teeth:	1
7.	Children with marginal gingivitis:	27
8.	Children with fluorosis	0

Treatment:

Total number of teeth extracted:	136
Total number of children with marginal gingivitis: scaling and polishing:	27
Total number of Cavities/children with dental caries that received filling:	35

Oral Hygiene talks to pupils before screening and treating

2) **KIGASA CDC ON 13TH APRIL, 2019**

Number of children: 132 Females: 70 Males: 62

Findings:

Out of the 132 children, 52 had teeth free of dental caries and normal gums.

1.	Grand total of decayed teeth:	167
2.	Total Number of missing teeth due to mutilation	0
3.	Total Number of missing teeth due to extraction:	30
4.	Fractured teeth	0
5.	Children with overcrowded teeth:	1
6.	Children with marginal gingivitis:	18
7.	Children with fluorosis	0
8.	Total number of originally filled teeth	36

Treatment:

Total number of grossly decayed teeth that were extracted:	57
Children with marginal gingivitis that received scaling and polishing:	18
Children with cavities, dental caries that were filled:	107

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3) KIJJABWEMI CDC ON 27TH APRIL AND 11TH MAY, 2019

Number of children: 155 Females: 88 Males: 67

Findings:

Out of the 155 children Screened,67 had teeth free of dental caries and normal gums.

1.	Grand total of decayed teeth:	173
2.	Total Number of missing teeth due to mutilation	0
3.	Fractured teeth	1
4.	Children with overcrowded teeth	5
5.	Children with marginal gingivitis	24
6.	Children with fluorosis	2

Treatment:

Total number of grossly decayed teeth that were extracted:	61
Children with marginal gingivitis that received scaling and polishing:	24
Cavities and dental caries that were filled:	112

Oral Hygiene talks to pupils before screening and treating

4) KIRINDA CDC ON 25TH MAY, 2019

Number of children: 161 Females: 88 Males: 73

Findings:

Out of the 161 children, 67 had teeth free of dental caries and normal gums.

1. Grand total of decayed teeth: 110
2. Total Number of missing teeth due to mutilation 0
3. Total Number of missing teeth due to extraction: 39
4. Fractured teeth 1
5. Children with overcrowded teeth: 4
6. Children with marginal gingivitis: 45
7. Children with fluorosis 2

Treatment:

Total number of grossly decayed teeth that were extracted: 25
Children with marginal gingivitis that received scaling and polishing: 45.
Cavities for children with dental caries that were filled: 85

Oral Hygiene talks to pupils and guardians of Kirinda before screening and treating

5) LUTI CDC ON 1ST JUNE 2019

Number of children: 175 Females: 90 Males: 85

Findings:

Out of the 175 children 95 had teeth free of dental caries and normal gum.

1.	Grand total of decayed teeth:	119
2.	Total Number of missing teeth due to mutilation	6
3.	Children with Filled teeth	14
4.	Children with missing teeth due to extraction:	14
5.	Fractured teeth	0
6.	Children with overcrowded teeth	2
7.	Children with marginal gingivitis	13
8.	Children with fluorosis	11

Treatment:

Total number of grossly decayed teeth that were extracted:	42
Children with marginal gingivitis that received scaling and polishing:	13
Permanent dentition with dental caries that were filled:	77

Dental talks to parents and guardians. Emphasis on the importance of monitoring and helping their children to follow and observe oral hygiene. Parents and guardians also receive treatment.

6) LWETAMU CDC ON 15TH JUNE, 2019

Number of Children: 147 Females: 81 Males: 66

Findings:

Out of the 147 children, 101 had teeth free of dental caries and normal gums.

1. Grand total of decayed teeth: 95
2. Total Number of missing teeth due to mutilation 4
3. Filled teeth 5
4. Total Number of missing teeth due to extraction: 12
5. Fractured teeth 1
6. Children with overcrowded teeth 1
7. Children with marginal gingivitis 34
8. Children with fluorosis 1

Treatment:

Total number of grossly decayed teeth that were extracted: 47
Children with marginal gingivitis that received scaling and polishing: 34
Cavities for children with dental caries that were filled: 48



Dental talks to parents and guardians on dangers of oral mutilation of the neo-natal teeth.

7) SUUBI LYABAANA CDC ON 22TH /29 TH JUNE,AND 6 TH JULY, 2019

Number of children: 167 Females: 98 Males: 69

Findings:

Out of the 167 children, 70 had teeth free of dental caries and normal gums.

1.	Grand total of decayed teeth:	150
2.	Total Number of missing teeth due to mutilation	0
3.	Children with filled teeth	48
4.	Children with missing teeth due to extraction:	34
5.	Fractured teeth	0
6.	Children with overcrowded teeth:	3
7.	Children with marginal gingivitis:	50
8.	Children with fluorosis	0

Treatment:

Total number of grossly decayed teeth that were extracted:	28
Children with marginal gingivitis that received scaling and polishing:	50
Cavities for children with dental caries that were filled:	152

Oral Hygiene talks to pupils and guardians before screening and treating. This was one of the projects we had to go back three times because of the pupils and parents/guardians population.

GENERAL OBSERVATIONS

During Screening and Interaction with the children and Parents/Guardians, it was found out that:

1. The obvious causes for the high prevalence of Marginal Gingivitis were due to poor brushing techniques.
2. Some children lacked toothbrushes and tooth pastes. They were using chewed sticks from the bush, and with no guidance from parents on how to use those chewed sticks.
3. The children who had a chance to get toothbrushes were using them for a very long time (some over a year) instead of the recommended period of three months. .
4. There were a big number of children with missing milk canines due to oral mutilation of the neo-natal teeth. This was because of the local cultural belief, due to ignorance, that they (neo-natal teeth) are false teeth that could cause death to the children.
5. The big number of Teeth that needed extraction was due to delayed shedding. So if there was no immediate intervention this could eventually have lead to overcrowding and mal-aligned teeth, which could be very expensive or impossible to correct.

GENERAL RECOMMENDATIONS

With reference to the foregoing general observations, it was agreed upon that MATA DENTAL CLINIC should continue as follows:

1. Periodic oral hygiene talks for sensitization should be more emphasized and regularly conducted to both the children and their parents/guardians.
2. Reintroduce and apply media communication, like radio talks, audios and video clips/movies for reminder and awareness to schools and homes.
3. Social media (Facebook, Whatsapp, Tweeter …) could also be considered as a channel for oral hygiene sensitization, since many parents and guardians frequently visit them.
4. Consider Printing oral hygiene training flyers and posters/charts to distribute to the community, schools and homes as means of pictorial and graphic visual aids.
5. Dental screening at least twice a year should be continued.
6. Regular scaling and polishing.
7. Curative and restorative treatment should be continued.
8. The children should be issued with tooth brushes and toothpastes at school every beginning of the academic term.
9. The outreach program should continue to be conducted at the schools or project sites:
    a) To eliminate the social inconveniences and environmental commotion caused by the children as they wait for their turns to be treated.
    b) To minimize the costs of transporting these children to MATA DENTAL CLINIC premises for dental treatment.

SOME TESTIMONIES AND ACNOWLEDGEMENT

1. Mata Dental Clinic is equipped with a mobile dental system (including transport, and generator,) for outreach programs since 2006.
2. The community has benefitted tremendously from the home based clinic: MATA DENTAL CLINIC.
3. The schools and NGO children's projects have wonderful testimonies about the benefits.
4. The ICD Fellowship supportive encouragement and HENRY SCHEINNE donation boosted the works of MATA DETAL OUTREACH and HOME CLINICS. On a monthly average we have been able to reach and treat more patients because of the availability of the badly needed material and equipment. This time no patient that came for treatment was sent away untreated due to any missing medicine.

CHALLENGES AND PROPOSED SOLUTIONS

1. **Missionaries And Volunteers**

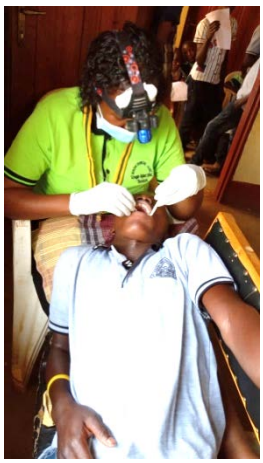
   As mentioned at the beginning of this report, Greater Masaka region has nine districts, *(see map)* with an average *(estimated)* population of about one million. Right now MATA DENTAL CLINIC can only handle a very small percentage of patients from this population, with the assumption that not all of them have dental problems. Obviously several hospitals and health centers within Greater Masaka Districts do offer dental services to the best of their ability "in several ways." However, there is a degree of remarkable inadequacy due to lack of facilities, drugs, and dental personnel.

   I hereby request the ICD Fellowship to consider sending volunteers/missionaries to Uganda to work with us in periodic bigger dental camps, and occasional extended stay with us in Masaka. We still desire to reach more patients.

2. **Portable/Fordable Dental Chairs**

   Though we have most of the needed stuff in our mobile dental clinic *(transport, generator, one zero box, forceps. Equipment, and some drugs …)* for our outreach programs, we urgently need five fordable and portable dental chairs, *(we do not have any as of now,)* As may be observed we either use classroom chairs or make patients lie on our laps when treating. This makes our patients uncomfortable, besides retarding our operating speed and efficiency.

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Portable Folding Dental Chair Cuspidor Tray Mobile Equipment Lyc9601-2

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4. **Portable Dental Units**

Sometimes during our outreaches, the number of patients is so big that we can't work on them all in a day. This necessitates returning another day instead of going to another project. We therefore need three more portable Dental units. (*We only have one)*

Children waiting for their turn to see the dentists for screening or treatment.

DU893 Portable Dental Unit CE FDA Approved

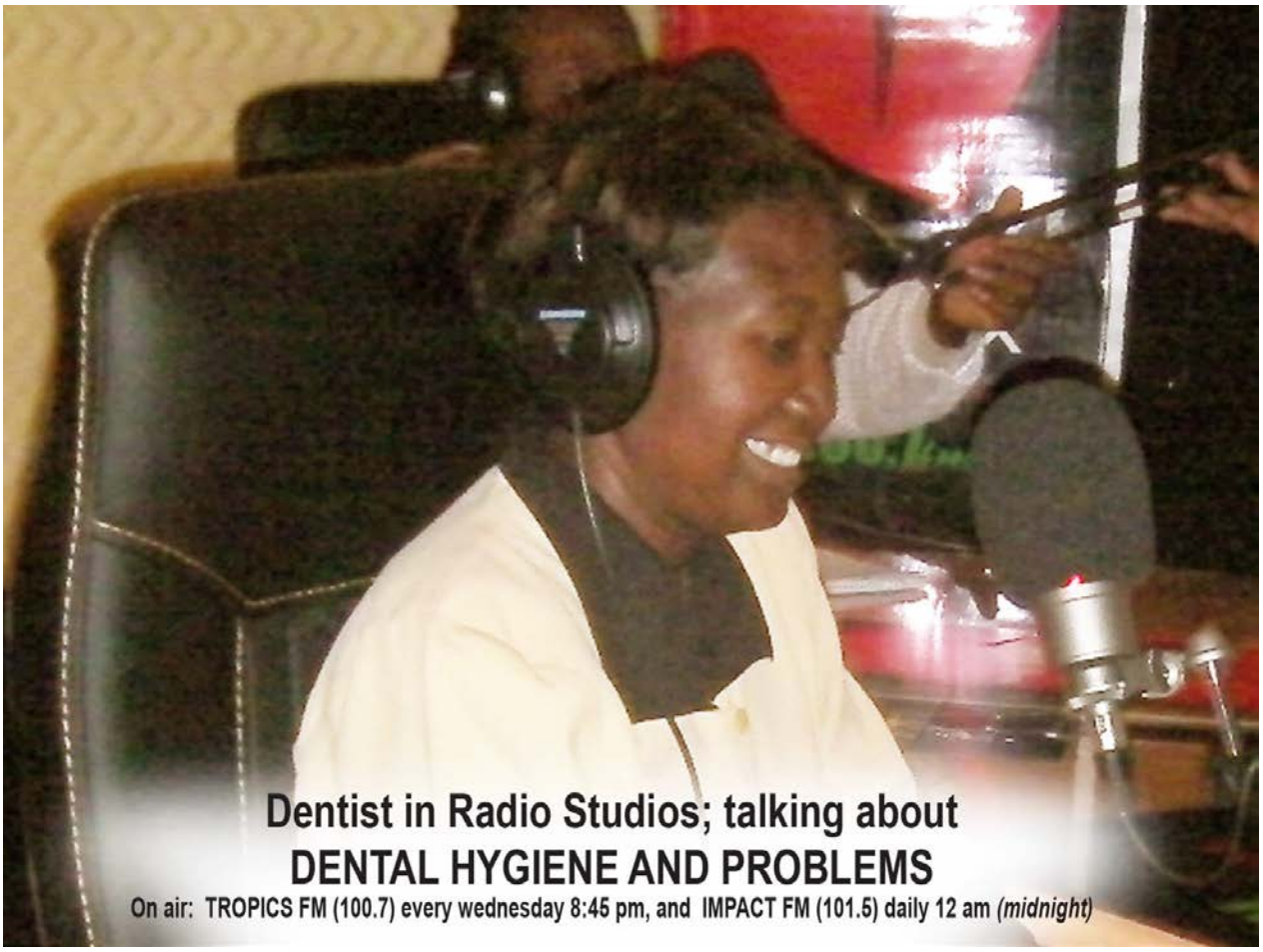
5. **Day-light Overhead Projector**
   During oral hygiene talks and trainings, we waste a lot of time drawing pictures on black boards, paper flip charts, or fabrics to make pupils understand well. We can prepare all the relevant training aids well in advance on POWER POINT SLIDES. This way we will save on time and also make the talks more lively and easily taken in by the recipients. Sometimes we have educative movies or video clips about dental care. WE NEED A DAY LIGHT OVER-HEAD PROJECTOR.

Drawing pictures on black board for visual aids,

Drawing pictures on paper flipcharts or fabric for visual aids

6. **Radio Programs.**

MATA DENTAL CLINIC once used to sponsor and give oral hygiene talks on radio. The public's response and benefits were very remarkable. May I request to consider the possibility of reviving this radio program?



CONCLUSION AND ACKNOWLEDGEMENTS.

We are very thankful to God for making us instrumental in the journey of solving dental problems within our community. There is a remarkable transformation as indicated by the testimonies from our clients. Some of the schools and NGOs whose children now live a better life are renewing their contracts with MATA DENTAL CLINIC, while others are signing up for the their children's dental welfare services. The impact is further pronounced by the new invitations and calls to extend our services beyond.

We hereby take this opportunity to acknowledge the following:

1. Dr. Chris Jagger and the SALCET team for their unreserved support and encouragement to us. The degree of all the achievements and success mentioned above has been due to their standing with us; most especially in the acquisition of quality and reliable drugs and supplies.

2. HENRY SCHEIN for the grant forwarded to us. We are definitely treating more patients because of the availability of the supplies. Their products are very reliable, dependable, and user-friendly.

3. ICD for accepting me as a FELLOW. This opened up a new chapter in my life just as I was almost despairing. I saw very many patients suffering with dental problems but could only reach a few. I always felt hurt as I had to send away, or refer some patients to where they could never get any help. Now I no longer send them away. My outreach programs have been supportively enriched. I feel more equipped.

4. Also and again thanks to ICD for considering and recognizing my forwarded two nominees for their becoming ICD Fellows. I believe this fellowship team in Greater Masaka will make a difference.

This is how far God has brought us. EBENEZER. The journey is still long, but will be fruitful.

Eroni Jjunju Nalukanga
FICD

P/S: I will send our photographs separately in different mail as you advised me to.