

Nepal Dental Project. RAWCS Project Number 158/2005-06

Report on the Dental Team Visit 27 April - 8 May 2013

Dental Volunteers

Karuna Khatri (Brisbane), dentist
Henry Wong (Brisbane), dentist
Henry Tramer (Melbourne), dentist
Beck Welch (Melbourne), dental assistant
Monika Alston (Melbourne), assistant
Sandra Meihubers (Sydney), dentist

The volunteers came to know about this project via the Volunteer Projects page on the Federal Australian Dental Association's web page.

They were very patient with completing all the requirements to register as RAWCS volunteers, and the first time we met together as a team was in Kathmandu on 27 April. We were briefed on the project schedule by Bishnu Shrestha and Jaya Mangal Baidya from our partner organisation Community Health Development Society (CHDS) Nepal.

We moved to Dhulikhel where we were based apart from 2 nights in Chautara.

Dental Camps

Dental camps, using the portable dental equipment belonging to CHDS, were delivered at Bhattedande village (1 day), Dandagaun village (2 days) and Deurali Kubinde village (Chautara, 2 days). Bhattedande and Dandagaun are two of the villages participating in the village sanitation ("teeth and toilets") project which is also coordinated by CHDS. There are ongoing school based dental programs including school based daily toothbrushing, at the 2 schools attended by the children from these villages. Schools were just resuming after their annual break so we were not able to see the toothbrushing in action.



Bhattedande: setting up. (Pic Henry Wong)



Dental camp, Dandagaun

Note: Dambar, a volunteer from Dandagaun village, was concerned about security and safety of the dental equipment left overnight at the hall in Dandagaun. He brought in some mates and they slept overnight on the dental chairs. Total security!!



Dambar and Reshup (volunteer and bus assistant/son of bus owner) help to unload

The Australian team worked with CHDS team and we extend our thanks to Gita Shrestha, Renu Thapa, Punam Kayastha and Sabita Shrestha, as well as Bishnu and Jaya Mangal. Special mention must be given to Kumar, the bus driver who, apart from being an incredibly safe driver, amused us with his humour and then impressed us with his capacity to participate in the dental camp activities.



Bishnu with one of the toothbrush storage racks at Shree Kali Devi school, Dandagaun

Mr Dinesh Singh arrived at Chautara with about 35 kids and program volunteers - from an orphanage he supports nearby. (Dinesh used to work at ADRA, where we met nearly 10 years ago). All were examined and given treatment accordingly. The majority of the people treated at the camps were from the villages, both near and far. Some people walked for more than a day to reach the Chautara camp.



Chautara dental camp

Volunteers brought purchased and donated supplies with them from Australia, and we are truly thankful for their generosity, and the generosity of the donors such as dental supply companies.



Dental team at Chautara

Services Provided

The table below summarises the numbers and types of dental services provided:

Attendances		Totals
Females	Males	
314	244	558
Services provided		
Scaling		64
Fillings		324
Extractions		212
Medicine		26
Oral hygiene advice, and referrals		160
Total services provided		786

The numbers of extractions at Chautara were proportionately greater, due to a greater lack of services in this region.



Henry T being assisted by Kumar

Training for Local Health Staff

During the Chautara dental camp, the CHDS team invited a local health worker Ms Hom Kumari Adhikari, an auxiliary nurse midwife (ANM), to participate and observe, thus improving her knowledge in areas such as screening, recognition of dental disease, post operative dental care, dealing with post-op complications such as dry socket and bleeding, use of medicines, and appropriate oral health advice for clients.

The Australian team provided updated knowledge about dental materials, techniques for composite resin fillings, dental xray techniques and processing of radiographs (this was done at CHDS's fixed clinic in Banepa), and improved dental chairside assisting procedures. The CHDS team is most grateful to the Australian team for this support.



Xray training at CHDS clinic



Recording and cataloguing donated supplies

Accommodation and Transport

CHDS once again was brilliant in organising local transport (Kumar and the big bus, smaller vehicles as needed, and transporting volunteers to Kathmandu on the different departure days), and ensuring all was fine with accommodation. Dhulikhel Lodge Resort provided the usual high standards of comfort and hospitality. Accommodation at Chautara was a little “challenging”, but represented the reality of standards of local accommodation compared with accommodation geared to international travellers.



Issues

The Australian team considered more time/days could have been spent on dental camps, and in outreach areas. The CHDS team will take this into consideration for future planning, allowing for time taken to travel to rural/remote areas, accommodation challenges, and costs.

There was discussion about increasing the numbers of dental units ("drills" units) so that three operators could work fully during camps. This is also being followed up by Australian volunteers and the CHDS team. On the basis of team discussions CHDS will also work on improving instrument and materials availability/turnover during camps eg working with a second autoclave, sorting and storing dental treatment and finishing burs.

The Future Plan

The CHDS team has articulated the following:

The targeted remote areas population lives in poverty and the farming is the major source of income generation in the region. Due to poor economic condition and having many day to day issues in their lives, the dental health is not given priority. The rugged hilly terrain of this district is making difficulty in transportation and hence limiting the provision to access good health services. Therefore, the poor and remote communities are left behind from the modern dental health service or they have to travel far distance seeking the services, and due to comparatively unaffordable fees and the quality of services, the poor cannot access these good quality dental health services. Therefore, the people has to believe on traditional healers or stay with pain or travel long distances to receive dental services and spend a days to have treatment done. This is causing more costs for the people.

Observing the above facts and the needs of the dental health care in the targeted districts, it is understandable to have more frequent dental camps at this region to help the underprivileged people and provide good quality dental care services "at their doorsteps". Therefore CHDS Nepal hopes to have six to eight teams in a year and serve the people in need at different remote area of targeted areas and we hope and request all the volunteer members in helping to build up the team for near future program. Thank you all.

Acknowledgments

Once again this project was made more productive due to the support of individuals and companies and great thanks and gratitude are extended to GC Australia (Stephen and Angela, you know who you are!), David Arelette at My Compounder Pharmacy, Oral-B, Amalgadent, Henry Schein Regional, Dentavision, and Colgate.



Dental team, driver and assistants, Chautara volunteers and community reps. Thank you all!!!

Thanks are given to members of both the Australian and Nepali teams for their hard work, humour, humanity, generosity, intelligence, cooperative spirit, dancing and much more.

Namaste and Laso!!

Sandra Meihubers, Team Leader
Rotary Club of Dee Why Warringah
August 2013