
**Improving Access to Oral Healthcare, Education and Promotion among
Underserved Population in Six Districts, Mwanza - Tanzania:
“A Comprehensive Approach”**

**PROJECT IMPLEMENTATION QUARTERLY REPORT
(JANUARY – MARCH 2025)**

March 2025



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EXECUTIVE SUMMARY

The report presents the implementation of phase II of oral health training and outreach program in Misungwi district, as part of a comprehensive project aimed at improving access to oral healthcare, education, and promotion among the underserved population in Mwanza, Tanzania. The core goal of the project is to enhance coverage and access to oral healthcare with focus on promotion of both demand and supply sides of the oral health care services.

On January 21-22, 2025, Phase II of oral health training was conducted in Misungwi district's Usagara and Misugwi divisions, benefiting 12 Ward Education Officers, 71 primary school Head Teachers, 142 Health Teachers, 33 Health Facility in-charges, 32 Reproductive Child Health clinics in-charges, and 102 Community Health Workers (CHWs). The trainees were trained and facilitated to go and cascade the imparted knowledge and skills to school children, pregnant mothers attending RCH clinics and the general community. Some of the trainees like Ward Education Coordinators and Health Facility in-charges were trained to provide supportive supervisory roles in schools, Health facility and in the community.

Oral health outreach program was implemented from 10 – 21 of February 2025 targeting 3 wards; Mbarika, Busongo and Shilalo. The 3 wards comprise a total of 13 villages (5) Mbarika, (3) Busongo and (5) Shilalo. The program was sited at Mbarika and Busongo health centers with a duration of 5 days in each center. Prior the actual days of the implementation, registration of all patients experiencing oral health conditions conducted in all 13 villages through Community Health Workers (CHWs); whereas a total of 1,312 patients were registered. In parallel; oral health screening was also conducted among primary school children in 12 primary schools located at Mbarika, Busongo and Shilalo wards and a total of 1,190 school children were screened among them 738 (62%) observed with oral health conditions.

The actual implementation of the oral health outreach program reveled the increased number of patients as compared to those registered prior the program. A total of 1,499 patients were registered during the program as compared to 1,312. In general, a total of 1,871 adults and children were registered during the actual implementation of the program and among them 1,739 were treated accordingly.

The outreach program aimed to provide free OH services and conduct on-the-job training for Dental Therapists (DTs), with five training priority areas pre-identified by the MoH and TDA and the project. The priority areas include the root canal treatment for single rooted teeth, incision and drainage of simple dental abscess, fabrication of removable partial dentures using cold cure of one to two units, taking and interpretation of periapical dental x ray, and behavior management of children during oral health treatment. A total of 7 DTs from (1) Buchosa, (1) Sengerema, (2) Magu, (2) Kwimba and (1) Misungwi district councils were successfully attended and trained for 10 days.

Prior the implementation of the outreach program; the project also renovated the dental clinic building and facilitated the installation of a newly complete dental chair at Mbarika health center.

1.0 INTRODUCTION

1.1 Background of the project

The project aims to enhance coverage and access to quality oral healthcare services in six rural district councils in the Mwanza region, Tanzania. Initially, the project is implemented in Misungwi district council to pilot a comprehensive oral health promotion approach from Jan 2024 to Dec 2026. The core project focus is to address supply-side and demand-side factors, hence increase the coverage and access through outreach programs and advocating for local health systems to plan and budget for sustainable oral health services. On the demand side, the project centered to promote knowledge and encourage positive oral health behaviors through school-based oral health promotion and engaging Community Health Workers. Thus, the training of the community owned resource persons aimed to impart relevant oral health knowledge and skills to conduct oral health promotion to target audiences (school children and community at large). On supply side, the project focuses on improving and delivering of quality oral health services in a sustainable manner. Thus; the project conducted outreach programs to increase access to oral health services to underserved population and train Dental Therapists from the local health facilities. Further; the project renovated the dental clinic building and facilitated the fitting of a newly complete dental unit at Mbarika health center. The 2 activities were organized and implemented by THEDI with funding from B2A and Colgate Tanzania.

1.2 Project Objectives addressed by the implemented activities

Specifically, the oral health training among community owned resource persons and the outreach program aims to address the following project objectives;

1. Improve oral health knowledge to 80% among schoolchildren in the project district councils hence to promote positive oral health hygiene behavior and practice by end of 2026.
2. Improve knowledge on preventive care for tooth decay and periodontal conditions to 80% among communities in the project district councils by end of 2026.
3. Increase coverage and access to oral healthcare services to 60% among communities in the project district councils through outreach programs by end of 2026.
4. Advocate sustainable means for the district councils to increase dental units at the local health facilities to at least 25% by end of 2026.

1.3 Project Expected Outcomes

Successful implementation of the 2 project activities will lead the achievement of the following outcomes:

Outcome 1: Increased coverage and accessibility of oral healthcare services.

Outcome 2: Improved positive oral health behavior and practices.

Outcome 3: Increased health seeking behavior for dental care services.

Outcome 4: Decreased prevalence of dental caries and periodontal disease.

Outcome 5: Increased dental care clinics at the existing local health system.

2.0 PRELIMINARY ACTIVITIES

2.1 Logistic Assessment and Micro Planning

Prior engagement of both oral health training and outreach program, THEDI in collaboration with partners engaged in logistic assessment to acquire essential information for a successful planning and implementation of the planned activities. THEDI and Misungwi DC developed a logistic assessment plan and micro planning process. The plan outlined the expected outcomes, methodology, and responsible person to ensure the efficiency and comprehensiveness.

The logistic assessment involved identification of the required data that can be sourced from available archives. Potential data included number and name of geographies, targeted schools for training and screening activities. Further, the team conducted a field visit assessment to explore information that could support the planning of the oral health training and outreach program. The team also assessed Mbarika and Busongo health centers to reveal their capacity to host a February oral health outreach campaign and DT training program. It was found that the designated buildings did not meet minimum standards for accommodating oral health services. A Bill of Quantities was created, and a local contractor was selected to undertake renovation works at the centers with B2A funding. Table below presents the expected outcomes and responsibilities of the logistic assessment

Table 1: Logistic Assessment Expected Outcome

Item	Expected Outcome	Responsible Person
1.	Supervision of renovation work at Mbarika and Busongo HC	Dr. John Nyorobi
2.	Search for standby generators	Dr. John Nyorobi
3.	List of training venues and other conference services	Dr. Gordian Kikompolisi
4.	Installation of dental chair at Mbarika Health Center	Dr. John Nyorobi
5.	Informing the DED and District engineer on renovation works	Dr. John Nyorobi
6.	List of potential vendors to share with procurement team	Gaudence Rutta
7.	Repair water system in selected rooms for outreach program	Medical officer in-charge
8.	List of schools, villages and training participants and contacts	Mr. Lucian Malungo
9.	List of accommodation location and lodges for field team	Gaudence Rutta

2.2 Identified Gaps During Logistic Assessment

The logistic assessment informed the team the existing structural shortcomings that may affect a successful implementation of the planned oral health outreach program in February 2025. The gaps vary from shortage of enough rooms to site the dental clinics both Mbarika and Busongo health centers as well as lack of running water and washing chamber in the sterilization room at Busongo. The table below details the observed gaps and mitigation measures.

Table 2: Gaps and Recommended Remedial Measures

Item	Gap	Recommended Remedial Measure	Responsible Person
1	Lack of space for installation of dental unit at Mbarika HC	Rehabilitation of unused dilapidated building	THEDI/B2A
2	Uninstalled dental chair required to support OH outreach services and later sustaining services at Mbarika HC	Installation of the dental chair prior staging OH outreach campaign	Misungwi District Council
3	Lack of adequate space for OH outreach at Busongo	Rehabilitation of dilapidated male ward to accommodate OH outreach at Busongo HC	THEDI/B2A
3.	Lack of water supply and washing chamber in the sterilization room at Busongo	Installation of water supply and washing sink in the sterilization room	THEDI/B2A
4	Lack of adequate accommodation rooms for OH outreach staff at Mbarika and Busongo areas	Securing accommodation at Nhundulu and Misasi to accommodate some staff	THEDI

2.3 Partners Micro Planning Meetings

Numerous meetings were conducted between THEDI and potential partners including Misungwi DC, B2A and Colgate Tanzania as part of micro planning towards the implementation of the oral health outreach program. These meetings discussed progress of the preparatory activities, proposed budgets, implementation plans and the roles of various actors. It was in these meetings that B2A agreed to support 100% of the oral health training budgets and 88.4% of the outreach budget and 11.6% was covered by Colgate Tanzania. Further B2A agreed to mobilize volunteers (dentists and nurses) from UK who will support the implementation of the outreach and training of the dental therapist.

THEDI and Misungwi DC were tasked to shoulder all ground preparations like communication with local authorities and soliciting local permits, rehabilitation of outreach centers, and procurement of materials and services essential for training and outreach services.

In January 2025, a meeting discussed the Marburg virus outbreak in the Kagera region, particularly in Biharamulo district, which is near the project area in Mwanza. Concerns were raised about volunteers and UK B2A staff's failure to participate in the outreach campaign. The decision was based on Tanzanian policy, which allowed for other activities despite the Marburg situation. Further consultations with government partners were also conducted.

2.4 Official Communication and Approvals

Organization of the oral health training and outreach program involves the soliciting of endorsement for various authorities at national, regional and district. This ensures significant support including provision of clearance for all potential key actor to full participate. THEDI received a letter from the MoH instructing the regional and district authorities to successfully support the implementation of the project's planned activities. Since this was the second training and outreach program, the region was informed by a letter from THEDI on the two activities to be conducted in January and February 2025 highlighting the key staffs from the districts councils who will be part of the implementation team. The aim was to secure their permission to participate in the program from the Regional Administrative Secretary (RAS). The RAS then wrote a letter to respective District Councils instructing the employees to allow them take part in the two important programs.

2.5 Procurement

2.5.1 Dental Equipment

The successful implementation of oral healthcare outreach programs requires the assurance of all potential dental equipment, supplies, and supporting services. In February 2025, the project conducted local procurement of various dental equipment and supplies, ensuring successful program implementation.

2.5.2 Dental Consumable Materials

Dental consumables are essential for an oral health outreach program, aiding infection control and worker health. They include PPE, dental materials, impression materials, and dental supplies like lignocaine and syringes. See the quantification, received, and closing stock are available at the end of the outreach program encompassed to this report as annex 1.

2.5.3 Supportive Services

Other procurement includes supportive services like training venues and other conference package, refreshments, transportation, tents, chairs and tables, and PA system for effective oral health education during the program.

2.6 MCT Registration

The Medical Council of Tanganyika (MCT) in Tanzania manages ethical codes of conduct and eligibility for medical and dental professionals. They offer permanent and temporary registrations for staff, and foreigners must upload necessary certificates. THEDI successfully facilitated payment of the registration fees for UK dentist volunteers, but the final stage of printing certificates was halted due to Marburg disease threats. The PTL contacted the registrar to freeze printing of certificates for temporary registration until next round.

2.7 Community Mobilization

Prior the implementation of the outreach program, the project conducted community mobilization through CHWs and school screening to inform them on the forthcoming oral health services at their locality. The catchment area of the outreach program were 3 wards of Mbarika, Busongo and Shilalo. Community mobilization was initiated from the District Executive Directors through the Ward Executive Officers, Village Executive Officers and health facilities in charges. At lower-level communities were reached through CHWs who received printed posters for the community. The poster designed to inform the communities on the oral health outreach dates, venue and treatment package. The needy patients were invited to register through CHW in order to inform the project on the anticipated work load and get prepared accordingly. The announcements were channeled through CHWs and primary school health teachers including the worship houses, secondary school, village officers, shopping center and other public prominent places. CHWs were given a task of mobilizing their respective villages 3 days prior to the appointment of their villages for treatment.

2.8 Recruitment of Local Dentists and Dental Therapists

This was done in close consultation with Regional Administrative Secretary Office, District authorities and individuals who were invited for implementation of the outreach campaign. The below table presents the list of the local dentists invited to support training of the DTs and implementation of the outreach program to cover the gap of the UK volunteers who did come due to Marburg outbreak.

Table 3: List of Local Dentists Support Outreach Program

No.	Name	Qualification	Working Place
1.	Dr. Julius Nyang'ombe	DDS, OMFS	Bugando Medical Center
2.	Dr. Christian Michael	DDS	Meru District Council
3.	Dr. Robert Kabika	DDS	Kamanga Zonal Referral Hospital
4.	Dr. Christina Boniphace	DDS	Mwalimu Nyerere Memorial Hospital
5.	Dr. David Matoke	DDS	Igoma Mwanza
6.	Dr. Seleman Ndoloma	DDS	Simiyu Regional Referral Hospital
7.	Dr. Gordian Kikompolisi	DDS	THEDI/ CHICCO Specialized Dental Clinic

4.0 IMPLEMENTATION OF PLANNED ACTIVITIES

4.1 Phase II Oral Health Training

On January 21-22, 2025, Phase II of oral health training was conducted in Misungwi district's Usagara and Misungwi divisions. Participants of the training included Ward Education Officers, primary school Head Teachers, Health Teachers, Health Facility in-charges, Reproductive Child Health clinics in-charges, and Community Health Workers. The trainees were trained to impart knowledge and skills to school children, pregnant mothers attending RCH clinics, and the general community, with some providing supportive supervisory roles. Usagara and Misungwi oral health trainings were conducted at Macwish College of Health and Allied Sciences and Gwambina Village respectively. The training utilized projectors for power point presentations, handouts, posters, and fliers with oral health education messages. Pre and post-tests training were administered to reveal participant's oral health knowledge prior and after the training.

Other training aid like mouth models and tooth brushes were used by facilitators to demonstrate proper tooth brushing techniques. Participants formed group discussions selected one of them to present a discussed matter. Individuals were selected to demonstrated tooth brushing in front of others. Teachers and CHWs were given oral health IEC materials at the end of the training to be posted at their schools and respective villages to convey key oral health messages to supplement interpersonal oral heal promotion. Table 4 below illustrates training participants for both school and community based.

Table 4: Coverage of Phase II of Oral Health Training Misungwi District

Participants	Usagara Division	Misungwi Division	Total
Ward Education Coordinators	6	6	12
Head Teachers	34	37	71
Health Teachers	68	74	142
Total	108	117	225
Community Health Workers	45	57	102
Health Facility In charges	16	17	33
RCH In charges	16	16	32
Total	77	90	167

4.2 Oral Health Outreach Program

Oral health outreach program was implemented from 10 – 21 of February 2025 targeting 3 wards; Mbarika, Busongo and Shilalo. The 3 wards comprise a total of 13 villages (5) Mbarika, (3) Busongo and (5) Shilalo. The program was sited at Mbarika and Busongo health centers with a duration of 5 days in each center. Prior the actual days of the implementation, registration of all patients experiencing oral health conditions conducted in all 13 villages through Community Health Workers; whereas a total of 1,312 patients were registered. In parallel; oral health screening was also conducted among school children in 12 primary schools located at Mbarika, Busongo and Shilalo wards and a total of 1,190 school children were screened among them 738 observed with oral health conditions.

The actual implementation of the oral health outreach program revealed the increased number of patients as compared to those registered prior the program. A total of 1,499 patients were registered during the program as compared to 1,312. In general, a total of 1,871 adults and children were registered during the actual implementation of the program and among them 1,739 were treated accordingly.

4.2.1 Factors for Successful Implementation of OH Outreach Program

The successful implementation of the oral health outreach program hinged on the availability of the three "M" namely; money, materials, and manpower.

Money: The outreach program received funding from B2A and Colgate Palmolive, involving procurement of dental consumables and supplies for screening in schools and oral health outreach program. Some of the expenses for week one was funded by Colgate, while week two was fully funded by B2A.

Materials: The successful implementation of the outreach program was possible as all required dental equipment and other materials were available. These include the portable dental chairs, compressors, examination instruments, extraction instructions, scaling instruments, endodontic instruments, filling instruments, PPEs, and dental consumables.

Manpower: The outreach and Dental Therapists (DTs) training program requires a large number of dental professionals, including dental nurses, DTs, and dentists. This time trainers for DTs were conducted by the local dentists as the UK dentists did feature in the program. A total of 7 dentists, 6 being DDS and 1 specialist in Oral and Maxillofacial Surgery. The training program also included seven (7) DTs who also contributed much in treatment of many patients who showed up. The manpower was allocated into three groups: treatment, screening, logistics, sterilization, and OHE. The plans allowed all components to work in required standards and achieve the expected objectives.

4.2.2 Official Launching

The event was officiated by Mwanza RMO at Mbarika Health Center and it was covered by various media for publicity and awareness to the community. Involved media included ITV, ZBC, and Tumaini TV and branded with the event banner, roll-up banners from THEDI/B2A and Colgate. Colgate had intended to color the events by issuing Colgate T-Shirt to all Dental Therapist, dentist and invited guests. This was not made possible due to delayed arrival of the T – shirts.

4.2.3 Mobilization of Equipment and Setup of Dental Clinics

The oral health outreach involved three days mobilizing of all dental equipment and consumable materials from the THEDI's office in Mwanza and transporting it to Mbarika health center in Misungwi District. After five days, of the first week of outreach program, at Mbarika, all materials and equipment were moved to Busongo Health Center in another Misungwi ward for the next 5 days of outreach program. After five days, decontamination of the materials and equipment were done and demobilized back to the Mwanza THEDI office and Misungwi District Health Hospital, including the dental chair. The hired boxboard vehicle was used to ensure safe movement of the equipment and consumable dental materials. The setup of the dental clinics was done based on procedures, including endodontic, denture, ART, and emergency or extraction clinics.

The endodontic clinic: provided training for DTs on root canal treatment for single-rooted teeth, with all necessary items supplied and daily rotation of DTs. The DTs were also mentored on taking and interpreting periapical dental X rays to guide them in doing root canal treatment. Dr. Robert Kabika (DDS) was allocated in the endodontic clinic and assigned root canal treatment training roles to Dental Therapists.

The ART clinic: provided materials for filling, with ART being the main procedure. Extractions were also performed, Dr. Christina Boniphace (DDS) was allocated here and assigned roles to train DTs on Atraumatic Restorative Treatment (ART) and other simple fillings using composite and GIC. Dental therapists rotated daily in the ART clinic to make sure everyone gets training on ART and simple fillings.

Extraction/Emergence clinic: the clinics were provided with all necessary instruments for and all patients that fit for extraction were referred here. In this room, patients with small dental abscesses were managed by a specialist in oral and maxillofacial surgery where DTs were given chance to observe and assist while learning new treatment skills. Dr. Julius Nyang'ombe a specialist in Oral and Maxillofacial Surgery was allocated here. Since this time around many patients showed up, Dr. Christian Michael and Dr. David Matoke (DDS) were also allocated in the dental emergency clinic to help cut the queue of patients that came.

Denture clinic: the clinic provided training to dental therapists on impression taking, partial denture fabrication, and fitting, with the lab providing advanced dental technology.

4.2.4 Team Allocation

The team consisted of one local dentist (DDS) one or two dental therapists. A daily roster was prepared to ensure each DT received targeted skills, ensuring rotation in clinics they had not rotated. Dental therapists had to change teams daily, such as DT "A" shifting to another clinic if they were in an Endodontic clinic. One Colgate representative took part in oral health education and assisted doctors to enter screened patients' data into the system (mobile phone).

Screening and treatment: Screening in schools was done one week prior to the launch of the outreach program and the team consisted of a dentist/DTTHEDI supporting staff who entered screening data into the phone and three district officials two from health department and one from education department, these mobilized children into queues listed those screened and wrote parents' consent forms.

A dedicated endodontic treatment room was provided, with patients screened and found fit for RCT being referred to this room from other treatment rooms using special referral forms. Other rooms were used for tooth extraction, ART, and normal fillings, with daily changes to ensure all necessary skills are acquired.

Patial Denture: There was a room dedicated for fabrication of removable partial dentures and a dental laboratory for denture works. A local dentist (Dr. Seleman Ndoloma) provided training on impression taking and fitting, while dental laboratory technologists taught other steps.

Sterilization team: Comprised of THEDI technical staff in sterilization, two hired nurses dealing with sterilization from Mbarika HC formed a team responsible for sterilization. They collected contaminated items from treatment rooms, sent them to the sterilization room for decontamination and sterilization, and ensured each room had sufficient equipment for the procedures, both during and after the day.

Oral Health Education Team: consisting of staff from Colgate, CHW coordinator and DTs, ensured all attendees received Oral Health Education (OHE) and treated patients received free toothpaste and brush. Q&A sessions were used to ensure effective participation among communities during oral health education.

Logistic team: consisting of THEDI and district staff, they handled allocation of patients to respective clinics, transportation of staff to and from the hotels, staff refreshments, and material usage, ensuring stock out prevention through stock taking and supervised usage to ensure efficient treatment.

Registration and patients' allocation: Prior the actual oral health outreach program, THEDI ensured people with oral health conditions were registered through village CHWs and informed about screening and treatment schedules. After their arrival at the health facility, communities were reregistered based on available dental clinics and allocated accordingly. THEDI collaborated with CHWs to ensure proper patient numbering and flow.

4.2.5 Dental Therapists Training

Consultative meetings with the Ministry of Health and the Tanzania Dental Association (TDA) were held to align proposed oral health outreach and capacity building training with government guidelines. A survey was conducted to identify knowledge gaps among DTs, leading to the MoH recommending five training priorities; namely the root canal treatment for single rooted teeth, fabricating removable partial dentures for one to two units, taking periapical x-rays and interpret them, performing incision and drainage of small dental abscesses, ARTs and behavioral management in children.

Each DT was provided with an observation and feedback form where scores were assigned based on observed DT's performance. Scores ranged from 1 to 4 where lower score meant needed extra training and support and high scores meant performance to the required standard. The training sessions involved watching local dentists perform a procedure, then allowing DTs to perform the same procedure under supervision. The scores were then recorded on the feedback forms. Daily debriefing meetings provided DTs with clarification and feedback on training sessions. After the training, DTs were able to perform root canals treatments for single rooted teeth, fabricate removable partial dentures, interpret dental x-rays, perform ARTs on molars, incision and drainage of small dental abscesses, and composite fillings on anterior teeth.

Table 5: List of Dental Therapist Trained

No	Name	Sex	Email-Address	District Council
1	Samson Norbert Chavala	M	samsonchavala12@gmail.coms	Kwimba
2	Jackline M Simbeye	F	jamisi1985@gmail.com	Misungwi
3	Martin A. Ntilakigwa	M	martiniatanasi@gmail.com	Magu
4	Eliya Richard Mzimya	M	erich0092@gmail.com	Buchosa
5	Nyembela C. Lubano	M	nyembelalubano4@gmail.com	Kwimba
6	Sebastian J. Maliyatabu	M	sebastianmaliyatabu1994@gmail.com	Sengerema
7	Gregory K. Pantaleo	M	pantaleogregory@gmail.com	Magu

4.2.6 Closure of the Day

Teams held daily debriefing meetings, chaired by the Project Technical Lead, to discuss success stories, lessons learned, challenges, and ways to mitigate them. Participants were encouraged to share their experiences, especially with juniors (DTs). Issues related to stock outs and training modalities were addressed, ensuring smooth implementation in the next day.

5.0 DATA COLLECTION

5.1 On Desk Daily Patients Registration

On Daily basis and as per the schedule, patients were registered to facilitate the flow and allocation based on the treatment rooms available. Registration was handled by THEDI in collaboration with CHWs of respective villages. Tables below show daily patients registered and received treatment at both Mbarika and Busongo outreach centers. The difference between patients registered and those that received treatment was due to the following:

- Some of the patients registered and did not show up while called up for treatment
- Some of the patients aimed to get full denture which was out of the project scope

The table below presents patients registered and treated during the outreach program for each health center

Table 6: Registered and Treated Patients during Oral Health Outreach Program – Mbarika Health Center

Ward	Village	Patients Registered prior the program	Patients Registered during the program	Patients Treated during the program	Primary School	Schoolchildren Screened	Schoolchildren observed with OH Conditions	Schoolchildren Treated during the program	Total patients Registered during the program	Total patients Treated during the program	% of patients treated	% of Schoolchildren treated
Mbarika	Igence	80	125	111	Igence	125	101	42	167	153	91.6	41.6
	Lutalutale	97	116	115	Lutalutale	89	48	28	144	143	99.3	58.3
	Ngaya	95	177	137	Kibula	133	66	47	224	184	82.1	71.2
	Bugisha	57	159	138	Bugisha	100	81	44	203	182	89.7	54.3
	Mbarika	54	106	101	Nyabuhele	102	84	34	140	135	96.4	40.5
					Mbarika	115	94	25	25	25	100.0	26.6
Total		383	683	602		664	474	220	903	822	91.0	46.4

Table 6: Registered and Treated Patients during Oral Health Outreach Program – Busongo Health Center

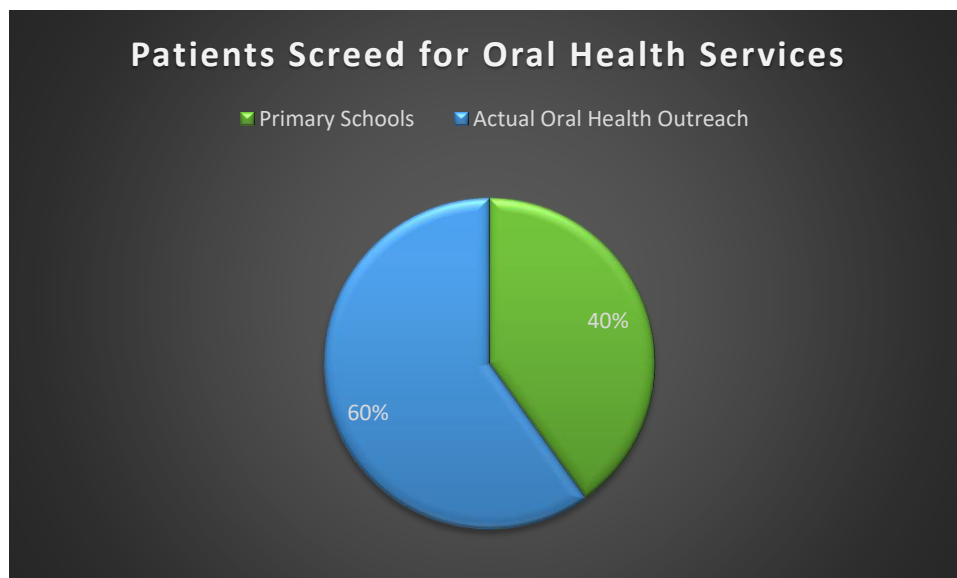
Ward	Village	Patients Registered prior the program	Patients Registered during the program	Patients Treated during the program	Primary School	Schoolchildren Screened	Schoolchildren observed with OH Conditions	Schoolchildren Treated during the program	Total patients Registered during the program	Total patients Treated during the program	% of patients treated	% of Schoolchildren treated
Shilalo	Ng'obo	294	180	163	Kisesa	105	52	33	213	196	92.0	63.5
	Mwamboku	137	165	163	Mwamboku	117	51	62	227	225	99.1	121.6
	Shilalo	80	58	57		0	0	0	58	57	98.3	0.0
	Nyashitanda	80	91	90	Nyashitanda	80	35	11	102	101	99.0	31.4
	Ikungumhulu	30	118	105		0	0	0	118	105	89.0	0.0
Busongo	Nyambiti	153	100	86	Nyambiti	83	53	31	131	117	89.3	58.5
	Kifune	45	60	57	Kifune	56	21	8	68	65	95.6	38.1
	Busongo	110	44	44	Buhungukila	85	52	7	51	51	100.0	13.5
Total		929	816	765		526	264	152	968	917	94.7	57.6

5.2 Oral Health Screening and Treatment

To ensure proper records, the project developed standardized screening form embarked into Kobo Collect Data Kit. The screening form was utilized to evaluate an individual's oral health and identify potential dental conditions that may necessitate professional intervention. The developed screening form is a comprehensive assessment checklist which comprises of demographic information, extraoral and intraoral examination, and treatment plan. Prior the actual implementation of the oral health outreach, the project conducted oral health screening to school children in 12 primary schools. The second phase of screening was conducted on spot during the oral health outreach.

According to the data captured through mobile screen form, a total of 2,412 patients were screened, of them 1,381 and 1,031 were female and male respectively. A total of 968 (40%) school children were screened a week before the outreach program and 1,444 (60%) patients screened during the actual implementation of the outreach program. The program managed to treat a total of 1,739 (92.9%) out of 1,871 patients who turned up for treatment during outreach program. A total of 449 patients screened were observed with no any dental conditions hence advised to continue practicing oral health hygiene and visit the dentists for checkups at least twice a year accordingly.

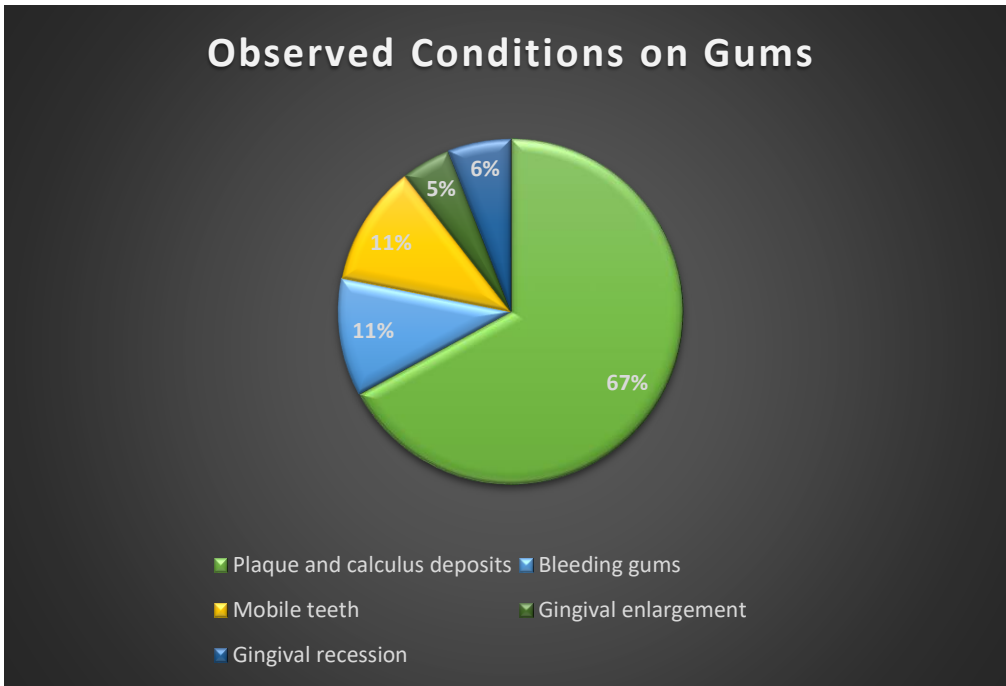
Figure 1: Proportional of Patients Scred during Outreach



5.3 Observed Gums Conditions

Out of 2412 of patients screened during the primary schools and actual outreach program, 1317 (54.6%) observed with various gum conditions. Majority (67%) of the patients found with plaque and calculus deposits followed by 11.1% and 11.3% bleeding gums and mobile teeth respectively. Other gum conditions noticed were gingival enlargement, and gingival recession (see figure below).

Figure 2: Proportional of Observed Gums Conditions



5.4 Treatment Offered

Treatment offered during the outreach program were focused on extractions for decayed teeth, scaling and root planning for patients with gross calculus, teeth filling by root canal and (ART), partial denture (2 to 3 teeth), oral health education accompanied by proper brushing instructions and referral for high specialized dental care services for further management. Majority of the patients were observed with multiple oral health conditions. The figure below shows that, extraction was the major procedure done to 1,464 (51%) patients most of them with root remnants. Teeth filling and health education comprises 447 (15%) and 449 (15%) patients respectively. A total of 282 (10%) of the clients benefited from removable partial dentures and 238 (8%) from scaling and root planning/polishing. About 1% of the patients were referred to the high-level dental care services for specialized treatment.

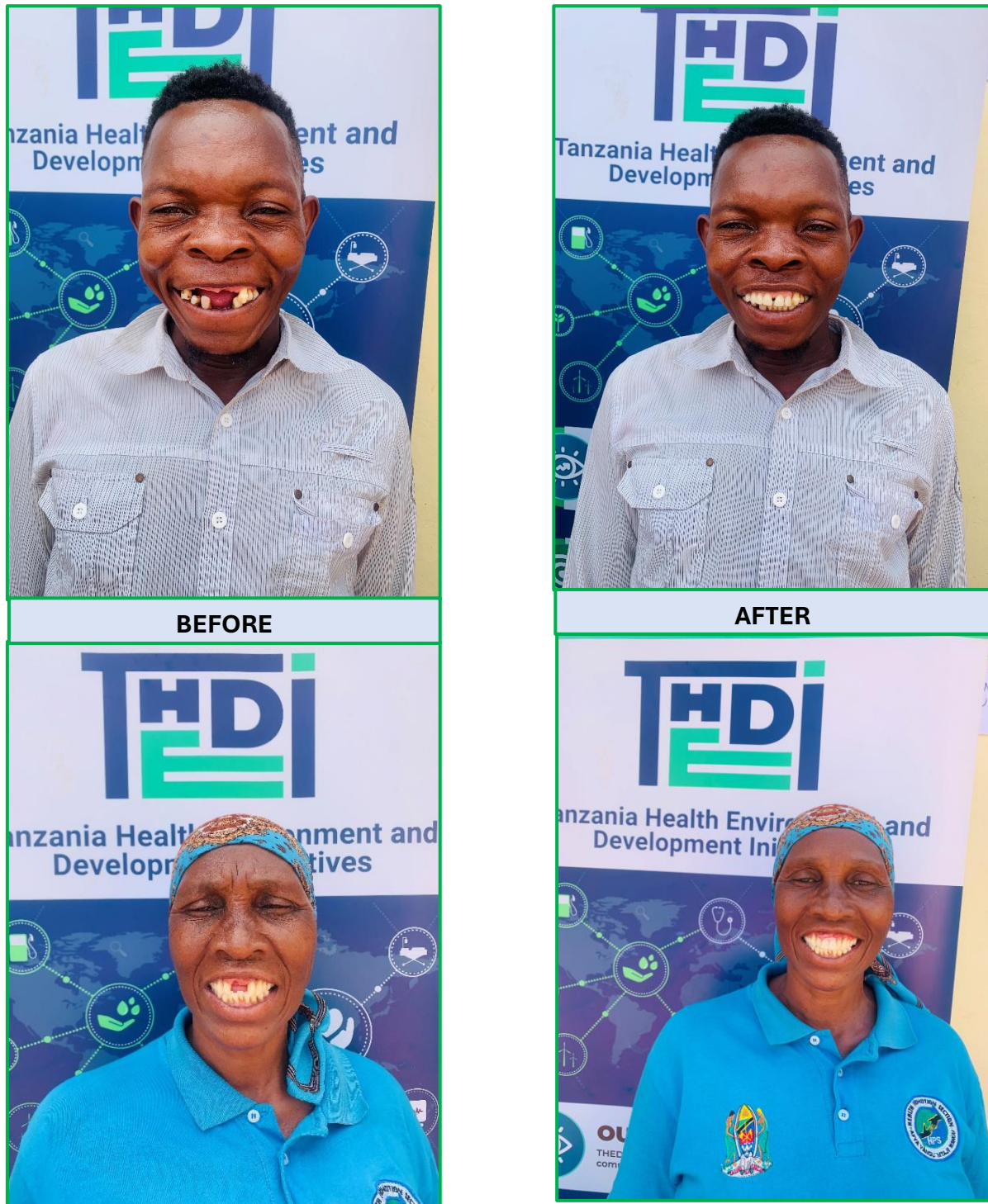
Figure 3: Proportional of Treatment offered during Outreach



5.5 Removable Partial Denture

Majority of the communities were in need of either removable partial or full denture. However, the program focus was to offer partial denture of two to three units to restore the lost smile, unfortunately most of the old age patients wanted full removable dentures. According to the data captured a total of 282 (10%) of patients were in need of different types of removable partial dentures, but only 198 (70.2%) of them benefited from removable partial denture 1 – 3 units corresponding to a total of 617 teeth units

Figure 3: Restored Smile After Patial Denture



6.0 DEMOBILIZATION PROCEDURES

Demobilization during oral health outreach campaign was undertaken twice, after the first week of 10 -14 February 2025 and after the second week which came to an end on 21stFeb2025.

The two events, demobilization involved the following:

- Cleaning and sterilization of dental instruments.
- Disposal of both hazardous and nonhazardous waste accumulated during the service.
- Cleaning and decontamination of dental chair, buckets and other containers and waste water pipes.
- Counting, packing and labeling ready for transportation.
- Cleaning of working room and handing over borrowed facilities to health facility leadership.

6.1 Cleaning and Sterilization of Dental Instruments

The named instruments included all that were used for surgical procedures and restorative treatment. These were cleaned using soapy water and brushes, chlorine water and finally clean water. After cleaning they were sterilized 134°C for five to ten minutes. This ensured compliance to non-transportation of contaminated equipment.

6.2 Proper Disposal of Hazardous and Non-Hazardous Wastes

Hazardous wastes included, extracted teeth, all gauze and gloves, RCT reamers and files, syringes and needles used in oral surgical procedure, these were wrapped in red bin liners and subjected to incineration. Nonhazardous wastes included packaging materials like papers, used napkins, dental bibs to mention a few were equally incinerated.

6.3 Cleaning and Decontamination

The process covered working surfaces like dental chairs, bucket that were used to receive contaminated instruments. Dental chairs surfaces were cleaned using 70% alcohol recommended for decontamination. The dental chair pipes that were used to track waste effluent from the spittoon and suction tube were treated with sodium hypochlorite at the concentration of 10,000 ppm for 20 minutes. The same procedure was used to decontaminate buckets that were used to clean instruments and others that were receiving effluent from the spittoon and suction tubes. The buckets used for effluent water were decontaminated by using 2 tablets of chlorine that were left overnight before rinsing ready for demobilization.

6.4 Counting, Packing and Labeling

Counting was done to ensure all instruments and equipment that were mobilized for outreach services are accounted for also counting established the number of dental materials, medicines and consumables to plan for the next week. Packing was meant to safeguard instruments and equipment during transportation but also reducing the volume to the smallest possible size. Labeling was meant to assist easy tracing in case of next use.

6.5 Cleaning of Working Rooms and Handing Over to Health Facility Leadership

Demobilization ensured all rooms and areas that we used during the campaign were cleaned and handed over to the health facility in charge. All borrowed facilities like sterilizers, trays e.tc were handled back to the health facility authority in good working condition.

7.0 COMMEMORATION OF THE WORLD ORAL HEALTH DAY

As part of the project activities to improve the coverage and access to quality oral healthcare, THEDI and B2A marked the regional level commemoration of the 2025 World Oral Health Day (WOHD) sited at Misungwi district council, Misasi health center. The aim of commemorating the WOHD on 20th March every year is to empower people with the knowledge, tools and confidence to secure good oral health. The 2025 WOHD theme was “***A Happy Mouth is a Happy Mind***”.

The event was organized by THEDI and Misungwi DC by the support of B2A. The event was aimed to cover four villages of Misasi ward namely, Misasi, Inonelwa, Mwasagela and Manawa. The total population is estimated at 38,463. The core focus was to provide a comprehensive oral health education, tooth brushing instructions, screening of all people who showed up and treating those found with oral health conditions. The range of treatments centered on teeth filling, teeth extractions for hopelessly carious teeth and root canal treatments.

One week prior to the actual days of the event, community awareness campaign was conducted through official invitation letters which were sent to Ward Executive Officer (WEOs), Village Executive Officers (VEOs), Head of primary and secondary schools, and to all religious leaders within the catchment area. Further, one day prior the first day of the event, THEDI hired a vehicle which carried the PA system to create awareness to the whole of Misasi ward and nearby villages.

The key message conveyed to the community was to invite them for commemoration of the 2025 WOHD event. Also, they were informed that there will be free oral health care services including screening, treatment and where necessary referral to advanced oral health care services. In two days, the project registered a total of 245 clients that showed up, after screening, a total of 209 clients were found with different oral health conditions and received required treatment accordingly. Common oral health conditions seen were dental caries and periodontal conditions. Oral health services were jointly provided by experts from THEDI, B2A and Misungwi District council for the period of two days from 19 – 20 of March 2025.

For two days, community members received oral health education from an experienced Oral Health Educator from Misungwi District council. Among of the key issues conveyed to the community included the types and function of various teeth, various oral health diseases, causes of oral health diseases, plastic teeth myth, oral health hygiene, teeth brushing and importance of fluoride, healthy diet favorable for oral health and examples of food stuffs increasing the risk of dental caries.



The event was officiated by the Mwanza Regional Medical Officer (RMO) Dr. Jesca Leba, in her address remarks, she appreciated for considering Mwanza region for this important intervention which was not given priority in the past, she commented Misungwi DC for their commitment to support THEDI/B2A general improvement of oral health care services in the district.

Lastly, she promised to continue support THEDI/B2A in their move to attain their desired goals also urged the community to stop the bad beliefs such as plastic teeth and other related myths that have adverse oral health impacts. She also encouraged them to visit health centers to which are now equipped with new dental chairs and other dental equipment, the dental experts available will do dental checkup and those found with dental conditions will be treated professionally.

The photo below shows guest of honor with different stakeholders.



The event was branded by banners and T-shirts from THEDI and Colgate Palmolive Tanzania. Also, there was a media coverage from Independent Television (ITV) and Tumaini TV.



A photo on top showing oral health treatment provision during WOHD.

8.0 CONCLUSION AND RECOMMENDATIONS

The February 2025 outreach was planned and organized capitalizing on 2024 experience and is evaluated to be a better campaign. Pre community registration of clients and screening of school children ensured increased precision in determining requirements for the campaign (personnel, consumables etc). Despite increased precision, there were few unforeseen challenges stated hereunder;

- One month before the campaign, the government of Tanzania and WHO announced the outbreak of Marburg virus in the Region of Kagera neighboring the Region of Mwanza where the campaign was implemented. This caused cancellation of travel to Tanzania by Dentists and Nurses from UK, no doubt this affected the training of DT and knowledge sharing which is one of the core objectives of the campaign
- Also, B2A team had planned to bring various elevators for teeth extraction which did not happen. We were obligated to source 20 elevators from the local market.
- Due to financial limitations the planned two mobile dental chairs were not procured and this led to continued improvising of office chairs for teeth extraction.
- Though we had registered clients from both the community and schools, there were additions from non-targeted villages and secondary schools, this overstretched our staff.
- Some of clients comes with multiple oral health problems (need for filling, multiple extractions, scaling, denture etc) in most cases we are able to address one problem leaving behind the rest. We need first to document this and show to government and other potential partners how big is the oral health problem. If the quarterly planned outreaches were possible follow up of unattended cases

RECOMENDATIONS

- **Procurement of extra dental equipment:** There are some equipment and instruments that will need to be added based on the past experience (We need more two mobile dental chairs, 10 head torch, quality straight elevators etc).
- **Strengthening oral health education campaigns:** Based on what we encountered caries and periodontal diseases are rampant in the community, this does not blend well with the expansion of oral health services in the community. We need to strengthen oral health education in schools and in the community.
- **Organizing oral health outreach programs:** Trained DTs can be organized to provide outreach services in their catchment area, this can be supported by the government through DMO's office. For example, there are dental clinics at Nhundulu, Mbarika and Usagara health centers, but there are no DTs recruited.
- **Establishment of dental clinic at Busongo health center:** The program will continue to mitigate efforts for procurement and installation of dental unit at Busongo health center.

9.0 ACKNOWLEDGEMENT

THEDI and B2A, the implementing partners of the project, wish to register their acknowledgement and profound thanks to many people and institutions who facilitated the successful completion of the two activities in this report. The list would be too long to exhaust thus we mention few individuals and other in aggregated group. Special thanks to Dr. Baraka Nzobo from MOH department of dentistry for his diligent support and guidance. Dr. Silas Wambura (RDO) for Mwanza for various facilitation and solicitation of local approvals. Colgate Tanzania for their financial support. In a special way we extend our thanks to Tanzania Dentists who supported the implementation of the outreach and training of the DTs. The esteemed dentists are Dr. Julius Nyangombe, Dr. Christian Michael, Dr. Robert Kabika, Dr. Christina Boniphace, Dr. David Matoke and Dr. Selemani Ndoloma. Last but not least we appreciate the cooperation and support from the office of the Mwanza Regional Administrative Secretary and the office of the District Executive Director for Misungwi especially health and education departments.

10.0 APPENDICES

Annex 1: List of Dental Consumable Materials procured for Feb 2025 outreach program

ITEM	DESCRIPTION	QUANTITY	UNIT
1	Examination gloves	125	Box
2	Disposable mouth mirror	500	Pc
3	Face mask	10	Box
4	Aprons	1	Pack
5	Head caps	3	Pack
6	2 mls syringes	20	Box
7	Gauze	10	Roll
8	Lidocaine	100	Bottle
9	Adrenaline	50	Ampules
10	Spirit (5Lts)	5	Gallon
11	Stainless steel surgical dressing drum	4	Pc
12	Dental bibs (125 pcs)	28	Pack
13	Liquid soap 5L	5	Gallon
14	Normal saline	5	Bottle
15	10 liters buckets for IPC	5	Pc
16	Bin liners (Pack of 150 (50 Yellow, 50 Red, 50 Black)	150	Pc
17	Safety box	20	Pc
18	Bucket for hand washing with tap	2	Pc
19	Green color hospital clothing	6	Meter
20	Root canal sealant	1	Tube
21	Cheatle forceps	3	Pc
22	Hand Tissue/Soft Paper Napkins	38	Pack
23	Heavy duty gloves	3	Pairs
24	Saliva ejectors/Suction tips	1	Pack
25	Burs different size	5	Pack (10)
26	Stone plaster	6	Kg
27	Acrylic liquid (mls)	2	Bottle
28	Acrylic powder	1	Bottle(100g)
29	Acrylic teeth upper anterior sets	2	Box
30	Acrylic teeth lower anterior sets	2	Box
31	Acrylic teeth lower posterior sets	1	Box
32	Acrylic teeth upper posterior	1	Box
33	Impression bowl	4	Pc
34	Impression spatula	4	Pc
35	Acrylic trimming burs assorted	1	Pack
36	Pumice	2	Kg
37	Paracetamol tablets	120	Box/100
38	Amoxicillin capsules	195	Box/100
39	Sodium hypochlorite tables	1	Tin/250