

Constraints in delivering oral health services: Mara experience

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Mara region is not unique from other regions of Tanzania and hence the constraints around delivery of oral health services might be similar to what other regions experience. In line with the constraints, it is worth mentioning activities done in the region and achievements made. Besides the routine service provision, other activities included:

1. A campaign against "nylon teeth" myth

A situational analysis was done to estimate the magnitude nylon teeth myth in Mara region. Two districts of Musoma Urban and Rural were involved. It was found that more than 30% of the children who were under one year old had undergone "nylon" tooth extraction. Following this situational analysis, a campaign was launched with an aim of eradicating the myth.

The campaign involved key District leaders including the District Executive Officers, District Medical Officers and District Commissioners for all districts in the region. All these worked together with Medical and Dental personnel in respective districts. Booklets/posters/flipcharts discouraging this unhealthy practice were designed, printed and distributed to all health facilities within the region.

The "nylon" teeth topic was a topic to different training programs arranged for health workers including, Public Health Nurse – B, Mother and Child Health Aides and Village Health Workers.

2. School dental services

Screening and treatment of primary school children have been revived in Serengeti, Bunda, Tarime and Musoma Districts. This has been possible after including the activity in Comprehensive, Council Health Plans (CCHPs)

1. Participation of RDO/DDO's in CCHPs

In recent years, Dental activities are being included in CCHPs of all Districts. This has made life a lot easier to Regional Dental Officers (RDO) and District Dental Officers (DDOs) as far as planning is concerned. RDOs and DDOS are members of Regional Health

Management Teams (RHMT) and Council Health Management Teams (CHMT) respectively. Thus as they participate in the preparation of CCHPs, they also facilitate the inclusion of Dental activities in the plans.

2. Steam sterilization

It is encouraging that Steam sterilization using pressure cookers or autoclaves is now the sole method of sterilization in all districts. This has replaced the boiling method that was predominant in past.

3. Dental units

By the end of 2004 each district in Mara region had installed a new dental unit. To date, all of the units are in good functioning conditions.

4. Urgent dental Treatment (UDT)

The region has managed to increase UDT units from 11 to 13. The two units were placed at Musoma Urban District. UDT units add significantly to the coverage of the population with dental services. In Mara region health facilities equipped with UDT units cater for 10% of dental patients attended in a year.

Constrains

Besides these achievements, Mara region faces various constrains which hinder smooth delivery of oral health services. The constraints include:

Low morale among health personnel

Low morale among dental professionals is of sizable magnitude. Many factors attribute to this sequel including; irregular or lack of dental supplies, materials, and equipments. Making matters even more unpleasant, lack of promotions among dental personnel has been a very frustrating phenomenon. For instance the District Dental Officer for Serengeti, has not been promoted since he was employed in early 1990s. Likewise lack of continuing education has definitely caused knowledge decay with time. Recent advances in Dental science are obviously unheard of to most dental practitioners in Mara region. Lack of incentives also adds insult to injury, making Dentistry a job accepted because better options could not materialise. This

has prompted some dental personnel to strive and join other non-dental programs so as to boost their income. In this scenario of vicious cycle one wonders how dental services would be made better then.

Shortage of manpower

Mara region has insufficient dental personnel at all levels. Almost each district has only one dental personnel. "What happens when this very person is given other responsibilities falls sick or is on leave?" Definitely the community suffers.

Districts are encouraged to advertise for relevant vacancies, but even if advertisements are made sometimes there are no applicants.

Irregular availability of dental materials/supplies at COHU stores

Materials/equipments and supplies are not regularly available at COHU for ordering at a time the are required, neither is the region informed what is available at COHU at a given time. A new system of communication needs to be sorted out, so that consumers at every point in time are aware of what is in stock at COHU.

Poor conditions of dental buildings

Almost all dental buildings in the region were originally not designed to serve for provision of dental services. Therefore, most buildings have limited space and some have poor ventilation, and poor quality of floor. Although efforts are being made to have good buildings, the efforts are not bearing promising results.

Unfairness in prioritisation of dental activities in district CCHPs

Oral health being included in the package of

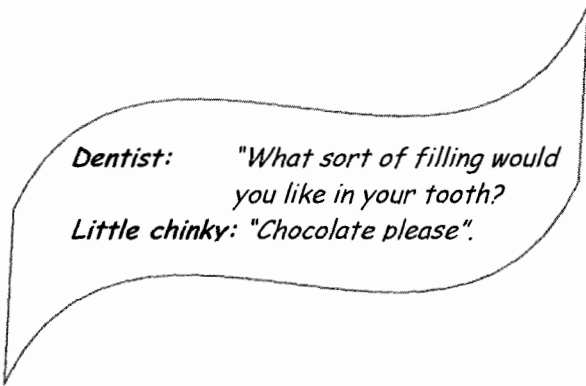
treatment and care of common diseases is often accorded a low priority as compared to other disciplines in most of the districts. DDOs are always encouraged to be proactive and all DMOs have been advised to look into possibilities of including oral health activities in other health packages for example community health promotion, disease prevention and non-communicable disease packages. Dental activities do not receive adequate funding as requested in the budget. Besides when all items are pulled together under the code of *other charges*, if the budget ceiling is exceeded, dental activities are the first to be slashed.

Limited oral health awareness among communities

Some communities in Mara region are still not aware of what to do when they get dental problems. Most people would start with local herbs and come to dental clinics when it is already too late. This can explain why tooth extractions predominates other treatment modalities. In view of this, training programs organized for non-dental personnel (Clinical Officers, Public Health Nurse B, Maternal and Child Health Aides), include a component of oral health. This is to enable these cadres to give dental health education to the people they are serving in the districts.

Conclusion

It can be concluded that much has been done in an attempt to improve oral Health services in Mara region. Nevertheless a number of constrains hinder smooth delivery of Dental services.



Dentist: "What sort of filling would you like in your tooth?"
Little chinky: "Chocolate please".