

TANZANIA DANIDA DENTAL HEALTH PROGRAMME PROGRESS IN PREVENTION

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INTRODUCTION:

The purpose of my presentation this morning is to inform you of the progress made by the Tanzania Danida Dental Health Programme in its preventive efforts since 1982. This is not a scientific paper, it is more an action report of activities going on in the country now. It is a follow-up of the paper presented by Dr. Mosha at last year's TDA Meeting, entitled, "Involvement of School Teachers and MCH Aides in Establishing Oral Health Care Programmes in Tanzania."

As you know, the Central Dental Unit, Ministry of Health and Danida are involved in many projects to develop oral health services in Tanzania. These projects include:

- the supply of dental units to regions.
- epidemiological surveys. The National Dental Health Survey has been completed and the data published.
- dental activities on Zanzibar are progressing, with the installation of 3 new units, and a school dental health service which is starting aided by a mobile dental van.
- over the past 2 years there have been a series of seminars in the continuing education programme for dental personnel in the field.
- the Dental Assistant School in Tanga is functioning, the Dental Assistant School in Mbeya will be opening very soon.
- Our preventive activities in the MCH system are firmly established.
- Our preventive activities in the primary school system with the Tanzania School Health Programme have been reactivated.

Three of these projects deal with prevention only and more specifically with dental health education of the population. These projects are the Tanzania School Health Programme, our work

with the MCH system and the continuing education of dental personnel to reorient them towards preventive dentistry and health education.

In our preventive efforts, the population we have selected to educate are children from birth to age 15, our target group. The strategies we have used to reach these children are to ask personnel in the MCH system and teachers in the primary school system, and dental personnel to become oral health educators.

This is a new task for these groups, has it been an effective strategy? Let us examine our approach to the MCH-System: First comes the identification of the target groups whose oral health we want to improve. One should then ask, what health worker has face-to-face frequent contact with these groups? MCH-Aides at MCH clinics see the same clients regularly and are fully involved in health education, giving 15 minutes sessions on a variety of health topics. They also carry out screening and health education at primary schools.

There are over 2000 MCH clinics in Tanzania, each staffed by over one or two aides. It is impossible task to give dental health education training to the aides who are currently dispersed all over the country working. We must concentrate on the Aides who are undergoing training now.

There are 16 MCH-ATraining Schools. A new dental health syllabus has been prepared for them. It includes correct information about oral cleanliness and sugar restriction, and it emphasizes effective teaching methods. It is in use at the 16 schools as of the 1984 teaching year. This syllabus

is an improvement over what existed prior to 1984 when the subject of dental health was not covered at all in these schools or very superficially, dwelling on anatomy and description of diseases. Furthermore, at 11 of 16 MCH-A Schools, a dental professional is posted who can participate in this teaching. An evaluation was recently made of the new dental health syllabus at these schools, it showed that:

- in 6 schools, dental personnel had assisted in the teaching

- in all schools Principals suggested that some sort of field experience or practical exercise be included.
- dental health education kits were in place.

If a revised syllabus is taught at an institution, the teachers involved must be very familiar with it. All MCH-Aide School Teachers attended a seminar in June, 1983 with an update on dental health and teaching methodology. Many of them have attended subsequent seminars.

Let us now look at other lines of communication and training achievements in the MCH-system.

It is Public Health Nurses who are currently in training who become MCH-Aide School Teachers. In the 4 PHN Schools — DSM, Morogoro, Bagamoyo and Korogwe, this new syllabus was taught in 1984. Dental health education kits are in place in these schools.

Again, the PHN School Teachers have been familiarized with our programme and the new syllabus at a seminar in Arusha, June, 1983.

In summary, the signs of progress are:—

- teachers at the institutions have received training in methods of dental health education.
- the new syllabus has been approved and it is in use
- dental health education kits are in place
- at the ministerial level, our co-operation has been very good.

What about the existing MCH personnel in the field? To date, a series of seminars have been given for district, regional and zonal MCH Co-ordinators. In 1983, they were held in Dar es Salaam, Arusha, Tabora, Mwanza, Mbeya and Mtwara. In 1984, MCH Co-ordinators attended seminars in Same, Arusha, Mwanza, Mbeya, Morogoro and Tunduru. 85% of Co-ordinators have been exposed to our programme. Dental health education kits are distributed and are available at a district level.

The programme's immediate objectives have been met to initiate and increase teaching activities in dental health at all levels of the MCH system.

Where does our strategy become stuck in problems? Actually with the personnel currently in the field, the spread of the dental message often stops here with the MCH Co-ordinators at district level. We expect the MCH Co-ordinators to bring their aides together, train them in dental health education, so they can pass this message on to the target group. This is the goal of all our efforts the extent to which MCH aides are teaching the mothers and children.

This is definitely the point where dental personnel in the field must be active, initiating and supervising such programmes at district level. It is impossible to do so from the Central Dental Unit.

What are the programme's future plans with regard to the MCH System?

- to develop a monitoring system whereby the MCH Aide reports dental health education activities to the District MCH Co-ordinator.
- integration of the Child's oral health record form into the MCH card. MCH Co-ordinators have said that this form is simple to fill out. They considered it to be an important part of a child's health record to be formally included:
 - development of flip-charts for use in the MCH clinics
- distribution of the new Handbooks.

Let us turn to the Tanzania School Health Programme.

The Tanzania School Health Programme has started up activities again after a long delay. It currently must be regarded as two independent projects, still under the Ministry of Health.

One project, funded by USAID is operating in Dodoma and Singida only. The other project, funded by Ministry of Health is underway in Coast, Dar es Salaam and Morogoro regions. It will expand on a small but steady scale to more regions as funds become available. Our collaboration with both of these projects has continued in the form of workshops for teachers and the distribution of dental health education kits. A seminar was conducted for 18 school teachers (who are school health co-ordinators) in Kilosa,

by Dr. Masha. Another seminar was conducted in Bagamoyo for 20 school teachers by Dr. Mushendwa — Assistant Dental Officer — Coast Region and by Mr. James Malugu, Dental Assistant, Bagamoyo.

It is our intention that instead of Central Dental Unit/Danida, local dental personnel should conduct these seminars because they have better possibility of follow-up in the districts. This was the case in Bagamoyo where the ADO and DA were involved.

The TSHP in Dodoma and Singida has been reactivated, its goals are to build health rooms, latrines and water systems for 80 target schools. Teachers will get a fundamental training in primary health education. A series of 13 health posters are being produced for these schools — 2 of these posters have an oral health message.

In May or June, 1985, a series of seminars for teachers will take place in Dodoma, Mpwapwa, Kondoa, Manyoni, Singida and Iramba. The local dental personnel in these areas will be called upon to assist in teaching and to distribute dental health education kits to the schools.

The primary school teachers currently in the field all over Tanzania need to be retrained in dental health education, however, this is too big a job. It is only possible in the areas where TSHP is operating now and those district or regional centres where dental personnel are posted. The best strategy is to reach teachers currently being trained by revising the health curriculum at the level of the Teachers Training Colleges. We

have plans to do this and update the school health curriculum.

The signs of progress are :

- reactivation of this programme in 5 regions
- seminars for teachers in Kilosa and Bagamoyo were held
- dental health education kits are available for distribution

The only obstacle is that our progress is tied to the slow implementation of these parent programmes.

Plans for the future include the following :

- implementation of our programme in 80 schools in Dodoma, Singida
- implementation of the programme in 20 schools in Morogoro, Coast and Dar es Salaam regions. We will follow the national expansion as it takes place slowly. The Ministry of Health or USAID informs us about where activities are planned in these 5 regions, and we, in turn contact local dental personnel and assist them in conducting seminars.
- revision of dental syllabus at T.T.C.
- distribution of new Handbooks.

This concludes an update on the status of Tanzania School Health Programme.

The third sector we need to examine regarding progress in prevention is the activities of the dental professionals themselves. As part of the continuing education programme, all dental assistants have attended a workshop on epidemiology, health education and planning of preventive programmes. They accepted this new role of health educator and resolved to :

- conduct simple surveys in schools.
- plan and implement preventive programmes in schools nearest to their dental clinics.
- conduct workshops for MCH Co-ordinators and aides at the district level, and at MCH-Aide Schools if nearby.

At a district level, let us make an assessment. Central Dental Unit has received plans for preventive programmes from 7 districts only, Moshi Rural, Njombe, Mbeya Municipal, Kilosa, Temeke, Same and Masasi. Either activities at a district level are progressing slowly, or you are not informing us about your plans and how you are implementing them, but you are requested to do so. We have plans for a follow-up seminar concerning the planning and implementation of preventive programmes at a district level.

All Assistant Dental Officers have attended at least one workshop on preventive and community dentistry, and another on regional planning of oral health services, including budgeting and

implementation. They were asked to submit plans for their regions, and so far, Central Dental Unit has received plans from 14 regions. There is still some work to be done and C.D.U., requests that you send in reports concerning the actual implementation of your preventive programmes. So far, in this presentation, we have concentrated on 3 programme areas: The MCH system, the TSHP, and the continuing education and resulting activities of the dental personnel.

Now where can we get involved in the future?

- the revision of the dental syllabus of Allied Health Personnel. There are other health cadres who can play a role in oral health promotion, for example, VHW, RMA, HA, Nurses, MA.

Some of these cadres are very much involved in health education, and could easily include health education in their teaching activities. Others are more involved with clinical care, but at least they could be made aware that dental health and dental care means more than extractions in the clinic. At any rate, the curricula of all these cadres of allied health personnel are outdated and need revision. The Tanzania Danida Dental Health Programme is currently involved in doing this, just as in the MCH system the dental health message can be spread:

- Integration with other programmes — EPI
A very effective programme in Tanzania which is mobilizing the MCH system to implement their project is EPI. It is our intention to their project is EPI. It is our intention to co-ordinate our efforts with EPI's in giving seminars for MCH aides at a district level. This is something we have not been able to do before.

- Make contact with the Tanzania Food and Nutrition Centre, here in Dar es Salaam. This agency has developed a Food and Nutrition Policy. This policy is under review. The Acting

Director of Medical Nutrition at this agency is willing to listen to the dental community on setting policy guidelines on sugar, just as there are policy guidelines for other foods in the Tanzania diet.

- Use of mass media. A programme on radio

Tanzania called *Siri ya Afya Bora* has already been aired. This is an on going programme which informs the public about different health topics — family planning, environmental health, communicable disease. This year for the first time, dental health will be included. We will have 8 sessions of 13 minutes each, covering a different topic in oral health, and it will have a preventive message. Be sure to listen to this programme, and it is likely to become a regular part of the series.

I can say that progress has been made in these preventive programmes, current strategies are sound, and there are some areas identified for more intensive activity in the future, the most important area is the role of you dental personnel in pushing this programme forward in your local areas. I want to thank you for the efforts many of you have made in your districts or regions in carrying out the aims of the Tanzania Danida Dental Health Programme.

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Girls who don't eat their lunch have legs like this: !!
Girls who ride horseback have legs like this: ()
Girls who get drunk have legs like this:) (
Girls who have good sense have legs like this: X

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A firm experimenting with an electronic brain designed to translate English into Russian fed into it the words: "The spirit is willing but the flesh is weak". The machine responded with a sentence in Russian which meant, a Linguist reported, "The Whisky is agreeable but the meat has gone bad".

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