



OWOS – September 14th-17th 2017

The Nyarugusu Refugee Camp Relief Campaign

DENTAL RELIEF ACTION IN UNHCR NYARUGUSU REFUGEE CAMP - KIGOMA -

Registered under Non/Governmental Organizations Act, 2002 with Registration n° I-NGO/00007520



SEPTEMBER 14TH - 17TH 2017



Plot 31 Kurasini road – P.O.Box 72376 - Dar Es Salaam, Tanzania





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Introduction : About One World One Smile

One World One Smile (OWOS) is an international non-profit organization founded in Dar es Salaam, Tanzania in late 2014. OWOS is devoted to increasing accessibility to dental health care and awareness of oral hygiene for communities without access to dental services across Tanzania. Oral hygiene and oral health care are particularly important in a country such as Tanzania where HIV/AIDS and diabetes are prevalent. Poor oral health is a major risk factor with both of these diseases because depleted immune system compromises an individual's ability to combat oral infection and escalates the severity of any health issue.

OWOS currently reaches its goals through the following interventions:

- Organizing dental camps and conduct check-ups and provide oral treatment for marginalized communities.
- Training on oral hygiene practices for adults and children.
- Resource mobilization.

OWOS final Mission statement is to implement the development of communities in remote areas around oral health centres building tandems [primary school=One World /oral health centre=One Smile] from which communities will develop with one common goal: to educate and allow these communities to grow through their member's education with the help of OWOS.

Our action: dental camp@Nyarugusu , why a refugee camp, why Nyarugusu?

The Nyarugusu camp, is located in the Kigoma region, Kasulu district, Tanzania. It was opened in November 1996 by the [UNHCR](#) (The United Nations High Commissioner for Refugees) and is now one of the largest refugee camps in the world. It was built to accommodate up to 50,000 refugees – it now holds an estimated 135,000 refugees – 51% Congolese, 48.2% Burundian, 0.1% Rwandan. It is located 50 km from the Burundi border and 150km from Lake Tanganyika, taking up around 1,200 hectares of land.



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The land is divided into 12 zones with 142 villages. It is one of three major refugee camps in the region along with Nduta and Mtendeli, cumulatively holding an estimated 300,000 refugees.

The Nyarugusu camp holds refugees who have fled from the violence and volatile security in their home countries, escaping human rights abuses.

The surrounding Kasulu district is predominantly occupied by the Waha ethnic group. The main economic activity is subsistence farming. Family size averages 7.3 people, the region of Kigoma being one of the poorest in the country. The 2012 census shows a rural Kasulu district population of 425,794.

One World One Smile with agreement of UNHCR and logistical support of [TRCS](#), has held a medical dental humanitarian action at Nyarugusu Refugee Camp from September 14th thru 17th 2017. The reason for OWOS to decide on this action is related to a combination of factors:

1. Oral health needs are currently unstipulated under UNHCR guidelines, and therefore there is no long-term dental care provision on the Nyarugusu site or any other camp in Tanzania for that matter, though extractions are performed by unspecialized nurses and doctors in cases of emergency. Some organizations have run temporary dental programs including the ADA in 2006, and the Health and Hope Foundation earlier this year. Also, a course in Emergency Dental Care and Health Promotion was developed by a team of American dentists and taught to camp health-care workers in past years. A site assessment in 2006 showed a desperate need for dental provisioning and a high level of untreated disease as refugees are not allowed to leave the camp except for an emergency. The Tanzanian Health Facility Registry (Facility Name – Nyarugusu Refugee Camp; Facility ID – 106809-7) shows only Emergency Dental Services provisioning under Oral Health Services.
2. OWOS is an I-NGO registered in Tanzania and aiming at providing oral health to underprivileged population in the country, regardless of age, gender, religion, or origin. It has been clearly brought to our attention that the oral health situation in the refugee camps was beyond anything acceptable to us as Doctors. **That awareness was confirmed and emphasized during our action in the camp as we will describe below.**

The OWOS team was composed of three dentists, one Tanzanian, one French and one Spaniard who had support of 2 dental assistants, and three other



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volunteers. Another 13 staff members brought in by TRCS gave our team a huge logistical and security support throughout the campaign. This allowed us to provide dental treatment services, in a well-organized, calm, secure and almost joyful environment to the numerous patients who responded to our offer.

OWOS' activities are still possible thanks to the continuous support of Twiga Cement, W&H Austria, The Karimjee Foundation, The Goat Races 2016, in providing financial help towards logistics and equipment, as well as Precision Air providing 4 members of our team with plane tickets to Kigoma.

One World One Smile team was aiming at treating 360 dental patients by modifying the screening method and patient referral mechanism, thus bringing the average of patients treated to 30/Doctor/day rather than our previous 20-23.

Activity

The medical dental camp was planned to be held for four days. Our auxiliary staff composed of 4 members left Dar Es Salaam 2 days prior to the scheduled beginning of the action by minivan with the equipment. Due to an unexpected delay of over 6 hours in our flight's departure from Dar Es Salaam the rest of the team's late arrival delayed considerably the beginning of the camp. In our opinion, this delay reduced the number of patients we were allowed to see on the first day by possibly 50. Nevertheless, the doctors were dedicated and committed and did not turn away a single patient until evening when, for security reasons, we were requested to leave the camp to avoid unexpected inconveniences during our daily trip back to our hotel in Kasulu, 90 minutes away from Nyarugusu.

The equipment and setup were dismantled on a daily basis by our team and put away in a secure area with the help of the unbelievable TRCS team, and we would set it back up every morning.

Screening was conducted in the outside waiting area by one Doctor and patients were then referred to the team for extractions or other treatments to be performed. In this

manner all discussions/" negotiations" were taken care of previously thus avoiding unnecessary loss of time by the treating Doctors. When multiple extractions were required the team tried by all means to finish them all in one go, to avoid having



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returning patients on the following days as well risking leaving patients with major diagnosed pathologies untreated.



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Sterilization was conducted following the principles of cold sterilization, with a team of 2 nurses and 2 separate timed cycles to allow for sterile instruments to be permanently available. No incidents were signaled during the process. Meals and water at the camp were provided for the whole team by TRCS staff during the total duration of our campaign.

Output: Dental Treatments Provided

Our three treating Doctors did interventions on 352 patients out of the 447 screened. Some of the screened patients had minor or no issues.

One was diagnosed with a Carcinoma (oral cancer) and referred to Muhimbili for further treatment, and one autistic kid presented an important abscess on her cheek and had to be referred for examination under general anesthesia as it could not be performed with intubation on site.

Most of the patients that were treated described having had pain for over a year time. Also, we ran into more than usual hygiene problems and patients complained about not being given tooth paste.

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Statistics of treatments provided:

Total Patients screened: 447 - Over 50 were left unattended on the last day
 Total patients treated: 352 – 248 Women / 104 Men (which is a normal ratio)
 Total extractions performed: 569 (average 1,66 extractions/patient)
 Youngest patient was 4 years old – Oldest patient was 96 years old.

Patients treated Nyarugusu						
AGE	0-15	15-20	20-30	30-45	45-60	>60
	45	26	74	76	71	60
GENDER	FEMALE	MALE				
	248	104				
Years in Refugee camp	<5	05-10	10-20	>20		
	141	46	47	138		
Country of Origin	BUR	RDC	TZ	other		
	122	219	5	6		



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Expenses for the Camp

Operations costs:

Transport staff/equipment	TZS 2 400 000
Accommodation & food road trip	TZS 344000
Project manager	TZS 1 795 640
T shirts (30u)	TZS 283 200
Staff payment (30K@/day)	TZS 600 000
In situ Hotel (Kasulu)	TZS 840 000
In situ food (dinner Kasulu)	TZS 391 000
Dr. C. flights (EU + local)	TZS 2 087 860
Meals Dar w/ volunteers	TZS 185 000
Transport within Dar	TZS 120 000
Fuel Generator	TZS 20 000
	TZS 9 066 700

\$4036



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Medical consumables cost:

\$1076,40

Total real Cost of camp \$5,112.58 – TZS 11,500,000

The real cost of camp would have been \$7.680 if the following expenses had not been sponsored:

- + Airfare from Dar to Kigoma for 4 staff members kindly sponsored by Precision Air
- + Hotel in Dar Es Salaam for 2 volunteers: total equivalent of 5 nights and breakfast kindly sponsored by Sea Cliff Hotel
- + Transport from Kigoma to Kasulu and return trip were kindly covered by TRCS

It should also be taken into consideration that one volunteer paid for his own international fare and therefore the NGO did not have to cover this expense.

Conclusions and Appreciation.

We believe that all parties concerned were highly impressed with the number of attendees present during the camp as patients and the level of services required. This type of humanitarian action fulfils a double purpose.



The first and main one is obviously treating patients that have no access to oral health care due to their social condition. Most of them have stated having been in pain for over a year and sometimes a lot more than that. Many of them have also confirmed having attended the medical services at the camp, but having been told that nothing could be done for pain relief except medicating them orally, thus allowing for dangerous dental infections to keep growing, sometimes leading to life threatening situations; 2 of these were encountered during this camp, both resulting in favorable treatments and therefore prognosis



The second and not least important in our opinion is creating awareness among all the parties involved in camps like Nyarugusu, Nduta, or Mtendi, of the huge need that exists in them. Although oral health conditions are not viewed by the general population as life-threatening conditions, poor oral health has been shown to be strongly



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associated with subsequent mortality. Poor oral health will undoubtedly affect the survival rate of an HIV or diabetic patient for example, since not only do these conditions affect their overall immune response, but a dental infection will deplete even more their immune system allowing for these diseases to take over control.

Unfortunately, actions with such a short duration can only offer slight and temporary relief when such broad populations are concerned.

The way dental pathology evolves is insidious and not always painful, thus turning it into a traitorous disease. Patients whose awareness is non-existent will only request treatment when pain is present, and pain is only present during acute phases. Then the symptoms change, pain disappears, and the pathology/infection can continue to evolve as a benign tumour would, destroying healthy tissues to expand and grow. Through these chronic phases, patients often don't feel anything and therefore do not consider they are in need of treatment. Even when we see them during the camps and try to make them aware of the dangers the situation presents, we have a rather hard time convincing them and having them accept treatment.

Therefore, in the same manner that it is OWOS' mission statement and long term goal to build and equip in specific remote areas of Tanzania Dental Care Units collaborating with other International NGO's to permanently have foreign volunteers offer oral care in them, we believe that it would make a huge difference if UNHCR considered stipulating Oral Health under its guidelines for the refugee camps in Tanzania. One World One Smile would offer to contribute to this major improvement in health services by setting up, supervising, coordinating and managing One Dental Care Unit in each camp, to cover Dental health services throughout the year. This project will be presented separately to UNHCR.



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One World One Smile would like to thank its sponsors the Karimjee Foundation and Twiga Cement for giving us support to cover our NGO's general operation costs, W&H Austria, for kindly donating to our NGO the electronic equipment to perform the required surgeries during the camps, Precision Air for giving us the wings throughout the year to fly to the most remote areas in the country, and The Goat Races 2016 for covering the whole of this camp's operation costs through their generous donation.

One World One Smile would also like to thank all the volunteers who put their life on hold to come to Nyarugusu and make a difference in the refugees' lives. Much gratitude is extended to the TRCS's Doctors present in Nyarugusu who contributed to make this action a success by taking time to facilitate and work with OWOS' team. Many thanks to all the nurses and auxiliary staff from TRCS who kept helping us with minor and not so minor tasks, and to the UNHCR team which kept making sure all our needs were met.

One World One Smile could not have done it without the support of everyone who contributed in one way or the other in making this camp the success it was, from the Doctors, to the patients and a team of 20+ people working restlessly to make this action one of OWOS' most unforgettable experiences yet.

Special thanks to:

1. Julius Kejo - TRCS Secretary General
2. Jane Chagie - TRCS Program Manager, Refugee Relief Operation, Kigoma
3. Florence Mshana - TRCS Health Coordinator, Nyarugusu
4. Herman Mbunda - TRCS Team Leader, Nyarugusu
5. Miata Tubee Johnson - UNHCR
5. Bridget Ramadhani - TRCS Logistics and Procurement Manager
6. Hilary Ngude - TRCS Director for Health Services
7. Daniel Humo – Patron at Nyarugusu



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Nashukuru Sana – Because no one should die of a tooth ache.



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