What We Do...

Love Support Unite empowers communities to become self-sufficient, with a leg-up rather than a hand-out.

We create self-sufficiency and food security through funding integrated community-based projects around education, nutrition, enterprise and healthcare. Working alongside African Vision Malawi, Mphatso Children's Foundation and Stepping Stones within Malawi.
Monthly Update

Each month we send a small update on each project so you can follow the benefits of our work, which are enabled with your support.

These usually reflect the previous month as data needs to be collected in Malawi and reports written using that data. The end of the year was quite busy in Malawi, and we’ve only received up until November. We’ll be spreading out the data we’ve received in our next few reports.

Please circulate our report with people who have supported your fundraising for us.
Malawi has a population of 19.5 million people and is currently being served by only 43 dentists, most of whom work in private practices in the cities, even though more than 80% of the population live in rural villages and have little disposable income.

Researchers have identified the oral health needs of the Malawian population during a 2014 Dental & Oral Health Survey, showing that 50% of school going children (6-9 years) and 78% of 12-17 year olds had tooth decay.
Background

Msyamboza et al. (2016) cites from authors that dental caries is a major oral health problem affecting 60–90% of school age children and the majority of adults. Although the disease level is relatively low in Africa compared to other continents, it is expected that the incidence will increase in many developing African countries because of growing consumption of sugar, inadequate exposure to fluorides and limited access to oral health services.

From the hospital data that exists, it suggests that oral health problems are the sixth commonest cause (after malaria, upper respiratory conditions, musculoskeletal pain, diarrhea and pneumonia) for outpatient department (OPD) attendance.
Introduction:

African Vision Malawi provides basic healthcare in the form of Mobile Outreach clinics and Disability Outreach clinics in the North West region of Lilongwe. In these outreach clinics, oral health care is not addressed.

In response to this, a dental volunteer project was carried out during 2016 -2019. However, due to Covid 19 pandemic, it was difficult for the volunteers to travel back to Malawi.

As such, for the past 2 years African Vision Malawi together with its partners, the Lilongwe District Health Office Dental Technicians offered Oral Health Care services to five primary schools in the catchment area.
Project Rational

The dental service project follows on from a volunteer project carried out during the period 2016 - 2019 when dental volunteers from the UK arrived in Malawi for a week at a time to provide dental treatment to school children between the ages of 6 -14 years in the same catchment area as intended in this project. Treatment included extractions, fillings, and scale and polishing.
Target group:

This target group was chosen because children living below the poverty level are more likely to have tooth decay than those in higher income areas because of poor nutrition and poor oral hygiene.

Secondly, children in low-income households have more untreated cavities and gum disease. This project widens the access of these services to the poor children. Dental Health services are not provided in the rural health centers.
Aim:

“Introduce oral hygiene education to children between the ages of 6-14yrs and provide access to dental treatment, as needed, across five schools in the catchment area in North West.”
Objectives:
To provide dental/oral hygiene sessions to the five names schools.

Activities include:

1. Health Education sessions on oral care.
2. Screening of our target group on standard 1, 2, 3 and 4 to identify treatment required.
3. Data entry.
5. Provision of tooth brushes to the children.
The dental project started with a briefing session for all the teachers from the participating schools a week before the actual implementation of the project.

15 teachers including the Head teachers participated in the exercise. Activities included: review of the project, review of dental triage, provision of our expectations from the participating schools, health education to the learners, assisting in controlling the children, sending messages to parents to get their consent and lastly the rationale of targeting young learners only and not adults.

We were expecting to see over 1500 school learners for a period of 5 days.
Dental Flow Model at the Primary Schools

Step 1
- Health Education (Facilitator: Mphatso Tembo)
- Preparation of the room/ set up of room and equipment

Step 2
- Screening of learners. (If no treatment is needed, the learner goes to another room to receive a tooth brush. If treatment is needed, the learner is goes for treatment)
- Analysis of learners needing and not needing treatment

Step 3
- Registration of students for treatments
- Goes in treatment room

Step 4
- Filling or Extraction. If not

Step 5
- Referral for further management
Monitoring & evaluation

The data shows the enrolment of learners in participating schools, total screened with fillings and extractions done per school in the project. From the data gathered over the two-year period, dental fillings were noted to be the commonest treatment recorded across all schools within this age group with tooth extraction following.
More evaluation

Looking at statistics for this year, 38.8% of total students were screened. This is an increase compared to last year, which was only 18.8%.

Based on this evidence, we feel that the increase has come about because we supported these same schools with prevention measures, where by the head teachers plus the teachers continued teaching the learners about oral hygiene. We will continue with the same approach so that learners are aware of the importance of oral hygiene hence reduce the rate of dental caries.
Successes:

- We were able to screen more children than our target of 1500 learners. A total of 1668 learners were screened.

- The resources were enough to provide the needed care to the learners.

- The support we get from our partners in UK is great. We were supported with 300 ampoules of dental lignocaine, without which, the project could not run.

- Our partners from the District Health Office were amazing. We worked hand with them without challenges.

- In all the primary schools the children were eagerly waiting for us and very cooperative.
Conclusion

The project was successful. Learners who could not afford to consult a dental technician were able to access free oral care, thanks to our international and local partners who made this project possible.

Moving forward we hope to continue to focus more on oral health education and hold more treatments. This is to impart knowledge to the learners of the importance of oral hygiene.
Special thanks and Funding

The project has been funded by Chhaya and Jayesh Patel, and their supporters. After working on the programme in Malawi, they have since raised funds to fund the dentists, the equipment, the fuel and make the dental outreach happen.

The ongoing support of the Malawi Projects, pays for our monthly medical outreaches. It ensures Emma our medical manager, is on hand to manage the programme to plan, and implement. It also ensures the ambulance is maintained so it can reach the villages.

This ambulance was provided by Raks Trust and continues to help save lives every month.
LOVE AND THANKS TO OUR PARTNERS

THE MALAWI PROJECTS

AFRICAN VISION MALAWI

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