

Daktari for Maasai – First dental project at Ololosokwan clinic

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The whole project arose from my first visit to Tanzania in October 2010. After climbing the highest mountains in Tanzania—Mt. Meru and Kilimanjaro—I went on a safari mainly visiting the &Beyond lodges of Lake Manyara Tree Lodge, Klein's Camp and Ngorongoro Crater Lodge and the associated national parks.

At all of these places, I was immediately confronted with the massive need for dental care for the staff and local people. Many questions regarding and serious demands for dental aid arose and I became increasingly concerned about the lack of dental care in these regions.

The pivotal moment was unexpected, as always. At Klein's Camp, the Maasai ranger Selay mentioned that there was a small clinic, donated

by Klein's Camp and &Beyond to the local village, close to the village of Ololosokwan. This immediately grabbed my attention and about two hours later I was standing in this small clinic—still much affected by the beautiful surroundings of the Maasai village. The clinic itself had seven rooms. At the time, only three were used daily.

A sign reading "Daktari" on the door of room #4 showed me where to start our dental project in Tanzania. The place in Africa that we had had in mind for years had been found.

The logistical position of the Ololosokwan clinic is perfect: easy to reach because of its proximity to the Ololosokwan road between Klein's Camp and Wasso, and in a safe area regarding flooding and other weather conditions. The clinic



nary medical work at the clinic, he made this place even more valuable for our project. The Ololosokwan clinic offered us an important and solid base for our project, with the local support of Klein's Camp in terms of accommodation and transport.

We even established a good relationship with the local head medical officer of the Serengeti, Dr Bakari Salum. He agreed to support our project and requested an appointment at his governmental office in Wasso during our expected first stay in Ololosokwan between 23 December 2011 and 2 January 2012.

It took us more than one year to return to the Ololosokwan clinic. The preparations had taken us longer than expected because of the new hygienic standards we had had to implement in our clinic in Germany the previous summer.

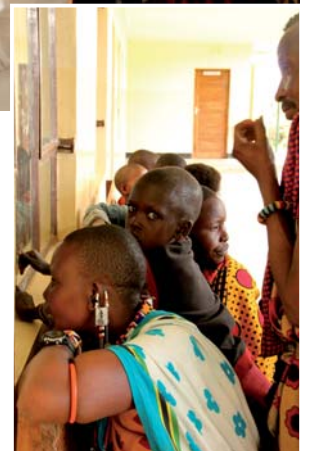
Preparations before the trip to Tanzania were focused on three major material groups:

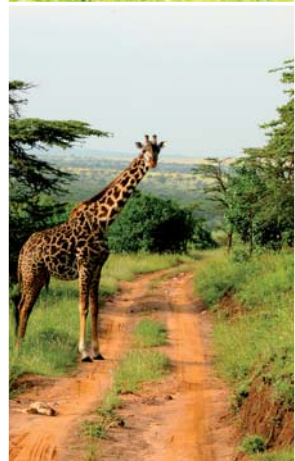
- _ dental equipment and instruments, which we bought at action medeor Germany to give as a donation to the Ololosokwan clinic;
- _ medicines, which we bought from medeor Tanzania and from Tanzania Pharmaceutical Industries in Arusha, also as a donation for the Ololosokwan clinic; and
- _ all the dental and medical equipment—all specialist equipment for mobile dental treatment—from our clinic, which we took to Tanzania and back.

The major equipment included the mobile Trans'care Max dental unit (Acteon), the mobile Mini LED light (Acteon), the mobile DX3000 X-ray

itself is a soundly constructed, modern building with solid cemented foundations and a solid roof. Some preparation has even been done for water and electricity supply. Obtaining a permanent water supply and electricity using generators is one of the goals for its future development. Behind the clinic, there are some small buildings for staff, doctors and nurses that can be used in future as well.

Yet another advantage of the Ololosokwan clinic is that there is a clinic doctor. Dr Obed Lasseroi was engaged by &Beyond, thereby securing constant medical supervision of the village and the clinic in the future. Owing to his very kind character, his competency in English and all the local languages, and his interest in the development of other medical offerings for interdisciplinary





(Dexcowin) and the portable Claros PICO diode laser (elexxion). We took along a huge number of surgical instruments, periodontal instruments, many different types of disinfectants for different types of wounds, a range of filling materials and endodontic materials, and so on.

Condor, the German aircraft carrier, very kindly supported the special flight to Tanzania and back to Germany.

After our arrival at Kilimanjaro Airport, we passed through customs and the load was lifted into a special Toyota Land Cruiser from Tawanda Munengiwa, the General Manager at Klein's Camp, equipped with well-maintained safari equipment and a lot of extra space for our dental boxes.

We then travelled to Arusha, where we obtained the medicines from Tanzania Pharmaceutical Industries and bought some more disinfectants in town. After this, we started the first leg to Lake Manyara Tree Lodge. Here, we were asked to check some staff after breakfast. From just two, nearly 15 people with dental problems had arrived within ten minutes. So we decided to stay for one more day to treat them all.

The site for our first dental adventure was the old medical room close to the staff accommodation. We thought that one of the advantages

of this location was that it was far from the guest areas. This was always an important aspect for us at all &Beyond locations: no disturbing of the guests. Being visible and explaining the medical/dental background of the project was necessary and important in terms of raising awareness, but the treatments were always performed in separate areas for the privacy of both the guests and the patients.

At Lake Manyara Tree Lodge, we mainly performed extractions and minor oral surgery, and thereafter periodontal treatments and fillings were done. In this manner, we worked the whole day, operating and restoring teeth until the evening. In total, we treated more than 20 people in one day.

The day after, we left Lake Manyara and did the long, hard drive through the Serengeti, arriving at Klein's Camp after 7 p.m.

The next day, we went to the Ololosokwan clinic for the first time. We met Obed and presented the medicines and dental equipment to him for the clinic, and prepared one room for the dental work for the following days.

We spent one more day at Klein's because it was important for us to treat all the local staff too. We were given use of the terrace of the second house for the day, where we would have enough



space for our equipment. The equipment was set up early in the morning. There were many different cases. One young massage therapist even received two endodontic treatments of her upper premolars instead of the standard extractions. She was naturally most pleased not to have her teeth pulled. This alternative treatment saved her two premolars and her job working in this guest-sensitive area. We performed many extractions, periodontal treatments and dental surgery, as well as removal of defective fillings and decay.

The first operation day at the Ololosokwan clinic was a clear indication of the days to follow. Every day, a massive number of Maasai arrived for dental treatment. Obed was very gentle and helpful, not only because of his support but also because of his translation skills and his communication skills with the Maasai. He proved his competence daily and we were all very satisfied every evening.

We had obtained a translation guide for Swahili that we had arranged from home before our arrival. This was very useful in some situations because we soon decided to work simultaneously on two different chairs in room #4 owing to the high number of patients and the high number of treatments required by even a single patient. This was even harder work but less time-consuming than the standard one-chair treatment.

In total, we treated more than 220 Maasai people at the Ololosokwan clinic over the period. We used all of the dental equipment daily: the Trans'care Max, the elnexion pico laser, the Dex-cowin mobile X-ray and the Acteon Mini LED. The majority of the treatments were extractions of decayed wisdom teeth, extractions of infected molars, removal of old decayed roots and infected tissue, fillings of minor cavities, removal of tartar, some periodontal treatments, soft laser treatments after surgery or because of infections,

some occlusal corrections if malocclusion was evident, correction of functional disorders, guided extraction of decayed primary teeth, orthodontic treatment and a great deal of medical explanations regarding prophylactic aspects.

Some extractions were done for the Maasai for traditional reasons. This was difficult for us in the beginning, but Obed's explanation soon led us to understand that this was 100 times better than leaving the poor patient to deal with his tooth, knowing that tradition would lead him to extract his tooth using a knife or other non-dental instrument without anaesthetic.

Every evening, we returned to Klein's very tired but always motivated for the next day.

After completing our treatment at the clinic, we again set up the mobile clinic at Klein's for our last working day—this time in a spacious and comfortable tent that was usually used in the tented camps. Again, we prepared two separate treatment areas and did all kinds of dental treatments. We were able to treat all of the patients at Klein's comprehensively. Even the 20 Maasai who had travelled by off-road vehicle to Klein's on that day were all given complete treatment on this last day. At this point, we were forced to finish because we had run out of local anaesthetic and gloves.

On the last day at Klein's, we prepared our instruments and packed all of our equipment again for the long, tough drive through the Serengeti and for the flight back to Germany.

We were 100 percent satisfied with the treatments that we had given mainly to the population of Ololosokwan and the staff of the EtBeyond lodges. All of our donated equipment and our own equipment had been perfectly set up and fulfilled all the requirements for the treatments needed.





and safer—not only in daylight but also especially for night-time emergencies. A clean water supply is also a must for a clinic and for a dental department too, and for other medical disciplines like gynaecology, ophthalmology and surgery.

From our side, our hearts are beating for Ololosokwan and we are willing to support this place as much as we can in future. Ololosokwan could become a local centre for interdisciplinary treatment by a group of doctors from various medical fields.

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Our experiences at the time have already led to the preparations for our next visit. So far, we aim:

- _to offer a constantly increasing dental service at the Ololosokwan clinic and Klein's Camp;
- _to bring two new mobile dental chairs for simultaneous operations upon our next visit;
- _then to add two operating lights and two separate suction units;
- _to bring one separate mobile ultrasonic kit to be used for perio by a dental hygienist; and
- _to extend the number of surgical instruments.

Besides these dental arrangements, two major necessities for the development of the clinic need to be arranged by the local community, maybe in collaboration with Klein's Camp: electricity and water supply. Electricity is a must for the future. Of course, we could always borrow a generator, but a fixed and powerful one, protected in an outbuilding and with permanent wiring to all seven rooms, would make the clinic in terms of medical standards much more reliable, comfortable, normal

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