



**REPORT of APOLLO MUKIZA,
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**for the CRU DENTAL MISSION
held in June - August 2011 in Eastern Uganda**

INTRODUCTION

I was commissioned by CRU to carry out dental care clinics to include oral health education (OHE) and sensitisation against the practice of Infant Oral Mutilation (IOM). From June to August I was able to do six dental missions in Kayunga, Kabale, Magwa Wakiso and Mityana districts.

OBJECTIVES

- To carry out general oral health education (OHE)
- To sensitise communities on the dangers and prevention of infant oral mutilation
- To screen children and establish their oral health status
- To provide a pain-relief service of emergency extraction and atraumatic restorative treatment (ART).

BACKGROUND

The charities Christian Relief Uganda and Dentaaid are working together to fight the practice of IOM, which denotes the traditional way of treating sickness in young children by removing unerupted baby teeth, often with unsterilised tools such as nails, bicycle spokes and the “empindu”.

The empindu is a spear-like tool used in weaving baskets and is the major surgical tool used to burst “Ebino” (tooth buds) and abscesses.

Throughout my years of practice I have noted with concern this widespread practice and belief in Uganda, and have heard moving testimonies from mothers.



CLINICS

Buranga Child Development Centre, Kabale



120 children were screened and
12 given urgent treatment.

I noted 10 cases of suspected IOM
in children aged 3-5.



All the children and staff were given an OHE talk and afterwards I had a discussion with the child health officer on how to improve oral health status and eradicate IOM. I gave her some Dentaaid IOM leaflets.



Kayunga district

Men, women, mothers and children were sensitized on matters of OHE and IOM. 40 people had pain relief treatment.



Juuna Amagara ministries, Bufundi, Kabale District



General sensitisation on OHE and IOM.

Helped 62 patients over 2 days with pain relief treatment.



I shared IOM concerns and information leaflets with the intern doctors there. One told me that in Kisoro district where she had worked, over 60% of sepsis on paediatric wards is due to the effects of IOM.

Back to God ministries school, Magwa Wakiso district

Screened 150 children; 25 required pain relief treatment.



Sensitized children and teachers in OHE and IOM.



Mwera School in Wakiso

Screened and sensitized 130 children. 38 required pain relief treatment.

Butaraare School, Mityana district.

Screened and sensitized 80 children. 28 required pain relief.

CONCLUSIONS

- I was able to get a plant known as “ekarwe” which is widely used in rural Kabale to brush teeth as it forms foam like soap, which makes the teeth smooth and shiny. I am researching this and other local herbs applied to teeth.
- Dental professionals need to be sensitised to take a more keen interest in IOM.
- Radio programmes on IOM are helpful in community sensitisation.
- It would be good to have large posters on IOM to hang in community areas.
- The IOM information leaflet could be translated into other major local languages.

