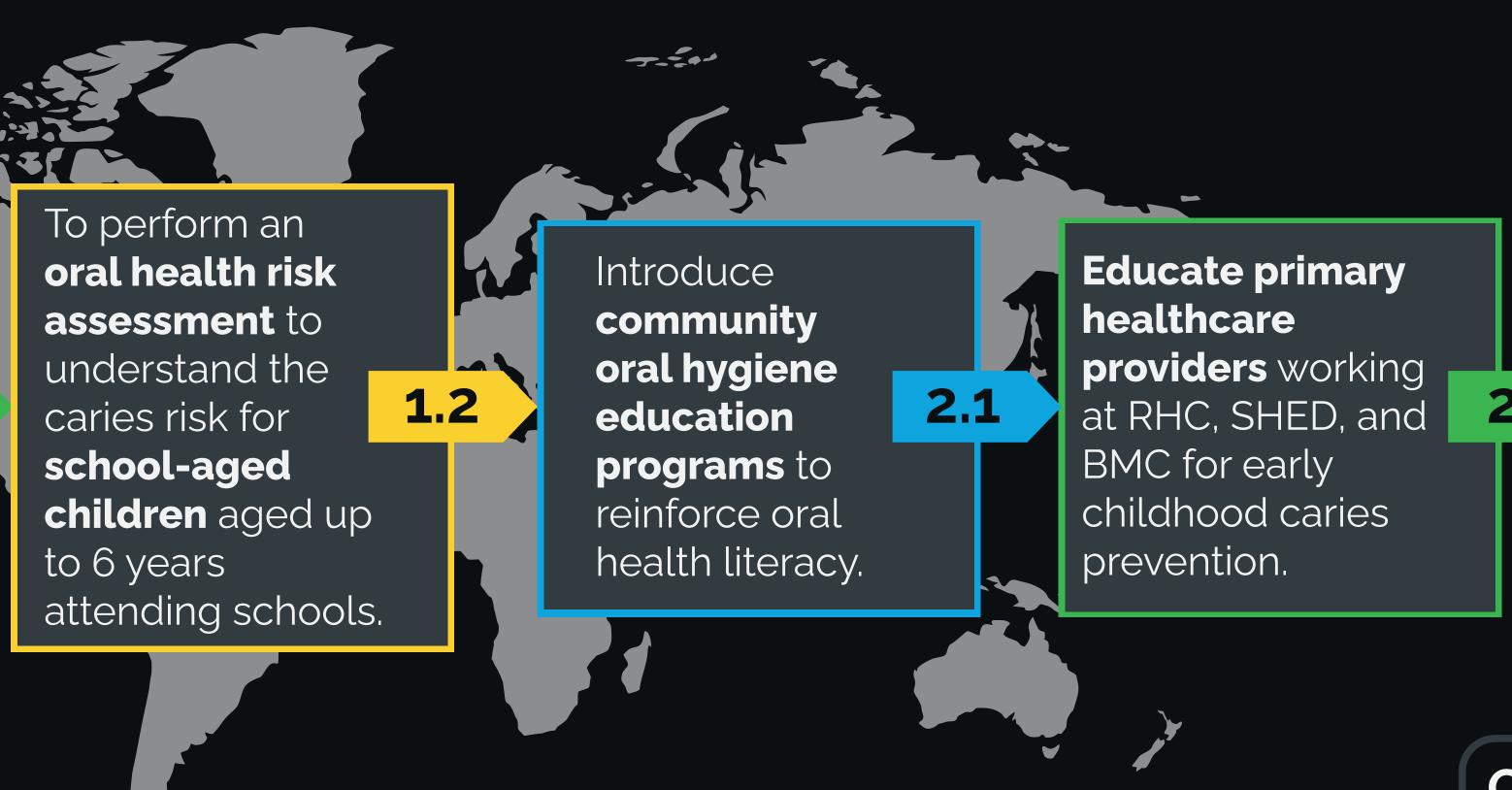
# DEVELOPMENT OF ORAL HEALTH IN RORYA DISTRICT, TANZANIA

## 5 YEAR PLAN ORAL INTRODUCTION HEALTH BRIGADE Stakeholders & Partners • In Africa, oral disease profiles are **not homogeneous**, and Village Life Outreach Project. data is scarce.1 Shirati Health and Education Unique barriers negatively Development (SHED). impact the "Access to" & Roche Health Center (RHC). "Utilization of" oral health Community leaders and other care services. members, • Low priority for oral health and scarcity of dental human and financial resources are evident.2 THIS PROJECT ADDRESSES SDG NO. 3 (GOOD HEALTH & WELL-BEING) SDG NO. 9 (REDUCING INEQUALITIES). **EASES**



## Evaluation of oral health status based on Decayed, Missing, Filled Teeth (DMFT) index in adults aged 18-70 years.



AIMS & OBJECTIVES

**Initial Screening** 

Unique 6-digit identifier matched to the consent form.

- Demographic Information.
- Frequency if brushing during the day.
- Use of toothbrush/miswak (African twig)

3 - Interpretors

### Consent

Unique 6-digit identifier (e.g., SH.01.01 or RH.01.01)

 Consent with the aid of language interpreter

Unique 6-digit identifier matched to the consent form.

**Clinical Examination** 

 Record DMFT Index on the WHO from

## 3 - Dentists

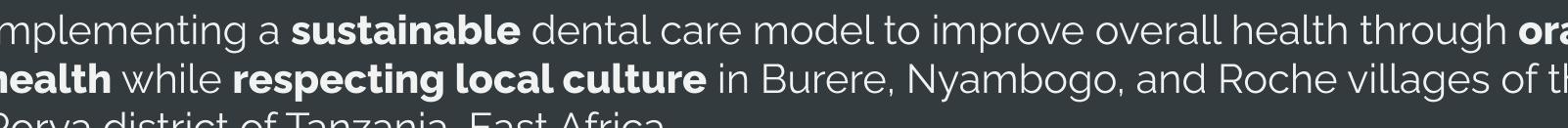
### Check-out

• Home oral care **general** recommendations (ADA), and WHO Implementation Manual.3

REFERENCES

CONCLUSION

Implementing a sustainable dental care model to improve overall health through oral health while respecting local culture in Burere, Nyambogo, and Roche villages of the Rorya district of Tanzania, East Africa.







1 - Dental Hygienist

1.1 & 1.2

2.1 & 2.2

4 - Pre-med students

