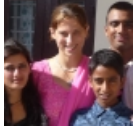


Community-Based Dental Care: Infrastructure + Education = Sustainable Health

NepalUnited States

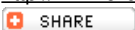


Laura Spero





Organization type:
nonprofit/ngo/citizen sector
Project Stage:
Scaling
Budget:
\$10,000 - \$50,000
Website:
<http://www.evanepal.org>



- [Citizen participation](#)

- [Community development](#)
- [Health care](#)
- [Health education](#)
- [Infrastructure](#)
- [Rural development](#)

Project Summary

Elevator Pitch

Concise Summary: Help us pitch this solution! Provide an explanation within 3-4 short sentences.

KOHCP creates sustainable, rural oral health care systems by combining grassroots-level infrastructure development with locally-run community education.

About Project

Problem: What problem is this project trying to address?

Untreated dental caries is Nepal's most prevalent childhood disease, exceeding both malnutrition (43%) and vitamin A deficiency (58%). Over 69% of adults over fifty suffer from dental caries—one of the most widespread, least attended, and most easily addressed health crises facing rural Nepal. It is associated with a host of health problems including chronic and systemic infection and heart disease. Existing solutions are akin to sopping up Niagra Falls with tissues. Ninety percent of dentists live inside the Kathmandu valley while 80% of Nepalis live in rural villages. Besides sparse access, there is little understanding of prevention or risks around oral disease. Recurrent dental pain and tooth loss are widely taken for granted—a crisis of both infrastructure and attitude.

Solution: What is the proposed solution? Please be specific!

A two-sided problem requires a two-sided solution. KOHCP establishes locally-based, consistently available dental treatment, while simultaneously engaging a team of teachers to provide community education. In each village, a local medical technician is trained to provide screening, filling and extraction at a weekly dental clinic, and a referral system is established with the closest city services for complex cases. Meanwhile, the technician joins a team of teachers to conduct monthly education and screening seminars in schools, where prevention is emphasized and treatment services are explained. Seminars catalyze an intensive period of learning and treatment by educating the community about newly available resources. This combination of facilities development and education empowers people to manage their own healthcare, which is the only acceptable outcome of a sincere healthcare initiative. We aim for each replication to be self-sustaining in 2-3 years.

Impact: How does it Work

Example: Walk us through a specific example(s) of how this solution makes a difference; include its primary activities.

Prior to 2004, severe oral disease and pain were commonplace in the village of Kaskikot. At the government health post, rusty pliers thankfully went unused. Occasionally, a privately sponsored dental camp would arrive for a few days of treatment, often handing out toothbrushes and paste...and then leave. Local shops sold a cheap, unfluoridated spice mixture as toothpaste, but many people didn't brush their teeth at all. Oral disease was accepted as an uncomfortable reality of village life. Today, Rishi Subedi, a Kaskikot native, provides weekly dental care in Kaskikot's center. For five years, each of Kaskikot's twelve schools has been visited annually by a KOHCP seminar conducted by a local Team (whose members attended those same schools as children). On day one of a seminar, the Team conducts education and free screening for children and parents on school grounds, providing referrals to either the KOHCP clinic or a city partner. On day two, the clinic opens for a special day of treatment. Except for quantity of patients, this is a normal clinic day with normal routines; treatment is not provided at schools because our purpose is to establish connections with permanent health care facilities. A health care system consists of both medical infrastructure AND societal factors that enable people to use the structure effectively. Teams compare the cost of toothbrushes to the cost of sugar; time spent at a clinic to time spent ploughing. Seminars allow Team members to address myths, economic concerns, and nuanced cultural hinderances in an organic manner.

Sustainability

Marketplace: Who else is addressing the problem outlined here? How does the proposed project differ from these approaches?

KOHCP is the only integrated oral health care program in Nepal. It is in a completely different category from private dental camps or trainings which themselves are scarcely available. We actively seek out partnerships with other organizations, professional associations, universities, and the Ministry of Health at all levels including Village Health Posts and their associated community health networks; we work especially closely with a Nepali NGO derived from the World Health Org United Mission to Nepal Oral Health Program (see below). But Nepal has no other holistic, sustained oral health intervention at all--if anything, it is the apathetic legacy left by sporadic interventions and distribution programs that KOHCP must overcome. Our "competitors" are merely attitudes and old habits.

Team

Founding Story

Just ONE?! First "Aha" came a week into my first visit to Kaskikot. I was living with a local family and a neighbor walked in holding her mouth, swooning in pain. I gave her Advil and advised her to go to a hospital, but soon realized there were many practical, financial and attitudinal reasons she'd never do it. I started noticing the prevalence and debilitating effect of oral disease. "Aha" two came when I'd organized a team of dental students to travel ten hours from Kathmandu to Kaskikot during the 2003 Maoist insurgency. At the last minute, there was road bombing and the trip was cancelled. I realized we had to work with local resources and people. So my Nepali co-teachers and I arranged for local dentists to provide a day of oral health education and treatment at a school where I was teaching. A day later, rumors were circulating that our students would be blind or mentally disabled. We discovered the importance of community education and the power of belief systems.

About You

Organization:

Eva Nepal

About You

First Name

Laura

Last Name

Spero

Twitter URL

Facebook URL

About Your Organization

Organization Name

Eva Nepal

Organization Country

, MD, Montgomery County

Country where this project is creating social impact

, GA

How long has your organization been operating?

More than 5 years

The information you provide here will be used to fill in any parts of your profile that have been left blank, such as interests, organization information, and website. No contact information will be made public. Please uncheck here if you do not want this to happen..

Innovation

How long have you been in operation?

Operating for 15 years

Which of the following best describes the barrier(s) your innovation addresses? Choose up to two

Access, Transparency.

Social Impact

Please describe the goal of your initiative; outline what you are trying to achieve

The purpose of KOHCP is to give rural Nepalis agency over their own oral healthcare. Unlike many health initiatives, which aim to treat many people in a short time, KOHCP's goal is to foster a gradual change in health culture that ends with an organic and sustainable health environment.

Therefore, KOHCP measures success by how many people can and do make effective prevention and treatment choices on a daily basis-- regardless of income, location or social status.

This choice depends on many factors: access, affordability, education, attitude. KOHCP endeavors to put in place all the factors that cause patients to seek their own treatment—and to reduce the number of patients that get created in the first place. That's our definition of sustainable change; it makes us unnecessary.

What has been the impact of your solution to date?

We are running two programs in two neighboring villages. Over 5-6 years, we've observed a drop in the incidence of dental problems among children; the gritty spice mixture for brushing is hard to find in local shops; "fluoride" is a household word; hundreds of adults and thousands of children have been treated with dental care locally or through city partners. With two medical technicians and five teachers, we have given access to education and affordable dental treatment to an area of about eighteen thousand people.

We are currently completing surveys that will quantify our observational impact on beliefs, household habits, and socialization of oral health care concepts. So far we have assessed these factors by measuring program participation, referral follow-up, payment of nominal treatment fees, participant referral to new participants, fluoride use, and walk-in rates (drop-ins at our dental clinic who came without referrals because they already knew it was there).

What is your projected impact over the next five years?

Having recently hired a full-time Program Director in Nepal, we will launch 2-4 new replications in 2012 and each year thereafter. Each replication should be absorbed by local schools and health institutions within 2-3 years. Population density of Nepal's villages varies tremendously, and it's hard to predict the impact that working in more remote areas will have on our speed. But we can assume that each replication will affect an area of 4000 – 10,000 people. Of the 20 million rural Nepalis without sustained dental services, we estimate that KOHCP will access 40 to 80 thousand in the next five years. Critically, this number represents a permanent change in oral health infrastructure for that population, not a transient intervention. With time, there is no limit to the potential impact.

What barriers might hinder the success of your project? How do you plan to overcome them?

Every village is different. No matter how much we learn, or how close our staff stays to the ground, the societal factors that hinder self-care will be new to each and every replication. Being keen to these nuances is essential. Similarly, environmental factors such as access to water and roads will

grow more difficult as we expand to needier areas. The goal is always to use the lightest touch, to ignite existing resources, and add essential missing nutrients so that the entire system comes to life. Often these solutions are clarified in discussions in the grass with local teachers or leaders. The only singular solution is therefore to hold these conversations, be adaptable, and maintain a clear hold on the purpose of our activities so as to effectively navigate the project.

Winning entries present a strong plan for how they will achieve and track growth. Identify your six-month milestone for growing your impact

Conduct impact surveys on existing projects, lay groundwork for turnover, launch one new replication.

Identify three major tasks you will have to complete to reach your six-month milestone

Task 1

Conduct impact surveys on our current projects, to help establish growth metrics for new projects; build patient database (Jan)

Task 2

Establish Oral Health Coordinators & School Brushing Programs in existing program areas under supervision of Health Post (by Mar)

Task 3

Identify new project area and hire project staff to conduct a baseline survey (by June).

Now think bigger! Identify your 12-month impact milestone

In a year, launch 2-3 additional programs and hand over the oldest program (Kaskikot Village) to local management.

Identify three major tasks you will have to complete to reach your 12-month milestone

Task 1

Secure funding, independent of KOHCP, for program activities in Kaskikot after handover

Task 2

Implement all relevant management structures, training and tracking tools so that Kaskikot will succeed after handover.

Task 3

Identify new project area(s), engage Health Post management, and hire Team staff to conduct baseline surveys.

Sustainability

Tell us about your partnerships

KOHCP's implementing partner is Vision Nepal, an NGO founded by guides and teachers intimately familiar with village culture. Medical technicians are trained by Health Development Society Nepal, a Nepali NGO derived from a W.H.O. oral health initiative in Nepal. In 2012, we aim to expand our connections with professional dentistry associations, hospitals, private dental practices, and universities. We have already begun to work more closely with the government health ministry. Most notably, KOHCP engages teachers, schools, and medical staff in the same communities where it is operating.

Are you currently targeting other specific populations, locations, or markets for your innovation? If so, where and why?

We are targeting populations that demonstrate widespread oral disease primarily due to factors that we are capable of addressing: treatment services and education. At this stage of our project, we are focusing on areas that are primed to benefit from what we offer, with adequate water access and a reasonable commute to additional services that we can't provide such as root canal surgery. Over time, as our project is refined, strengthened and diversified through replication, it will certainly grow robust enough to accommodate even more difficult locations.

What type of operating environment and internal organizational factors make your innovation successful?

This is easy! KOHCP is run in villages by villagers. The entire administrative structure exists to train and support these Teams, who themselves will eventually transfer their roles to existing institutions (schools and health ministries). Teams feel a great deal of ownership and pride, and are encouraged to be creative and whimsical within a very clear core structure. This program elevates their status; their opinions and innovations are highly valued. KOHCP is successful because it celebrates and cultivates local talent, draws on latent potential, and provides missing links, information, and resources to create new connections between people and services. The project fosters an environment for productive collaboration and change, ultimately making itself obsolete so it can move on.

Please elaborate on any needs or offers you have mentioned above and/or suggest categories of support that aren't specified within the list

Our biggest need is investment, followed by web/media management and strategic collaboration with public health and medical experts who are highly orientated to grassroots-level rural health development. We are best suited to offer innovation, ideas, and experience...we are overflowing with innovation, ideas, and experience!

Source URL: <https://www.changemakers.com/innovations4health/entries/community-based-dental-care-infrastructure-education-su#comment-0>