Overview of Volunteer Programs

On the application form for the ICD Young Dentists Volunteer Grant, you are asked to prioritise three programs that you would like to volunteer with. The ICD grant is limited to participation in these programs led by ICD Fellows. To assist you with your choices, summaries of the programs are given below. The summaries below give only an indication of the level of involvement that young dentist volunteers may expect. The level of involvement in any program is at the discretion of the program leader giving due consideration to the clinical capabilities of the volunteers.

1. Healthy Kids Cambodia

The key goal of the Healthy Kids Cambodia (HKC) project is to model the delivery of primary health care services in a Cambodian school environment. The lead organisation is a local non-government organisation called ‘One-2-One Cambodia’ which has been providing dental treatment for hard to reach groups since 2008. In the beginning, the service was simply discrete mobile clinics organised in the contexts of schools, communities, and prisons. However, it became very evident that these one-off trips (even when repeated) did very little to make a lasting change in the quality of life of the participating children. Furthermore, that model of care, which could be coined as ‘parachute dentistry’, undermined trust in local practitioners, was disproportionally expensive compared to the work that was completed and created a perception among communities that dentistry was primarily the business of pulling out teeth. In that model, there was much less space for preventive care, and there was very little opportunity to mobilise or empower communities to undertake preventive actions for themselves. The HKC strategy built on these described experiences to create a graduated approach to applying preventive health strategies and dental treatment so that resources would be able to reach a larger number of children and those children who needed it would be able to receive intensive oral rehabilitation. The HKC strategy recognises caries as a social and behaviourally driven disease that cannot be addressed by biomedical interventions alone, as such the project aims to build evidence for this approach as it grows to serve 20,000 children each year.

Team Leaders: Bethy Turton and Callum Durward
Where: Phnom Penh, Cambodia
Timing: Generally, any time of year (when schools are open). Timing will predict the range activities performed. March thru May and July thru November are preferred times.
Type of treatment: Basic prevention and rehabilitative dental treatment using mobile units
Anticipated participation: Candidates have the possibility of participating in the delivery of preventive and rehabilitative dental treatment or contributing to the ongoing monitoring and maintenance of the project. That might mean assisting in conducting clinical audits, conducting key stakeholder interviews with our partners to get feedback, or assisting in the development of health promotion resources. Candidates with less than 5-years of post-graduation experience would be limited to preventive and minimally invasive clinical procedures due to local Dental Council restrictions.
2. Cambodia One-2-One Prisons Dental Program

The Cambodia One-2-One prisons program has been operating since 2008 offering dental care to dentally neglected prisoners throughout Cambodia. Applicants must have a minimum of 5 years clinical experience to be considered to work in this program.

Team Leader: Callum Durward
Where: 24 prisons around Cambodia
Timing: February – May or September – October
Type of treatment: general dental treatment for prisoners using mobile units
Anticipated participation: preventive, restorative and exodontia

3. M'Lop Tapang, Cambodia

The M'Lop Tapang program operates from a dental surgery located within a medical centre. The program provides dental treatment for street children and their families, dental prevention and education to the families and communities of M'Lop Tapang and training of local Cambodian medical staff regarding oral health. The program also mentors final year dental students and new graduates to promote volunteering amongst younger dentists. Dr Petrina Bowden sources dental volunteers and dental students and dental materials for the program as well as provides dental care during her regular visits to M'Lop Tapang. The program depends on volunteer dentists to provide services.

Team Leader: Petrina Bowden
Where: Sihanoukville, Cambodia
Timing: Generally, any time of year
Type of treatment: general dental treatment in fixed clinic
Anticipated participation: preventive, restorative and exodontia for children
4. Smiles for the Pacific Dental Project, Fiji

SFTP was formed in late 2012 by Dr Jonathan Cole and Dr Mahendra Moopna of New Zealand with the aim of training, upskilling and mentoring Fijian health professionals to meet complex dental needs in underserviced Western Fiji. The program operates with the support and collaboration of the Fijian Ministry of Health. Lautoka Dental Hospital serves as the treatment and training base for the program. The program depends on volunteer dental professionals from New Zealand and Australia who are willing to share their knowledge and skills by treating cases beyond the skill of local dental practitioners during training sessions. Volunteers may also conduct free lectures and workshops for the benefit of local dental professionals. All treatment provided is free of charge to patients. The clinic is up to Australasian standards with equipment and the lay out is user friendly.

Team Leader: Jonathan Cole
Website: [http://smilespacific.co.nz/](http://smilespacific.co.nz/)
Where: Lautoka, Fiji (30 minutes north of Nadi)
Timing: Generally, any time of year
Type of treatment: general dental treatment with focus on composites and anterior endodontics in fixed clinic
Anticipated participation: preventive, restorative, endodontics and exodontia

5. Kimberley Dental Team, Western Australia

The Kimberley Dental Team, comprised of volunteer dental and allied health professionals, commenced operating in 2009 and operates in the remote Kimberley Region of Western Australia and in Perth. The KDT mission is to improve the wellbeing and oral health of Aboriginal children and communities in the Kimberley and of disadvantaged people in the Perth area, thereby reducing the long-term cost and suffering dental disease inflicts. The team provides both oral health education and dental treatment. Over the past eight years KDT professionals have mentored and supervised 27 final year dental students.
6. Project Yeti, Nepal

Project Yeti commenced in 2012 and focuses on the provision of quality dental care, both preventative and restorative, to the underprivileged people of Nepal. Project Yeti operates on minimal costs thanks to the support of volunteers, including the Kopan monastery which offers free accommodation and meals for volunteers. The Monastery also pays utility costs including diesel for the generator used to run the dental equipment. In 2016 Members of Project Yeti initiated an oral health education program a school at the settlement in Salleri, Solukhumbu. A second mobile dental unit purchased in 2017 helped extend the program in Kathmandu, to orphanages in the Kathmandu valley and to the Tibetan settlement in the country district of Solukhumbu.

Team Leader: George Manos
Website: http://www.projectyeti.com/
Where: Kathmandu and Solhumbu, Nepal
Timing: One week in April
Type of treatment: general dental treatment in fixed clinic
Anticipated participation: preventive, restorative and exodontia

7. Village School Oral Health Program, Nepal

This project, located in remote village schools in the Kavre and Sindhupalchok Districts of Nepal (total target population up to 1,000 school children), aims to improve the oral health and health of children in poor and marginalised rural communities in Nepal through the provision of a school and community based preventive oral health program. The program has been operated by local dental personnel over the past 17 years. Dr Sandra Meihubers of New South Wales assists with fund raising, planning and coordination of the program and provides professional support to the Nepalese dental personnel. The program includes dental
screening and appropriate dental care of all children in the schools. A daily school toothbrushing program is delivered to students in Classes KG/1 to 6. Dental information training sessions are conducted for teachers and senior students to enable them to become dental trainers.

**Team Leader:** Sandra Meihubers AM  
**Where:** Kavre and Sindhupalchok Districts of Nepal  
**Timing:** Oct-Nov and April-May  
**Type of treatment:** general dental treatment using mobile dental units in schools; OHI programs  
**Anticipated participation:** preventive, restorative and exodontia for children

8. **PNG Dental School**

Papua New Guinea has the most beautiful natural areas in the world and the people of PNG are friendly. Oral health needs are widespread and PNG has the highest incidence of oral cancer in the world. The Dental School in PNG was established in 1998 and has trained over 100 dentists largely through the efforts of visiting academics and dentists from Australia coordinated by Prof John McIntyre AM of the University of Adelaide. Development at the PNG Dental School and the PNG Dental Association continues. Current efforts focus on mentoring some of the top graduates to develop public health research projects which are critical in the planning of future oral health services in PNG. The successful ICD grant applicant will observe how dentistry is taught at the dental school and how treatment is delivered in the Port Moresby Hospital Maxillofacial Unit and through the PNG Dental Service. The volunteer young dentist will also have a clinical placement in one of the Provinces under the oversight of a senior dentist.

**Team Leaders:** Mahmood Siddiqi and Len Crocombe  
**Where:** PNG Dental School, Port Moresby  
**Anticipated participation:** observations and liaison with PNG dental students and local dentists; give a presentation to PNG dental students on dental school education and practice in Australia or New Zealand

9. **Solomon Islands, National Dental Clinic, Honiara**
The Solomon Islands has a population of 625,000 scattered over more than 900 islands and suffers from a high incidence of poverty, tooth decay, gum disease and an oral cancer rate that is one of the highest in the world. A building within the National Referral Hospital in Honiara is being set up as the first National Dental Clinic on the islands. Dental equipment was delivered in May 2019 and a team will complete installation of the equipment and refurbishment of the clinic by November 2019. The new surgeries will provide a range of services for children and adults and will be supported by a pros lab and an educational facility. The new clinic offers an exciting opportunity for a young dentist with skills and vision to play a part in helping shape the direction of the dental future in the Solomon Islands.

Team Leader: David Goldsmith  
Where: Honiara, Solomon Islands  
Timing: generally, any time of year  
Type of treatment: general and specialist dental services  
Anticipated participation: general dental care based on experience & oral health education

10. Timor Leste Dental Program

Most of the 1.1 million inhabitants of Timor-Leste have no access to dental care. A decade after independence, the country has less than 10 functioning dentists (most in the capital city of Dili) and a handful of ill-equipped dental therapists in the rural areas. The Timor-Leste Dental Program is the largest and longest operating dental program in Timor-Leste. The program has three aims: to support and mentor Timorese dental clinicians through training, clinical supervision and equipment; to provide dental care to the Timorese people in remote and rural communities; and to facilitate oral health education for the Timorese people. The program operates a full-time fixed clinic and school dental service, as well as an outreach program. Five teams visit Timor-Leste annually for two weeks and work closely with Timorese clinicians, assistants and translators. The minimum time commitment required for volunteers is one week.

Team Leaders: Blanche Tsetong, David Digges, John Moran, Ashley Freeman, Peter Shakes  
Where: Maubara and multiple locations in western half of Timor Leste  
Timing: April - October  
Type of treatment: general dental treatment, mostly outreach with portable units; one fixed clinic  
Anticipated participation: preventive, restorative and exodontia

11. Oral and Maxillofacial Surgery, Ho Chi Minh City, Vietnam
Mr Michael Schenberg, a Melbourne based oral and maxillofacial surgeon, has worked voluntarily at the Odontomaxillofacial Hospital in Ho Chi Minh City, Vietnam annually for 14 years. His team performs oral and maxillofacial surgery on complex cases. Often these patients present late to have surgery. Hence when they are seen at the screening clinic they often have very large tumours, most commonly ameloblastomas. Large post traumatic deformities are also treated. Patients come from Ho Chi Minh City, other cities in the southern half of Vietnam, the impoverished Vietnam countryside and sometimes from Cambodia. During their annual visits, team members teach surgical skills to local oral and maxillofacial surgeons.

**Team Leader:** Michael Schenberg  
**Where:** Odontomaxillofacial Hospital, Ho Chi Minh City, Vietnam.  
**Timing:** June/July  
**Type of treatment:** Complex oral and maxillofacial surgery cases  
**Anticipated participation:** Observership only. Participation will be as an observer only, at clinics and in the operating room  
**Prerequisites:** Understanding of standards required for working in the OR. Approval for the successful applicant to join the team is needed from hospital and local authorities.

### 12. Long Tan Dental Project, Vietnam

The Long Tan Dental Project initiated by Colin Twelftree in Vietnam has provided dental care and oral health education for the Long Tan community for over 20 years. The program operates out of the Australian Vietnam Volunteers Resource Group Dental Clinic in the village of Long Tan. Portable equipment is used for school and orphanage visits. Treatment is given by teams of dentists and dental assistants who visit regularly. Treatment is mainly provided to young children in the form of ART restorations; extractions for adults and aesthetic anterior fillings for adolescents are also offered where needed. The ICD grant will be used to purchase consumables and equipment for the program.

**Team Leader:** Greg Miller  
**Where:** schools and orphanages in Long Tan area  
**Timing:** alternate months starting from January  
**Type of treatment:** general dental treatment, mainly for children. ART restorations and some extractions. Airconditioned bus equipped with a dental unit, portable units in schools and orphanages and one fixed clinic.  
**Anticipated participation:** preventive, restorative and exodontia for children