

Field Report: HEALTH OUTREACH

A report written by Project Leader Pravir Patel and Timothy Lee

February 29, 2016

“Guatemala 2016 – Rio Dulce”

Health Outreach

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G2016 OBJECTIVES

- 1) Provide Dental Emergency services in general for children 18 years old or younger;
- 2) Service the communities surrounding Quesada and the Rio Dulce region, Guatemala, seeing as many children as possible;
- 3) Carry out a Preventative Program including dental sealants and fluoride for children 18 years old or younger;
- 4) Leadership Training for Health Outreach Projects;
- 5) Investigate the possibility of a project in Escuintla, where Quesada Solidaria is building a medical clinic.
- 6) Advise on and carry out the District Rotary Grant Project “ Supplies and Equipment for Rotary Dental Boat – Guatemala”

“Guatemala 2016 - Rio Dulce”

- **Partner** (Joint Venture Participant) Week #2: **Asociación Ak ‘ Tenamit**
An indigenous community development organization that promotes long-term solutions to poverty through education, health care, income generation, and cultural programs. The Ak' Tenamit community has a boarding school that supports 523 students from 100 villages, including 224 girls; a 24-hour medical clinic that serves more than 25,000 people; a floating dental-care boat; a restaurant for vocational training and several women's cooperatives.
- Founder Asociación Ak' Tenamit: Steve Dudenhoefer
 - Website: www.aktenamit.org
 - Email: duden@aktenamit.org , duden1@me.com
 - Phone: 22541560, 22543346
 - Cell: 56056991, 54601535
- Co-founder, Director of Human Resources: Guillermo Pérez De La Cruz
 - Website: <http://www.aktenamit.org/healthcare/dental-clinic.php>
 - Email: gperez@aktenamit.org
 - Cell: 41282205

Asociation Ak' Tenamit staff and executive:

Isaul Chub: Manager of restaurant Café Tatin

Juan Shol: Operations Manager & boat driver

Miguel Rax: has over 8 years training as a dental technician

Martin Coc: Health Promoter; apprentice to Miguel

Rene Maquin: Captain of boat

Saqueo Rax: Captain of boat

Pedro Ac: Captain of boat

Contacts

Mr. Real Desrosiers

Country Director, Health Outreach

Isela Vega,

Representative Adventure Travel Center

Team Rio Dulce

Twelve Canadian and American team members formed "Guatemala 2016 - Rio Dulce", in the second week of "Guatemala 2016". They took over from success Team Quesada, who operated in a medical clinic in Quesada in Week One. Most week two volunteers arrived at Guatemala City airport on February 6th. All volunteers carried on them an official letter with volunteer names, cargo contents, and medicine endorsed by the Guatemalan Consulate in Canada. It was distributed to all volunteers by e-mail.

Prior to Health Outreach's arrival, our partners announced our project dates to communities surrounding the clinic and made appointments for patients. Our partners were Quesada Solidaria for Week One and Asociación Ak' Tenamit for Week Two.

Volunteer Tasks	ROLE	#Per Week	Volunteer	
Triage dentist	P R I M A R Y (P)	1	Pravir Patel	
Dentist		3	Alexander Serebnitski	
			Dennis Moren	
			Tim Lee	
Assistant		3	Kim Dibbles	
			Tracy Shuttleworth	
			Alexis	
			Nasha Zaheer	
Physician				
Assistant Hygienist		1		
Hygienist		1	Vicki Parolin	
Patient Coord.		1	Jan Zalewski	
X-ray tech*		2		
Sterilization Tech*		1	Yvonne Joseph	
Stats Admin		1	Nasha	
Public Health		1		
Translator		1	Simon Desrosiers	
Equipment	1	Tim Lee		
Social Activities **	S E C O N D A R Y (S)	1		
Inventory		1	Vicki	
Donor Gifts		1	Jan & Yvonne	
Cargo		1	Pravir	
Evaluation completion		1	Tracy	
Beverages/lunch		1	Kim	
First Aid		1	Dennis	
Relief Supplies		2		
Local Driver		1		
Accommodation		1	Alexis	
Travel		1	Pravir	
Pharmacy		1	Alex Serebnitski	
Toys/School supplies		1		
Role /task coach		1	Tim	
Transportation Mgr				
Project Leader		P	1	Pravir Patel
Administration Mgr		S	1	Pravir
Equipment Mgr		S	1	Tim
Clinical Team Leader	S	1	Pravir	

OPERATIONS

Day 0 (Friday Feb. 5)

President Pravir Patel and Founder Timothy Lee arrived on Friday Feb 5th in Guatemala with the primary goal of evaluating a new clinic site and the community of San Gabriel for G2017.

Tim met with Translator of Week 1 Simon Desrosiers and Country Director Real Desrosiers. Transportation, timing, equipment and Simone's role in Week 2 were discussed. The two vehicles of Adventure Travel and their support roles and schedules were discussed.

Day 1 (Saturday Feb. 6)

On this day, the community of San Gabriel, near to Esquintla, was visited by senior Health Outreach volunteers. The goal was to conduct a needs assessment to determine if San Gabriel could be a site where Health Outreach could work in 2017. Pravir, Dan and Tim met with Eloisa and Diego of Quesada Solidaria in Antigua. From there, we drove 40 minutes to San Gabriel. The group met with some families, evaluated the living conditions and saw the medical clinic being built on Quesada Solidaria property in San Gabriel. Hotels in Esquintla were also evaluated.

In the early afternoon, Team Rio Dulce arrived from Toronto on time at Guatemala airport. There were no luggage issues. Health Outreach volunteers from both teams met in Antigua and Las Palmas restaurant. Some debriefing occurred and a transfer of information between volunteers and Team Leaders, in regards to their primary and secondary duties.

The Project Leaders, Pravir and Dan also met and reviewed issues such as illness, money, inventory, and equipment needs. The following was discussed:

Illness: GI upset in Holly, Noreen, Diego and Simon

Injury: None

Money: Transferred 5000 Qs from HO float

Transportation: Ground transportation with Adventure Travel

Insubordination: None

Meds: Transferred all the emergency meds with no issues. Cipro was finished and needed to be replenished. Cipro was purchased by Pravir in Antigua to replenish Medical Kit.

Phone: 2 phones were transferred, and were later pre-loaded with more minutes.

Dan Lee discussed Equipment issues with Tim, Equipment Manager for Week 2. It was decided that a ADEC unit be taken back to Toronto.

All members from both teams stayed at Hotel Posada San Rodrigo, Antigua

Day 2 (Sunday Feb. 7)

At about 6:45 two vehicles from adventure Travel arrived at the hotel , One vehicle was a 4x4 KIA truck. This year, that truck had traveled to Quesada on Friday Feb. 5th to pick up the dental equipment after Team Quesada was finished. Equipment was then stored on the truck over the week-end. As a result, this equipment didn't need to be reloaded for Week 2. This saved on time such that Team #2 could leave quickly Sunday morning.

All the members had breakfast at the hotel at 6 AM. Our vehicle arrived on time just before 7:00 AM and personal luggage was loaded in 15 minutes. Volunteers were punctual and the vehicle left at 7:15. Personal baggage was packed on top of the bus.

The road to Rio Dulce town was clear with very little traffic. Three stops along the way were needed. More refreshments were purchased for the team by Kim since Rio Dulce offers very few opportunities to stock up on refreshments. PL Pravir reviewed primary and secondary duties.

We arrived at Rio Dulce town at about 1:15 PM. The dock for the transfer was at Brunos Marina, where we had lunch at the restaurant. There were two boats waiting for us. We used one boat for the clinic equipment and the other for personal luggage only. Loading was very efficient with the help of Rene and Guillermo and all the volunteers. Lunch was ordered prior to loading the boats so that we could maximize our time.

We headed directly to the boat to set up at Site 1. It became dark but the new lights on the boat helped a lot. The following was set up: 3 Boat chairs - 2 chairs inside main cabin and 1 restorative chair on the deck. A final run through of the equipment was not done. It was decided that this would be done the next morning. Went to the Eco-Cabins and set up our cabins.

This year the cabins had been outfitted with solar panels which powered a light and 2 fans. There was also a USB port that could be used to charge phones. We did not need to use our own generator for power. There was running water at the washroom however the toilets were not flushing initially. This was remedied but the issue kept reoccurring for the first 2 days.

Official Meeting #3 was held after dinner at Ak' Tenamit. The planned agenda was discussed.

Tim and Simone evaluated the dock and the covered restaurant areas for set-up of the equipment, and another chair.

Day 3 (Monday Feb. 8) - Ak' Tenamit Site #2

The clinic was set up at Ak'Tenamit Site 2, under the restaurant and on the dental boat. The team walked from the cabins to restaurant Café Tatin. Breakfast was served late at 7:25 and we finished late at 7:45. Equipment was set up very quickly after breakfast.

The teams were set up as such:

1. Triage: Pravir, Guillermo, Nasha
2. Boat Clinic: Dennis and Alexis, Alex and Tracy, Kim, Tim and Vicki as restorative hygienist,

The sterilization station manned by Yvonne was able to keep up with all the instruments by utilizing both sterilizers. Instrumental to the team was Miguel who walked between both clinics in order to bring Jan dirty instruments and restock Pravir with examination instruments.

Jan served as patient coordinator from this day on.

The patients were an older group mostly 13 years and up. They understood Spanish and completed questionnaires easily. We had lunch at 1:00pm at the restaurant and finished work at 4:30.

Day 4 (Tuesday Feb. 9) (El Cedro)

We had breakfast at Café Tatin. We stopped off at Finca Tatin to pick up lunch only to find out that it was not ready so we asked them to deliver. We left 15 minutes later to the site on time, and the trip was smooth.

This village was only a 15 minute boat ride from Ak'Tenamit. The dental boat had already been

moored by the river. As we approached the children were already waiting at the shore. The shoreline was rocky with a makeshift rocky "dock". There was a shelter with canoes where triage was set up.

Equipment set up was quick, taking about 25 minutes. It was challenging because the heavy equipment had to be carried up a slope. Once we got equipment up, we had a little bit of a problem with the connections, as the plug for the compressor was not compatible with the compressor cable.

There were 2 teachers who came to help with the kids. Teachers names were Hipolito and Osiris.

A river bank separated the rocky shoreline from the covered area. The generator and compressor had to be carried up the embankment to higher flatter ground. The pressure hose and electrical cord just barely reached the boat. The tension made it necessary to wrap the hose around a tree.

A fourth operatory was set up for part of the time just beside the triage area on flat ground. This was driven by the lighter Dewalt compressor, which was connected to the electrical cable. The compressor was not

The dock was a rocky path jutting into the water by about 10 metres.

The patient population was perfect. We saw a lot of children between ages 4 and 14, and finished the children early. At 2 pm we took care of about 10 adults.

Day 5 (Wednesday Feb. 10) (Neuva Esperanza)

The site chosen to service these two villages was close to Livingston on the north side of the Rio Dulce just before the mouth to the Atlantic Ocean. It took 20 minutes to travel there by boat. The boat was docked close to private property along a narrow dock approximately a metre wide and 30 metres long. The front of the boat faced some houses and a mechanics shop.

The generator and compressor was set up on the back of the boat with cabling over the roof or sides so as not to interfere with people as they walked along the narrow dock. The door was sliding so it formed a good seal from noise to the operatories inside the boat.

Our dental boat was docked in Livingston close to Bugga Mama. The patients were of all ages and we served both communities, as all the students arrived from both areas. There were 2 teachers who came with the kids and helped coordinate. Their names were Luis Antonio Roca and Vilma Chiac.

Lunch from Bugga Mama was late even though it was ordered the day before from Cafe Tatin. However it did arrive and we continued working till 3:30.

There were stores closeby to purchase refreshments. The triage station was situated at the side of one of the private houses.

Day 6 (Thursday Feb. 11) (Creek Chino and Gul Ha)

Same location as Wednesday. We had patients from 2 new villages - Hul Ja and Creek Chino.

Day 7 (Friday Feb. 12) (Ak'Tenamit Site 1, Barra Lampara)

The day was to be spent at Ak'Tenamit "Site 1", the original site of Ak'Tenamit. The weather was good but overcast. Upon arrival we discovered that the school teachers had booked a meeting and the primary students were not available. However there were children booked, including many that came from the village Barra Lampara.

Only 3 operatories were set as follows:

1 Triage: Pravir and Guillermo
3 Boat Clinic: Alex and Tracy; Kim, Vickie and Tim; Dennis and Alexis
Medical clinic: Nasha

Nasha the nursing student worked in the Ak'Tenamit medical clinic that morning once again, located only about 100 metres from the dental boat.

An endodontic case was completed. We finished work at 11:45. We packed everything back on the boat, went back to the cabins and picked up all our luggage. We had lunch at Café Tatin and presented all the awards and appreciation certificates.

Unlike last year, cables and hoses did not have to be lined along the cement dock to the boat deck. Last year, the cabling somewhat interfered with the kids.

Photos were taken of the boat improvements for documentation of the Rotary project.

Packing: HO disposables are left on the dental boat and valuable items were retained in the black restorative carriers. HO Equipment was stored in the same manner that they arrived. Health Outreach labels were placed on most, but not all, equipment. The Dewalt compressor was checked by Juan,, the Ak'Tenamit mechanic. No problems were detected.

Day 8 (Saturday Feb. 13)

Travel back to Canada

District Rotary Grant Project - "Supplies and Equipment for Rotary Dental Boat – Guatemala"

Cooperating Organizations and Implementation Plan:

- A) Equipment and supplies will be bought in Canada, the US, and Guatemala.
- B) Health Outreach (a registered Canadian NGO) volunteer staff will install dental equipment, organize supplies, and train local Health Promoters .
- C) Asociación Ak' Tenamit staff will perform the dental boat repairs.
- D) Puerto Barrios Guatemala Rotary Club will account for the expenditures.

Sustainability

- The Dental Boat has a history of over 13 years, and if maintained can service the local indigenous people for many more years.
- Health Outreach trains "health promoters" who live and work with the local population during the year.
- Health Outreach has long-term plans to return to the site at least annually to maintain equipment, review programs, and supply dental parts and equipment.

A project to encourage sustainability of our effort was carried out in conjunction with

Rotary International, the Rotary Club of Streetsville and the Rotary Club of Mississauga.

Our goal was to renovate, supply and equip a **Dental Boat** used by us every year in the Rio Dulce region of Guatemala. Health Outreach oversaw the expenditures and trained local staff .

Tim served as the technical advisor for the project. Three Ak'Tenamit staff were identified as candidates for training, Health Promoters, Miguel Rax, Martin Coc and Mechanic Juan Shol. They were advised on the operation and maintenance of the Prestige sterilizer, ADEC unit, dental handpieces. Miguel was shown how to use some of the new restorative material. He was given references in Spanish. The training occurred all week with the assistance of Jan and Yvonne, two of Health Outreach's most experienced volunteers.

DESCRIPTION, ANALYSIS & RECOMMENDATIONS

I CLINICS: DESCRIPTION

CLINIC :

The clinic on the Dental Boat was much improved this year. Recent renovations included a painted floor, new cabinetry, new dental overhead lights on new mounts. The lighting was also new on the ceiling. That made the Sunday set-up day much easier since we worked into the darkness of the evening.

The boat however still allowed only 3 operatories. So as last year, the triage station was set up close to the boat but on ground about 30 to 40 metres away from the boat.. A secondary extraction chair was also set up on ground.

Electricity:

A new Yamaha generator was borrowed from the Buga Mama restaurant because the 8000 Watt Ak'Tenamit generator had recently broke. Most of our power needs were served by this generator. A 2000 W generator was available to serve other Health Outreach equipment requiring electricity. It was primarily kept as backup.

Compressors:

The Ak'Tenamit generator and compressor and our De Walt compressor were adequate for running up to 5 ADEC units. An extra Honda gas-powered compressor brought by us was not used. It was brought because the usual back-up Honda generator broke in Week 1 and was not repaired in time.

Hose and Cabling:

The set-up varied for all five days. The hoses performed well. The set-up was restricted primarily by the length of pressure hose from the boat to the compressor on land. This hose determined how far the boat could be moored from land. The electrical cables functioned well.

Sterilization:

Our workhorse Prestige sterilizer served flawlessly for the week. A second extra one was also used in order to be able to turn instruments around quickly.

ADEC units:

Generally all 4 units performed well except one where water leaked from the handpiece tubing where it connected to the handpiece. Tim tried to detach the tubing from the connector but there the adhesive was too strong to separate it. That unit was not returned to Toronto for repair. Another ADEC unit had a syringe tip button stick. Silicone lubricant helped but it is still leaking

I(ii) CLINICS: ANALYSIS

CLINICS: The number of patients booked for the teams on each day was nearly perfect. On each of the five days we were able to see all the children booked for us. Typically on each day, when there was time, parents were examined in the morning and asked to return at 2 pm. Most clinics finished on time before 4 pm.

There were different challenges at each location at each site:

Monday Feb. 8 - Ak'Tenamit Site 2

This site was convenient because it was situated beneath restaurant Café Tatin and was close to the dental boat. It was covered. Only students were seen, and there were many available.

Tuesday Feb. 9 – El Cedro

This village visit was challenging but characterizes what make Health Outreach special. To be able to reach people from villages so remote as this is something that other groups cannot or will not do. Some hardships were;

- rocking of the boat in the river current.
- risk of damage to the boat against the rocks
- difficulty for volunteers and patients to walk along rocky path to the boat
- Carrying compressors and generators up the river bank

Wednesday, Thursday Feb. 10, 11 - Creek de Chino and Hul Ja

The set-up was quick because we had an opportunity to view the clinic site on Tuesday night. It was decided that the heavy equipment be situated at the back of the dental boat. That made the set up on the second day even faster, since the heavy equipment did not have to be moved from the boat.

Friday –Ak'Tenamit Site 1

The boat was moored when we arrived quite close to the shoreline. The electrical and pressure cables and hoses were already connected to the generator and compressor on shore. The boat was not placed under the roof as last year.

There was a late morning Endo case which put us behind schedule. Tim had to do it with Nasha, even though they both had other responsibilities that day. That being said, the young girl was a good candidate and it was great that we have the skills, equipment and efficiency to complete treatment such as this under these circumstances.

II PATIENT POPULATION:DESCRIPTION

The patient population was appropriate on this project. There were more younger children under ten years of age seen on this project compared to G2015. Of course at the Ak'Tenamit Site 2, there were a lot of older students from the nearby classrooms, and girls from the dorms..

The dentists were booked well with very little downtime. On some days, the children booked were all

seen so adults were seen in the afternoon. This occurred on Tuesday, Wednesday, and Thursday.

There was very little rain and no teacher strike to affect participation.

II(ii) Patient Population: ANALYSIS

Over 80% of the patients seen were under age 18. Some adults are seen when the booked children were already seen.

III COMMUNICATION:DESCRIPTION/ANALYSIS

Two local HO phones were used. Reception was reasonable.

IV TRANSLATION: DESCRIPTION

Simon and Guillermo were both very helpful in helping as translators. The students at Site 2 were good at completing the medical questionnaires. Guillermo stayed with us all five days, which was invaluable because unlike Simon, he spoke Quechi.

IV(ii) TRANSLATION: ANALYSIS

Guillermo was critical as the translator since he also knew the community members

V ACCOMMODATION: DESCRIPTION & ANALYSIS

Hotel Posada Don Rodrigo. This hotel was on the weekend when both teams were in Antigua. The general consensus was that the location and comfort were good.

The Ak'Tenamit cabins were once again considered to be too small to be comfortable. However most volunteers did not seem to mind and mosquito nets were provided. The lighting was solar making it available all the time. However, the batteries were poorly charged from the lack of sun. This was a small inconvenience.

There was security at the cabins most of the time, provided by three boys who took shifts during the week. Omar was the main guard.

Hotel Nana Juana, Rio Dulce – WiFi was provided in the lobby. Rooms were close to the reception and to the road for easy loading. The hotel refunded the room that was not used. At check-in on the Friday, the hotel staff helped carry HO equipment from the boats to the truck sent by Adventure Travel. Timing was good and this avoided the storage of the equipment in the rooms until the truck arrived.

VI FOOD/BEVERAGES: DESCRIPTION/ANALYSIS

Filtered water was available all of the time. Lunches were much improved from last year, both take out and eat in. For variety, lunches were ordered from Finca Tatin and Bugga Mama.

VII BUDGET: DESCRIPTION & ANALYSIS

The expenses have been tallied for G2016 Week #2. Expenses were similar to last year. An additional \$500USD donation acquired by Alexis helped cover miscellaneous expenses. A full expense report along with receipts has been submitted to our treasurer Liza.

VIII CARGO: DESCRIPTION/ANALYSIS

This year an additional vehicle was utilized to transport all of the dental equipment separate from the passenger bus. This arrangement worked out much better and saved considerable time. Team Quesada packed less dental items for us as requested by us.

One less sterilizer and less surgery instruments were packed.

At Rio Dulce the dental items were packed in a separate boat which left immediately after being loaded. This allowed the items to be unloaded prior to us arriving at the dental boat. The personal items were packed on the passenger boat. Since the personal was separated from the dental, the passenger boat didn't seem too overloaded as it did last year.

IX ILLNESS: DESCRIPTION & ANALYSIS

There were no incidences of illness brought to the attention of the Project Leader. The only person that became fatigued was Vicki on Wednesday. It didn't affect her ability to treat patients. Her condition slightly improved over the week. No volunteers required a day off because of illness.

X STAFFING

The original Project Leader, Dr. Ramzi Haddad had to cancel 3 days prior to departure because of the untimely death of his brother. Despite this, all patients booked during the week were seen.

XI TIMING: DESCRIPTION

It generally took some time to set up at each site and get patients into the operatories. The set up speed improved after each day. Patient flow was very good with the 2 experienced dentists we had.

Utilizing Vicki as a restorative hygienist was very beneficial in maximizing the number of patients we were able to see. The following is the timing on the very last work day (Friday):

- Restaurant for breakfast at 7 AM
- Clinic finished at 1130 and packed by 12:15
- Boat departure at 12:25
- Cabin arrival at 1235
- Volunteers ready at 1:10
- Boat arrives at 1 pm
- Volunteers load at 1:15 with personal items
- Arrival at Café Tatin at 1:30 AM
- Departure at 3: for Rio Dulce town
- Final check of HO equipment at Site 1 dock: 3:15 pm
- Departure the next morning at 6am for Guatemala Airport

XII FLIGHTS: DESCRIPTION

The flight through Atlanta was more direct and had a shorter stopover this year. Our checked luggage was not pulled out for another security check. Only a personal security check was performed in a timely fashion. We had plenty of time to get something to eat prior to boarding our flight to Toronto.

RECOMMENDATIONS:

SUMMARY

G2016- Rio Dulce was designed with objectives . All were achieved to some degree. All children appointed were taken care of. This is important because many come from a far distance for care. Because of a staff shortage, the leadership training and preventative programs were deficient in some regards. The weather was ideal, with no rain during our working hours.

One suggestion from last year was implemented. It was questioned whether traveling a long distance to a community was a wise use of time. This year, for greater efficiency, the dental boat was only close to a village site and the children arrived to the boat. This took place on all five days. We never traveled more than 25 minutes each way to a site.

344 patients, mostly children, were seen over five days in remote communities along the Rio Dulce. The goal was to see 70 patients per day, and that was pretty well achieved.

The Rotary Project to equip and supply the Dental Boat was a success. Asociación Ak' Tenamit has facilities and land surrounding the boat and supports its operation all year long. Therefore, the boat and staff serve the communities on an ongoing basis. The boat will continue offering dental care to indigenous children in surrounding villages for many years to come.

Items brought back to Canada:

One ADEC dental unit
Portable Headlamps
Dental hand pieces
Medical /first aid kit.

To Be Considered for G2017:

- 1) Digital X-ray sensors
- 2) Repair ADEC units that leak
- 3) learning some K
- 4) New dental carrier for endo supplies
- 5) Instruments
- 6) sundries, meds and instruments lists
- 7) Consider flights through El Salvador 1 day earlier
- 8) Physicians

Equipment and Sundry Needs:

New Pressure hoses
New handpiece tubing for leaking ADEC units

See updated “**Equipment and Sundry Needs List**” at www.healthoutreach.ca