

# ODONTOLOGUE



# BALANCE

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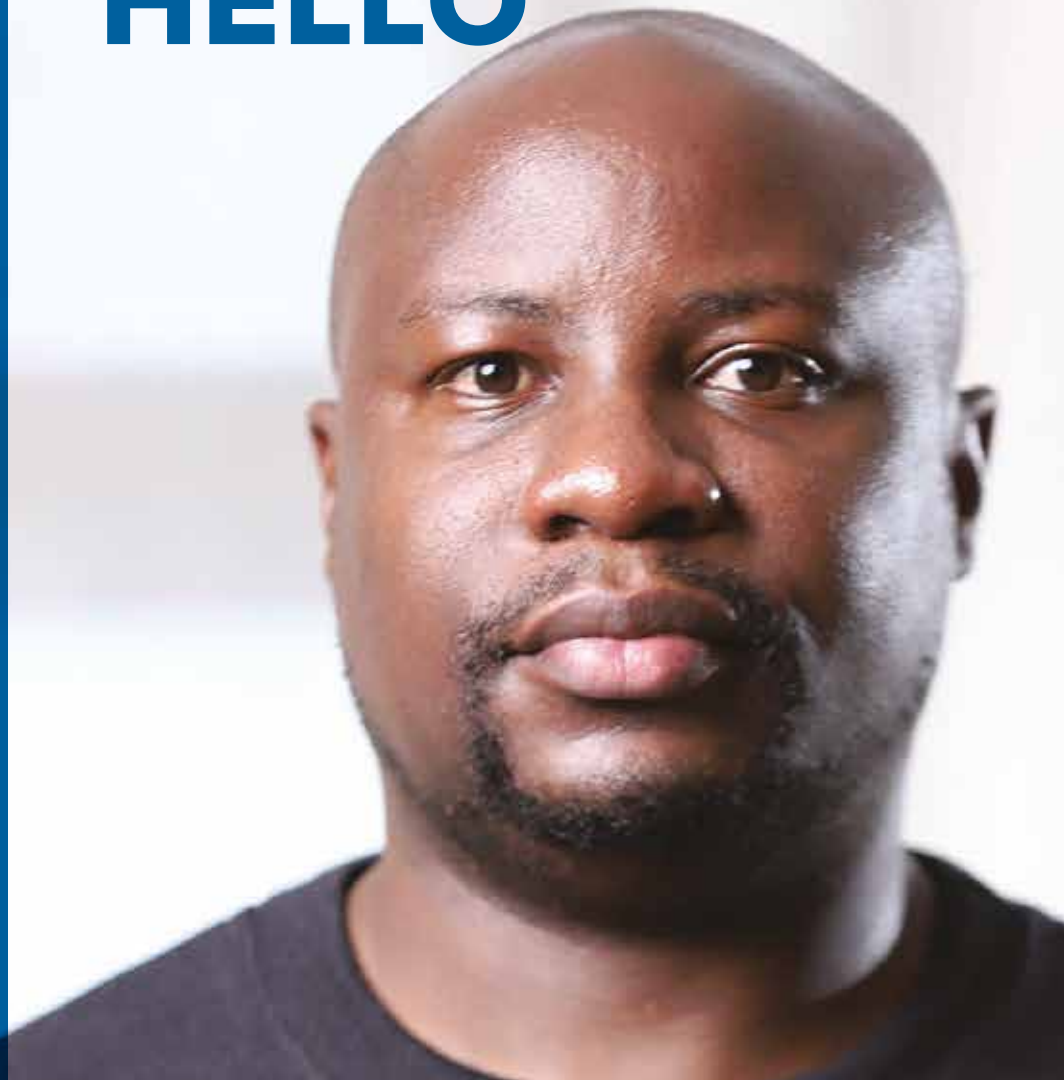
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Letter from the Editor

# HELLO



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The views expressed by individual contributors to this Newsletter do not necessarily reflect the views of the council of the Kenya Dental Association. All contributions to the Newsletter should be addressed to:  
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**I**t is my gracious honour to once again oversee another edition of the Odontologue. This is our very own magazine that is designed to be entertaining, educative, illuminating and informative. This year has begun well for the association. In the pages ahead you will decipher the numerous activities that the association has been involved in. The Ministry of Health Oral Health Division has had a busy year. To help with its mission and objectives they released the National Oral Health Policy and Strategic Plan Documents. It was done in a colourful ceremony at Radisson Blu Hotel. It was attended by many dignitaries; both local and

international. The Chief Dentist, Dr. Miriam Muriithi, gets to inform us further in her message. We get to see how this year's World Oral Health Day was celebrated in the different counties with different partners. You will learn how the team that went to Lamu County was intentionally derailed into a pocket of cultural enlightenment. You will learn how our own council member Dr. Branice Munyasa tackles the arduous task-shifting process between learning and private practice management. We also got to interview Dr. Leah Njogu who gave insights on the ever-aching quest for balance between dentistry and motherhood and life outside dentistry.

These are among many other pieces of information that we inoculate you with in this issue. On a sad note. We lost 3 of our colleagues. In them we have lost a continuum of experience, generational wisdom and dental camaraderie. We get to honour them in the obituaries section. Though it is not in our control, we do sincerely pray to avoid any more of these in the near future. Welcome to this year's first issue of our magazine. We hope you will enjoy. Salud!

**Dr. Douglas D. Oramis**  
**Editor-In-Chief**  
**Odontologue**



PRESIDENT, KDA

Ladies and Gentlemen of the association, allow me to paraphrase the late Steve Jobs by saying, “Dentistry alone is not enough—it’s Dentistry married with liberal arts, married with the humanities, that yields us the results that make our heart sing.”

“Would you say that you live to work or work to live?” Surely, it isn’t by luck. I myself am a firm believer in the power of curiosity and choice as the engine of fulfillment. Precisely how you arrive at your true calling is an intricate and highly individualized dance of discovery. It is in finding fulfillment in what you do that you achieve that ultimate balance. We often struggle in defining balance because it has often been seen as a cherry that sits neatly at the top of a well baked dessert cake. It is not. I have defined it to be a state of mental wellness derived from general satisfaction in what we do, who we are and our contribution to society. Focusing on the last part, I have found great satisfaction in giving back to my community and making it a better place. The idea behind this is to improve the collective quality of life of the people around me. I found great satisfaction around this and has been a great contributor to finding the fulfillment out of the dental clinic. Professional isolation, economic pressure, patient fears and perfectionism contribute immensely in making dentistry one of the most stressful occupations. Thus, the need for balance and healthy coping mechanisms. I have found intriguing conversations with friends and reading—on my areas of interest in philosophy, technology, business processes and automotive topics—as my go to when it comes to finding solace. Physical activities top the list also as among of the things I find cathartic. Running thrice a week may not be just about general fitness but about the three hours a week that I know my mind and body commune.

Not everyone is able to do these things. The blissful discovery that they work, for me is golden. Interestingly engaging conversations top that cathartic list. It is a journey that is littered with many misses but time is your great asset, so use it to discover what works for you. What you stumble on may be unconventional and that is okay, as long as it works for you. I, however, implore you to carve out time for family and friends because these relations have a huge impact in your overall state of happiness and satisfaction. Remember happiness is a moving target. I liken it to a bouquet of flowers which must receive fresh blooms from time to time to for it to keep its allure and beauty. Tend to it!

\*\*\*

My thoughts have been drawn from my personal experiences, my interaction with the beautiful mind of Maria Popova in her website *The Marginalian*, both the HBR (Harvard Business Review) And the FT (Financial Times) that write to delight and entertain the mind.



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# KENYA NATIONAL ORAL HEALTH POLICY 2022|2|30 & STRATEGIC PLAN 2022-2026



**Dr. Miriam Muriithi**  
CHIEF DENTAL OFFICER and  
Head Oral Health Services  
Ministry of Health, Kenya

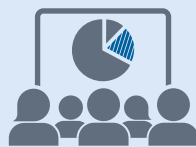
**H**ealth policy can be defined as the “decisions, plans, and actions that are undertaken to achieve specific healthcare goals within a society”. According to the World Health Organization, an explicit health policy can achieve several things: it defines a vision for the future; it outlines priorities and the expected roles of different groups; and it builds consensus and informs people. Health policy is aspirational, which is to say that it’s designed to show health providers the kind of outcomes they’re aiming at. Kenya has not had a National Oral Health policy since the year 2012 when the 1st one ever expired. However, after the National Oral Health Survey report, 2015, the Ministry of Health together with partners has develop a National Oral Health Policy

## SIX KEY OBJECTIVES TO



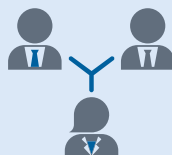
### OBJECTIVE 1

To strengthen leadership, governance, partnerships and resource mobilization to improve oral health service delivery at all levels.



### OBJECTIVE 2

To strengthen integrated preventive community interventions that address oral diseases and conditions within programmes that influence health using common risk factors approach.



### OBJECTIVE 3

To train and equitably distribute human resource for oral health.

and the 1st ever National Oral Health Strategic plan. These 2 documents will be launched in the month of May 2022.

The Kenya National Oral Health Policy (2022 – 2030) marks a milestone in the country’s progress towards attaining UHC in line with the Constitution of Kenya 2010 and the adoption of the 2030 Agenda for Sustainable Development. In developing this policy, the Ministry has taken cognizance of the current governance structure in the country anchored on devolution of both political and economic power to 47 counties. The new dispensation requires not just a shift in our approach to healthcare services but also forms of engagement with partners within the devolved system of government.

The policy recognises that management of oral health in a ‘silo’ approach will not be effective in tackling the substantial issues highlighted. Instead, integration of oral health promotion and disease prevention into relevant health programmes will enable a unified approach in dealing with the common risk factors. This policy therefore aims to integrate and operationalize

oral health within the NCDs, PHC and UHC agendas. The Government appreciates the importance of stakeholder engagement if we are to ensure all Kenyans, including the vulnerable groups, have equal access to essential quality oral health services. Since most oral diseases are preventable, the policy further seeks to empower communities to take the responsibility of promoting oral health and preventing oral diseases by practicing good oral hygiene and other simple home remedies to reduce the high disease burden. It proposes mechanisms for strengthening existing oral health systems through enhanced governance, financing, infrastructure and human resource to address current oral disease burden.

Further, it is envisioned that this policy will provide a critical reference to all stakeholders, both public and private working towards achieving UHC in Kenya by ensuring that greater attention is given to oral health needs of Kenyans, especially vulnerable groups. The aim of this policy is to facilitate the development of comprehensive oral healthcare systems which are integrated into general health (with emphasis on NCDs prevention and control based on PHC principles), education and development policies, towards achieving UHC in Kenya.

This National Oral Health Policy 2022-2030 will be implemented through 5-year National Oral Health strategic plans.

The Kenya National Oral Health Strategic plan 2022 – 2026 provides a framework for both state and non-state actors at National and County levels to implement the Kenya National Oral Health Policy 2022 – 2030. It sets out strategic focus action areas with the aim of mainstreaming oral health by strengthening integration, partnerships and coordination, development and maintenance of oral health infrastructure, strengthening oral health education and awareness, community involvement in promotion and prevention of oral diseases, resource mobilization and establishing effective monitoring and evaluation systems for oral health.

This comprehensive strategic plan enables stakeholders to improve oral health collectively and effectively, thereby ensuring the wellbeing of all Kenyans including those in vulnerable situations. The National Oral Health Strategic plan is also in line with the upcoming WHO Global Oral Health Strategy whose strategic objectives are as follows;

## ACHIEVE IN THE POLICY



### OBJECTIVE 4

To strengthen health systems capacity to provide oral health services by improving infrastructure and providing equipment, commodities and technologies.



### OBJECTIVE 5

To promote surveillance, evidence-based decision making, monitoring and evaluation, research and information sharing in oral health.



### OBJECTIVE 6

To promote eco-friendly practice of dentistry.

### STRATEGIC OBJECTIVE 1

#### ORAL HEALTH GOVERNANCE

Improve political and resource commitment to oral health, strengthen leadership and create win-win partnerships within and outside of the health sector

Strategic objective 1 seeks recognition and integration of oral health in all relevant policies and public health programmes as part of the broader national noncommunicable disease and universal health coverage agendas. Increased political and resource commitment to oral health are vital at the national and subnational levels, as is reform of health and education systems. Central to this process is establishing or strengthening the capacity of a national oral health unit. A dedicated, qualified, functional, well-resourced, and accountable oral health unit should be established or reinforced within noncommunicable disease structures and other relevant public health services. Sustainable partnerships within and outside of the health sector, and engagement with communities, civil society and the private sector, are essential to mobilize resources and address the social and commercial determinants of oral health.

### STRATEGIC OBJECTIVE 2

#### ORAL HEALTH PROMOTION AND ORAL DISEASE PREVENTION

Enable all people to achieve the best possible oral health and target and reduce the social and commercial determinants and risk factors of oral diseases and conditions

Strategic objective 2 calls for evidence-based, cost-effective and sustainable oral health promotion and interventions to prevent oral diseases and conditions. At the downstream level, oral health promotion supports the development of personal, social and political skills that enable all people to achieve their full potential for oral health self-care. At the upstream level, oral health promotion includes creating public policies and fostering community action to improve people's control over their oral health and to promote oral health equity. Prevention efforts target key risk factors and social and commercial determinants of oral diseases and other oral conditions. These initiatives should be fully integrated and mutually reinforcing with other relevant noncommunicable disease prevention strategies and regulatory policies related to tobacco, harmful alcohol use and unhealthy food and beverage products, as well as the use of fluorides for prevention of dental caries.

### STRATEGIC OBJECTIVE 3

#### PRIMARY ORAL HEALTH CARE

Build workforce capacity and ensure financial protection and essential supplies in integrated primary oral health care

Strategic objective 3 seeks to increase access by the entire population to safe, effective, and affordable primary oral health care as part of the universal health coverage

benefit package. Basic oral health care includes oral health promotion and prevention of oral diseases and conditions, as well as services which address oral pain, infection, trauma, dysfunction, malignant disease and referral, with agreed quality and patient-safety standards. Oral health care providers who suspect abuse or neglect should offer patients appropriate counselling, treatment, and effective means to report such cases to the relevant authority, according to the national context. Oral health providers should be members of the primary health care team and work side-by-side with other health workers in tackling oral health conditions and other non-communicable diseases, with a focus on addressing common risk factors and supporting general health check-ups. Financial protection through expanded health insurance coverage - including coverage of oral health services - is one of the cornerstones of universal health coverage. Ensuring the reliable availability and distribution of essential medical consumables, generic medicines and other dental supplies is also important for the management of oral diseases and conditions in primary health care and referral services.

### STRATEGIC OBJECTIVE 4

#### ORAL HEALTH INFORMATION SYSTEMS

Enhance oral health surveillance and information systems to provide timely and relevant feedback to decision-makers for evidence-based policy-making

Strategic objective 4 involves developing more efficient and effective integrated information systems for oral health planning, management and policy-making. At the national level, strengthening oral health information systems should include systematic collection of oral health status, risk factors and resource spending data using existing health management information systems and promising digital technologies. Monitoring systems should also be established to track implementation and impact of existing policies and programmes related to oral health.

### STRATEGIC OBJECTIVE 5

#### ORAL HEALTH RESEARCH AGENDA

Create and continuously update a new research agenda focused on public health aspects of oral health and innovation for better impact on oral health

Strategic objective 5 strives to move beyond the historical oral health research agenda that has focused heavily on dental technology and problem description, rather than problem-solving. The new oral health research agenda should be oriented towards public health programmes, population-based interventions, learning health systems, workforce models, digital technologies, and the public health aspects of oral diseases and conditions, such as primary health care interventions, minimally invasive interventions, alternative dental restorative materials, environmentally sustainable practice, and economic analyses to identify cost-effective interventions.



# HARMONIZATION OF CURRICULUM AND TRAINING OF HEALTH PROFESSIONALS

## CHARTING THE WAY FORWARD IN HEALTH CARE REFORMS

The inaugural Health Workforce Conference 2022 was a major milestone towards realization of health care reforms aimed at strengthening technical and soft skill competencies. The conference whose theme was 'Repositioning today's health workforce for the future' focused on strengthening the technical and soft skill competencies and enhancing the global competitiveness and future job readiness of health professionals. It also focused on ensuring adequate response to the Country's changing healthcare needs and strengthening capability and technical support from health professionals for the Universal Health Coverage (UHC) agenda. The Kenya Medical Practitioners and Dentist Council played a key role as the secretariat to the conference with its Chair Dr. Eva Njenga serving as the conference Co-Chair. The conference which run from the 7<sup>TH</sup> to 9<sup>TH</sup> of February 2022 attracted over 1,000 local and international delegates.

### After 3 days of deliberations, the following resolutions which are expected bring transformative change to the health sector were made

workforce with a view to enrich it with skills-based training and other competencies including specialist training to enhance patient centered care.

- Better harmonization in training amongst training institutions and promotion of affordable training through establishment of a training fund and medical education fund for teaching hospitals to fund trainees.
- Development of a comprehensive integrated health workforce information system and institutionalization of HRH tools such as Workload Indicators of Staffing Need (WISN) and Health Labour Market Analysis (HLMA). This will enable evidence decision making so as to effectively manage the human resource for health labour market.
- Streamlining the supply and demand of health workforce in the labour market for quality healthcare through guidelines on absorption, specialist training, retention of medical graduates and migration of health workers.
- The need for collaboration between universities and tertiary hospitals which are uniquely placed to support and prioritize research and implement research findings to improve patient outcomes.
- Standardization and harmonization of scopes of practice for all cadres of health workers to match health professional competencies aligned to career progression pathways.
- Development of a regulatory framework and standards to guide task sharing and common learner based curricular.

To ensure implementation of the conference resolutions, it was recommended that a Standing Implementation Oversight Committee (SIOC) be established.

# DISCIPLINE & ETHICS COMMITTEE

The Council received 26 complaints of alleged professional medical malpractice in the third quarter of the year 2021-2022.

Of these complaints, 20 have had case files opened and are awaiting submissions from the respective respondents. In hearings held in January and February 2022, which involved complaints which had been filled previously, the D&EC Sub-Committees determined nine 9 cases and one 1 case was adjourned.

KMPDC is mandated to regulate health training, practice of medicine and dentistry as well as regulate healthcare standards in hospitals, medical centers and clinics through the Disciplinary and Ethics Committee. The Disciplinary and Ethics Committee (D&EC) is established by the Medical Practitioners and Dentists Act, Chapter 253 of the Laws of Kenya, Section 4A (1) (b) which mandates the D&EC to conduct inquiries into complaints submitted to it.

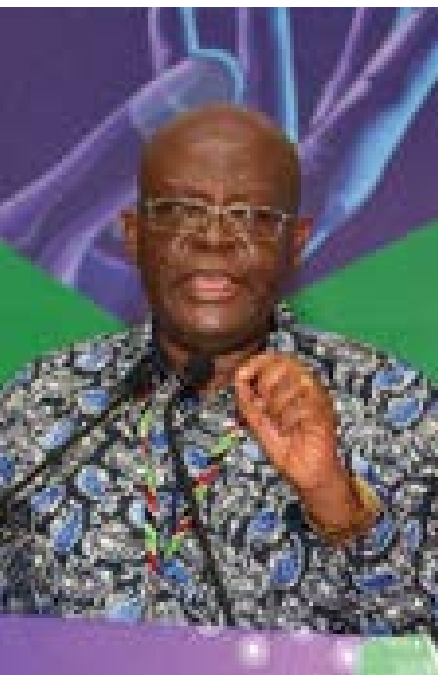
In hearing and determining complaints of alleged medical negligence, the D & E Committee goes through several stages including receiving of a complaint, opening of a D&EC case file, expert review and committee stage all while allowing both the complainant and respondents have adequate time to file submissions to ensure an impartial process. According to Ms. Eunice Muriithi Assistant Director, Discipline and Ethics, "the determination of cases involves intense investigation based on medicine and backed by a thorough analysis of the patient journey by critically evaluating the complainant and respondents' statements, patient files and records to ensure a fair outcome for each complaint presented to the committee."

Medical practitioners are encouraged to ensure that:

- they keep accurate documentation and patient notes
- engage in continuous and honest communication with their patients and their families
- take up indemnity covers as is mandated in the Health Laws Amendments Act of May 2019. This safeguards the practitioners should there ever be any complaint lodged against them

The Council commits itself to do everything within the law to ensure that every matter is determined in the shortest time possible. However, a number of factors such as inadequate documentation by complainants, lack of cooperation from defendants and need of review by multiple specialties can extended the duration before final determination of a case.

# COMPLIANT PRACTITIONERS & FACILITIES TO BE PUBLISHED ANNUALLY



**N**ames of all registered practitioners and facilities will have their licensure statuses published by 31<sup>ST</sup> March of every year. This is in line with Section 9 and 10 of CAP 253 Laws of Kenya which mandates the Council to register and maintain a record of all practitioners in the country. This is inclusive of the records of retired and deceased practitioners. The number of registered practitioners has been rising over the years due to the increase in the local universities offering Bachelor of Medicine and Bachelor of Surgery (MBChB) and Bachelor of Dental Surgery (BDS). There are 15,485 registered local doctors out of which 9,665 are licensed as at 11<sup>TH</sup> April 2022. Further, out of the 1,259 registered foreign doctors, 327 are licensed. Currently, the country has 11

medical and 2 dental approved schools offering undergraduate medical and dental training respectively. Students on internship are normally issued with internship licenses before acquiring a practicing license, which comes after successful registration with the Council. It is a contravention of the law for a practitioner to fail to renew their license as required. All licenses including those of facilities expire on the 31<sup>ST</sup> of December every year and one is required to initiate renewal before this date. Failure to adhere to this licensure rule attracts a fifty per cent (50%) penalty imposed on the license fees. The license renewal process has been simplified as it is done online. A doctor only needs to have attained a minimum of fifty (50) CPD Points, have secured an indemnity cover and be in good standing

## COUNCIL REVAMPS ITS HUMAN RESOURCE CAPACITY

**F**ollowing KMPDC's categorization as a regulator agency by the State Corporation Advisory Committee (SCAC) in 2020, the Council has embarked on revamping its human resource capacity to enable a more efficient delivery of its mandate. This comes after adoption of a revamped organizational structure aimed at enhancing coordination of all activities, building synergy between directorates/ departments and divisions, eliminating duplication of work and rationalizing sta\_ for optimal utilization.

The structure has also put in place standards for recruitment and career advancement on the basis of knowledge, competence, merit, experience and ability. In line with this, the Council advertised and filled three new positions of Director Standards, Deputy Director Strategy Research and Quality Assurance and Deputy Director Corporate Communication and Public Relations. The new employees Dr. Margaret Mbugua, Director Standards, Ms Jeanne

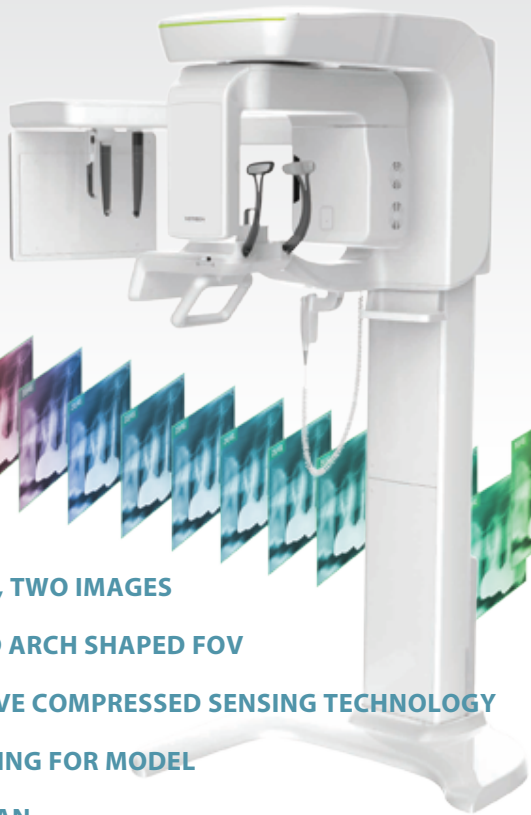


Mathenge, Deputy Director Strategy Research and Quality Assurance and Simon Kiraithe, Deputy Director Corporate Communication and Public Relations were officially received by Daniel Yumbya KMPDC CEO on 15<sup>TH</sup> March, 2022.

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# CHRONICLES OF LAMU

By Dr. Douglas Oramis

Photographer: Shanga

The KDA delegations comprised of Dr. Tim Theuri, Dr. Douglas Oramis, Dr. Arnold Malit, Dr. PJ Muriuki, Dr. Grace Mugure, Dr. Jane Wamai, Dr. David Mundia and dental support staff, Justus Keli and Virginia Wanjiru went to Lamu County for World Oral Health Day celebrations between 14<sup>TH</sup> March and 17<sup>TH</sup> March. This was in conjunction with the main partner Safari Doctors which was represented by Amina Mohammed, Mariam Abdalla, Shanga, Fahmi, Violet, Mugambi, Chake, Dr. Sarah Bury and Dr Eleanor among many others. The team

visited Faza Island, Shela Island and Mpeketoni where they saw a total 560 patients. They did screening for oral diseases and minor treatment in the form of extractions. Oral Health promotion was a major part of the plan with a lot of oral hygiene instructions and diet counseling. They donated oral hygiene adjuncts in the form of tooth pastes and tooth brushes. Other supporting sponsors for WOHD included Colgate, Mars-Wrigley, TransAfrica and Unilever. The following is a gonzo account of what took place.

# DAY 01



The boat will not move further. There is no water to support it since the tides have taken the waters to the main sea. They is a law to this effect. Let me think. Aah. The law of buoyancy. Oh, wait, Archimedes Principle. Look it up. The boat's inhabitants consist of the team from KDA and Safari Doctors. The captain of the boat is a chap called Fami-at first. He cheekily announces that it is time to walk. The destination is about 1 km away. We will walk, or rather wade through the waters of the Indian Ocean. After a short comfortable silence, the team alights from the boat and begins the 1 km wading to the Island of Faza. After 10 minutes of soaking, we finally reach Terra Firma. Once on land, we tread slowly to the site of the Camp. We find people waiting for us. We move into the makeshift hospital and start setting up. Dr Theuri, President of KDA (PoKDA) discovers the KDA Flag and takes it out to find a temporary home for it.

We set up the usual, OD, LA Room, Treatment Room and Pharmacy. We divide tasks amongst ourselves and get to work. It is slow stream of patients that begins to dwindle at 1 pm. By then the team is exhausted. The morning passes, evening comes, that was the first day.



DAY  
02



Captain Fami looks at the tide’s app and smiles. He knows that the waters are coming back from the larger sea. Last time we had to wade about 1 km from where the boat packed. This time that would be a mere 5 metres. Fami is in front of us. We have finished Day 2 at Faza Island. We have seen about 300 patients in total over the course of the two days. Fami is barefooted and proud of it. At the moment he is ridiculing us for wearing shoes. Looking at his feet, we see the telltale hyperkeratinization of the plantar aspect. He has been walking bare feet for a long time: probably a few hours postneonatal. We load the instruments, supplies and ourselves onto the boat. It is then that we learn that Fami has a wedding at the end of the week. His retinue board the boat as well. They seem jovial and excited. We will take them to Amu Island.

The boat starts and we are off to Shela, the waters are calm. Those massive waters of the Indian Ocean surround us and we are humbled by their vastness. Atop the boat, the new KDA flag is waving at the massive waters with jubilant adoration. We pass by the Lamu Port and marvel at the cranes and scaffolding. It would be a great one, that one. But then, just when we are about to complete the journey, the boat stops.

We are betwixt mangroves. The boat sways wildly and we start lurching onto one. The lady (who shall not be named, to preserve their street cred) starts shrieking. She grabs the author by the arm. The diagnosis is a simple-the boat has run out of fuel. Captain Fami pretends he is ignorant of this diagnosis. He starts

looking around confused. “What is the problem?” is trending. After a brief pause, he smiles and reaches for the reservoir. He refuels the boat and restarts the engine. Off we go to Amu. We arrive at Amu, 8 minutes later and Fami’s relatives disembark at this point. Once the last of them has alighted, we turn the boat and head for Shela. At Shela we release the two doctor’s Eleanor and Sarah from Safari Doctors. But not before Sarah dives for the dropping smartphone that slipped through her fingers. It drops onto the waters by the side of the dock and briefly we can only see her lower half. Sandwiched between the dock wall and the boat. Mariam, from Safari Doctors quickly grabs her torso. She manages to come out with the phone in hand. She is elated at the great save. It appears to be an one of the newer iPhones. This is baffling since it is supposed to have all sorts of IP-something water resistance. It would have been nice to know whether the manufacturer was telling the truth. She is okay, a bit of algae on the scrubs and the salty waters of the Indian Ocean are all the bother for today. We pick a gentleman called Mugambi from Safari Doctors and two familiar faces. The familiar faces of Dr. Waweru and Dr Mundia from KDA. We exchange pleasantries. Either we caught them unawares or they underestimated our ETA. They both are carrying lunch boxes with rice and fried chicken. Normally, this would raise a serious rancor of Boborygmi. Fortunately, we had just had one of the best Pilaus at Faza, all is well. We are heading to Mpeketoni on the mainland. But to do that, we have to travel by boat to Mokowe. We get to Mokowe and get into 3 waiting cars. We load them with our items and proceed for a 1 hour drive to Mpeketoni.

# DAY 03

The Mpeketoni of 2022 is a calm one. There may be undercurrents lurking in the civility of its inhabitants. This is a far cry from the explosion in 2014. The explosion of violence that bled from the streets into the homes. It was here that 60 people lost their lives between 15<sup>TH</sup> and 17<sup>TH</sup> June in 2014. As we trudge along towards the campsite, we pass by the memorial grounds. An obelisk with a cross atop and inscribed words stays as a constant reminder of that time. We arrive at Lake Kenyatta Primary School-the grounds of the camp.

Members of the community have gotten there early, anxiously awaiting our arrival. We settle in and establish the various stations. Dr Jane Wamai grabs the teaching model and goes to deliver one of her impassioned OHI speeches. Work has begun. It starts at 8 AM and goes on relentlessly till 3 PM. When the shop closes. After a nice lunch washed down by nice cold tamarind juice, the group bundles into 3 vehicles and heads for Mokowe. But before then Mariam the co-ordinator for Safari Doctors calls Captain Fahmi (yeah, this is when I discover the spelling) and informs him of our departure. Captain Fahmi should get ready to pick us up at Mokowe in 45 minutes' time.

Well, 45 minutes later we did land at Mokowe. Alas! Captain Fahmi was M.I.A or is it AWOL? An unimpressed Mariam informs Fahmi that it was unwise to delegate transportation duties to one of his comrades. Mariam also reminds Fahmi that the boat needed is a bigger boat (Here's looking at you Jaws). Fahmi may have reminded Mariam that his wedding starts in 24 hours' time but let is slide. After loitering at the insipid port of Mokowe for about 30 minutes we witness the Capitan arriving. It is frenetic, to say the least, Fahmi roars into the dock at about 100 kph. Our KDA flag, now affixed on the boat is soaring with vigour and vitality atop that boat like the ghost of Poseidon. It is time to leave for Shela.



DAY  
04

Safari Doctors' offices. The team trickles in little by little from 8 AM. The patients already started coming in. There is quite a crowd. The team begins the screening. Members requiring immediate odontectomies give their consent and these are done on site. Meanwhile, there was excitement in the air. The one and only Captain Fahmi-who happens to work for Safari Doctors-is about to begin the wedding process. Unfortunately, the main wedding ceremony called Nikah was to take place on Friday. Bummer.

Needless to say, even the KDA team was excited. Having met the legendary Fahmi and naturally gotten attached to the fella. Dr Malit was itching for that kanzu, especially when he was notified by the aforementioned about a traditional dance called Goma. This was to take place later in the evening. But our Fahmi needed to first participate in a ceremony called Kunyoza. We shall get to this later.

We finished seeing patients, giving OH instructions, doing photoshoots and eating delayed lunch at 3:30 pm. From then, the KDA entourage split into two lines of madness. Those possessed by the waters of Jannatan and those possessed by the hunt for the next great fitting kanzu. It would be the last time these two saw each other in daylight in Shela.

About one and a half hours later in what would prove to be an almost eventful motorbike ride across Amu Island, the team from Jannatan finally re-united with their Kanzu counterparts. They met in a plaza. The Singing, ululations and theatrics were alive and well. Dr Mundia had commandeered a speaker box as his base of operations. The kids were clamouring to climb and improve their vantage point. He remained steadfast- for a while anyway. As I met him to hand over the much-needed change of fashion. No sooner had he disappeared than those rascals scaled that speaker. The kingdom of heaven was theirs. Who says patience doesn't pay.

What follows is a deluge of incantations, ululations, gyrations, money-showers and plain old melee. Captain Fahmi is the Guest of Honour here. He sits at the centre of it all. He is having his head shaved. The significance is of a simple grooming nature. He has to appear presentable to his bride. He is also getting that Moolah. The ever-flamboyant Sir Malit comes through the crowd parting it like a well-intentioned matrix band. He proceeds to unleash a torrent of 100 shillings. Our version of Dollar Dollar bill yo!

Captain Fahmi is all smiles. Meanwhile, the shaving continues. PoKDA is next on cue with his dollar bills. Unfortunately, the dollar has gone to the skies. So, let us just say he is with his dollar-short-a-few-cents bills shot a few cents. Or let us just assume it is 2019. Bill Gates better grab his umbrella.

By this time Fahmi has been shaved already. He is being plastered with a concoction of a substance. It is yellowish. Dr. Mundia keeps saying Manjano. I ask him to elaborate and he says, "Turmeric". He nudges one of the kids and asks, "Manjano?" The kid nods. It is difficult to interpret that nod. Was the kid reminded how one week ago, Dr Mundia had gone ballistic at the KMPDC offices? By some form of primordial precognitive self-defence mechanism obliged them to nod. Were they afraid of getting sued? Anyway, Manjano it is.

Fahmi looks like something out of the underworld. Only the eyes and mouth give a glimpse of the negro that he is. The rest of him is Amber/Manjano/Yellow. He starts and breaks into a dance. He grabs the vivacious Dr. Sarah and shows her a few moves or two. The crowd goes wild. From my vantage point, I can see two Caucasians dancing atop a mangrove table. One may be false negative-but who is taking notes. Some of that Manjano cake has rubbed off onto Dr Sarah's Dera a.k.a loose-fitting traditional dress.

A few more dance moves later, Fahmi's brother emerges. He is carrying a bucket of water. He proceeds to de-Manjanolize Fahmi. This means something, right? I think so. Maybe it is simply a cleansing act. Fahmi does his best to go back to de-novo negra. A few spots of Manjano still remain. He accompanies his brother to their home. The crowd shrills in ecstasy. The DJ takes this cue and the speaker blasts, "Follow the Leader, leader!"

The swashbuckling buccaneer Sir Malit take it upon himself to be that leader. A human train soon forms-an amalgamation of KDA team, Safari Doctors and the locals. The sandwich technique was open in nature.

"Come on now  
Jump foot the left, jump foot the right  
Jump foot the left, jump foot the right  
Everybody  
Jump foot the left, jump foot the right  
Jump foot the left, jump foot the right "



After the human train or is it a snake, slithers for a few minutes, the song ends and so does the following. This part of the program ends unbeknownst to us, we will be back at this very same spot.

That comeback happens 3 hours later. After the 8 PM prayers. It is called Goma and it appears that the KDA delegation came prepared. Sir Malit was determined to spearhead the important obligation of cultural integration. Let it never be said that KDA was not a diverse Association.

The scene was something like this.

At about 8:45 PM the spot where the Manjano Revolution had taken place, there was a new setup. The plaza was now festooned by white kanzu clad gentlemen, both old and young. They formed an L skirting on the periphery. Each person held a walking stick-bakora. There was a conductor guiding the performance. An orchestra in the heart of Amu. There was a human music box in the form of a flautist. The humming started, the coordinated thrusts of bakoras in the air and slight left to right, right to left shuffles.

There was also Sir Malit-who Fahmi had made sure got a bakora. He was taking pre-op photos. Little did he know that an hour later those shoulders and arms would be on FIRE!!! For now, he was all smiles and flamboyance. PoKDA joined in and the camera's started clicking. PJ remembered he needed the evidence of how good it looks to be in a kanzu and joined in with his bakora-and his iPhone. Those three phones put together could buy a plot in Kangundo. But that is for another story. Yours truly and Dr Mundia joined in last. The cameras clicked away.

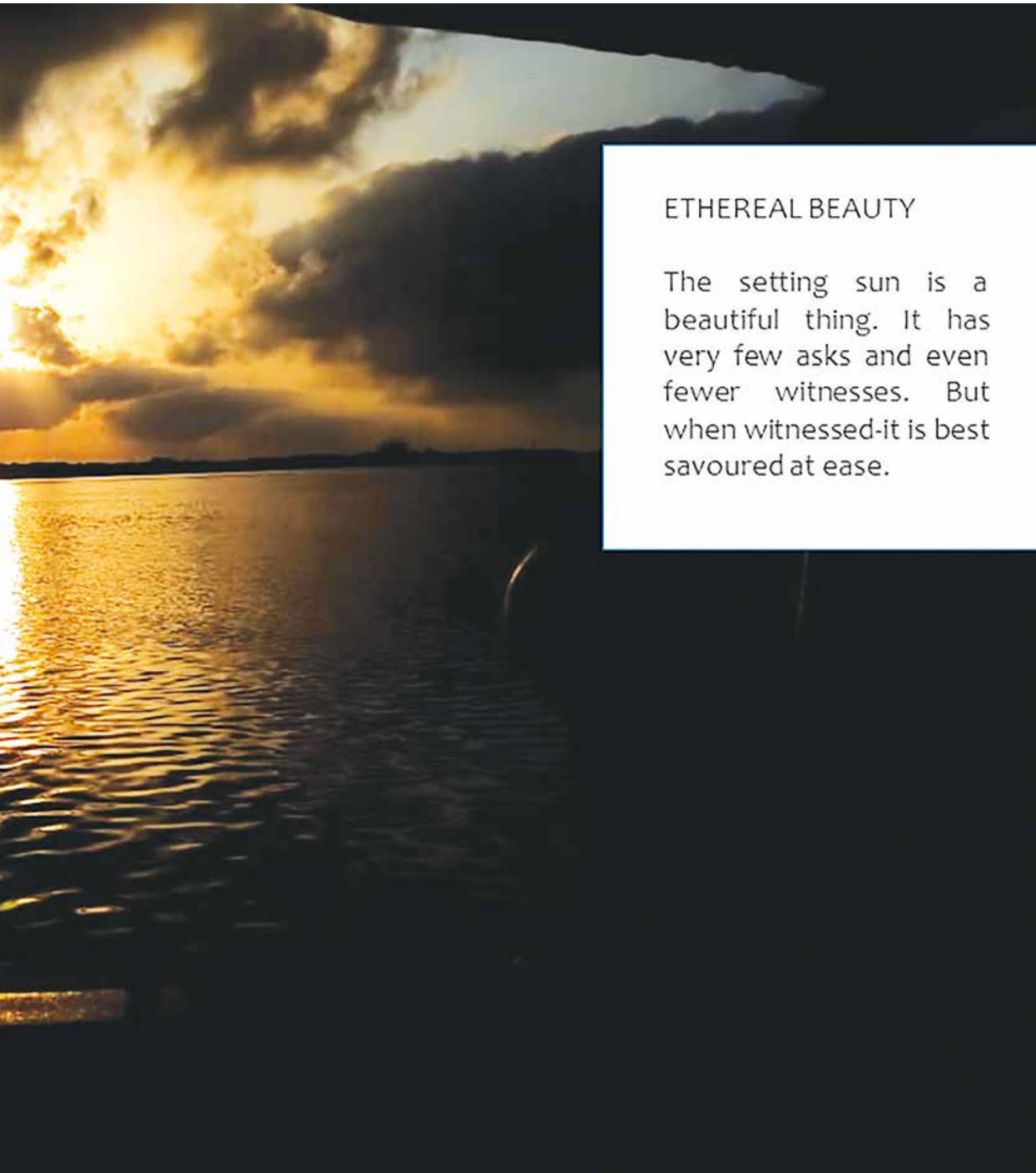
After a couple of minutes of watching from the stands, we were summoned in by Fahmi. I like to think we were masqueraders. It may have something to do with the stink eye the conductor gave us any time he looked in our direction. Or maybe it has something to do with a few of us lacking bakoras. When the time came to heave them up. We would lift imaginary bakoras. You tell me, is that not the definition of masquerading?

Dr. Malit was doing his best to assimilate. Coordinating the army of white. The humming, the shuffling. The acceptance of notes of cash stashed betwixt the temple and Kufi. He would later recall that no one had ever given him money for dancing. Meanwhile, yours truly was getting tired. The monotonous shuffling, humming and heaving of an imaginary bakora was taking its toll. Especially since PoKDA had temporarily bailed out and handed me a real bakora. The worst was holding that bakora parallel to the ground on top of the left shoulder with the right hand. That took like 10 minutes. All the while we were humming. Or is it mumbling? This part is not clear. I could not wait for it to end.

But then again that is life. Because this was the highlight of our evening. It did come to an end and we had to get out of there. This is because the waters had left the island. This meant that we did not need a boat to cross from Amu to Shela. Motorbikes will do, thank you very much. Off to Jannatan we went. Evening passed, morning came. That was the 4th day. On the 5th day, the group found itself bundling onto a boat headed for Manda where the airstrip is-or is it airport? On paper it is an airport, on the ground...







## ETHEREAL BEAUTY

The setting sun is a beautiful thing. It has very few asks and even fewer witnesses. But when witnessed-it is best savoured at ease.



# SOUTH RIFT CELEBRATES WOHD

**K**DA asked its members to take meaningful action to end the neglect of global oral health. The South Rift Branch encouraged many members to participate in enlightening the public via different events, to look after their mouths and protect their quality of life. This was on the rationale that an unhealthy mouth not only impacts general health but also has a severe impact on people's emotional, social, mental, and overall physical well-being. In this regard many events occurred. Date: Sunday 20<sup>TH</sup> March 2022

The venue was Arise Hope Special Needs Daycare, Section 58 Nakuru. Arise Hope takes care of children with learning disabilities: autism, cerebral palsy, ADHD and other developmental challenges. They have a facility that caters to both day scholars and have about 15 boarders who live there under the supervision of 10 professional caregivers. The host was the founder and director Mr. David Maina. Some of the day scholars also came in for screening accompanied by their parents and family members.

The aim of this event was to reach the undeserved paediatric population of Nakuru living with special needs. To learn about special needs care for children with learning disabilities. To engage the community and show our love for them and to support the work of special needs caregivers.

Other than the KDA national office the other partner in this event was Colgate-Palmolive.

The following activities took place to commemorate World Oral Health Day

The host, Mr. David Maina was very pleased with the visit being the first time ever any medical activity had been done at the institution. The team from South Rift had some dentists make a contribution in the form of a gift voucher valued at Kshs 5,000 which happened to be the first donation they had received from a group or individual at the facility,



- Engagement with the children and staff for an entire afternoon through play and other activities
- Oral Health Education of the special needs' children, caregivers and parents
- Clinical examination of the children and caregivers, charting and recording of all dental needs. The records were filed with the Director for referral and future reference. Approximately 25 people were screened.
- Distribution of toothbrushes and toothpaste for the children, caregivers and parents as well as themed t shirts from our sponsor Colgate.
- Setting up oral health education posters within the facility

The dentists present were members affiliated with KDA South Rift Branch led by its Chairperson Dr. Edward Kabubei. We also had Dr. Julius Nyoru (Baringo County), Dr. Aisha Maina (Med Sup. Nakuru County), Dr. Serah Ndaiga (Nakuru County), Dr. Mercy Gicheru (Private practice) and Dr. Dorcas Murage (Med Sup. Annex Nakuru County). Some of them were graciously accompanied by their kids.

The following were some of the outcomes from the screening and oral health promotion.

1. There is a need to assist the parents and caregivers to get quality care within the county
2. Maximum support needed from dental professionals both in private practice and government.
3. Need to address the dental needs especially those that require hospital level care
4. It is essential to help the children get enrolled in NHIF through their parents
5. Getting the children registered as people with special needs to maximize government protection when seeking healthcare services

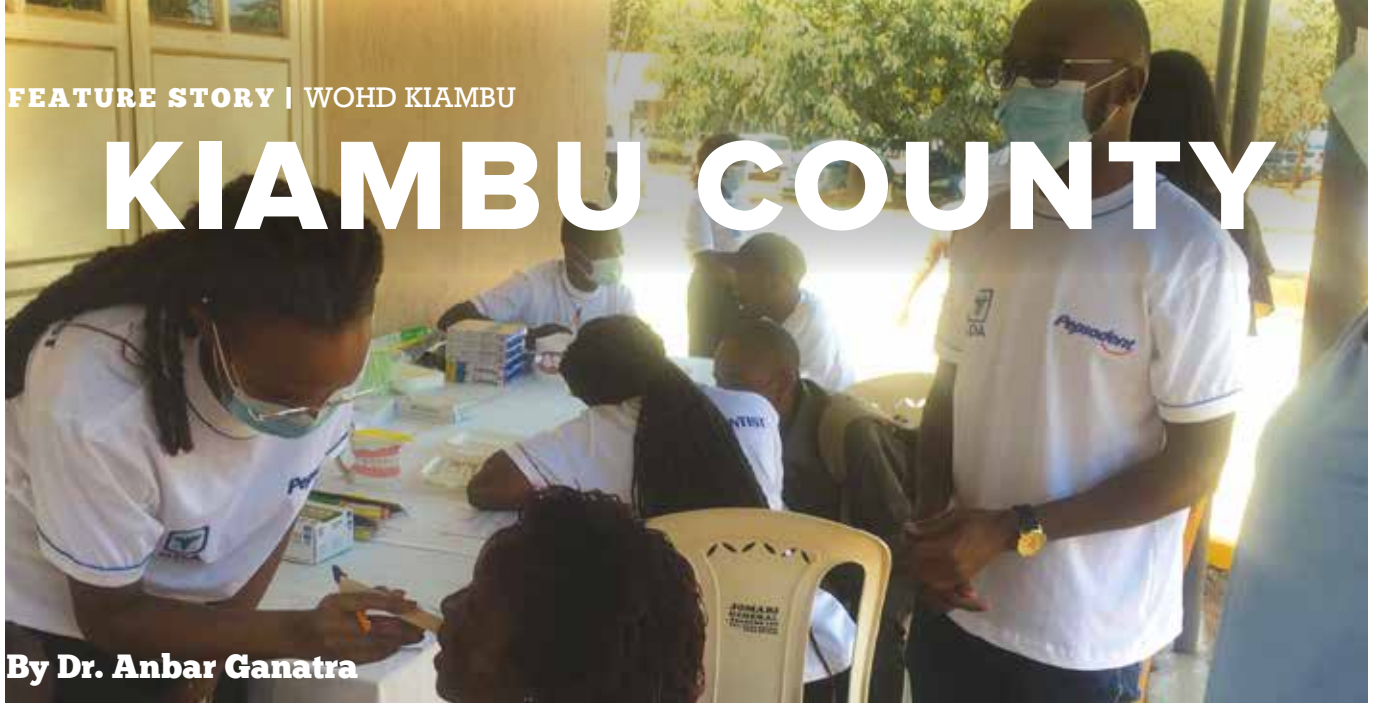
# WHAT A SCALING!



**D**r. Johnson Wambugu and his coterie of Scalers, as they call themselves, descended upon Mt. Longonot for World Oral Health Day Celebrations. The Scalers group is a cheeky pun. So far the “Kenya Association of Periodontists” has not sued for any IP violation. So, they get to keep it and keep on scaling. The National Office sent them goodies for this trip. We must admit, they looked good in those T-Shirts, with the flora and fauna festooning their backdrop. In addition to the aforementioned Dr. Wambugu there was Dr. Musera and Dr. Kerre. On the team were also, friends and family comprised of kids too. They scaled Mt. Longonot and upon reaching the summit, they mounted the KDA flag in all its glory. We shall be forever grateful. Hopefully they continue putting in the cardio and do more scaling. As to whether they get rid of all biofilms wherever they go, that is for another day.



# KIAMBU COUNTY



By Dr. Anbar Ganatra

This year, to commemorate the World Oral Health Day, Lizzie Wanyoike, founder and Chief executive officer of Nairobi Institute of Business Studies (NIBS), committed to renovate and fully equip the dental clinic in Ruiru Level 4 hospital.

The project, initiated by Dr. Rose Wangechi, the Deputy Director of Medical Services took a record of less than two weeks to complete, and on 20<sup>TH</sup> March 2022, A fully equipped clinic was presented to the People of Ruiru. The day was filled with pomp and celebration at the Hospital Grounds. The event was graced by the presence of the chief guest, the First Lady, Her Excellency Madam Sarah Nyoro, Madam Lizzie Wanyoike, the chief Executive Committee Member of Health, Dr. Murage, the chief officer of Health, Dr. Patrick Nyagah, The Chief Dentist, Dr. Miriam Muriithi and the Kenya Dental association President, Dr. Tim Theuri among others.

The project was well appreciated by the people of Ruiru, with the dentist in charge, Dr. Kamau Minneh excited to be able to provide quality dental treatment to her patients. Dr. Murage and Dr. Nyaga appreciated the partnership with Madam Lizzie, and recognised that, for the public health sector to thrive, there must

be Private-Public Partnerships.

Madam Lizzie was thrilled to support the project, as she remembered her own experience with dentistry in the hands of quacks while she was growing up. She pledged to partner with Kiambu County in future Private-Public Partnerships where possible. Her excellency Madam Nyoro recognised that oral diseases were the most prevalent Non-Communicable diseases worldwide, yet have been neglected for years. She reiterated the County Governments' commitment to improve oral health. Dr. Miriam Muriithi expressed her gratitude of being invited to witness the launch of the new clinic, and also recognised Kiambu County as one that recognises the need for Oral Health care, having the first County dentist in the country, and consistently supporting Oral Health projects.

The Kenya Dental Association through its council members and volunteer dentists and students provided free dental check-ups and dental education to all the guests of the function.

The event was complete following a tree planting ceremony and an official tour of the brand-new clinic at Ruiru Hospital.





# NUDSA WOHD CELEBRATIONS

By Ofula Nicholas

The World Oral Health Day, 20<sup>th</sup> March 2022, was successfully commemorated by “Giving A Smile” and urging the public to “Be Proud of Their Mouth”. A total of 45 dental students gathered and started a procession at Dental School University of Nairobi to the graduation square - main campus. They were later joined by more dental students who were already at main campus for the activities.

Public sensitization on oral health was done during the walk along Valley Road, part of Kenyatta Avenue, Nyerere Road, Mamlaka Road and Lower Statehouse Road as walked into the university. The walk culminated into an oral health awareness campaign to students from different institutions across the country who had organized matches at the university. Sensitization was done, Pepsodent toothbrushes and toothpastes were given to approximately 300 students in the fields. Students who



needed dental consultation had screening done to them and oral hygiene instructions on brushing techniques, brushing frequency, toothbrush selection and the need to have regular dental visits was given.

The students were under the mentorship of Dr. Mua and Dr. Mutave, both are lecturers at Dental School University of Nairobi and great oral health ambassadors. They were also joined by Eunice Gathoni and her team from the University Health Services (UHS) who gave Covid-19 vaccination to the participants.

The activity was mainly facilitated by Unilever who provided branded T-shirts and samples (toothbrushes and toothpastes), Prof. Macigo, Dr. Mua and Dr. Mutave. Much gratitude to Mr. John Mwalaghelaghe- Unilever, Dr. Walter Odhiambo- Chairman, Prof. Macigo, Dr. Mutave, Dr. Mua, Dr. Lucy Mbogo - CMO, Kenya Dental Association (KDA) and our students for making the day a success.



# SUPPORTING OUR SERVICE MEN & WOMEN

**Dr. Teddie Matundura (BDS, MSc RAAD)**

**W**orld oral health day is celebrated on 20<sup>TH</sup> March and this year's theme was 'Be proud of your mouth for your happiness and well-being'. In line with the theme, my team and I, Dr. Teddie Matundura decided to visit the National Prisons' Service officers working at Industrial area remand prisons. We chose these brave men and women due to their commitment and hard work in their very important role in reforming the inmates under their care.

We set up camp at the facility on 16<sup>TH</sup> and 17<sup>TH</sup> of March and gave oral health talks during the morning parades. After the talks, we gave free dental checkups, consultations and one on one dental education to the officers and their families. Through these talks, it was brought to light that many of the persons seen were not aware of the need to keep a healthy mouth or even that they have options when it comes to dental treatment. The 2 days gave us an opportunity to sensitize the officers and their families on oral health. The total number of patients seen on the 2 days was 200.

My team and I also ensured that those who were in need of dental treatment were scheduled for treatment and those whose oral health was optimum were also scheduled for their yearly check-ups. The exercise was successful as the patient numbers were commendable and the uptake by the patients was very positive. We thank the National Prisons' service for their hospitality and their warm welcome. My team and I hope to make this a recurring exercise.





# SCIENTIFIC COMMITTEE REPORT

**Chairman: Dr. Douglas Oramis**

**Members: Dr. Tim Theuri, Dr. Linus Ndegwa, Dr. Andrew Wetende, Dr. Jane Wamai, Dr. Elizabeth Bwibo, Dr. Thomas Munyao, Dr. Kituku Mumo, Dr. Anbar Ganatra**

The Scientific Committee needs to be vibrant. It is imperative. It does the important role of ensuring that the dentist is on top of dentistry knowledge and that they are up to date with the current trends. The National Office has had a number of CPDs. The following is a list of CPDs so far

1. **Endodontic Management of the Avulsed Tooth | Dr. Benjamin Simiyu**
2. **Dental Trauma: A Multidisciplinary Perspective | Panel of Dr. Marjorie Muasya, Dr. Mariam Hussein, Dr. Andrew Wetende, Dr. Linus Ndegwa and Dr. Ken Irari**
3. **A Dual Disciplinary View on Management of 8s | Panel of Dr. Kennedy Koech, Dr. Godfrey Barasa, Dr. Penny Muange, Dr. Beatrice Kiptanui, Dr. Peter Okongo, Dr. Nelson Malenya**
4. **Antibiotic Prophylaxis in Dental Practice | Dr. Kennedy Koech**
5. **Head and Neck Bacterial Infections: The Latest in the aetiopathogenesis and management | Dr. Tom Osundwa**
6. **Management of Dental Fluorosis | Dr. Susan Maina**
7. **Introduction to Digital Dentistry-The Past, The Present, The Future | Dr. Moustafa Beshar Khalil**
8. **When is a Case ready for implant therapy | Dr. Joseph Gakonyo**

One of the features we introduced in our CPDs was the element of expert panels. We are happy to report that 2

successful CPDs have so far taken place in this format. This is to encourage multidisciplinary dentistry and also demystify certain dental procedures. The aim is to make the general dentist more aware and the specialist dentist more open to collaborations. All in all, the patient wins. As a continuation of our collaboration with our sister association-or is it daughter-the Kenya Association of Paediatric Dentists (KAPD); we had a joint CPD on Dental Trauma. Establishing and continuing strategic partnership is a core mandate for this committee.

Aside from the CPDs, the Scientific Committee is hard at work planning for the next conference. The Venue for the 39<sup>TH</sup> Scientific Conference will be in South Rift Valley on the dates of 27<sup>TH</sup> to 29<sup>TH</sup> October. The theme for this year's conference will be Leveraging Technology in Oral Healthcare. The Call for Abstracts has since been sent out and we encourage members to submit abstracts for consideration.

The JKDA is still in being rolled out. Members are urged to send submissions to the editorial Committee for publications which will soon be online and searchable. Members are also urged to look at our website [www.kda.or.ke](http://www.kda.or.ke) for the previous JKDA editions. We are currently in the process of applying for AJOL (Africa Journals Online). We are progressing well with the listing requirements and are very hopeful that we as JKDA shall be listed soon in this eminent platform.

We look forward to providing more informative CPDs and also holding a successful conference come October.

## LEGAL/HR/DISCIPLINARY COMMITTEE REPORT

**Chairperson: Dr Kituku Mumo**

**Members: Dr. Tim Theuri, Dr. Thomas Munyao, Dr. Douglas Oramis, Dr. David Mundia, Dr. Linus Ndegwa, Dr. Andrew Wetende, Dr. Nelson Malenya**

The committee has had to deal with complaints from within and without the association. Some of them have been resolved and some are in the process of resolution. It is the aim of this committee to protect the complaints and also to ensure fairness by listening to the defendants. It is not a witch-hunting committee.

On the legal aspects, the association is still in court over the issue on COHO registration and lack of scope of practice. It is our hope that this matter is given priority and gets resolved in a matter satisfactory and in line

with our objectives when we went to court.

On HR matters, we had a resignation in the office of administrative assistant from Hottenzia Mugasia. After a call for vacancy we received various candidates whom we interviewed and shortlisted the best candidates. Ultimately, we have a new administrative assistant, currently by the name of Rose Wamalwa. We welcome her with great anticipation for the great work ahead for the betterment of our beloved association.

Dr. Kituku Mumo

Chairperson, KDA Legal, HR, Disciplinary Committee

# WELFARE REPORT

**Chairman: Dr. Muriuki PJ Waweru**

**Members: Dr. Nelson Malenya, Dr. Liz Bwibo, Dr. David Mundia, Dr. Oramis Douglas, Dr. Matundura Teddie**

**T**he mandate of the welfare committee as given by the KDA NGC is to deal with social and welfare issues affecting members, amongst other related roles. The scope of welfare, albeit currently unstructured, includes dealing with sickness, misfortunes, death, CSR activities and other welfare related matters. Some of the achievements of my committee includes:

1. **Conducting many successful fundraisers for hospital bills or death, for affected members and their families.**
2. **Formation of the Young Dentists Forum where we address their unique issues including linking them to employment opportunities.**
3. **Starting a mentorship program where we engage dental students.**
4. **Rebranding of KDA including developing a revamped website.**
5. **Giving KDA social media presence.**

When COVID-19 pandemic struck, it brought with it some unprecedented challenges to our committee and KDA as a whole. In early 2020 when it hit our country, there were guidelines issued by MOH which included closure of dental clinics as dental procedures were considered high risk for spread of the virus due to aerosolization. Our members lost their livelihoods. Some of us got sick and were hospitalized accruing huge bills, and unfortunately some succumbed to the pandemic. All this happened in quick succession.

As an association, we therefore found ourselves in a very unique situation we have not experienced

before. Strained resources, lack of defined scope, multiple cases requiring our intervention, lack of standardized contributions to various cases and sometimes missing out on some of these cases. Most notably, given that the main method of mobilizing resources was via social media fundraising amongst dentists, the multiple concurrent cases led to contribution fatigue!

From the foregoing challenges, my committee had to swiftly adjust and adapt to the prevailing times by looking for a sustainable solution to deal with welfare issues of our members. With the blessings of KDA National Governing Council, we began by holding multiple consultative forums with stakeholders within and without the fraternity. We also benchmarked on how other peer associations handle their welfare issues.

After burning the midnight oil and looking at the various sustainable options, my committee finally presented to the NGC a report which was discussed, amended and adopted. The proposed solution is to have a semi-autonomous body, KDA Welfare Trust, to deal with welfare issues of members. This was then presented and adopted at the SGM, now awaiting members input and hopefully ratification at the AGM.

I am proud of my committee for the sacrifices made and a job well done. I also appreciate the support from the KDA council lead by the President Dr Tim Theuri. We look forward to finally having a sustainable well-structured vehicle with defined scope, for dealing with Dentist welfare issues.

Dr. Muriuki PJ,  
Chairman, Welfare committee.

# ADVOCACY/ IT/ MEDIA COMMITTEE REPORT

**By Dr. Anbar Ganatra | Dr. Elizabeth Bwibo | Dr. Andrew Wetende | Dr. Peter J. Muriuki | Dr. Douglas Oramis**

**T**his is a neonate committee. It was formed as a necessity. Given the current times where we need to be at the forefront in terms of advocacy and IT and Media. One of its first points of action was to adopt the orphan items that have traditionally been inappropriately housed in other committees. The first one being the World Oral Health Day. For a long time the association has had to create an ad hoc committee to be able to co-ordinate this important annual event. This will no longer be the case as the committee takes centre stage in managing WOHD affairs moving forward. The Association's premier magazine the Odontologue has been housed under Scientific Committee since its inception. It will rightfully come home. Social outreach programs which were previously housed under Welfare Committee will be housed under this committee. We intend to be proactive in promoting oral health and good oral health seeking behavior among those communities close and far. Social outreaches are part and parcel of advocacy and we intend to really actively participate in this space.

In terms of advocacy, KDA is keen on propagating messages and information that will protect the welfare of its members and also inform the unknowing public. One of those ways is to come up with periodic Position Statements. We are glad to announce that we came up with one that was to address Predatory Unilateral Professional Fees downgrades that are being fostered by some insurance companies.

The website was updated to take into account the requirements resulting from our AJOL (Africa Online Journals) application. You will note that presently, the journal is easily accessible in the main page. Feel free to download and look at previous journals.

The Odontologue which you are currently holding has a refreshed look. Kindly take time and look at it and feel the new look. We purpose to extend its run indefinitely. We are always on the lookout for interesting new articles from our members. Kindly reach out to the editorial team or secretariat for the same.

# FINANCE COMMITTEE REPORT

**Chairperson: Dr. Thomas Munyao**  
**Members: Dr. Elizabeth Bwibo, Dr. Linus Ndegwa, Dr. Kituku Mumo, Dr. David Mundia, Dr. Arnold Malit, Dr. Branice Munyasa**

**T**he committee is mandated to oversee and ensure the financial wellness of the association. Other than ensuring our financial records are up to date for our yearly audit and tax returns, the finance committee is tasked to look for possible revenue streams and investment opportunities.

Under the leadership of the honorable treasurer, Dr. Thomas Munyao, the finance committee has been able to draft our yearly budgets to help guide the NGC in its financial decisions to ensure we do not end up in the red as a result of undertaking too many KDA projects. We are pleased that this budget projections helped us weather the financial storm that the Covid pandemic brought forth and the financial aftermath experienced in the year 2021 to date.

The finance committee is dedicated to ensure the prosperity of the association. We implore our members to embrace the changes that are to come as a result of the rising cost of living and the current economic strain experienced worldwide.

Our promise is to deliver transparency in our record keeping and financial records and safeguarding the resources bestowed upon us under The Kenya Dental Association. We also pledge to continually look for other income generating avenues that will take our association to the next level.

With that, we look forward to a fruitful 3rd and 4th quarter of the year and to providing quality and memorable experiences for our membership while ensuring the financial health of our association remains at the forefront.



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# University of Nairobi

## Alumni Mentorship Program.

Recent studies have shown that there are between 300,000 to 500,000 fresh graduates entering the job market each year. Despite this huge number, most graduates are unable to deliver on their jobs forcing companies, especially in the private sector, to introduce in-house training before absorbing them.



To address the gap in skills, the Ministry of Education in September 2018 launched a career policy for universities to enable students to interact with the job market through career guidance, mentorship, coaching and industrial linkages.

In the 2021/2022 the University of Nairobi Alumni Affairs office commenced an alumni mentorship program aimed at reaching out to alumni to mentor and coach UoN students. In January 2022, the first cohort of 107 alumni mentors and 412 student mentees from the 10 University faculties commenced a mentorship program.

The objectives of the program include but are not limited to;

- Help identify career paths for UoN students and support students' personal growth.
- Provide an opportunity for students to learn and practice professional networking skills.
- Equip students with the understanding and tools to make ethical and informed decisions in their personal and career paths.
- Shape students into confident graduates with excellent leadership, communication, critical thinking, professionalism and other skills important to the transition to the world of work.
- Help students identify and pursue opportunities for employment related to their degrees.
- Guide students to look out for opportunities outside the traditional world of work.

We kindly request members of the Kenya Dental Association who are alumni of the University of Nairobi to volunteer and register as mentors. To register [click here](#)

For more information about the UoN Alumni Mentorship Program, kindly reach out to Keneth Sawe at sawe@uonbi.ac.ke or call 0725305066.

# BRILLIANT BRACES PART 1

## SUGAR INTAKE AND THE STEPHAN CURVE



By Dr. Beatrice Kiptanui

Orthodontic treatment has enjoyed a surge in popularity amongst patients. Our patients are becoming more knowledgeable. As diligent clinicians, we aspire to excellence in our clinical results. Optimal patient compliance contributes greatly to the success of orthodontic treatment.

The level of patient compliance is often influenced by the support and enthusiasm of their orthodontic clinical team. We can provide valuable support particularly in the preparatory (pre-bond-up) and early stages of treatment. This is effective when the message communicated by the clinical team is simple and consistent.

Due consideration can be given to using the basic principles illustrated in the “Tell-Show-Do” technique of patient education and behaviour management.

### TELL

At the initial consultation, the patient is keen to address their orthodontic concerns. This mostly relates to aesthetic aspects. It is a good opportunity to emphasise that a corrected malocclusion with permanent decalcification enamel scars would adversely affect the aesthetic result. Time designated by the Orthodontist to a simple clear message about the causes of enamel decalcification, signals the importance of this information.

Invest time in asking clear, unambiguous questions about the patient’s food and drink preferences. It will pay dividends when providing specific pointers. The Orthodontist’s diet advice can be personalised. It is really effective to speak with the patient and their family members about the specific foods and drinks in their existing diet.

The most important message to start with is that of avoiding sugar intake in between meals. This will not only reduce caries risk but also act as a prophylaxis against preventable decalcification. Sugary foods and drinks consumed in between meals are a common cause of acid attacks that gradually result in enamel decalcification.

The risk of acid attack is lowered when snacks are reduced and sugar restricted to meal times e.g. dessert, fruit juice. A higher flow of saliva is attained during a full meal. The alkaline nature of saliva serves to neutralize acidity.

The Stephan Curve below illustrates the effect of frequent acid attacks resulting from snacking and sugary drinks. Increased snacking and sugary drinks increase the overall time spent in the Danger Zone of acidic low pH (figure 1). Compare and contrast the low and high risk curves illustrated in figure 2 below.

It is important to advise against sugary foods and drinks at bed-time. We can help the patient to appreciate and relate the low saliva flow to periods



of dryness or stickiness of the mouth. Remind them that the mouth often feels dry or sticky at night, during sleep and early in the morning. It is thus dangerous to have sugar intake during these highly cariogenic times.

The advice to the patient and their family ought to include what they should do. Behaviour management is enhanced by substituting one set of actions or adverse habits with a favourable new one.

Water would be the ideal drink of choice for the patient to consume in between meals and at bed-time. This is because water is pH neutral. It quenches thirst effectively.

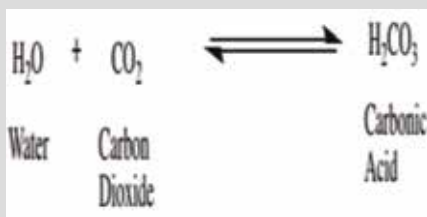
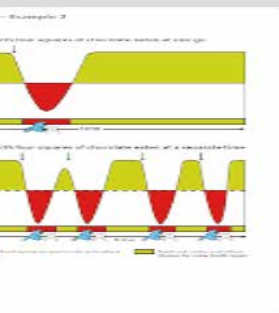
Encouraging water intake is a positive health message. Few of us ever achieve our ideal or recommended levels of water intake.

Management of other common or popular drinks is important. Carbonated (fizzy) drinks pose a huge demineralization risk for the orthodontic patients.

It is worth explaining to the patient that a fizzy drink is essentially an acid (figure 3).

Having discussed or referred to the Stephan Curve, one would find it easy to demonstrate why fizzy drinks should ideally be eliminated from the diet of an orthodontic patient wearing an attached fixed appliance.

In order to maintain a rapport and cooperation from the patient, it is often a good idea to clarify which of the drinks is most harmful. The most harmful option in their diet ought to be eliminated first. The others can be progressively reduced by restricting their intake to an optimal time e.g. natural fruit juice only at meal times. Typically, the opportunity to establish long term positive nutritional habits may become available through regular, gentle yet consistent reinforcement.



## SHOW

Clinical photographs of permanent enamel decalcification marks are an excellent tool for showing the dangers of poor compliance. These are readily available from stock photos online (figure 4). One can easily illustrate the adverse aesthetic effect of acid attacks on teeth being treated with a fixed orthodontic appliance (brace).



## DO

Continuously supporting your patient with advice on sugar intake can be achieved by

1. Offering leaflet advice on more favourable food choices e.g. cheese versus chocolate, crackers versus cookies
2. Involving your orthodontic clinical team in reinforcing the message. Educate your team about good dietary choices. This empowers them to make the right choices for both themselves and the patients
3. Intentionally engage in creating opportunities to listen to your patient's questions about this topic and then discuss it. E.g. nurses may discuss this whilst preparing for dental radiographs (x-rays) to be taken

In part 2 of this series, we shall focus on oral hygiene measures and practical methods where the orthodontic team can successfully enhance the patient's oral hygiene regime during orthodontic treatment.

Here's to scar free aesthetic and functional orthodontic treatment results!

Dr. Beatrice Kiptanui is a specialist orthodontist currently practicing in Kenya after a significant stint in the United Kingdom where she was awarded Membership in Orthodontics (MOrth RCSEd) from the Royal College of Surgeons of Edinburgh and admission to the Specialist List for Orthodontists held at the General Dental Council (GDC) UK.

# INTERVIEW WITH DR. LEAH NJOGU

By Dr. Anbar Ganatra





**W**e interviewed Dr. Leah Njogu about practice ownership, starting over, figuring things out while never losing sight on your long-term vision.

Dr. Leah has a Bachelors in Dental Surgery from University of Nairobi (2011), Post-Graduate diploma in Aesthetic Dentistry from University of Western Cape (2018) and a certificate in Orthodontics. She is also currently pursuing a Master's in Health Systems Management from KEMU.

### Tell us a little about yourself

I am a 34 year old private practitioner, with a passion in cosmetic dentistry and orthodontics. I am a wife, and a mother of a 2 and a half year old baby.

### Journey into Private Practice

I always wanted my own practice, with a vision of making it accessible and affordable for Kenyans. However, I received very misleading advice very early in my career, from a senior dentist I was working with.

'It is very difficult to open up a practice in Nairobi, and more so, very difficult to get insurance companies on board'

That advice shaped my decisions for the next few years and in the year 2013, I decided to open up a practice with a hospital that already had insurance companies on board. I was only 25 years old, with very little business knowledge. I faced challenges in cash flow with insurance patients, and I also could not make business decisions autonomously. However, it was a good learning experience.

### Things work out in the end

I always knew I wanted to pursue a Masters in Aesthetics. At that time, there were no courses available locally, and so for two years, I literally chased scholarships to support further studies in the UK. The Commonwealth Scholarship, the Chevening Scholarship, any other scholarship available. I was confident I would make it through, but I later realised that these scholarships rarely support clinical courses. This was when I finally came across a Post Graduate Diploma at University of Western Cape and began my studies in the year 2016.

### Starting over

After Completing my diploma, I felt that my practice was not the right place to hone my new skills. I sold my practice in 2017, having no idea where I would be working next.

I worked in a few places for the next few years as an associate, with lots of idle time in between. The experience was not favourable, nor satisfying.

### Taking a step back

I got pregnant in the year 2019, while I was pursuing a short course in Orthodontics in Kenya. The pregnancy forced me to take a step back from locumS, and this is when I started rethinking my vision of quality affordable dentistry for Kenyans. At this point, I was sure that this was the path I wanted to pursue. I looked at the various areas, and decided to set up a clinic in Eastleigh, where I felt there was great need of dental services, with few dental clinics in sight.

### Never lose sight of your vision: Make up your mind and go for it.

I want to provide quality services to Kenyans, without charging them exorbitantly. People need orthodontics, crowns, veneers. It should not be reserved for the wealthy. Quality is usually associated with "expensive" and I am trying to change that narrative.

The motto of my Clinic is: One Stop Shop for Quality affordable dentistry  
At this stage, the practice requires my attention, and in as much as I have other things going on, I have to make sure to set up systems and share my vision with the people working for me. I understand my vision best.

### Parting Shot: Seek advice but follow your gut feeling

The advice I got early in my career led me to make decisions that were not exactly aligning with my vision. I am finally doing what I wanted to do, almost a decade later. I would advise you to seek advice from the right people, but to also believe in your dreams, for you alone can make it happen.

**Seek advice  
but follow  
your gut  
feeling**





# YOUNG BLOOD DR. BRANICE MUNYASA

By Dr. Anbar Ganatra

**I**nterviewed Dr. Branice Munyasa, our youngest council member who has recently joined the University of Nairobi to pursue a Masters in Oral and Maxillofacial Surgery. We talked about her journey in practice ownership, following her passions and juggling it all.

#### **About Branice Munyasa**

I am a first year Resident in Oral and Maxillofacial Surgery, at University of Nairobi, concurrently running a practice on Kiambu Road, and trying to lead a decent life as a 29 year old.

#### **Life is Dynamic**

After evaluating the job opportunities in Kenya, I thought of moving to the USA, and doing the National Board Exams. Unfortunately, my mother

passed away just one week to my final exams, and I had to make important decisions. Being a first born, I decided to stay back, as leaving my siblings abruptly would not be wise.

#### **Pathway into Maxillofacial Surgery**

I always knew I wanted to pursue Maxillofacial Surgery since my undergraduate studies. However, since we were not being employed by the counties, I wondered how I would support myself while in school, without a government scholarship and salary. Maxillofacial surgery is a five year course. That led me to think of opening up a practice as a source of income.

#### **The cost of time: Can you put a value to a year?**

I initially thought I would give my practice two to three years to stabilise before I joined the Residency



Programme, so that I could have a steady source of income. I applied to university earlier on, thinking that if I do get in, I could defer the start of my programme. However, when I got through, I thought, why delay it by a year?

#### **Reinforcing Advise**

During my undergraduate studies, my senior had advised to go back to school as soon as possible, because it is quite easy to get caught up with life and its happenings, and eventually find it difficult to go back to being a student.

#### **My plan: Running a practice, Plans don't always pan out as we imagine**

This phase is however turning out to be challenging. I went into school after one and half years of my practice. The practice was set up in the midst of the Covid 19 pandemic, and that also came with its own challenges. After that period, we went into the recovery mode, and while trying to focus on growing the practice, I joined the residency.

#### **There is no right or wrong**

Perhaps waiting for about three years, and then going back to school would also have been ok, and safe for the clinic.

#### **My struggle: How Am I Hacking it?**

On the days we have online classes, I try to schedule my patients conveniently, and when I have physical classes, I have a locum dentist working at the practice. I don't know exactly how the next few years will be, but I do know I will have to make decisions regarding the practice. I haven't figured it all out yet.

#### **Letting go of the Personal Touch**

I have had to detach myself and condition myself to let go of wanting to give my patients a personal touch. I cannot micromanage the locum dentist, and I have to realise that in the subsequent years, I will not be able to be present in the clinic.

#### **Leadership: My motivation and learning in KDA**

Being in a space where I can bring about a positive change is important to me. This is what motivates me to take up leadership positions. As a KDA council member, there is so much learning on how the organisation is run, and how the programs are organised. I enjoy reading the policy documents and I look forward to what the year has to hold.

#### **Learning Lessons**

If you open up a practice, try and give it 100% of your attention in the formative years, while you build your brand. If you need to be in school, I would advise you consider a franchise, where the ground work is already done. A Practice that is built from scratch requires a lot of focus and concentration to grow.

You can also consider partnership, where you can share the workload and perhaps one partner is keener on general dental practice.

For those considering opening up their practice, it would be good to work as an associate right after internship as the mentorship is important and also to get managerial experience.

#### **Parting shot**

Don't be afraid to Follow your dreams and passions, and figure it out along the way.

**Follow your dreams and passions... Figure it out along the way**



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# NORTH RIFT BRANCH

**N**orth Rift was busy holding several activities. They had a physical CPD at the Boma Inn on the 18<sup>TH</sup> of June. They also had an outreach for oral health promotion at

Sosiani, Uasin Gishu and Oasis Primary Schools. They also had a 2 day symposium starting on the 8<sup>TH</sup> of April at the Boma Inn hotel where they had several lectures and hands on courses.



# SOUTH RIFT BRANCH

The KDA Southrift Branch hosted a Symposium and an AGM at the Sarova Woodlands Hotel. Under the leadership of Dr. Edward Kabubei, they held a successful symposium.

Two key presenters were at hand to give wonderful lectures and on site hands on training. Dr. Silvanos Barasa gave a talk on Digital workflow- in office scanning and 3D printing Case Presentation and later a demo using a Trios 3 shape scanner. After him came Dr. Benjamin Simiyu to present on Navigating Endodontic Retreatment then followed that up later with a live demonstration. There was space for poster presentations with the following topics and themes.

1. **A long term review of multiple implants in the posterior maxilla – Dr. Kabubei**
2. **Non-surgical management of Condylar neck fracture in a growing patient: - Dr. Nyoru/ Dr. Gicheru / Dr. Kabubei**

Among those in attendance was the Nakuru Level 5 Hospital Medical Superintendent Dr. Aisha Maina and Nakuru County Dentist Dr Dorcas Murage. Members of

Southrift Branch in attendance were doctors Gicheru, Ruto, Njanjo, Mutakha, Muthima, Bii, Maisuria and Warui. From the National Office we had the President, Dr. Tim Theuri, the Vice President Dr. Kituku Mumo and the Secretary General and Chair Scientific Committee, Dr. Douglas Oramis.

There was an AGM afterwards that resulted in retention of the current officials upto the year 2023 when there will be elections held. The Chairperson, Dr. Kabubei gave a spirited talk on the need for expanded membership and for members to renew their subscriptions urgently and timely.

The President of KDA, Dr. Tim Theuri gave a speech in which he highlighted the various benefits that KDA bestowed upon a member. He noted numerous areas of advocacy that KDA had participated in, both the past and ongoing. He urged for a steadfast membership and a strong KDA.

He reminded members of South Rift that the upcoming October conference will be held at the Southrift.





# COAST BRANCH

**T**he KDA Coast Branch successfully held their AGM yesterday on Wednesday, 13<sup>TH</sup> July 2022 at the Royal Court Hotel, Mombasa. It was attended by KDA Coast Branch members. They conducted elections and elected new branch officials. The following were the past officials

The Chairperson Dr. Luvay Hamid highlighted some of their successes that included conducting the WOHD 2021 oral health camp at the largest school for disabled children in Africa. They were also hosts for the 38<sup>TH</sup> annual KDA conference.

## OUTGOING COMMITTEE

Chairman - **Dr. Luvay Hamid**  
 Vice Chair - **Dr. Rashida Lodgher**  
 Secretary - **Dr. Malvi Shah**  
 Assistant Secretary - **Dr. Rafaa Husain**  
 Treasurer - **Dr. Raj Makwana**  
 Assistant Treasurer - **Dr. Christine**  
 Committee Members - **Dr. Rashida Ebrahimjee**  
 Immediate Past Chair - **Dr. Everylne Sumbi**

## INCOMING COMMITTEE

Chairman - **Dr. Luvay Hamid**  
 Secretary - **Dr. Rafaa Husain**  
 Treasurer - **Dr. Fatema Amirali**  
 Council Members - **Dr. Wambugu & Dr. Rupal Doshi**



# KDA SGM RUNDOWN

By Dr. Elizabeth Bwibo

**A**llow me to set the stage. The SGM was held on the 4<sup>TH</sup> of June 2022 at the prestigious Sarova Panafric Hotel in Nairobi, Kenya. The setting was divine. Lunch was held by the pool side by the light wooden cabanas. First, was a delicate starter, scrumptious and light, the perfect blend to set the pace for a delicious main course. The venue was buzzing with light chatter, friends and colleagues alike chatting away with a slight air of anticipation of our discussions to come. The day's deliberations were crucial to the wellbeing of dentists. We had to discuss and adopt the constitution, discuss the way forward regarding the welfare of dentists, and with the last scoop of the desert and the final sip of our beverages, the tone was set-for us to deliberate the way forward.

The set up was a hybrid meeting, we had both virtual and physical attendance options. We were housed in one of the conference rooms. The meeting was called to order by the Secretary General, Dr. Oramis. Dr. Theuri, our able president gave his remarks. The room had a nice cool breeze from the AC, but the air was tight as we were all anxious about the deliberations to come. The KDA NGC, more so, as it has worked so hard to fine tune two pivotal documents that it felt will change the course of the association and the welfare of its membership as a whole.

Dr. Muriuki and his team diligently brainstormed for solutions. These included seeking legal advice, benchmarking with other associations, collecting and compiling dentists' opinions and his own research. We then discussed these options as a committee and from there, the first proposed draft document was forged.

This action was then followed by several brainstorming sessions by the NGC. There followed a retreat which was tasked to come up with an acceptable KDA WELFARE draft document for adoption. This was the conception and birth of the KDA Welfare Trust. The Trust is not a novel idea, having been explored and successfully implemented in different institutions including the Law Society of Kenya from whom, we drew inspiration. The benefits of which fit perfectly to our needs, including, having the Trust running semi-autonomously, having KDA members, other than the KDA NGC be part of the board, including one slot in the board reserved for a young dentist (a dentist with less than 10 years of practicing experience as a dentist) as well as investment opportunities on behalf of its members. The biggest draw however was that the incorporated trust is governed under the Trust law and we the members can take part in drafting regulations that will help govern its daily running, ensuring the safety and growth of the Trust. But I am getting ahead of myself, incorporating a trust is a lengthy process, before which, the proposed KDA Trust needs to be approved and adopted by the entire KDA membership.

The second important document we looked at was our new constitution. They say a journey of a thousand miles start with a single step and this journey was immaculately initiated by the Previous Past President, Dr. Andrew Wetende. Under his stewardship the process of amending the constitution was started and many changes were made to align the constitution to the current and future needs of the KDA members. It has been many moons but alas, the journey is finally



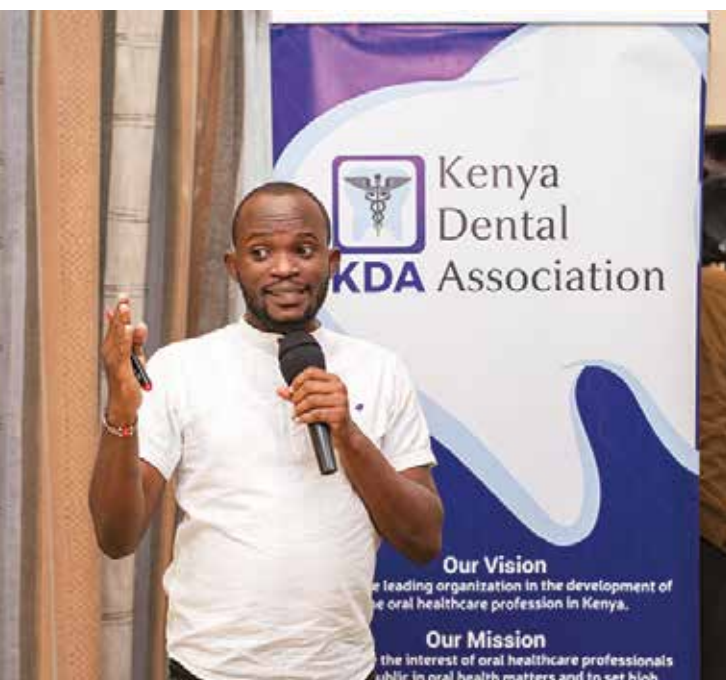
over. Our very diligent Legal Eagle, Dr. Kahura Mundia took us through all the changes highlighted between the old and new constitution. A painstaking process that brought much needed clarity to the intended changes of the new constitution. For those who may have missed this, the documents have been shared to our membership. As the 'youngins' would quip, check mail, or contact the secretariat, we will be more than happy to reshare the documents with you. As fate would have it, a decision was made to ratify and officially adopt the new constitution during this year's AGM.

Finally, as the sun set over the horizon overlooking this magnificent concrete jungle, Dr. Malenya raised an important observation as an A.O.B. He, along with many other dentists had noted with great concern the injustices against dentists by the unjust regulations of several insurance companies. He was grateful that the association had made a position statement regarding the same but felt the need to bring this matter to the

floor so that it can be deliberated and acted upon with the utmost urgency so as to offer much needed relief and restore the dignity of this noble profession. The decision was unanimous, to add this as an agenda in the upcoming AGM and to sensitize everyone to attend so as to chart a new and sustainable partnership between us and our valued insurance partners.

As you can tell, the AGM this year is not one to miss. A lot of pertinent issues are set to be discussed for the benefit of you and me. The association is at a pivotal point in many aspects and your voice and opinion is invaluable to guide it towards the right direction. You and I are what make this association what it is. Its greatness is greatly pegged on the level of support, commitment, unity and collaboration from its membership.

Kwa hayo machache, tukutane AGM. Until then, be safe, keep your head high and keep smiling and as always baraka tele.



# REPORT ON NUDSA 1ST AND 5TH YEAR'S DINNER

The Nairobi University Dental Students Association (NUDSA) successfully held 1<sup>ST</sup> and 5th year's dinner on 11th March 2022 at Swiss Lenana Mount Hotel. In attendance were teaching & non-teaching Staff, residents of University of Nairobi, partners and students.

The Principle sponsor of the event was Colgate Palmolive and the other major sponsors were Kenya Dental Association (KDA) and Dr. Munyao-treasurer KDA.

We were able to launch our new re-imagined mentorship program and shall be rolling it out on Monday 14<sup>TH</sup> March 2022. We postponed the launch of the Nudsa Website which shall be done during the Nudsa Gala scheduled for

1<sup>ST</sup> April 2022 at Swiss Lenana Mount Hotel.

During the event we were able to recognize our main partners/ stakeholders including Absa Bank Kenya, KMA Sacco, Sai Pharmaceutical, Unilever, GlaxoSmithKline Kenya (GSK-Kenya), Dr. Gakonyo and others.

As Nudsa, we give special recognition and appreciation to Mr. Kenneth Oduori (Colgate Palmolive) for working tirelessly to ensure that the event was a success. We also give our appreciation to our highly valued partners and friends including KDA, Dr. Ganatra, Dr. Munyao and our own very able Dean, Dr. Walter Odhiambo.

Thank you very much and we are looking forward to more partnership and friendship.







# LAUNCH OF KENYA'S NATIONAL ORAL HEALTH STRATEGIC PLAN 2022-2026

By Dr. Anbar Ganatra

**A** day of great delight and honour, at the Radisson Blue, Upper Hill. Kenya's first Oral Health Strategic Plan was launched on 27<sup>TH</sup> May 2022 at the Radisson Blue Hotel. This day marked a milestone in the Oral Health Sector in Kenya, and brought together several stakeholders to witness the launch.

The event was graced by the presence of our Chief Guest Ms. Susan Mochache, and among the guests, were Dr. Ouma Oluga from Nairobi Metropolitan Services, Dr. Joyce Nato (World Health Organisation, country office), Dr. Walter Odhiambo, (dean of Dental School University of Nairobi), Yuka Makino (Technical Officer Oral Health, WHO), Dr. Benoit Varenne (Dental Officer, WHO headquarters) Prof. Jacob Kaimenyi, former dean of Dental Sciences and current ambassador to Kingdom Belgium, Dr. Hillary Kagwa, representing the County Government of Kiambu, and Dr. Tim Theuri (KDA president) among others.

The Ministry of Health, led by our chief dentist, Dr. Miriam Muriithi, began work on the National Oral Health Policy and National Oral Health Strategic Plan in the year 2020. Various members of our dental fraternity were involved, including Dr. George Mwai, Dr. Regina Mutave, Dr. Lillian Apsadet. The process was guided by the first National Oral Health Survey (2015), and was conducted through a consultative process with Ministries, World Health Organisation, and registered associations.


Oral Health in Kenya has been neglected for decades, and the launch of these very important documents are a step in the right direction, offering guidance, and targets that we need to achieve to ensure Oral Health

is a priority and Oral Health Care is accessible by all. Plagued with Isolation and independence, due to our silo approach, as well as a lack of political interest globally and nationally has led to a lack of prioritisation of Oral Health, despite knowledge that Oral Health is important for general Health and Well Being of Individuals.

The National Oral Health Strategic Plan lays the platform to advance the agenda for oral health in our country. An ambitious plan, it aims to ensure integration of Oral Health Into existing programs of Primary Health Care, Non-Communicable disease programs and ensure that oral health is incorporated into Universal Health Care.

Some of the key highlights of the strategic plan include, setting up of a directorate of Oral Health at the Ministry of Health, Establishing leadership at county level with a county dentist in all 47 counties, increased resource allocation to the directorate of oral health, introducing legislation on advertising, packaging and sale of foods high in sugar, ensuring access to water with safe fluoride levels, map out gaps in training, deployment and distribution of oral health care workers, as well as integrate oral health data into existing health information systems.

Ms. Susan Mochache pledged to support the oral health strategic plan, with a budget of 2.7 billion. She reiterated the importance of dental care, and the need to focus on this sector. Prof. Kaimenyi urged all stakeholders present to work hard to ensure the strategic plan is implemented. Implementation of this plan will be the real success.



We will remember  
The smiles and cheers  
The joys and tears  
The beautiful dentistry years  
The love and grace in your faces  
The dedication as you went  
through the paces  
The warm familial embraces  
And when all is said and done  
We thank you for shining through  
And giving dentistry its due  
We will always remember you

**IN MEMORIUM**



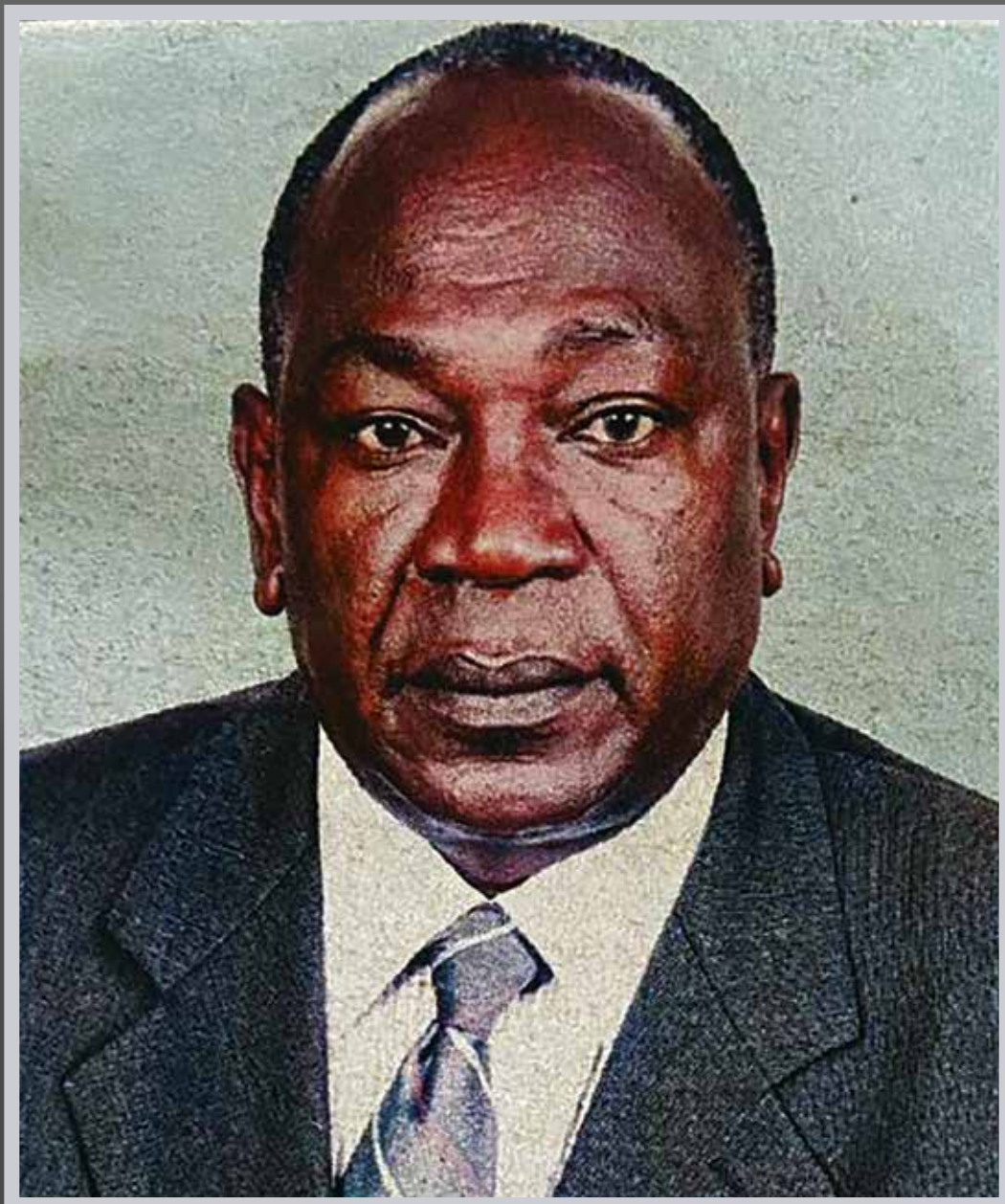
**DR. ZAWADI WAMBUI ISMAEL**

**1984-2022**

IN MEMORIUM



**DR. ELLY ROP**  
1993-2022



**COL (RTD) MBUTHIA**  
**1954-2022**





Kenya  
Dental  
KDA Association



# 39<sup>TH</sup> KDA SCIENTIFIC CONFERENCE & EXHIBITION



LAKE NAIVASHA RESORT



27<sup>TH</sup> - 29<sup>TH</sup> OCTOBER 2022

LOADING...



# BENEFITS OF MEMBERSHIP

The Kenya Dental Association is the professional association of Kenyan Dentists committed to the public oral health, ethics, science and professional advancement.

## PROFILE

The Kenya Dental Association was founded in 1977 with the objective of promoting the advancement of dental practice in Kenya. The Association has also acted as a welfare organ for Dental Practitioners as well as one of the key promoters of Oral health awareness in the country.

## VISION

To be the leading organization in the development of the oral healthcare profession in Kenya.

## MISSION

To promote the interest of oral healthcare professionals and the public in oral health matters and to set high standards of service delivery.

## VALUES

The values governing Kenya Dental Association's development includes the following:

- Uphold professional ethics
- Uphold moral standards, social upstanding
- Have an active social responsibility programs
- Be accountable to its membership or stakeholders
- Promote team work and collective responsibility
- Serve with integrity and diligence

## TO BECOME A MEMBER

Contact the Secretariat Professional Centre,  
 1ST Floor - Parliament Road  
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 Cell: +254 710 856 304  
 Email: secretariat@kda.or.ke

01

**INFORMATION** - KDA enables timely distribution of information relevant to the profession especially those that affect oral healthcare. This in turn enables you to make prudent decisions in your practice and career.

02

**PROFESSIONAL DEVELOPMENT** - KDA offers you avenues that facilitate Continuous Professional Development such as Lectures, Courses, Workshops, Seminars, Symposiums and Conferences that involve both local and international participants. This enables you to get the latest industry innovations, research and trends in the oral healthcare profession. CPD credits or points are awarded in these avenues which enable you to meet the necessary threshold for your annual retention by the Kenya Medical Practitioners and Dentists Board.

03

**ADVOCACY** - KDA as a professional body has the mandate to bring out professional interests effectively to allied health professionals, the insurance industry, government, media and any other organization through its collective body. This gives you an advantage to be able to voice your opinion and be heard through the strength in numbers.

04

**PUBLIC RELATIONS** - Through engagement with various organisations, corporate entities and media outlets KDA actively markets to the general public and other stakeholders the entails of the profession. This is to enhance benefits of the oral healthcare profession's services, and to counter any negative press that may harm the profession.

05

**OPPORTUNITIES** - By investing in research and building alliances with oral healthcare associations regionally and globally KDA opens new doors for you to take advantage of opportunities available and career resources.

06

**PUBLISHING SERVICES** - KDA through the Journal of Kenya Dental Association you have the opportunity to be peer reviewed and published. This goes a long way in building individual achievements and initiating you to the world of scientific publications. It helps in building your resume.

07

**FELLOWSHIP** - through provision of avenues for members to come together and interact KDA strengthens the sense of purpose and belonging among members. This helps you makes some new friends that will go a long way in furthering your career and strengthening your network.

08

**LEADERSHIP** - KDA gives you an opportunity to horn your skills as a leader through Electable and Appointable positions within the KDA council. It also lends credence to your participation in leadership roles in the broader professional community such as in APSEA.

09

**MENTORSHIP** - KDA provides arenas for mentorship such as in forums, chat groups, discussion boards affiliated with KDA.

10

**CHARITY** - KDA regularly organizes Corporate Social Responsibility programmes that promote oral health such as Oral Health Talks, Free Dental Outreaches and Camps and World Oral Health Day Celebrations. It gives you a chance to give back to your community.

# A MEMBERSHIP **AWARENESS** ANNOUNCEMENT

Dear Beloved Member  
It is with sadness that we have noted your inability to remember  
our M-Pesa account details.  
We have taken the time to find a way of reminding you.

**The paybill no. is you calling 911 for an emergency.  
Assume you have called Twice 911911  
Account is your beloved association in initials KDA**

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