

DENTISTAS SOBRE RUEDAS



Image Source: www.dentistasobruedas.es

Dentists Over Wheels - General Presentation

Name

ADAMA project

Status

- Planned Currently operating
 In trial Suspended/Abandoned

Start year: 2012

Name of initiator

Chistian Martin Vargas Álvaro
Alfonso Jaime Campomar

Nature of initiator*

- Public institution
 Business enterprise
 Social enterprise
 Voluntary organization
 Individual(s)
 Informal sector
 Other (specify):

Type of mobile activity*

- Private initiative
 nomadic activity
 nomadic production
- Service provision
 traveling
 itinerant
 on-demand

Type of ambulantage*

- Planned rounds
 Random rounds
 Other (specify):

Location (City/Cities, Country)

Palma de Mallorca, SPAIN

Type of territory*

- Dense urban Suburban
 Low-density urban Rural
 Natural or isolated areas
 Other (specify):



Images taken from the website.

Contact

Investigator

Entity and position:

Email/Telephone:

Last survey update:

Internet link(s): <http://www.dentistassobreruedas.es/proyecto-adama-dsr>
<http://www.dentistassobreruedas.es/imgs/memorias/memoria2015.pdf>

Form No.

Dentists Over Wheels - The mobile activity

Description of the mobile activity

It consists of the movement of trucks adapted in oral medical consultations, to be able to access the most remote areas of Africa and offer its health services on a non-profit basis by dentists, health professionals and volunteers from different sectors.

Sphere of activity*

- Housing
- Catering
- Culture
- Commerce
- Education/training
- Repair and maintenance
- Hotel/accommodation
- Leisure activities
- Business services
- Health
- Industry
- Other (specify):

Possibility of privatizing the activity or renting out vehicle for private use

- Yes
- No

Multi-activity

- Yes
- No

Frequency

- Regular
- Occasional

Place where vehicle parked*

- Road (streets, squares, etc.)
- Parks and gardens
- User/customer home
- User/customer car park
- Public car parks
- Exhibitions/festival sites
- Shopping malls
- Stations
- Private land
- Natural spaces
- Other (specify):

Place where activity performed*

- Inside vehicle
- Interface inside/outside vehicle
- Outside of vehicle
- Other (specify):

Target population

- All-comers
- High-end/Luxury
- Poor
- Other (specify): People in need

Relevance to the mobile hyperplaces project and prospects for in-depth analysis

- *High level of transformation of vehicles and content to perform activities during the journey or to bring the activity closer to the user.*
- *Development of basic health activities in the most remote, or not so remote, populated places...*
- *Trucks as a potential inbox transport vehicle*

Possible study methodology

- Observation of the methodology of the functioning and implementation in the populations and analysis of its acceptance and functionality through surveys.
- Interviews with doctors, volunteers and patients.

People/contacts identified:

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Tel. +34 871 71 41 40

Dentists Over Wheels - Vehicle and connectivity

Type of vehicle

- Truck Car
 Van Bike
 Bus Other (specify):

Vehicle(s) fittings, equipment and customization

Vehicle interior:
Specialized equipment for dental treatment and basic medical care.
Vehicle exterior:
New openings to facilitate the entry of light.
High-tech/connectivity equipment:
Power generators.

Extension outside vehicle

- Yes
 No

If yes, specify:
Sunshade paraments.

Remote interaction tools and their utility*

	Info on operation	Reservation, appointment	Remote payment	Rating, feedback	Other (specify):
Website	x	x	x	x	
Mobile app					
Social media	x			x	
Email	x			x	
Telephone	x			x	
Other (specify):					

Potential through connectivity tools (initial hypotheses)

- *Vehicle automation.*
- *Real-time connectivity to improve health status and patient numbers.*

Potentials through vehicle autonomization (initial hypotheses)

- *Real-time adaptation of the inbox infrastructure.*
- *Greater effectiveness in attending to locations with a greater number of serious patients.*

Project Survey: Dentistas Sobre Ruedas

Name of the interviewed:

Alfons Jaume Campomar

Organization:

Dentistas sobre ruedas

Function:

Medical assistance for 6 months a year.
Oral, medical, prosthetic and social assistance.

Position:

Director/Founder



History:

Dentists on Wheels was born in 2006 by my dentist partner Christian Martín Vargas Álvaro and myself, Alfonso Jaume Campomar. Recently graduated, we decided to undertake our first development cooperation project and work in places on the planet that are free of dental services - how? setting up 'on wheels' units; or what is the same, mobile dental clinics.

After several projects in Mauritania and Senegal - in 2007, 2008 and 2009 - and in view of the notable increase in the NGO's activity, we decided to split into two delegations, the Balearic Islands -based in Palma- and Barcelona.

Historic context

How was the project born?

Once graduates, we started our own development cooperation project in different villages in Mauritania and Senegal. We believe that, in a world so heterogeneous and yet so globalized, small actions are becoming increasingly important. It is a question of raising awareness in our lives, of moving from theory to practice in order to begin to build a better, more just world in solidarity with our fellow human beings and with our p

¿Where? ¿Why there?

Year after year, volunteers from Dentists on Wheels travel to Senegal, specifically to the village of Missirah (Fatick region). Our objective is to continue the work we started in 2007 in different villages in Mauritania and Senegal and which has been taking place in that village since 2012.

Missirah is a village in the Toubacouta district of the Fatick region of Senegal. It is located in the center of the Saloum Delta Biosphere Reserve. It is one of the most populated coastal towns in the delta, including the villages of Missirah-Ngadior, Bagadadji and Boussoura, as well as the islands of Djinack-Bara, Djinack-Diattaco, Bettenty and Bossinkang.

It has an estimated population of 9,998 inhabitants (2007), most of whom belong to the Socés ethnic group and live with people from other areas such as the Gambia. For all these reasons, Missirah is an area that has been enriched through the cultural exchange of the various ethnic groups that live there, most of which profess the Muslim faith and speak the Mandinka, Wolof, Socé, Serere, Peulh, Diola and Bambara. The colonial language, French, is not spoken by everyone.

Missirah families depend heavily on the exploitation of their natural resources, whether through fishing - both for their

own consumption and for marketing in other areas - or through subsistence farming and the growing cultivation of cotton, cashews, and mangoes.

Terrestrial communications are made through variable state roads and through the delta, in small boats that are essential for the connectivity between the different villages. The population's health coverage is provided through health houses, which cover basic needs and are located in the villages of Bossin Kang, Djinack-Bara and Bagadji.

In Missirah there is the Santé post, where DSR usually works. It is equipped with a maternity ward, which supports the work of the health centres with training and material provided by a nurse. The nearest doctor is in Sokone, about 40 kilometres away, where there is a hospital run by Dr Ndao.



The vehicle

Did you have to transform a vehicle?

Yeah, we've transformed the interiors of some interior vehicles.

If so, what arrangements did you make?

We have opened controlled openings for all vehicles to facilitate natural ventilation as we go to places where they frequent high temperatures. We have a minibus from which we have removed all the seats and transformed it into the laboratory of oral prosthesis. The Government of the Balearic Islands gave us a van that we have converted into a mouth care room with a stretcher and a spotlight.

Has regulation been a restriction?

Regulation in countries such as Senegal is not as restrictive as in Europe, yet we continue to follow the basic health criteria established in Europe for patient care. Not having a strict regulation favors us to equip and offer a service that meets the basic health needs of the place and reach as many people in need as possible.

Have you considered it from the beginning?

Correct.

Do you have a problem today?

No, the law enforcement authorities we have been encountering have found that the need to help people with the restrictions of vehicle conversion has prevailed.



Performance

Can you clarify the current operation of the service?

We have a fleet of vehicles among which we have a van where we attend oral patients, an ambulance to transport emergency and pregnant people to our medical care location, and finally a minibus where we have the laboratory of oral prosthesis.

Is it itinerant to order, or does it work in other ways?

We are currently announcing our presence in the region and make periodic routes through different locations. The ambulance takes care of this itinerary, takes care of urgent cases in the same ambulance, and the most serious cases such as pregnant women are taken to the field hospital.

Where, when, at what speed, according to what logic does your activity unfold?

It is difficult to dial frequencies, in Africa the rush kills so to speak.... We try to have the maximum frequency that allows us the flow of people who come to our center. It's usually pretty chaotic.

How are the expeditions organized? How are the interaction points determined?

The populations visited by ambulance usually have a reduced demographics. If there is a health centre we go there to pick up the hospitalized person, if not, we go to the governor of the town to inform us of the situation. Everyone is aware of our presence in the region, so the people who have been evaded are already waiting for us.

Has this operation changed since launch?

The number of patients who trust us has been increasing.

Could you describe me a typical week /day?

It is difficult to explain, we have different working groups such as dentists+auxiliaries, doctors+nurses, proteticians, social educators and logisticians. Each group works in a different way depending on the country we work in and the specific needs of the day.

Where do you park your vehicle when you are not active?

We usually adhere to existing infrastructures if they exist. In other situations, we use our vehicles to dock in a small building that the population has given us. In other cases with less infrastructure, we use porches, trees with a large canopy that offers shade, etc.

Connectivity

How do you communicate with users?

We have constant contact with representatives of the regions, who inform the population about our next visits.

Do you use advanced means of communication during the service to users?

Word of mouth.... a natural tool for vital outreach at these sites.

Does a vehicle connected and in communication offer you something besides what you can do with your smartphone?

No, unfortunately smartphones cannot help us due to the lack of resources in basic communication infrastructures, in most places we need satellite phones.



The role of the community in the project

What are your links to the municipalities in which you move?

Our relationship with the population is very good. We have achieved a good reputation among the population thanks to the help we offer them.

Do you receive support from some communities?

Yes, they always help us in every way they can, we usually welcome local helpers who help us in our daily tasks as well as in our logistics. They've even offered us land to build a dental academy.

Parking Restrictions

No, they usually give us the space we ask them to install us in order to offer a better service.

Do you park in public space sometimes?

Most of the time. Due to the absence of vehicles in the towns where we go, we attach ourselves to the building to complement the sanitary functions. The logistics group is usually located in more secluded places so as not to hinder the routines and customs of the place.



Users

What users are using your services?

People who require dental treatment and do not have access to dentistry. Lately, people with medical problems have been coming in more frequently.

Does your profile correspond to the profiles initially expected?

Yes, it has been easy to comply with through disclosure. The target was and is the entire population that requires medical assistance.

Do the services offered correspond to your expectations?

We didn't expect this much demand. We usually do expeditions in October. Three months earlier, people were already moving from towns 300 km from our location to queue up for the service we offer.

Do you have ideas to improve, additional expectations?

The first year, for example, we only treated teeth. The following year we brought doctors and dental technicians. We now have the help of social educators and are increasingly expanding the people involved.





Relationship with other communities

Are you connected or do you have associations with other mobile services? which?

We are concerned about the limited local health services that may be available. Unfortunately, they have fewer resources than we have in our campaigns.

How do you see the future of your ONG?

We have the project to open a dental academy and raise awareness of basic health care. We hope to have enough employees to cover the workers throughout the year.

What will be decisive for its expansion?

The sensitization of people with oral treatment, we managed to kill two birds with one stone. That is our objective.



Autonomy

Can you imagine tomorrow, with autonomous vehicles?

Completely, I hope electric vehicles are only the tip of the iceberg.

How do you imagine your activity on the day when your vehicle will be autonomous?

I would like to imagine that precariousness would come to an end before the arrival of autonomous vehicles.

What would you think would change?

The autonomy of the vehicles would be of great help, as this would allow them to reach the most remote places and offer help to a greater number of needy people. The distances in Africa are very great....

3 Words

Solidarity, resources, autonomy