

**Operational Guidelines
National Oral Health Programme**

Ministry of Health and Family Welfare

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1. PREFACE

Most of the common oral diseases like Dental caries, Periodontitis are preventable in nature if proper oral hygiene is maintained and the loss of many teeth can be prevented or delayed by routine dental check up and early intervention for the diseases.

Some common oral health diseases are dental caries and periodontitis which affect nearly sixty and eighty percent respectively, of the Indian population. And oral cancer also being the 3rd most prevalent cancer next to Breast Cancer and Cervix Uteri Cancers, the problem has to be tackled meticulously.

The burden of non communicable diseases is rising in the country and oral diseases are included in true sense under the domain of non communicable diseases as it is the most prevalent disease among the population. Therefore to improve the oral health indicators of the population and for efficient oral health care delivery in the public health facilities of the country, the National Oral Health Program (NOHP) has been launched.

Though efforts are being made by the State Government for ensuring good oral health care, National Oral Health Programme (NOHP) aims at strengthening the infrastructure for oral health care, under the overall umbrella of National Health Mission.

The programme also aims at increasing awareness and capacity building at various levels of healthcare in the country.

2. Introduction:

According to the World Health Organization (WHO), Oral health is a state of being free from chronic mouth and facial pain, oral and throat cancers, oral sores, birth defects such as cleft lip and palate, periodontal (gum) disease, tooth decay and tooth loss, and other diseases and disorders that affect the oral cavity.

Oral health is indispensable for the wellbeing and good quality of life. Poor oral health affects growth negatively in all aspects of human development. Dental caries and periodontal disease remain the two most prevalent dental diseases of the Indian population.

Oral health has been neglected over the years, especially in the underprivileged areas. Amongst many reasons, low level of awareness among the population and the lack of adequate care provider and facilities.

Oral diseases have also been linked to bacterial endocarditis, atherosclerosis, chronic obstructive lung diseases and preterm low birth weight. Periodontal health has direct links with diabetes.

As per recent data from Dental Council of India, there are about 1.5 lakh registered dentists for a population of about 1.3 billion, out of 1.3 billion population 72% live in villages which remain deprived of dental care.

Some states have made progress in providing comprehensive oral health care through its primary care system(through the NHM umbrella).Dental units are established in the Primary Health Centre in some states. However, a lot still remains to be achieved in many of the other states.

Govt.of India has envisaged the National Oral Health Program(NOHP)for an affordable, accessible and equitable oral health care delivery in a well coordinated manner.

3. Burden of Oral diseases in India:

Oral diseases affect both the young and the old. Some of the common diseases are dental caries, periodontal diseases, malocclusion, sub-mucosal fibrosis, oral cancer etc. Cleft lip and cleft palate also continue to affect the population. Oral lesions are also common with patients with HIV/AIDS and other debilitating systemic conditions.

Two large scale Oral Health Surveys have been conducted in the past (i) National Oral Health Survey & Fluoride Mapping by Dental Council of India in 2003 and (ii) Oral Health in India: Report of multi-centric oral health survey by MoHFW in collaboration with Dental Department AIIMS in 2007. These two surveys indicate the prevalence of some oral diseases and conditions in the country [Table-1&2].

Table 1: Burden of Oral Diseases (National Oral Health Survey & Fluoride Mapping-2003)

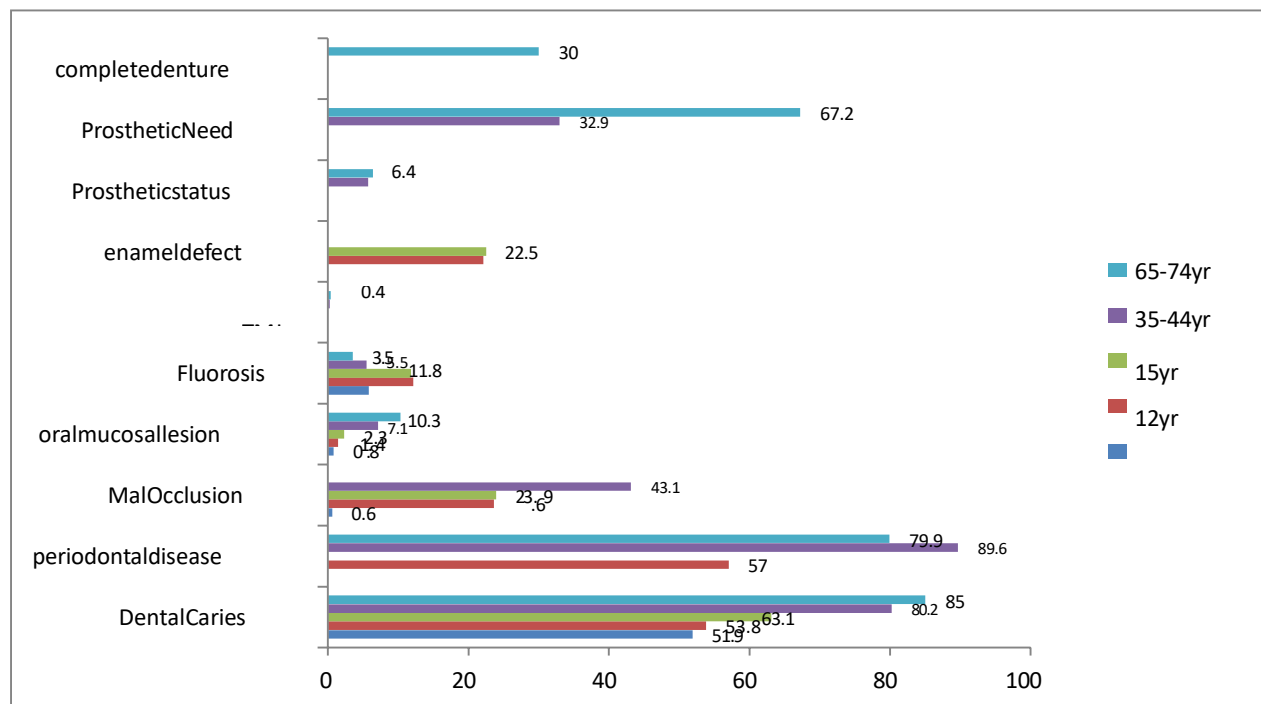


Table2: Burden of Oral Diseases (Multi-centric survey 2007)

S.I No.	Disease	Prevalence
1	Dental Caries	40-45%
2	Periodontal diseases	>90% (Advanced disease in 40%)
3	Malocclusion	30% of children
4	Cleft lip and palate	1.7 per 1000 live births
5	Oral cancer	12.6 per lakh population
6	Oral submucous fibrosis (<i>pre-Malignant and crippling condition of mouth</i>)	4per1000 adults in rural India
7	Dental Fluorosis	Endemic in 230 districts of 19 States
8	Edentulousness (toothloss)	19-32 % of elderly population > 65 years
9	Oral lesions due to HIV/AIDS	72% of HIV/AIDS patients
10	Birth defects involving oro-facial complex	0.82 to3.36 per 1000 live births
11	Others: Traumatic injuries, <ul style="list-style-type: none">• Mucosal lesions associated with radiation and chemotherapy• Morbidity and deformity following oral cancer surgery.	

4. OBJECTIVES:

Taking into account the oral health situation in the country, Government of India has initiated a National Oral Health Programme to provide integrated, comprehensive oral health care in the existing health care facilities with the following objectives:

- a. To improve the determinants of oral health
- b. To reduce morbidity from oral diseases
- c. To integrate oral health promotion and preventive services with general health care system
- d. To encourage Promotion of Public Private Partnerships (PPP) model for achieving better oral health.

In order to achieve above listed objectives, Government of India has decided to assist the State Governments in initiating provision of dental care along with other ongoing health programmes implemented at various levels of the primary health care system. Funding has been made available through the State PIPs for establishment of a dental unit (at district level or below)

This dental unit equipped with necessary trained manpower, equipments including dental chair and support for consumables would be provided to the states through the NOHP. These units, according to the level of saturation of state's own dental units, may be established at district hospitals or in the health facilities below the level of district hospitals.

- **Manpower**

Manpower, if required, [such as a Dental Surgeon, a Dental Hygienist & a Dental Assistant] may be appointed on contractual basis. The TORs is at **Annexure I**

- **Equipment**

Equipments for the dental unit such as dental chair, x-ray machine and other supportive instruments may also be procured by the State Government.

- **Consumables**

The sanctioned funds can be used for procurement of consumables required for the unit.

The National Oral Health Cell will also help in imparting training to the Oral health manpower as well as general health manpower for better integrated approach to better oral health.

In order to increase the level of awareness, the Government of India will help preparation of prototype Information, Education and Communication (IEC) materials/Behavior Change Communication (BCC) materials for dissemination of information.

Public Private Partnership model may also be utilized with the private dental colleges, various dental associations and community based organizations to promote community based oral health awareness and service delivery, wherever feasible

The National Oral Health Cell (NOHC) will be monitoring the implementation and progress of the programme from time to time through established mechanisms.

5. Organizational Structure of the NOHP:

5.1 National Oral Health Cell:

The National Oral Health Cell comprises of Technical and Administrative personnel under the overall guidance of Deputy Director General (NCD) in Dte GHS and Joint Secretary (NOHP) in the MoHFW. They will be assisted by a Chief Medical Officer in charge of NOHP and a National Consultant. Joint Secretary in charges will oversee the implementation of the programme management with the help of a designated Deputy Secretary and Under Secretary.

5.2 State Oral Health Cell (SOHC)

The identified State Nodal Officer would be in charge of the NOHP cell at the State level. He may be the Nodal Officer in charge of the NCDs in the State or a separate program officer as per requirement of the individual states. This cell would work in liaison with the State NCD cell existing for other NCD programs.

5.3 District Oral Health Cell

The District Oral Health Cell will be headed by an identified District Oral Health Officer who would liaise with the other NCD program cells. They will share the man power available with the district for NPCDCS, NTCP etc.

6. Financial Guidelines:

Financial Management Group(FMG) of program management support units at state and district level, which are established under NHM, will be responsible for maintenance of accounts books, release of funds, expenditure reports, utilization certificates and audit arrangements. The funds will be released to states/UTs through the treasury route to State Health Society (SHS), to carry out the activities at different levels as envisaged in operational guidelines and approved state PIP.

In the FY 2014-15, the funds were released to the states/UTs scheme wise. However, from FY 2015-16, it has been decided that in order to improve the operational flexibility of the states/UTs, funds will be released to different flexi pools instead of scheme wise manner.

It has also been decided that National Oral Health Program (NOHP), would be a part of Health system strengthening under NRHM (also known as Mission Flexible pool). Approvals will be given to the states in NOHP under Health system strengthening under NRHM, due to merger of schemes and accordingly expenditure will be captured in the FMR.

Statement of Expenditure (SOE) and Utilization Certificate (UC) for FY 2014-15 is to be submitted as per GFR 19A, in the prescribed formats given at Annexure. From FY 2015-16 no separate UC needs to be submitted under NOHP. The UC under the pool of system strengthening will cover the utilization of NOHP .The State Nodal Officer will coordinate with the concerned division in the NHM machinery to get this done.

Apart from the above it is to be noted that the flexibility has already been to the states at the time of sending PIP proposal and there is also provision of temporary loan from other pool for making expenditure, but in no case expenses should exceed the approvals given in the PIP.

7. TORs for the manpower

A. National Oral Health Cell

A.1 Oral Health Consultant:1

➤ Qualification:

Essential

i) MDS/MD [Community Medicine, Community Health Administration, Community Dentistry]

or

ii) BDS with Masters in Public Health (MPH) with at least 2 years experience in related field

iii) Should be registered with either the Medical/Dental Council of India

Desirable:

Experience in Oral Health or any other Public Health Program

Knowledge and skills:

- Knowledge about the common oral health conditions in the country and its public health impacts
- Knowledge in the areas of Oral health promotion ,local participatory planning and capability to function collaboratively and productively in a multi-disciplinary environment
- Knowledge about the Healthcare delivery system in India
- Knowledge about Research methodology and evaluating research proposals related to Oral Health
- Exposure to Health Communication
- Ability to travel extensively
- Command over MS-Office and net savvy
- Good Communication skills both in English and Hindi[written and Verbal]

Responsibilities and Duties:

- To provide technical as well as program management support for planning and implementation of the National Oral Health Programme
- To support the development of IEC for National Oral Health Programme
- To monitor the implementation of the National Oral Health Programme
- To facilitate capacity building of the Oral Health Workforce [development of training modules, training program, evaluation etc.]

A.2 Technical Assistant:1

➤ Qualification:

Essential:

- i. Graduation in any discipline from a recognized institution.
- ii. One year Certificate in Computer Application
- iii. The applicant must possess at least 1-2 years of professional experience / exposure in the Health related field.

Desirable:

- i. The applicant must possess at least 1-2 years of professional experience /exposure in the Health related field.
- ii. Demonstrated experience of working with the government sector at national/state level.

Knowledge and skills:

- Good time management and multi-tasking skills, with ability to work in a deadline-driven environment.
- Ability to demonstrate good interpersonal skills and team working capability with a high standard of personal conduct.
- Proficient knowledge of computers and good command over MS-Office/internet iv. Possess team working capability.
- Good communication.

B. NHM Component in States/UTs:[For one dental unit]

B.1 Dental Surgeon:1

➤ **Qualification:**

1. BDS from institution recognized by Dental council of India
2. At least two years of working experience in a hospital/institution setup.

Age limit: 40years

Requirement and Responsibilities:

- To provide OPD services to the patients
- To plan and manage dental camps periodically
- To refer complicated cases to the higher centres in the Hierarchy.
- To impart training to the paramedical personnel.
- To supervise and monitor activities under NOHP

B.2 Dental Hygienist/Dental Technician/Dental Mechanic:1

➤ **Qualification:**

- i) 10+2 Science from Recognized Board
- ii) Diploma in Dental Technician/Dental Hygienist/Dental Mechanic Course from a Govt. recognized Institute
- iii) Registration with State Dental Council.

Experience : Two years of experience in a dental college/clinic

Responsibilities:

- Patient screening procedures; such as assessment of oral health conditions
- Taking and developing dental radiographs
- Oral Prophylaxis
- Fabrication and repairing Denture
- Patient education regarding oral hygiene maintenance

B.3 DentalAssistant:1

➤ **Qualification:**

Matriculation from Recognised Board

Experience : Two years experience in a dental college/clinic

Responsibilities:

- Maintain a sterile and neat working environment according to current infection control Procedures
- Stock operatories and maintain clinical supply inventory
- Maintain record of the patient and schedule appointments