

Operational Guidelines National Oral Health Program



Ministry of Health and Family Welfare
Government of India



Operational Guidelines (National Oral Health Program) NOHP

**National Oral Health Cell
Directorate General of Health Services
Ministry of Health and Family Welfare
Government of India
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MESSAGE

Good oral health is extremely important for general wellbeing of an individual. Some common oral health diseases are dental caries and periodontitis which affect nearly sixty and eighty percent respectively, of the Indian population. Though efforts are being made by the State Governments for ensuring good oral health care, National Oral Health Programme (NOHP) aims at strengthening the infrastructure for oral healthcare, under the overall umbrella of National Health Mission.

The primary objective of the National Oral Health Programme (NOHP) is to render promotive, preventive and curative services for oral diseases particularly in the rural and under-served areas, through the existing public health facilities.

I am sure that these guidelines will ensure successful implementation of the programme.

(B.P. Sharma)

Dr. Jagdish Prasad
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MESSAGE

Oral health is integral to both general health and better quality of life. The burden of oral diseases parallels that of other non-communicable diseases like diabetes, hypertension, cardiovascular diseases and cancer, both in terms of complications and cost of treatment if not attended to at early stages.

National Oral Health Programme (NOHP) has been launched to support the States/UTs to strengthen their infrastructure and facilities for better oral health care. The programme also aims at increasing awareness and capacity building at various levels of healthcare in the country.

The Operational Guidelines will enable the State Government to strategize and appropriate implementation of the NOHP at the state level and its monitoring at the Centre.


(Jagdish Prasad)



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ACKNOWLEDGEMENT

Oral health is the mirror for the general health of an individual. Most of the common oral diseases like Dental caries, Periodontitis are preventable in nature if proper oral hygiene is maintained and mortality of many teeth can be prevented or delayed by routine dental check up and early intervention for the diseases. The burden of non communicable diseases is rising in the country and if oral diseases are included in true sense under the domain of non communicable diseases 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.

The conceptualization, formulation, technical contribution and compilation of the information given in this operational guidelines for NOHP has been a collective effort from experts from different fields. I would like to thank DDG(NCD) Dr Mohd Shaukat Usta, CMO Dr L Swasticharan for their technical inputs and guidance in preparation of this guidelines. I would like to appreciate the efforts from Mrs Valsamma K Daniel the erstwhile Deputy Secretary, Mr KK Jhell , Under Secretary and Dr Utkal Mohanty, Consultant for compilation of the guidelines.


(Dharitri Panda)

1. Introduction:

According to the World Health Organisation (WHO), Oral health is a state of being free from chronic mouth and facial pain, oral and throat cancer, 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 care providers even, has led to continued neglect of dental care.

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 which 72% live in villages which remain deprived from 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 even 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.

2. 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)

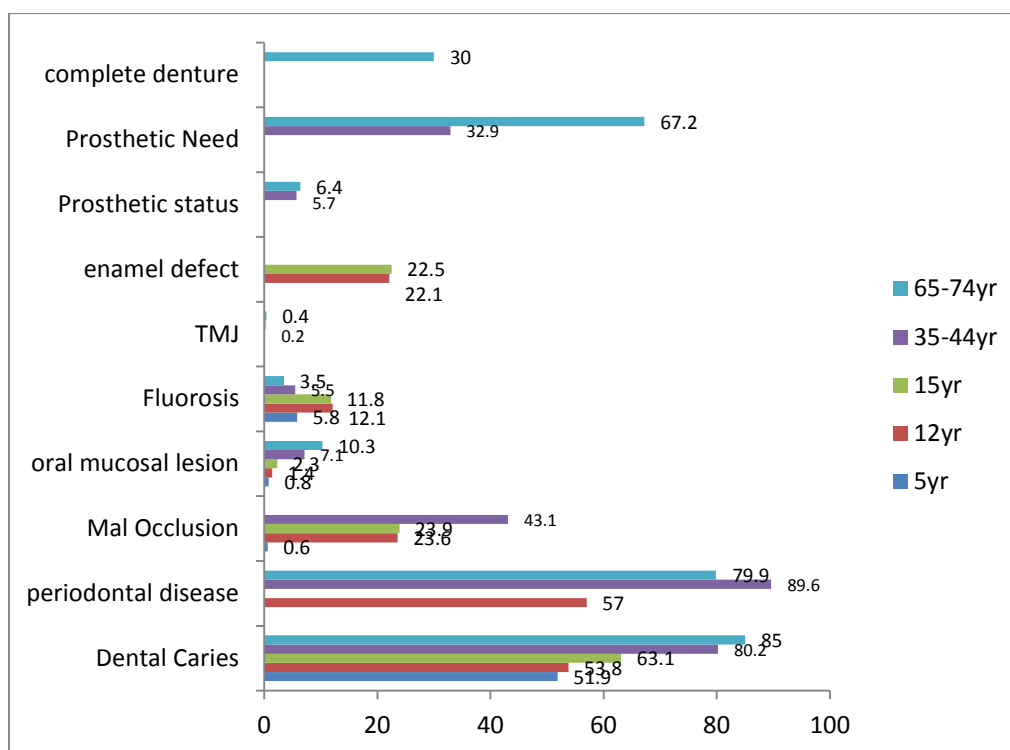


Table 2: Burden of Oral Diseases (Multi-centric survey 2007)

S.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>)	4 per 1000 adults in rural India
7	Dental Fluorosis	Endemic in 230 districts of 19 States
8	Edentulousness (tooth loss)	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 to 3.36 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. 	

3. National Oral Health Programme

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.

4. Organizational Structure of the NOHP:

4.1 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.

4.2 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.

4.3 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 manpower available with the district for NPCDCS, NTCP etc.

5. 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.

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 Program
- To support the development of IEC for National Oral Health Program
- To monitor the implementation of the National Oral Health Program

- 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 recognised 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 Recognised 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 Dental Assistant: 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

Annexure II**Utilization Certificate**

SL No	Letter No and Date	Amount
	Total	

Certified that out of Rs. _____ of grants-in-aid sanctioned during the year _____ in favour of _____ under this Ministry / Department Letter No. given in the margin and Rs. _____ on account of unspent balance of Rs. _____ on account of unspent balance of the previous year, a sum of Rs. _____ has been utilized for the purpose of _____ for which it was sanctioned and that the balance of Rs. _____ remaining unutilized at the end of the year has been surrendered to Government (vide No. _____, dated _____) / will be adjusted towards the grants-in-aid payable during the next year _____.

Certified that I have satisfied myself that the conditions on which the grants-in-aid was sanctioned have been duly fulfilled / are being fulfilled and that I have exercised the following checks to see that the money was actually utilized for the purpose for which it was sanctioned.

Kinds of checks exercised

- 1.
- 2.
- 3.
- 4.
- 5.

Signature _____

Designation _____

Date _____

Annexure III

**National Oral Health Program (NOHP)
Statement of Expenditure**

State Health Society_____ Year_____

Quarter (I/II/III/IV)_____

Recurring / Non-Recurring Grants

Sl. No	Grant in aid	Unspent Balance of from Govt.	Fund Received From Govt. of India	Expenditure Incurred	Balance
1	District Level				
	Human Resources (Contractual)				
	Consumables				
	Equipments for strengthening the Dental Clinic				
2	CHC level				
	Human Resources (Contractual)				
	Consumables				
	Equipments for strengthening the Dental Clinic				
3	PHC level				
	Human Resources (Contractual)				
	Consumables				
	Equipments for strengthening the Dental Clinic				

**National Oral Health Program (Mission Flexi Pool)
PIP Guidelines**

National Oral Health Program Grant In Aid to States/UTs for various Components		Physical Target	Funds Requested
SN	Components		
B.26	Recurring GIA		
B.26.1	Contractual Manpower HR		
B.26.1.1	Dental Surgeon		
B.26.1.1.1	Dental Hygienist		
B.26.1.1.2	Dental Assistant		
B.26.1.1.3	Consumables @ Rs 5 lakhs /year		
B.26.1.2	Non recurring GIA (Rs 7.0Lakh)		
B.26.2	Strengthening of Distt. Hospitals (Renovation, Dental Chair, Equipment) @ Rs 7lakh		
	Total Rs 20.4Lakh		

1. A provision of 5% annual increase of remuneration may be considered subject to performance appraisal by a committee for contractual staff and consultants
2. There is flexibility in remuneration by states as per availability of contractual staff in different areas/States subject to the indicative amount as mentioned above. The remuneration shall be fixed as per overall guidelines issued by national health mission.

Guidelines for Equipment in the Proposals

- a) The health facilities which are already covered under NHM/State Govt. or any other national/international agency should not be proposed for the support.
- b) Equipment which have already been provided earlier under NHM /or by state Govt. /any other agency to a hospital/centre should be excluded from this support.
- c) The treatment support would be for the routine procedures, medicine, tests which are generally needed for dental patients.
- d) Proposed additional oral health related items requirement at one District Hospital/SDH/CHC that will be supported:

SN	Items	DH/SDH/CHC/PHC
1	Electronic Dental Chair with adequate accessories (headpieces, compressor, three way syringe)	1
2	Autoclave (electronic)	1
3	Instruments for manual cleaning of teeth	5 sets
4	Ultrasonic Scaler& Polishing Kit	2 sets
5	Dental X-ray Unit with developer	1
6	Light Cure Gun	2 sets
7	Extraction Forceps	4 sets
8	Restorative (filling) Instrument	5 sets
9	Impression Trays for RPDs and CDs	2 sets each
9	Root Canal Instrument Set (manual)	5 sets
10	Additional Dental Material & Instruments and consumables for the clinic	

Annexure VI
Report from DOHC/SOHC
State:
District:
Month:
Year:

Component	Indicator	Remarks	
Equipment Status	Dental Chair		
	Light Cure Unit		
	Scaler		
	X-Ray		
	Autoclave		
HR Recruited	Dental Surgeon		
	Dental Hygienist/Dental Mechanic		
	Dental Assistant		
Services Rendered	OPD service to patients		
	Extractions		
	Minor Surgeries		
	Root Canal Treatment		
	Oral Prophylaxis		
	Dentures Provided(RPD, CD)		
	Restorations (only permanent)		
	Pit & Fissure Sealant		
	Fracture reduced		
	Precancerous patients treated		
	Cases referred to Higher Centers		
Oral Health Promotion activity	Camps organized in villages		
	Health education sessions in villages	No of sessions	
		Population Covered	
	Health education sessions in schools	No of sessions	
		No of Children covered	
Training conducted	For Doctors		
	For Health workers		
	For ANMs		
	For ASHAs		
	For AWWs		
	For School Teachers		
Any other Activity Conducted/Intended to conduct			
Suggestions			

Signature State nodal officer/District officer:

Annexure VII**SUMMARY OF SCREENING CAMPS**

Number of screening camps organized: _____

Number of patients screened in the camps: _____

No of cases screened	0-5years		5-15years		15-50years		≥ 50 years	
	M	F	M	F	M	F	M	F
Dental Caries								
Gingivitis								
Periodontitis								
Dental Trauma								
Precancerous lesions/Conditioons								
Oral Cancer								
Edentulous ness								

(_____)
Signature of Dental Surgeon



Oral health is integral to overall health and good quality of life. Therefore oral health care delivery of the country needs to be strengthened for efficient oral health care delivery and improvement of oral health indicators and overall health of the population of the country