



# IMPACT ASSESSMENT REPORT

## COLGATE - BRIGHT SMILES, BRIGHT FUTURES PROGRAM® (BSBF)

**Implemented by:** BharatCares,  
Social Network India, and Oral  
Health Promotion Foundation.



**PREPARED BY:**



SOULACE CONSULTING PVT. LTD.

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# A — BBREVIATIONS

<b>BSBF</b>	Bright Smiles, Bright Futures
<b>CSR</b>	Corporate Social Responsibility
<b>FSSAI</b>	Food Safety and Standards Authority of India
<b>IEC</b>	Information, Education, and Communication
<b>M&amp;E</b>	Monitoring and Evaluation
<b>NOHP</b>	National Oral Health Program
<b>RBSK</b>	Rashtriya Bal Swasthya Karyakramram
<b>SDGs</b>	Sustainable Development Goals
<b>SBM</b>	Swachh Bharat Mission

# EXECUTIVE SUMMARY

## PROJECT BACKGROUND

Colgate Bright Smiles, Bright Futures (BSBF), implemented by Bharat Cares, Social Network India, and Oral Health Promotion Foundation, is a nationwide initiative promoting oral health education among school-going children. The program engages students, teachers, parents, and communities through structured activities and resource support. During the reporting period, it reached thousands of children across six states—Gujarat, Goa, Rajasthan, Uttar Pradesh, Bihar, and Assam—resulting in improved oral hygiene practices, greater awareness of tobacco-related risks, and stronger community engagement. Through the distribution of dental kits, brushing calendars, and teacher training materials, the program reinforces key messages and ensures continuity beyond classrooms. Aligned with national priorities and the School Health & Wellness Programme, BSBF continues to contribute toward building healthier and more informed communities.

## PROJECT DETAILS



### Implementation year

FY 1991 - 1992



### Project year

FY 2024 - 2025



### Assessment year

FY 2025- 2026



### Project locations

Rajasthan, Assam, Gujarat, Goa, Uttar Pradesh



### Budget

₹215,017,761/-



### Implementing Partner

BharatCares, Social Network India, and Oral Health Promotion Foundation



### Number of Beneficiaries

Across 5 states students covered 61 lakh and schools covered 19k



### Alignment with SDGs



#### Alignment with National Policies and Programs

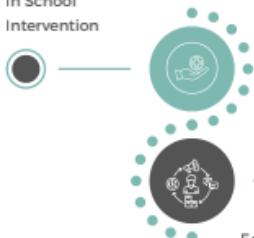
- National Oral Health Program (NOHP)
- National Health Policy, 2017
- School Health & Wellness Programme under Ayushman Bharat
- Eat Right School Initiative (FSSAI)
- Swachh Bharat Mission (SBM)
- Rashtriya Bal Swasthya Karyakram (RBSK)



## KEY ELEMENTS OF THE PROGRAM

### SCHOOL-CENTRIC DELIVERY

In School Intervention



Direct Engagement with Students

### FOCUS ON BEHAVIOUR CHANGE

Habit Formation through Activities



Age-appropriate Sessions

### MULTI-STAKEHOLDER INVOLVEMENT

Students, Teachers and Communities



Close coordination with school authorities & local influencers

### TOOLS FOR IMPACT

Engaging IEC Material and Visual Aids, Oral Hygiene Kits



A Live BSBF Dashboard, for scheduling, tracking and record maintenance



COLGATE TEAM WITH THE SCHOOL TEACHER - JAIPUR

# KEY FINDINGS

## COMPONENT 1: COMMUNITY & PARENTAL ENGAGEMENT ON ORAL HEALTH

**84.9%**



of the respondents understood that the quality of drinking water impacts oral health, demonstrating strong awareness of hygiene-related factors.

**78.2%**



of the respondents reported that they replaced their toothbrush within 1 to 3 months, reflecting a sound oral hygiene habit.

**75.8%**



of the respondents had sought dental treatment for themselves or family members, indicating proactive health-seeking behaviour.

**72.0%**



of the respondents who received treatment reported that the issue was dental decay, highlighting a common oral health concern.

**70.5%**



of the respondents reported using oral hygiene aids such as floss, mouthwash, or toothpicks, reflecting comprehensive oral care practices.

**68.4%**



of the respondents identified schools as the primary source of oral health awareness, underlining the impact of school-led interventions.

**64.3%**



of the respondents stated that a dental facility was accessible within 30 minutes of their location, suggesting moderate healthcare access.

**84.2%**



of the respondents attended sessions on the harmful effects of tobacco.

## COMPONENT 2: TEACHER ENGAGEMENT ON STUDENT ORAL HEALTH

**100%**



of the teachers reported that their students participated in school-led oral health awareness sessions.

**65.5%**

of the teachers reported that students understood the role of night brushing in preventing cavities.

**47.3%**

of the teachers reported that their students did not experience any health issues in the past year.

**65.5%**

of the teachers reported that their students consumed fruits and vegetables daily, and 23.6% 3-4 times a week consumed them daily.

### COMPONENT 3: STUDENT ENGAGEMENT ON ORAL HEALTH

**95.3%**

of the respondents attended school-based oral care awareness programs.

**84.2%**

of the respondents reported brushing their teeth twice daily.

**79.1%**

of the respondents used circular brushing motions, and 81.2% brushed their tongue regularly.

**80.7%**

of the respondents replaced their toothbrush every 2-3 months.

**65.3%**

of the respondents did not report any oral health problems in the past year.

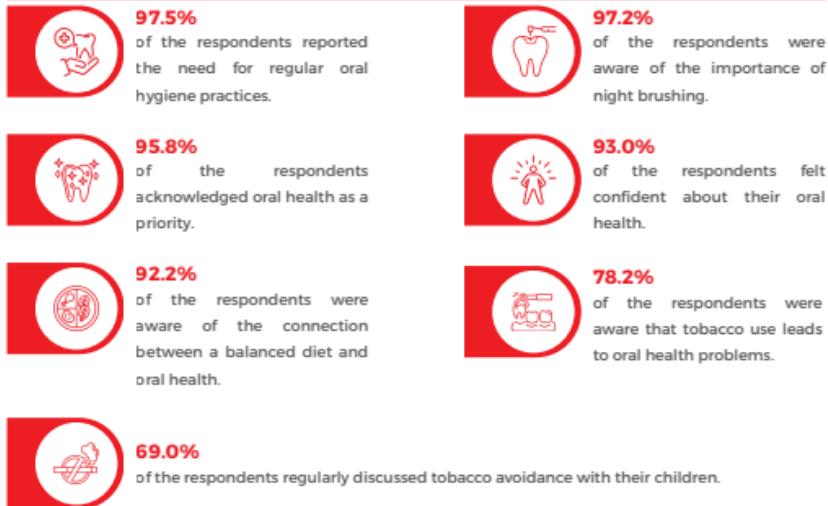
**87.7%**

of the respondents received information in school about the harmful effects of tobacco.



# KEY IMPACTS

## COMPONENT 1: COMMUNITY & PARENTAL ENGAGEMENT ON ORAL HEALTH



## COMPONENT 2: TEACHER ENGAGEMENT ON STUDENT ORAL HEALTH



## COMPONENT 3: STUDENT ENGAGEMENT ON ORAL HEALTH



**75.4%**

of the respondents associated night brushing with reduced chances of cavities.

**74.7%**

of the respondents consumed 6-8 glasses of water per day.

**80.2%**

of the respondents reported eating breakfast daily before school.

**88.4%**

of the respondents clearly understood that tobacco use causes serious health issues.



# 01. INTRODUCTION

## NEED AND BACKGROUND OF THE PROGRAM

Oral health is a vital yet often neglected aspect of overall well-being, especially among children. Poor oral hygiene in early years can lead to dental caries, gum disease, and long-term health issues that affect nutrition, school attendance, confidence, and overall development. In many regions across India, limited awareness, inadequate access to preventive care, and lack of proper brushing habits result in widespread oral health problems among school-aged children. There is a growing need to instil preventive oral health practices at an early age through structured education, community engagement, and accessible hygiene tools. Addressing this need requires collaborative efforts that go beyond clinical interventions and focus on education, awareness, and behavioural change (UNODC, 2025).

In response to this critical need, Colgate-Palmolive (India) Ltd., in collaboration with BharatCares, has implemented the Bright Smiles, Bright Futures program across multiple schools in India. This initiative aimed to empower children with the knowledge and resources to adopt lifelong oral hygiene habits. Built on decades of global experience, the program combined child-friendly education, teacher support, and parental involvement to create an ecosystem of awareness and action. By distributing dental kits, conducting interactive learning sessions, and equipping teachers with training tools, the program ensured that oral health became a shared priority across school communities. Through this structured and scalable model, Colgate and BharatCares strive to promote not just brighter smiles, but also healthier futures for children across the country.

*Source: UNODC. (2025, May). India: Ministry of Education convenes national partners – CBSE, NCERT and UNODC – to strengthen school-based prevention against substance use—United Nations Office on Drugs and Crime.*

## OBJECTIVE OF THE PROGRAM



To instil essential knowledge and awareness about oral hygiene and the harmful effects of tobacco among schoolchildren.



To cultivate consistent oral care habits through structured engagement and access to basic dental hygiene resources.



To empower educators and parents as key enablers in reinforcing positive oral health behaviours at school and home.



To promote preventive oral health practices through a community-based approach supported by regular monitoring and follow-up.

## ABOUT COLGATE-PALMOLIVE (INDIA) LIMITED

Colgate-Palmolive is more than a company; it's a caring, innovative growth engine, reimagining a healthier future for all people and the planet. Colgate-Palmolive (India) Limited stands as the undisputed market leader in oral care in the country, relentlessly pursuing sustainable, profitable growth for its shareholders, while fostering an inclusive and empowering workplace for its people. With a primary focus on cutting-edge, science-led innovations in oral and personal care across the Indian market, the company is globally recognized for its visionary leadership and pioneering efforts in advancing sustainability and community well-being. Among its recent landmark accomplishments, the company has made colossal strides in drastically reducing plastic waste and championing recyclability, meticulously conserving water and energy at its state-of-the-art manufacturing facilities, empowering women through vital financial and digital literacy programs, and profoundly enhancing children's oral health through the iconic Colgate Bright Smiles, Bright Futures® program.

## ABOUT BHARATCARES

BharatCares (SMEC Trust), the social impact arm of CSRBOX, is committed to driving change through innovation, technology, and scalable solutions that address critical societal challenges. Serving as a bridge between communities, innovators, and funders, BharatCares focuses on implementing effective, impact-driven models. Our efforts aim to enhance access to quality education, strengthen employability skills, and support entrepreneurial ecosystems for underserved communities.



**DISCUSSION WITH THE PRINCIPAL & TEACHER - SHRI MAHESHWAR MONTESSORI BAL MANDIR (ALIGARH)**

# 02 RESEARCH METHODOLOGY

Colgate-Palmolive commissioned SoulAce to conduct an impact assessment study during the fiscal year 2025-26 to evaluate the effectiveness and outcomes of the BSBF program implemented across multiple locations. The study aimed to assess improvements in oral health awareness, behaviour, and practices among schoolchildren, while also gathering insights from key stakeholders involved in the program's implementation.

## OBJECTIVES OF THE STUDY



To assess the level of oral health awareness and knowledge among schoolchildren following their participation in the BSBF program.



To evaluate changes in oral hygiene practices, including the frequency and technique of tooth brushing.



To measure the reach and effectiveness of key program components such as dental kit distribution, teacher training, and classroom sessions.



To understand stakeholder perceptions, including those of teachers, trainers, and parents, regarding the relevance and impact of the program.



To identify gaps and areas of improvement for strengthening future implementation and scaling of the BSBF initiative.

## RESEARCH METHODOLOGY

To comprehensively evaluate the reach, effectiveness, and outcomes of the BSBF program, an impact assessment study was undertaken. The research followed a mixed methods approach, combining both quantitative and qualitative techniques to ensure a thorough and balanced analysis of the program's performance and its impact on key stakeholders, including students, parents, and teachers.

## APPLICATION OF QUANTITATIVE TECHNIQUES

Quantitative methods were central to capturing measurable changes in awareness, knowledge, and behaviour concerning oral health among the program beneficiaries. Structured surveys were administered to students, teachers, and parents using pre-tested questionnaires.

These surveys focused on aspects such as frequency of brushing, understanding of oral hygiene practices, recall of key messages from the BSBF kit, and the use of brushing calendars. The structured nature of these tools allowed for statistical analysis and comparison across locations and respondent groups.

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## APPLICATION OF QUALITATIVE TECHNIQUES

Qualitative methods were used to capture in-depth insights and contextual understanding beyond the numbers. This included:

 **Field Observations:** Carried out during school visits to observe student engagement, classroom discussions, and the use of BSBF materials

 **Testimonials:** Collected from students, parents, and teachers to reflect real-life experiences and program influence.

 **Key Informant Interviews:** Conducted with trainers, school administrators, and implementing team members to understand implementation processes, challenges, and perceptions of program effectiveness.

 **Case Studies:** Selected from different locations to highlight unique outcomes, program success stories, and local adaptations.

These methods enriched the findings with human stories and practical insights that helped validate and interpret the quantitative data.

## ENSURING TRIANGULATION

To ensure the reliability and validity of findings, the study employed triangulation drawing on multiple data sources and research methods. By comparing insights from different respondent groups and using varied tools, the study was able to corroborate trends and uncover deeper programmatic insights. This approach reduced biases and strengthened the credibility of the conclusions.

## SAMPLING FRAMEWORK

The sampling design aimed to capture a diverse and representative pool of respondents across program states. Schools were selected purposively in consultation with implementing partners, ensuring geographic and demographic variety. Within each selected school, a defined number of students, teachers, and parents were interviewed based on availability and consent.

State	Students	Teachers	Parents/Community
Assam	60	5	54 HH
Goa	55	8	52 HH
Gujarat	52	5	49 HH
Rajasthan	150	11	27 HH
Uttar Pradesh	105	26	103 HH

**States Covered:** Rajasthan, Assam, Gujarat, Goa, Uttar Pradesh

**Across 5 states, students covered 61 lakh, and schools covered 19k**

## DATA QUALITY CONTROL & ANALYSIS

Strong emphasis was placed on maintaining the integrity of data collection and analysis. All field researchers underwent comprehensive training on tool administration, ethical protocols, and respondent engagement techniques. Tools were pre-tested and refined before deployment. Collected data was reviewed daily for accuracy, consistency, and completeness. Quantitative data was analysed using statistical software, while qualitative data was organised and thematically coded to extract key findings.

## STANDARDISED FRAMEWORK FOR EVALUATION

The assessment was conducted using the OECD-DAC framework, which provided a structured and internationally recognised model to evaluate development programs. This framework allowed the study to assess:

- Relevance:** Alignment of program objectives with the needs of students and schools
- Effectiveness:** Achievement of intended outcomes
- Efficiency:** Optimal use of resources
- Impact:** Long-term changes in behaviour and awareness
- Sustainability:** Potential for lasting change beyond program duration



Using this framework ensured that the evaluation remained systematic, transparent, and aligned with global best practices, thereby enhancing the reliability and utility of the findings.

## DESIGN SNAPSHOT

	<b>Name of the project</b> Colgate Bright Smiles, Bright Futures Program ® (BSBF)
	<b>Research design</b> Descriptive research design
	<b>Implementing Partner</b> Bharat Cares, Social Network India, and Oral Health Promotion Foundation.
	<b>Sampling Technique</b> Purposive Sampling
	<b>Sample Size</b> Students: 422, Parents/Community: 477 HH, Teachers: 55
	<b>Qualitative Methods used</b> Key Informant Interviews, Case Study, Field Observations, Testimonials
	<b>Key Stakeholders</b> Parents, School Teachers, School Principals and Program team members

## UPHOLDING RESEARCH ETHICS

The study strictly adhered to ethical research standards to ensure respect, fairness, and protection of all participants:

### INFORMED CONSENT

Participation was voluntary, and prior consent was obtained after explaining the purpose and process of the study.

### CONFIDENTIALITY

Personal details of respondents were kept confidential and used solely for research purposes.

### DATA SECURITY AND ANONYMITY

All data was securely stored, and participant identities were anonymised to protect privacy.

### NON-MALEFICENCE

Efforts were made to avoid any harm, discomfort, or risk to participants during the study.

### INTEGRITY

The research was conducted with honesty, transparency, and adherence to methodological rigour.

### JUSTICE

Equal respect and fair treatment were ensured for all participants across locations and groups.

# O3. ANALYSIS OF THE PROGRAM DESIGN

## THEORY OF CHANGE

The Theory of Change for this program illustrates how targeted interventions in schools, families, and communities improved oral health awareness and practices. It connects key activities such as awareness sessions, training, and behaviour change communication to measurable improvements in hygiene habits, health-seeking behaviour, and overall well-being.



### COMMUNITY & PARENTAL ENGAGEMENT ON ORAL HEALTH

#### INPUTS

- The program is supported by financial and technical inputs from BharatCares under the CSR initiative of Colgate.
- IEC materials, outreach kits, and trained facilitators are provided to engage communities.
- Partnerships are developed with schools and community-based resource persons.



#### ACTIVITIES

- Oral health awareness sessions were conducted for parents across schools. Parents were mobilised through school announcements, direct communication by teachers, and messages sent via students.
- Community-level meetings were organised to address tobacco prevention and hygiene practices. Community members were informed by school staff and were encouraged to attend when they visited the school during dental kit distribution.
- Hygiene kits and brushing charts are distributed to families.
- Surveys and follow-ups are conducted to track behaviour change.



#### OUTPUTS (IMMEDIATE RESULTS)

- 84.9% of parents understand the link between drinking water quality and oral health.
- 75.8% seek dental treatment for themselves or their family.
- 70.5% regularly use oral hygiene aids such as toothbrushes and tongue cleaners.
- 68.4% identify schools as a key source of oral health awareness.



#### OUTCOMES (LONG-TERM CHANGES)

- 97.5% of parents acknowledge the importance of regular oral hygiene practices.
- 97.2% are aware of the benefits of brushing at night.
- 93% feel confident about their family's oral health status.
- 69% report discussing tobacco risks with their children regularly.



## IMPACT (SYSTEMIC SHIFTS)

- Community norms shift towards preventive oral healthcare.
- There is increased intergenerational awareness of hygiene and diet.
- Parent-school relationships are strengthened to support health outcomes.



## TEACHER ENGAGEMENT ON STUDENT ORAL HEALTH

### INPUTS

- Teachers receive training modules and orientation sessions designed to support oral health promotion.
- Resource materials are provided to integrate oral health themes into regular classroom discussions.
- Monitoring tools are made available to track classroom-level changes.



### ACTIVITIES

- Teachers are oriented and trained on basic oral health and tobacco prevention messages.
- Oral health education is embedded in school activities and curriculum delivery.
- Teachers coordinate with health facilitators to reinforce messaging.



### OUTPUTS (IMMEDIATE RESULTS)

- 100% of students attend school-led oral health sessions.
- 65.5% of teachers observe increased student awareness about night brushing.
- 65.5% of students report regular consumption of fruits and vegetables.



### OUTCOMES (LONG-TERM CHANGES)

- 100% of students understand the role of night brushing in oral hygiene.
- 96.4% of students are aware of tobacco-related risks due to school-based sessions.
- 49.1% of teachers identify and address the risks of tobacco exposure among children.



## IMPACT (SYSTEMIC SHIFTS)

- Teachers emerge as consistent influencers for positive oral health behaviours.
- Schools evolve into sustained platforms for reinforcing hygiene habits and wellness values.



## STUDENT ENGAGEMENT ON ORAL HEALTH

### INPUTS

- Students receive oral health kits including brushing charts and demonstration materials.
- IEC tools such as posters, games, and activity sheets are provided to enhance learning.
- Regular support is offered through teachers and facilitators to sustain engagement.



### ACTIVITIES

- Interactive oral health sessions are conducted in classrooms.
- Daily brushing practices and hygiene routines are reinforced through peer learning and activities.
- Brushing demonstrations and monitoring charts are used to track behaviour.



### OUTPUTS (IMMEDIATE RESULTS)

- 95.3% of students attend oral health awareness sessions.
- 84.2% brush their teeth twice a day.
- 79.1% use circular motion for brushing as taught.
- 81.2% consistently clean their tongue.



### OUTCOMES (LONG-TERM CHANGES)

- 95.3% of students report awareness that night brushing improves oral health.
- 80.2% follow a regular breakfast routine, indicating overall health improvement.
- 88.4% are informed about the harms of tobacco use.
- 86.0% understand the risks associated with tobacco consumption.



### IMPACT (SYSTEMIC SHIFTS)

- Students demonstrate improved oral health behaviours at home and in school.
- Nutrition and hygiene practices improve as part of daily routines.
- Students become change agents by spreading awareness within their families and communities.

## IMPLEMENTATION STRATEGY

The program follows a comprehensive, community-centred approach to ensure lasting impact and sustainability. By fostering local ownership and integrating participatory methods, suitable technologies, behaviour change, and strong institutional support, the strategy effectively addresses resource management, health, and livelihoods in the targeted tribal regions. The table below outlines the key strategic pillars and their operational focus.



The program adopts a decentralised, school-based delivery model implemented by BharatCares under Colgate's CSR initiative. It brings together three core components: community and parental engagement, teacher facilitation, and student learning.



Activities are conducted directly in schools to ensure regular access and interaction. Field teams coordinate with school authorities and local influencers to deliver oral health sessions, distribute hygiene kits, and promote healthy practices.



The use of appropriate communication materials, interactive methods, and IEC tools ensures the sessions are engaging, relatable, and effective in driving sustained behaviour change.

## MONITORING AND EVALUATION FRAMEWORK

The program integrates a comprehensive Monitoring and Evaluation (M&E) framework to ensure systematic tracking, accountability, and adaptive planning:



It employs both quantitative and qualitative tools, including baseline and endline surveys, attendance records, and observation formats.



Data is collected from students, teachers, and parents across multiple touchpoints to assess reach and behavioural outcomes.



The implementation team compiles and reviews data regularly to support evidence-based decision-making.



Built-in feedback loops capture ground-level insights and enable timely course corrections for improved responsiveness.

# 04+



# KEY FINDINGS AND ASSESSMENT OF IMPACTS

This chapter presents the core findings derived from primary data collected through structured tools and interactions with key stakeholders. It highlights measurable changes, knowledge levels, and behavioural outcomes observed among respondents, offering a clear assessment of the program's impact on oral health awareness and practices.



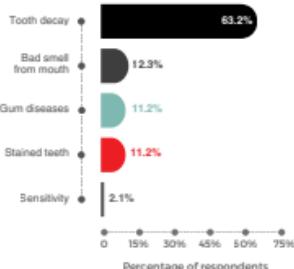
## COMPONENT 1: COMMUNITY & PARENTAL ENGAGEMENT ON ORAL HEALTH

This section reviews how parents and community stakeholders contribute to reinforcing oral hygiene practices at home. It highlights their role in supporting children's health behaviours beyond school settings.

### KEY FINDINGS

#### ORAL HEALTH AWARENESS AMONG RESPONDENTS

CHART 1: TYPES OF ORAL HEALTH PROBLEMS KNOWN TO RESPONDENTS



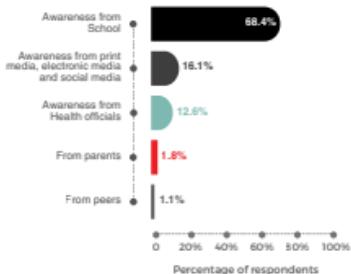
Tooth decay was the most commonly known oral health issue, reported by 63.2% of respondents. Other problems, such as bad breath (12.3%), gum disease (11.2%), stained teeth (11.2%), and sensitivity (2.1%), were less recognised. This reflected a limited understanding of diverse oral health concerns and highlighted the need for broader awareness and preventive education.

#### SOULACE TEAM WITH THE PARENTS/COMMUNITY - ALIGARH



## SOURCES OF ORAL HEALTH AWARENESS AMONG RESPONDENTS

CHART 2: RECEIPT OF ORAL HEALTH AWARENESS FROM ANY SOURCE



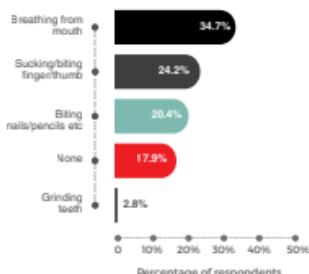
**68.4%**

of the respondents received oral health awareness from schools, making it the most significant source. Awareness through media platforms like print, electronic, and social media was reported by 16.1% of respondents, followed by health officials at 12.6%.

This indicated that formal institutions such as schools played a key role in spreading oral health knowledge, while informal and interpersonal sources had minimal impact.

## KNOWLEDGE AND PRACTICES ON ABNORMAL ORAL HABITS AMONG RESPONDENTS

CHART 3: KNOWLEDGE AND PRACTICES ON ABNORMAL ORAL HABITS

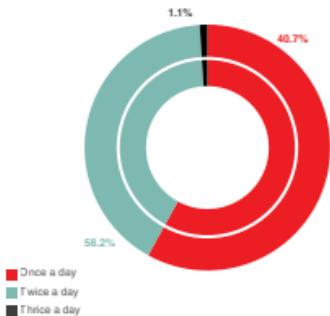


Mouth breathing was the most commonly identified abnormal oral habit, reported by 34.7% of respondents. This was followed by finger/thumb sucking (24.2%) and nail or pencil biting (20.4%). The data suggests that awareness of everyday harmful oral habits is moderate, with limited recognition of less visible issues like teeth grinding. These findings highlight the need for targeted oral health education focusing on early detection and correction of abnormal habits.

**“** Before the session, I only knew about everyday issues like thumb sucking or eating too many sweets. But I had never heard about habits like teeth grinding or mouth breathing. The awareness program opened my eyes. Now I can observe my child better and take action early if needed.



#### CHART 4: FREQUENCY OF BRUSHING AMONG RESPONDENTS



Once a day

Twice a day

Thrice a day

**58.2%**



of the respondents reported brushing their teeth only once a day, reflecting a good oral hygiene practice.

**40.7%**

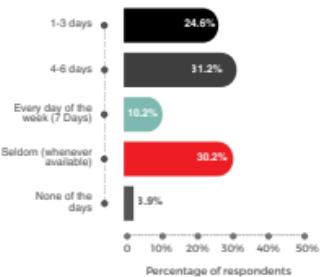


of the respondents brushed twice a day, which may be inadequate for maintaining optimal oral health.

While the overall trend indicates awareness of the importance of regular brushing, efforts are still needed to encourage consistent twice-daily brushing habits among all individuals.

#### WEEKLY CONSUMPTION OF SWEETS AND ITS IMPLICATION ON ORAL HYGIENE

##### CHART 5: WEEKLY CONSUMPTION FREQUENCY OF SWEETS



Percentage of respondents

A significant number of respondents consumed sweets 4 to 6 days a week, accounting for 31.2%. About 24.6% consumed sweets 1 to 3 days in a week, while 10.2% reported eating sweets every day. Another 30.2% consumed them seldom, depending on availability. Only 3.9% did not consume sweets at all.

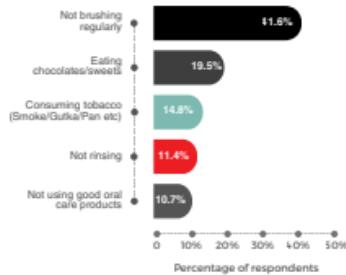
From an oral hygiene perspective, frequent sweet consumption, especially among those who eat sweets more than three days a week, increases the risk of tooth decay and other dental problems. These findings highlight the need for focused oral health education that promotes reduced sugar intake and reinforces regular brushing to prevent dental issues.

#### SOULACE TEAM WITH THE SCHOOL CHILDREN



## AWARENESS OF CAUSES BEHIND DENTAL PROBLEMS

CHART 6: PERCEIVED CAUSES OF DENTAL PROBLEMS IN FAMILY/ COMMUNITY



Not brushing regularly was identified as the leading cause of dental problems by 61.8% of respondents. Eating chocolates and sweets (43.9%) and tobacco use (37.9%) were also seen as major contributors. Other causes included not rinsing (28.4%) and not using good oral care products (21.4%).

The findings show moderate awareness about key dental health risks. However, there is a need to strengthen education on the harmful effects of tobacco and the importance of consistent oral hygiene practices.



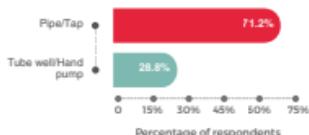
My child is insisting on buying a toothbrush and is not ready to brush with his fingers anymore. He has told everybody in the house that we should all only brush with a toothbrush for clean teeth.

- Mr. Sanjay Dessai, Parent, GPS Sada



## PERCEPTION AND SOURCE OF DRINKING WATER ABOUT ORAL HEALTH

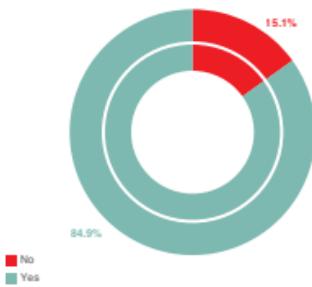
CHART 7: PRIMARY SOURCE OF DRINKING WATER



**71.2%** of the respondents reported using pipe or tap water as their primary source of drinking water, while 28.8% relied on tube wells or hand pumps.

This indicates that most households have access to safer, better-regulated piped water. However, those depending on tube wells or hand pumps may be exposed to varying mineral content, which could impact oral health, particularly in rural or underserved areas.

CHART 8: PERCEPTION THAT DRINKING WATER SOURCE AFFECTS TOOTH STAINS OR DECAY



■ No

■ Yes



**84.9%**

believed that the source of drinking water can affect tooth stains or decay.

This reflects strong community awareness about the link between water quality and dental issues, particularly regarding fluoride levels and mineral content in the water.

## CASE STUDY 1 A MOTHER'S TRANSFORMATION THROUGH HER DAUGHTER'S LEARNING

Shabnam, a mother from a modest background whose daughter Alfiya studies in Class 7 at H I Inter College, had never attended school herself and lacked formal education. Yet, she always strived to do what was best for her children. Her understanding of oral hygiene and health was limited at home; brushing was done only in the morning, and often skipped by younger children unless reminded. The family continued to use old toothbrushes for months, and regular consumption of chips, sweets, and soft drinks was considered normal. Additionally, tobacco chewing by male family members was a typical, unquestioned habit.

A turning point came when the BSBF program was introduced in Alfiya's school. Through the program, she learned essential oral health practices and came home excited to share this knowledge. She insisted on brushing twice a day, replacing toothbrushes every three months, and reducing junk food. More impressively, she challenged the adults at home about their tobacco use, sparking conversations that had never happened before. Inspired by her daughter's confidence and understanding, Shabnam gradually implemented changes in her household. Brushing twice daily became routine, old brushes were replaced, and junk food consumption was reduced significantly. Alfiya also became a role model to her younger siblings and a gentle health advocate within the family. For Shabnam, this was not just a change in routine; it was a shift in mindset.

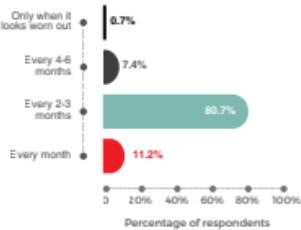
She now believes that even mothers who haven't been to school can learn important things when they are explained simply to their children. Shabnam strongly advocates for the continuation and expansion of such school-based programs into communities, recognising the powerful role children can play in influencing their families. The BSBF program has not only improved her family's oral health practices but also empowered her as a more confident and health-aware parent.

## INTERVIEW WITH THE STUDENTS - MORMUGAO, GOA



## ORAL HYGIENE PRACTICE: TIMELY REPLACEMENT OF TOOTHBRUSH

### CHART 9: FREQUENCY OF TOOTHBRUSH REPLACEMENT AMONG RESPONDENTS



**80.7%**

 of the respondents reported that they replace their toothbrush within 2-3 months, which is consistent with recommended oral hygiene practices.

**7.4%**

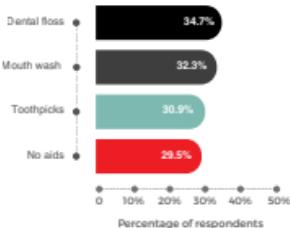
 of the respondents stated they replace it every 4 to 6 months.

## SOULACE TEAM WITH HEADMISTRESS OF LT MAYEKAR GHS SADA



## AWARENESS AND USE OF ADDITIONAL ORAL HYGIENE AIDS

### CHART 10: USE OF ORAL HYGIENE AIDS AMONG RESPONDENTS



The data indicated that a considerable number of respondents had adopted supplementary oral hygiene practices beyond regular brushing. Around 34.7% had used dental floss, while 32.3% reported using mouthwash.

**30.9%**

 of the respondents have used toothpicks.

**29.5%**

 of the respondents had not used any oral hygiene aids.

These findings suggested that while many respondents had integrated additional hygiene measures into their routine, a notable portion still needed further encouragement to adopt such practices.



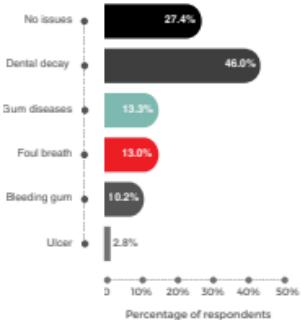
I was surprised to learn how many people, including myself, were not using dental floss or mouthwash regularly. After attending the session, I realised that brushing alone is not sufficient for maintaining oral hygiene. I have now started using mouthwash and have encouraged my children to do the same.

- Rameshwar Maurya, Siktaur, Gorakhpur, Uttar Pradesh



## PREVALENCE OF ORAL HEALTH ISSUES AMONG RESPONDENTS

CHART 11: TYPES OF ORAL HEALTH PROBLEMS EXPERIENCED BY RESPONDENTS OR THEIR FAMILY MEMBERS



Dental decay emerged as the most widespread oral health concern, affecting 46.0% of the respondents or their family members. Gum-related issues were also prominent, with 13.3% reporting gum diseases, 13.0% experiencing foul breath, and 10.2% dealing with bleeding gums. Ulcers, though less common, were still reported by a small portion of the group.



**27.4%**

of the respondents indicated that neither they nor their family members had encountered any oral health problems.

The findings underscored a high incidence of preventable dental conditions, reinforcing the importance of sustained awareness and intervention programs.

## TREATMENT-SEEKING BEHAVIOUR AND NATURE OF DENTAL ISSUES TREATED

CHART 12: HISTORY OF DENTAL TREATMENT AMONG RESPONDENTS OR FAMILY MEMBERS



**75.8%**

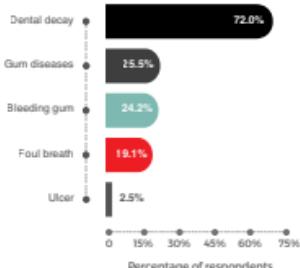
of the respondents had sought dental treatment either for themselves or for a family member.

This shows a fairly proactive attitude toward oral healthcare. However, 24.2% had not accessed any treatment despite facing issues, which may reflect challenges related to awareness, access, or affordability.



**BRIGHT SMILES, BRIGHT FUTURES - MISSION 5 - POSTER**

### CHART 13: TYPES OF DENTAL ISSUES THAT REQUIRE TREATMENT

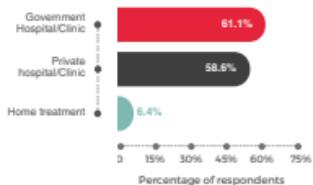


Among those who received dental treatment, 72.0% were treated for dental decay, making it the most common issue. Other treated problems included gum diseases (25.5%), bleeding gums (24.2%), and foul breath (19.1%). Only 2.5% received treatment for ulcers.

This highlights that treatment was mostly sought for visible or painful conditions, suggesting the importance of promoting regular preventive care.

### ACCESSIBILITY AND UTILISATION OF DENTAL TREATMENT SERVICES

#### CHART 14: AVAILABILITY AND ACCESSIBILITY OF DENTAL TREATMENT FACILITIES



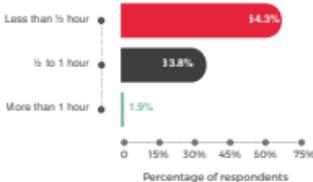
A majority of respondents who had undergone dental treatment accessed services at government hospitals or clinics (61.1%), followed closely by private hospitals or clinics (58.6%).



**6.4%**

of the respondents relied on home remedies or treatments, indicating limited clinical intervention in those cases.

#### CHART 15: DISTANCE TO NEAREST DENTAL TREATMENT FACILITY



**64.3%**

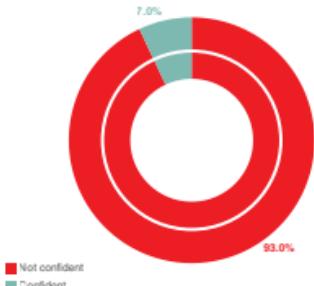
of the respondents reported that the nearest dental facility was within half an hour's distance, while 33.8% had to travel between half an hour and one hour. Only 1.9% had to travel more than an hour to reach a dental facility.

The data indicates that respondents had access to both public and private dental facilities, with most living near a treatment centre, likely contributing to the high rate of treatment-seeking behaviour.

## KEY IMPACTS

## IMPROVEMENT IN AWARENESS AND SELF-CONFIDENCE RELATED TO ORAL HEALTH

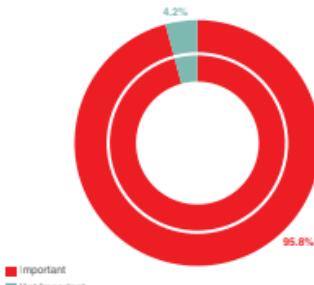
CHART 16: CONFIDENCE LEVEL REGARDING OWN ORAL HEALTH



The findings demonstrated a substantial positive shift in both awareness and confidence related to oral health among respondents.

**93.0%** of the respondents felt confident about their oral health, indicating a positive change in self-perception, possibly due to increased knowledge and improved daily habits.

CHART 17: PERCEIVED IMPORTANCE OF ORAL HEALTH



**95.8%** of the respondents acknowledged the importance of oral health, reflecting heightened awareness and prioritisation of hygiene practices as a result of program interventions.



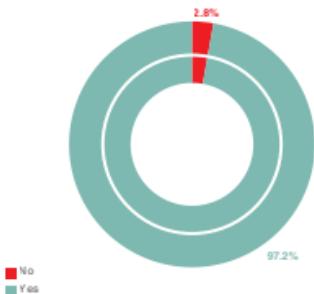
Earlier, we did not pay much attention to oral health beyond brushing. But after the sessions, we understood how important it is for our children and us. Now, my child reminds everyone to brush correctly, and we even talk about oral hygiene at home. I feel more confident that we are doing the right things to keep our family healthy.

- Netaram, Bhilwata, Parent, Dungarpur



## IMPROVED AWARENESS OF NIGHT BRUSHING BENEFITS

CHART 18: AWARENESS ABOUT BENEFITS OF BRUSHING AT NIGHT

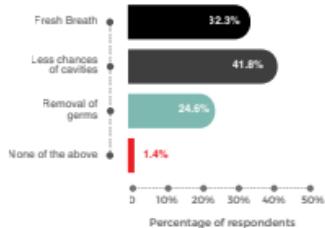


**97.2%**

of the respondents were aware of the importance of night brushing.

demonstrating strong awareness of essential oral hygiene habits.

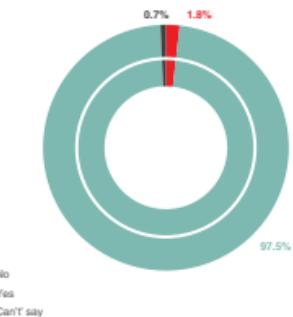
CHART 19: PERCEIVED BENEFITS OF NIGHT BRUSHING



Reduced risk of cavities (41.8%) was the most commonly cited benefit by respondents, followed by fresh breath (32.3%) and removal of germs (24.6%), indicating a clear understanding among respondents of the positive impact of night brushing.

## PERCEPTION OF COMMUNITY MEMBERS TOWARDS ORAL HEALTH AWARENESS

CHART 20: PERCEPTION ON NEED FOR AWARENESS AND PRACTICE ON ORAL HEALTH



**97.5%**

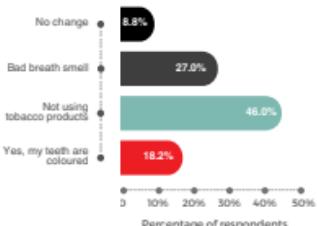
of the respondents recognised the need for awareness and regular oral hygiene practices, indicating strong community receptiveness. This presents a favourable environment for future health promotion initiatives aimed at encouraging sustained and consistent oral health behaviours.

## INTERACTION WITH THE STUDENTS - DUNGARPUR RAJASTHAN



## PERCEIVED IMPACT OF TOBACCO USE ON ORAL HYGIENE

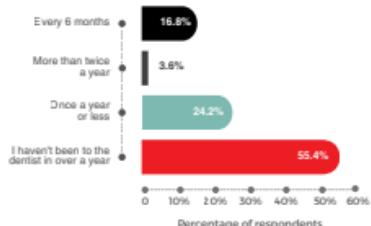
CHART 21: PERCEIVED CHANGES IN ORAL HYGIENE DUE TO TOBACCO USE



Following the intervention, community members demonstrated increased awareness of the oral health effects of tobacco. A significant 46% of respondents reported not using tobacco products. Among those who did, 27% noticed bad breath and 18.2% observed tooth discolouration. Only 8.8% reported no change, indicating scope for improving their understanding of tobacco's negative impact on oral hygiene.

## ROUTINE DENTAL CHECKUP BEHAVIOUR

CHART 22: FREQUENCY OF ROUTINE DENTAL CHECKUPS AND CLEANINGS



The data shows a significant gap in regular dental care.



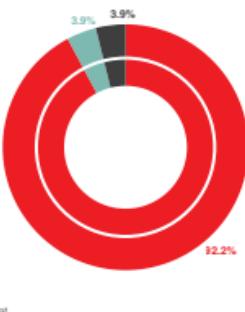
**55.4%**

of the respondents have not visited a dentist in over a year, while only 16.8% go every six months.

This indicates that despite growing awareness, routine preventive care remains low, and there is a need to stress regular checkups in future efforts.

## AWAWARENESS OF BALANCED DIET AND ITS LINK TO HEALTH

CHART 24: AWARENESS ABOUT THE IMPORTANCE OF A BALANCED DIET FOR OVERALL AND ORAL HEALTH



**92.2%**

of the respondents demonstrated awareness about the importance of a balanced diet for both overall and oral health.

This reflects a strong understanding among community members about the role of nutrition in maintaining oral hygiene, likely influenced by the awareness efforts undertaken.

“

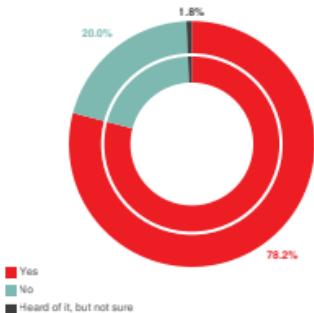
Before this program, I never connected food with oral health. Now, I understand how a good diet supports strong teeth and overall well-being. We have started making better food choices at home, and my children are also more aware. It has made a real difference in our daily routine.

- **Mahesh Baretha, Parent, Chak Mahudi Village, Dungarpur**

”

## AWARENESS, EXPOSURE, AND FAMILY COMMUNICATION ON TOBACCO AND ORAL HEALTH

**CHART 25: AWARENESS THAT TOBACCO USE CAN LEAD TO ORAL HEALTH ISSUES**

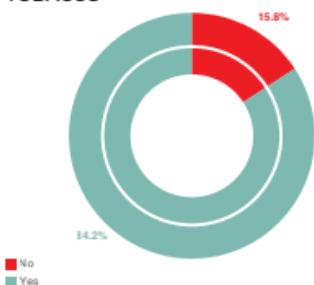


### HIGH AWARENESS

**78.2%**

 of the respondents are aware that tobacco use can lead to oral health problems, reflecting strong public understanding likely reinforced by educational efforts.

**CHART 26: EXPOSURE TO AWARENESS SESSIONS ON HARMFUL EFFECTS OF TOBACCO**

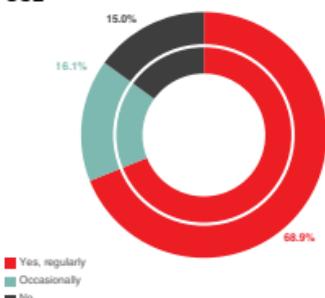


### EFFECTIVE PROGRAM REACH

**84.2%**

 of the respondents have the high exposure rate (84.2%) to sessions on the harmful effects of tobacco shows successful outreach and information dissemination through awareness initiatives.

**CHART 27: DISCUSSION WITH CHILDREN ABOUT AVOIDING TOBACCO USE**



### IMPROVED FAMILY DIALOGUE

**69.0%**

 of the respondents regularly discuss tobacco avoidance with their children, suggesting that the program not only reached individuals but also encouraged meaningful conversations within households.

**86.0%**

 of the respondents mentioned that using tobacco negatively affects oral health.



**APPRECIATION CERTIFICATE  
TO THE TEACHER -  
AMBAVPURA PRIMARY  
SCHOOL - MEHSANA**



## COMPONENT 2: TEACHER ENGAGEMENT ON STUDENT ORAL HEALTH

Focusing on educators, this component outlines how teachers promote oral health awareness and influence positive hygiene habits among students through classroom interactions and structured activities.

### KEY FINDINGS

#### PARTICIPATION IN SCHOOL-BASED ORAL CARE AWARENESS PROGRAMS

CHART 28: STUDENTS' PARTICIPATION IN ORAL CARE AWARENESS PROGRAMS IN SCHOOL



■ Yes

Teachers reported that all of their students participated in school-based oral care awareness programs. This shows that the programs have reached all students effectively, helping build early awareness and encouraging good hygiene habits among children.

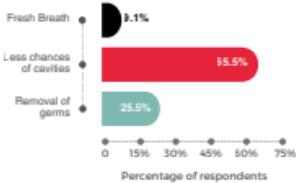


**100%**

of the students were engaged in school-led oral health awareness sessions.

#### STUDENTS' UNDERSTANDING AND EXPERIENCE OF ORAL HEALTH ISSUES

CHART 29: TYPES OF BENEFITS KNOWN FOR BRUSHING AT NIGHT

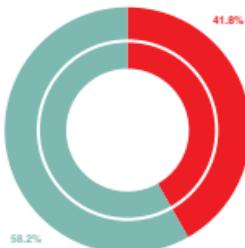


**65.5%**

of the teachers understood that brushing at night helps prevent cavities, while 25.5% recognised its role in removing germs and 9.1% associated it with fresh breath.

This shows that students are beginning to grasp the preventive benefits of night brushing.

CHART 30: STUDENTS EXPERIENCING MOUTH OR TEETH PROBLEMS IN THE LAST YEAR



Despite this awareness, teachers also noted that 58.2% of students still reported dental or mouth issues in the past year.

This indicates that while knowledge is improving, there may still be gaps in consistent practice or access to care.

The findings highlight the importance of reinforcing both knowledge and daily oral hygiene habits through continued school-based awareness programs.



### INTERVIEW WITH TEACHER

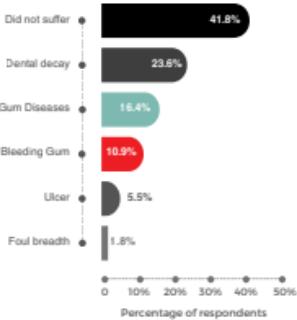
#### LAHSADI SCHOOL, GORAKHPUR

Vijay Nishad, a teacher at Primary School Lahsadi, shared his experience with the BSBF program conducted by BharatCares and supported by Colgate. The program focused on promoting good health practices among students, including proper brushing techniques, the importance of brushing twice daily, avoiding junk food, and saying no to tobacco. Trainers used posters, toothpaste, toothbrushes, and a brush calendar to make the sessions engaging and informative. Vijay observed a positive shift in student behaviour, with many children adopting better oral hygiene habits and even influencing family members to reduce harmful practices like chewing tobacco. However, he expressed concern over the growing trend of tobacco use in the community and the difficulty in changing adult behaviour. He recommended that the program be expanded to other schools and extended to community-level awareness efforts to ensure broader impact.



### PREVALENCE AND TREATMENT NEEDS FOR DENTAL PROBLEMS AMONG STUDENTS

CHART 31: TYPES OF DENTAL PROBLEMS EXPERIENCED BY STUDENTS



**41.8%**

of students did not experience any dental issues, indicating a moderate level of oral health among respondents. However, dental decay was reported by 23.6% of students, making it the most common problem. Gum diseases (16.4%) and bleeding gums (10.9%) were also prevalent, highlighting the need for better oral hygiene practices. Less common issues included ulcers (5.5%) and foul breath (1.8%).

Teachers also noted that among students who received treatment, gum diseases (40.6%), such as swelling of gums and bleeding of gums, were the most commonly addressed, followed by dental decay (21.9%) and bleeding gums (15.6%). This reflects the severity of these conditions and the need for better preventive care and awareness.

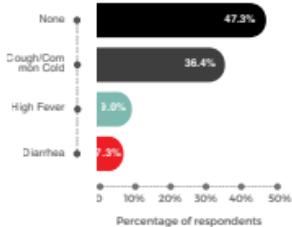


The BSBF program has shown strong potential in fostering positive oral health habits among children in rural areas. To ensure lasting impact, the initiative must continue more frequently, with regular awareness sessions, timely kit distribution, and structured follow-ups. Consistent engagement will help reinforce behaviour change, deepen community awareness, and promote better oral hygiene outcomes across regions.

- Hardik, Program Team Member,  
BharatCares



#### CHART 32: STUDENTS EXPERIENCING HEALTH PROBLEMS IN THE LAST YEAR

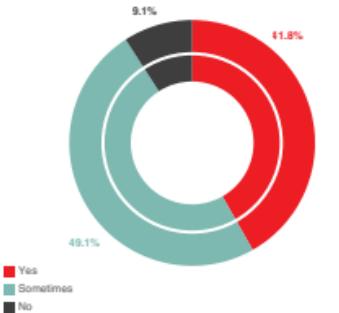


Teachers reported that nearly 47.3% of their students did not face any health issues in the past year, reflecting relatively good overall health. However, 52.7% did experience problems, with cough or common cold (36.4%) being the most common, followed by high fever (9.0%) and diarrhoea (7.3%).

These observations highlight the need for stronger health education and preventive measures to reduce the impact of seasonal and hygiene-related illnesses among students.

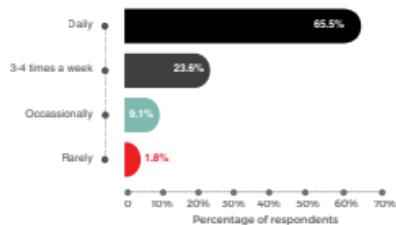
#### ANALYSIS OF DIETARY HABITS AMONG STUDENTS

##### CHART 33: DAILY CONSUMPTION OF PACKAGED SNACKS BY CHILDREN



According to the teachers, daily consumption of packaged snacks is quite common among students, with 41.8% regularly indulging and another 49.1% eating them occasionally. Only a small number of students avoid them entirely. This trend reflects an overdependence on junk food, raising concerns about its long-term impact on both oral hygiene and overall well-being.

#### CHART 34: FREQUENCY OF FRUIT AND VEGETABLE CONSUMPTION BY CHILDREN IN SCHOOL



Teachers observed that most students regularly include fruits and vegetables in their diet. 65.5% of the students eat them daily, while 23.6% consume them 3-4 times a week. Only 10.9% of students rarely or occasionally eat them, suggesting that healthy eating habits are present but can still be strengthened.

“

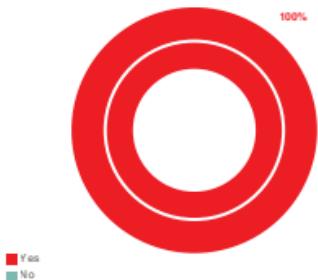
Basics like the importance of Hygiene and oral Care have to be taught in schools, as habits built at an early age are sustained for life. We welcome programs like BSBF, which focus on a healthy future for our children.

- Neelam Sharma, Teacher, Vedic Girls Senior Secondary School, Jaipur

”

## KEY IMPACTS

CHART 35: AWARENESS ABOUT BENEFITS OF BRUSHING AT NIGHT



■ Yes  
■ No

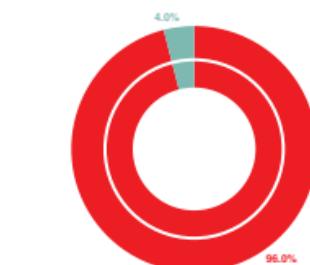
All respondents reported awareness about the benefits of brushing at night, indicating a strong understanding of basic oral hygiene practices among the surveyed students.



**100%**

of the students were aware that brushing at night is beneficial for maintaining oral hygiene.

CHART 36: AWARENESS THROUGH SCHOOL PROGRAMS ON HARMFUL EFFECTS OF TOBACCO



■ Yes  
■ No

**96.4%**

 of the respondents reported receiving awareness through school programs about the harmful effects of tobacco.

A large majority This reflects assertive educational outreach and suggests that schools are playing an effective role in sensitising students to tobacco-related risks.

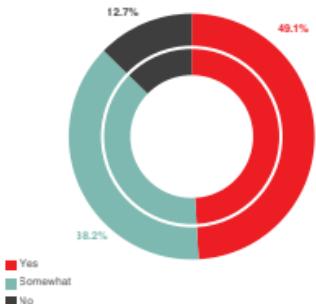
“

I was excited to attend the Colgate Bright Smiles Bright Futures program at my school because I used to have sensitivity in my teeth. Through the session, I learned how brushing twice a day can prevent cavities and other dental issues. Since I started following this routine, my sensitivity has completely gone away, and I feel much better. Even though the brush and toothpaste from the kit are used up, I have kept the calendar from the program safely, as it reminds me to maintain my oral hygiene every day.

- Chinki Meena, Student, Vedic Girls Senior Secondary School, Jaipur

”

### CHART 37: PERCEIVED RISK OF CHILDREN'S EXPOSURE TO TOBACCO PRODUCTS



The majority of respondents acknowledged that children face some level of risk from exposure to tobacco products.



**49.1%**

of the respondents recognised this threat, while 38.2% were somewhat aware.

This indicates a strong level of awareness among educators, which is crucial for early prevention. Such awareness can play a key role in guiding children away from harmful habits through timely education and intervention.



The risks associated with Tobacco are real, and it's important to educate children at an appropriate age about the risks and guide them better.

- **Virendra Singh Chouhan, Teacher, GSAC Chak Mahudi, Dunagrpur**



### KEY INFORMANT INTERVIEW

#### TEACHER'S PERSPECTIVE: STUDENTS TOOK OWNERSHIP OF THEIR ORAL HEALTH

Ms. Alisha D'Souza, a teacher with over 10 years of experience at Lt. Mayekar CPS School, shared that the BSBF program brought a noticeable change in her students. She mentioned that it was the first time she saw such active interest in a health-related topic.

After the session, students began discussing dental hygiene during breaks, reminding each other about brushing habits, and even quizzing one another on what they had learned.

She noted that the children showed their excitement by making drawings and slogans about clean teeth and good habits, which were later put up in the classroom. What stood out to her was how a simple oral health kit and one interactive session could leave such a strong impression on young minds. Ms. D'Souza believes that regular health awareness programs like this can make a lasting difference and should be continued in schools.



**INTERVIEW WITH THE STUDENTS - ASSAM**



## INTERVIEW TRAINERS, BSBF PROGRAM, CORAKHPUR

During the BSBF program, trainers explained that oral health evaluations were awareness-based and not clinical. Children were taught to identify early signs of oral issues such as bad breath, bleeding gums, and cavities through interactive sessions, visuals, and demonstrations. While no formal checkups were conducted, common problems like tooth decay, yellow teeth, bad breath, and improper brushing habits were observed. In severe cases, trainers informed school authorities and encouraged dental consultations. Children responded positively, showing enthusiasm and curiosity during the sessions.

Logistical challenges included difficulty in reaching remote schools, last-minute scheduling changes, and a lack of basic infrastructure such as electricity or proper seating. Despite these hurdles, support from teachers ensured smooth implementation. Key oral health messages included brushing twice a day, using proper technique, replacing brushes every three months, avoiding junk food, and saying no to tobacco. To reinforce learning, trainers used flip charts, stories, role plays, superhero characters, and fun missions.

Most students retained the information well. Tools like the brushing calendar and quizzes helped reinforce habits. Trainers observed a positive change as many children adopted regular brushing and shared the messages at home. Teachers supported the sessions actively and helped maintain discipline and follow-ups. Tobacco sensitisation was introduced through age-appropriate stories, videos, and discussions. Children learned about its harmful effects, such as cancer, yellow teeth, and reduced energy, and were encouraged to spread awareness. Many were surprised by the risks and said they would avoid tobacco. A few shared personal stories, often mentioning family members who used it.

Dental kits were well received. Each kit included a toothbrush, toothpaste, and a brushing calendar. Trainers demonstrated their usage and explained the calendar as a fun way to track brushing habits. Children were excited, asked questions, and were eager to use the kits. Feedback from teachers and parents confirmed improved habits and awareness.

Trainers found it rewarding to see children embrace healthy practices and grow in awareness. Challenges included navigating rural locations, gaining school permissions, and adapting to different school environments. Support from the implementing team in terms of training, materials, and logistics was strong. Trainers suggested adding more digital content such as animations and songs, involving parents, and scheduling follow-ups for sustained impact.



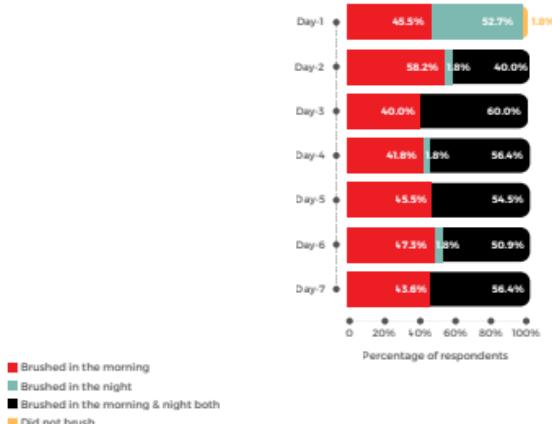
## KEY IMPACT - TEACHERS' OBSERVATIONS AND REFLECTIONS

This section of the report captures the changes noticed by teachers during and after the oral health awareness program. These reflections offer a ground-level view of how students' attitudes, behaviours, and awareness have shifted over time.

### POSITIVE CHANGE IN DAILY BRUSHING HABITS

Teachers reported that students began to adopt healthier brushing routines during the week. Initially, many brushed only once a day, but by mid-week, a growing number consistently brushed twice a day.

CHART 38: BRUSHING BEHAVIOUR TREND OVER 7 DAYS



Day	Brushed in the Morning	Brushed at Night	Brushed Morning & Night Both	Did Not Brush	Key Observations and Reflections
Day 1	45.50%	52.70%	0.00%	1.80%	Initial awareness, but habits not yet formed.
Day 2	58.20%	1.80%	40.00%	0.00%	Students began brushing twice due to class reminders.
Day 3	40.00%	0.00%	60.00%	0.00%	Significant jump in consistent brushing.
Day 4	41.80%	1.80%	56.40%	0.00%	Steady pattern of improved routine.
Day 5	45.50%	0.00%	54.50%	0.00%	Healthy brushing behaviour becomes a habit.
Day 6	47.30%	1.80%	50.90%	0.00%	Students are taking ownership of their oral care.
Day 7	43.60%	0.00%	50.90%	0.00%	The week ends with most students brushing both times.

(Source: Quantitative Findings, Impact Assessment)

## STUDENTS' TAKEAWAYS FROM THE AWARENESS SESSION

Teachers shared that the session conducted under the Colgate BSBF Program left a lasting impression on students.

Teachers observed that students responded very positively to the Colgate BSBF oral care awareness session. They found the session engaging and easy to understand. According to teachers, students gained explicit knowledge about the right way to brush, the importance of brushing twice daily, and the need to change their toothbrush every three months. They also became more aware of the harmful effects of tobacco and junk food on oral health. Many teachers noted a visible shift in students' attitudes, with several of them adopting good oral hygiene practices and showing enthusiasm to share these lessons at home and within their communities."





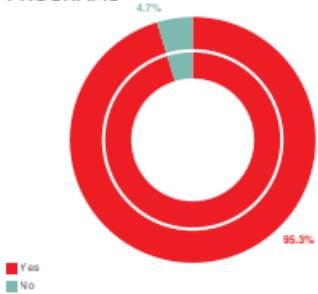
### COMPONENT 3: STUDENT ENGAGEMENT ON ORAL HEALTH

This segment presents key insights into students' oral health awareness, daily routines, and nutrition choices. It reflects how well health messages are being absorbed and practised by children themselves.

#### KEY FINDINGS

#### PARTICIPATION IN SCHOOL-BASED ORAL CARE AWARENESS PROGRAMS

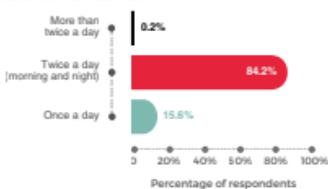
CHART 39: ATTENDANCE IN SCHOOL-BASED ORAL CARE AWARENESS PROGRAMS



**95.3%** of the students actively participated in the school-based oral health awareness sessions.

This high level of participation reflects the assertive outreach and integration of oral health education within the school environment.

CHART 40: FREQUENCY OF TOOTH BRUSHING PER DAY



**84.2 %** of students follow the recommended habit of brushing twice a day.

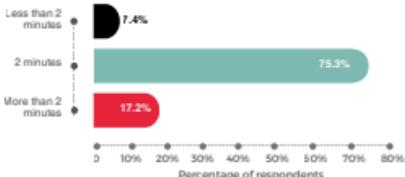
This indicates strong awareness and good adoption of healthy habits.



**15.6%**

of the respondents still brush only once a day, pointing to the need for continued reinforcement through awareness sessions.

CHART 41: AVERAGE DURATION OF TOOTH BRUSHING EACH TIME



**75.3%**

of the students brush for 2 minutes, and 17.2% brush for more than 2 minutes, both of which are considered appropriate durations for effective cleaning.

Most This shows that a majority of students not only brush regularly but also maintain proper brushing duration, reflecting the impact of oral health education.



After the session, I understood why it is important to brush twice a day. Germs are active in our mouths at night, so it's important to brush properly before going to bed.

- Khushbu, Class 6, PS Rampur Naveen, Gorakhpur



“

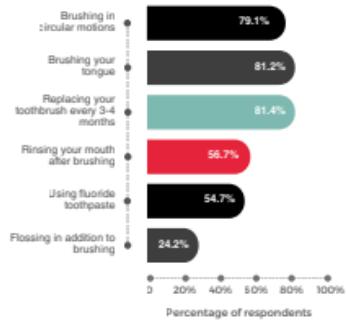
I used to brush only in the morning. After attending the dental session and receiving the kit, I started brushing twice a day. Now I teach my younger brother how to brush correctly, and we brush together every night. I also rinse my mouth after meals and ask my parents to buy the same toothpaste we received in the kit.

- Riya Naik, Class 3, GPS Mongor Hills

”

## BRUSHING TECHNIQUES AND ORAL HYGIENE PRACTICES AMONG STUDENTS

CHART 42: BRUSHING TECHNIQUES USED BY STUDENTS



**81.4%**

of the majority mentioned that they replace their toothbrush every 3-4 months, and 81.2% reported brushing their tongue, both practices critical for maintaining good oral health.



**79.1%**

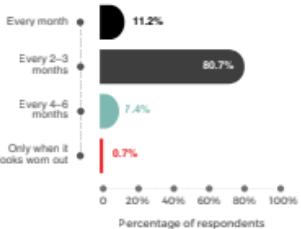
of the students reported using circular motions while brushing, indicating awareness of oral health.

On the other hand, practices like rinsing the mouth after brushing (56.7%) and using fluoride toothpaste (54.7%) were moderately followed, indicating the need for reinforcing these habits in future awareness sessions.

Flossing was the least practised habit, with only 24.2% students reporting its use, suggesting limited exposure to this aspect of oral hygiene.

## TOOTHBRUSH REPLACEMENT HABITS AMONG STUDENTS

CHART 43: FREQUENCY OF TOOTHBRUSH REPLACEMENT



**80.7%**

of the students followed the ideal practice of changing their toothbrush every 2 to 3 months.



**11.2%**

of the students replace it every month, showing even more caution.



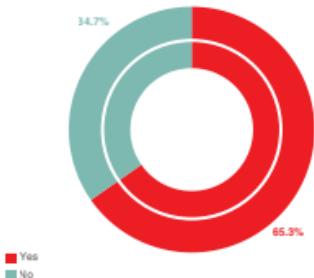
**7.4%**

of the students replace it every 4 to 6 months, and a tiny group (0.7%) do so only when it looks worn out, indicating the need for improved awareness among a few students.



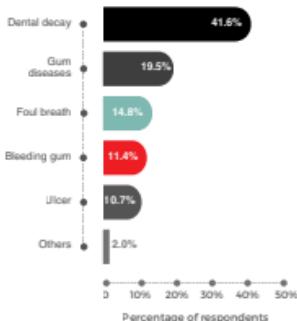
## ORAL HEALTH ISSUES FACED BY STUDENTS: INSIGHTS FROM THE PAST YEAR

CHART 44: EXPERIENCE OF MOUTH OR TEETH PROBLEMS IN THE PAST YEAR



**34.7%** of the students reported experiencing dental or oral health problems in the past year, while 65.3% did not report any such issues.

CHART 45: TYPES OF MOUTH OR DENTAL ISSUES EXPERIENCED



Among the students who reported dental problems, 41.6% experienced dental decay, and 19.5% faced gum disease. Additionally, 14.8% suffered from foul breath, 11.4% had bleeding gums, and 10.7% reported ulcers. Another 2% mentioned other concerns, such as broken teeth due to accidents, cavities, and tingling sensations in the teeth. These patterns indicate that although most students are unaffected, a significant portion still face oral health issues, emphasising the need for regular preventive care focused on dental decay and gum problems.



### CASE STUDY

#### DEVYANSH'S JOURNEY TO BETTER ORAL HEALTH AND CONFIDENCE

Devyansh, an 11-year-old student of Class 6 at Maheshwar Montessori School, was introduced to the BSBF program during a school visit. The program taught him the correct brushing techniques, the importance of brushing twice a day, replacing the toothbrush every three months, avoiding junk food and tobacco, and adopting nutritious eating habits. With engaging tools like posters and a brushing calendar, Devyansh quickly adopted these practices in his daily life.

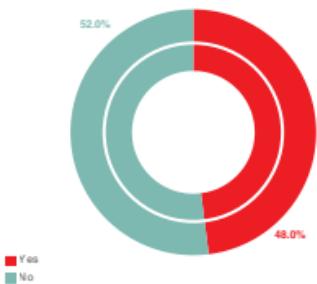
Earlier, he was careless about oral hygiene, but he began brushing regularly, reduced his junk food intake, and inspired his family to follow healthy habits. A significant change came when he encouraged his uncle to stop chewing tobacco after sharing what he learned. Devyansh also became a peer motivator, spreading the message among friends. He now advocates for the expansion of BSBF to other schools and communities, believing that even small changes can lead to healthier futures.



STUDENTS WITH CERTIFICATES AND DENTAL KITS - UTTAR PRADESH

## DENTAL TREATMENT SEEKING PATTERNS AND TYPES OF ISSUES TREATED

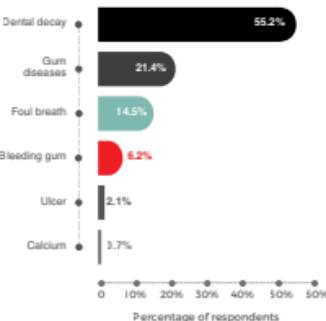
CHART 46: DENTAL TREATMENT RECEIVED BY STUDENT OR FAMILY MEMBERS



**48.0%**

of the respondents reported that either they or their family members had received dental treatment in the past, while the remaining 52% had not sought any such care.

CHART 47: TYPES OF DENTAL ISSUES THAT REQUIRE TREATMENT



Among those who underwent dental treatment, 55.2% received care for dental decay, making it the most commonly treated condition. This was followed by gum disease (21.4%) and foul breath (14.5%). Fewer respondents sought treatment for bleeding gums (6.2%), ulcers (2.1%), and calcium-related issues (0.7%).

This indicates that a large portion of the population may be missing out on timely dental care, possibly due to lack of awareness, access or affordability, despite the dominance of decay and gum-related problems as the primary issues requiring clinical attention.



APPRECIATION CERTIFICATE BY COLGATE TEAM





## INTERVIEW BSBF PROGRAM

### ALIGARH

Trainers shared that the BSBF program focused on five key messages: correct brushing technique, brushing twice daily, changing toothbrushes every 3 months, avoiding tobacco, and eating nutritious food. They mentioned that most children had common dental issues like cavities and gum problems. Students were curious and engaged during the sessions, often asking questions. In severe cases, trainers informed teachers to follow up with parents. They stated that children showed clear improvement after the sessions. Many of the students reduced junk food and began brushing properly. Trainers said the use of brushing calendars and demo kits made learning more interactive. They observed that follow-up visits and teacher involvement helped reinforce the messages.

Regarding tobacco sensitisation, trainers expressed that many children were unaware of its dangers before the session. They said that visual posters and real-life examples helped create awareness. Some students even tried to discourage their family members from using tobacco, which the trainers found very encouraging. Trainers also mentioned that the dental kits, especially the brushing calendar, were well received. Students used them correctly and requested similar sessions in the future. Trainers appreciated the cooperation from school staff, which made implementation smooth. They suggested expanding the program to reach more schools and communities for a broader impact.



## STUDENTS WITH THE CERTIFICATES, JAIPUR



## KEY IMPACTS

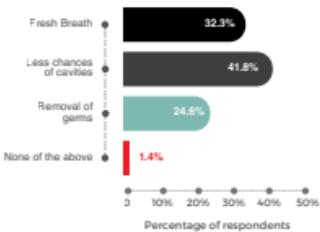
## AWARENESS AND PERCEIVED BENEFITS OF BRUSHING AT NIGHT

CHART 48: AWARENESS ABOUT BENEFITS OF BRUSHING AT NIGHT

**95.3%**

 of the respondents acknowledged awareness about the benefits of brushing at night, while only 4.7% were unaware.

CHART 49: PERCEIVED BENEFITS OF NIGHT BRUSHING

**81.0%**

of the respondents believed night brushing helps maintain fresh breath.

**75.4%**

of the respondents associated it with reduced chances of cavities, and 66.1% saw it as a way to remove germs and bacteria before sleep.

The high level of awareness suggests that oral health education campaigns have been largely effective.

However, the variations in perceived benefits point to an opportunity to further strengthen messaging around the broader impact of night brushing, particularly its role in preventing long-term dental issues.

**95.3%**

of the students were aware that brushing at night helps protect their teeth.



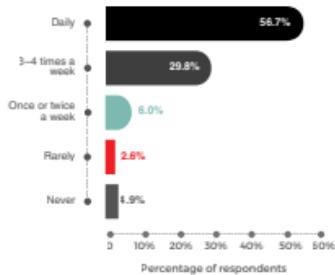
Brushing at night makes a difference. My mouth feels cleaner in the morning, and I have had fewer dental issues since I made it a habit.

- **Hitesh Asvinbhai, Student Beneficiary, Mehsana, Gujarat**

## STUDENTS AT SADHU VAASWANI UCCH MADHMIK VIDYALAYA



### CHART 50: CONSUMPTION OF CALCIUM-RICH FOODS THAT STRENGTHEN TEETH

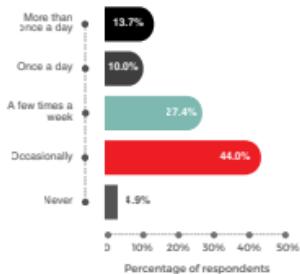


**56.7%**

of the respondents reported consuming calcium-rich foods daily, while another 29.8% consumed them 3-4 times a week.

This indicates that most individuals are regularly including tooth-strengthening nutrients in their diet, which is a positive trend for oral health.

### CHART 51: FREQUENCY OF SUGARY SNACK OR DRINK CONSUMPTION



However, sugary snack and drink consumption shows mixed patterns. While 44.0% consume them only occasionally and 4.9% never, about 23.7% consume such items daily or more than once a day. This regular intake of sugary substances can increase the risk of cavities and other oral health issues.



In our society, many people use tobacco, and some even feel proud of it, which is a harmful trend. I request everyone to avoid this bad habit for a healthier life. The BSBF programme taught us about oral hygiene and the dangers of tobacco. I hope this programme is conducted 2-3 times a year in schools and also extended to the broader community so that more people can benefit from it.

- Bitopan Bora, Khanikar Sb School

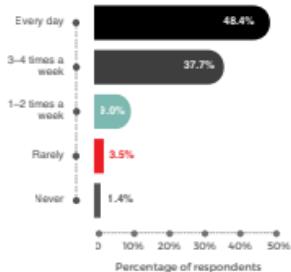


### STUDENTS AT VEDIC GIRLS SR. SEC. SCHOOL , JAIPUR



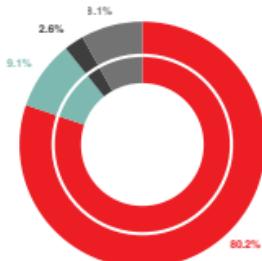
## HEALTHY EATING AND HYDRATION HABITS AMONG STUDENTS

### CHART 52: WEEKLY FREQUENCY OF EATING FRESH FRUITS AND VEGETABLES



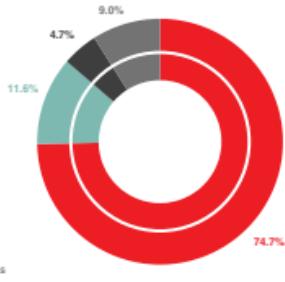
 **48.4%** of the respondents reported consuming fresh fruits and vegetables every day, and another 37.7% do so at least 3-4 times a week. This suggests a growing awareness among students about the importance of including fruits and vegetables in their regular diet.

### CHART 53: BREAKFAST CONSUMPTION BEFORE COMING TO SCHOOL



 **80.2%** of the students reported eating breakfast every day before coming to school, indicating strong morning nutrition habits that support better concentration and energy levels throughout the school day.

### CHART 54: DAILY WATER INTAKE



Hydration habits also reflect a positive trend, with 74.7% of respondents consuming the recommended 6-8 glasses of water daily. This demonstrates that most students are conscious of maintaining adequate fluid intake, which is essential for overall health and well-being.

“

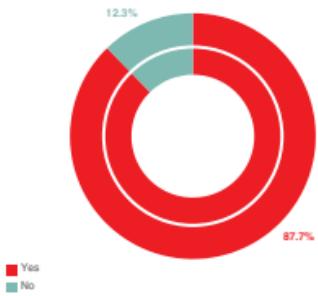
Since learning more about healthy eating and drinking habits in school, I make sure to have fruits every day and never skip breakfast. I also try to drink enough water. It helps me feel more active and focus better in class.

- Laxmi M Daddi, Student Beneficiary,  
Mangor, Goa

”

## ORAL HEALTH EDUCATION AND POSITIVE TOBACCO AWARENESS AMONG STUDENTS

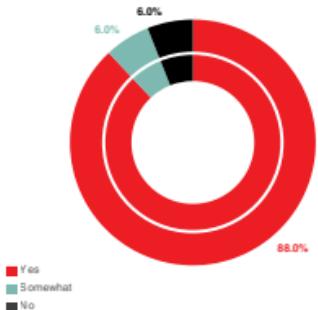
**CHART 55: INFORMATION RECEIVED IN SCHOOL ABOUT HARMFUL EFFECTS OF TOBACCO**



**87.7%**

of the students shared that they have received information in school about the harmful effects of tobacco, reflecting the success of health education efforts in creating awareness from an early age.

**CHART 56: AWARENESS THAT TOBACCO USE CAN CAUSE SERIOUS HEALTH ISSUES**



**88.0%**

of the students clearly understood that tobacco use can cause serious health issues.

In comparison, an additional 6% showed some level of awareness, indicating a broad base of knowledge on the topic among students.

The data shows that school-based programs are effectively raising awareness about the harms of tobacco. Most students are well-informed, and with a few still learning, there's scope to strengthen health education further.



**86.0%**

of students recognise serious health risks linked to tobacco use.



**STUDENTS WITH THE BRUSHING CALENDAR - GUJARAT**

**“**

**INTERVIEW**  
**TRAINERS OF THE BSBF PROGRAM, ASSAM**

The trainers of the BSBF program shared that the initiative focused on five essential messages: brushing twice a day, using the correct brushing technique, changing the toothbrush every three months, avoiding tobacco, and choosing nutritious food for better oral and general health. These messages were delivered through engaging demonstrations, posters, and interactive sessions. Each student received a dental kit consisting of a toothbrush, toothpaste, and a brushing calendar, which helped in forming healthy habits.

During oral health checkups, trainers found that many children had cavities, gum issues, or stains, which were often due to improper brushing or the use of tobacco at home. Such cases were noted, and teachers were asked to inform parents. Trainers mentioned that students were eager to participate, understood the sessions well, and showed excitement while using the kits. Visual aids helped in effectively spreading awareness about the dangers of tobacco, and in many cases, students started encouraging their parents to stop using it.

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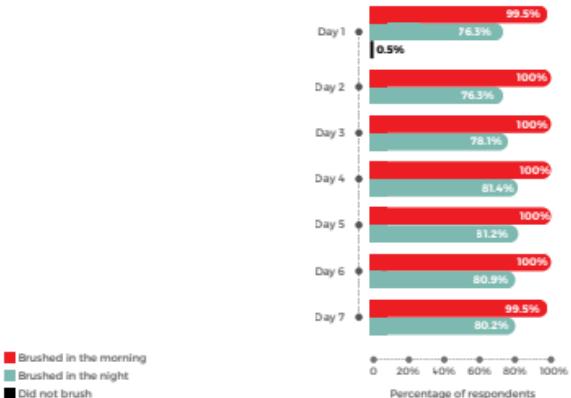


**DENTAL KIT PROVIDED BY COLGATE TEAM**

## IMPACT ON CHILDREN'S HYGIENE PRACTICES: TRENDS IN ORAL CARE BEHAVIOUR

This section presents the brushing behaviour patterns of children over 7 days, as self-reported by students during the impact assessment survey. The responses reflect a consistent improvement in oral hygiene practices, especially in night-time brushing. The trend suggests that the Oral Care Awareness Session had a positive influence in reinforcing healthy habits and raising awareness among children about the importance of regular brushing.

CHART 57: BRUSHING BEHAVIOUR PATTERN OVER THE LAST 7 DAYS



Day	% Brushed in the Morning	% Brushed at Night	% Did Not Brush	Key Observations and Reflections
Day 1	99.50%	76.30%	0.50%	A strong baseline of morning brushing was observed. However, night brushing was lower, indicating the need for reinforcement.
Day 2	100.00%	76.30%	0.00%	Full participation in morning brushing achieved. No cases of missed brushing. Night brushing consistency remains the same.
Day 3	100.00%	78.10%	0.00%	A slight improvement in night brushing indicates early responsiveness to the awareness session.
Day 4	100.00%	81.40%	0.00%	Night brushing continues to improve, reflecting increased awareness and adoption of hygiene practices.
Day 5	100.00%	81.20%	0.00%	Consistent maintenance of brushing routines. Children show sustained effort in building healthy oral care habits.
Day 6	100.00%	80.90%	0.00%	Stability observed in brushing patterns. Most children are now consistently brushing at both times.
Day 7	99.50%	80.90%	0.00%	Near-perfect consistency across both morning and night routines. Sustained behavioural shift is evident.

(Source: Quantitative Findings, Impact Assessment Study)

## STUDENT FEEDBACK ON ORAL CARE AWARENESS SESSION

Students reported that the Oral Care Awareness session was both informative and engaging. They highlighted learning the importance of:

- Brushing twice a day
- Changing toothbrushes every three months
- Avoiding tobacco and junk food
- Maintaining overall oral hygiene

Additionally, students appreciated receiving dental kits and oral hygiene calendars, which helped reinforce the key messages at home. Several students began practising the "5 Missions" introduced during the session, reflecting a proactive attitude toward personal cleanliness and health.

“

After the awareness session, I started brushing my teeth twice every day, once in the morning and again at night. I also learned why it's essential to change my toothbrush and avoid junk food. The dental kit and calendar helped me remember the five missions. Now I feel more confident about taking care of my health.

- Chinki Meena, Student, Vedic Girls Senior Secondary School, Jaipur

”

## STUDENTS WITH THE MISSION POSTERS AT VEDIC GIRLS SR. SEC. SCHOOL, JAIPUR





### CASE STUDY

#### SPREADING SMILES BEYOND THE CLASSROOM – ANURAG'S JOURNEY WITH BSBF

Anurag Sharma, a student of Jelehua Middle School, participated in the BSBF programme, sponsored by Colgate-Palmolive (India) Limited and implemented by Social Networking India. The programme focused on oral health education for children aged 6 to 15, aiming to promote good hygiene practices and prevent dental issues such as cavities, gum disease, and oral cancers.

Through the BSBF programme, he learned the importance of brushing twice a day, the correct technique of brushing, and the need to change his toothbrush every three months. He also became aware of the harmful effects of tobacco and the value of nutritious food for maintaining overall health. Each student, including Anurag, received a toothbrush, toothpaste, and a brushing calendar. He diligently marked the calendar every day after brushing, which helped him build a consistent habit.

The knowledge and confidence he gained did not remain limited to himself or his family. Anurag began sharing the information with people in his village, spreading awareness and creating a positive impact on oral health practices in the wider community. Before this programme, many students, including Anurag, used ash or charcoal for cleaning their teeth and often used the same brush for over six months. The BSBF intervention helped correct these misconceptions and instilled healthier habits. He now encourages others to care about their health and strongly speaks against the use of tobacco, which he knows is harmful. His message to the community is clear: health is wealth, and giving up bad habits like smoking is essential for a better future.



Despite its positive outcomes, the program faced several implementation challenges, especially in remote and under-resourced settings, which affected outreach, consistency, and behaviour change. These challenges were identified through interviews with stakeholders and both direct and indirect beneficiaries, including trainers, teachers, parents, and students.



#### LOW AWARENESS AND MISCONCEPTIONS IN RURAL AREAS

Children and parents in remote villages often lacked basic knowledge about oral hygiene and tobacco risks. Misunderstandings also arose, such as expecting repeated kit distributions every few months.



#### LOGISTICAL AND OPERATIONAL CONSTRAINTS

Trainers encountered difficulties reaching far-off schools due to poor transport and infrastructure. Unpredictable schedules, delayed permissions, and adapting to varied school environments further impacted delivery.



#### INITIAL ENGAGEMENT BARRIERS

Students were hesitant to ask questions in early sessions, limiting interactive learning. Many were unaware of the dangers of tobacco, making it necessary to begin sensitisation from the ground up.



## CONFUSION AND LIMITED PRACTICE ADOPTION

Without demonstrations and videos, children were unsure how to use the oral health kits. Additionally, reinforcing daily habits like brushing was difficult without structured follow-ups.



## HOUSEHOLD ENVIRONMENT AND BEHAVIOUR BEHAVIOUR CHANGE

Though students embraced healthy practices at school, influencing behaviours at home, especially in families where tobacco use was normalised, proved to be a significant barrier.



### INTERVIEW

MUKESH SINGH PANWAR, OHPF TEAM

Mukesh Singh Panwar, Founder of OHPF, shared his experience of implementing the Colgate BSBF program in Rajasthan. He explained that although they had approached Colgate five years ago, it was only in October 2024 that the opportunity materialised, when Colgate reached out and asked for a proposal. After discussions with the Colgate team, they were entrusted with the project.

The program, which aims to instil good oral hygiene habits among children, was conducted across Jaipur, Jodhpur, Sikar, and Sri Ganganagar, reaching over 5 lakh students across 526 schools. OHPF formed a dedicated team of 30 members, including trainers, coordinators, drivers, and helpers, and deployed multiple units for smooth implementation. Over 3,300 cartons of kits were received in December, and the distribution began on 16 January and concluded by 3 March 2025.

Mr. Panwar appreciated Colgate's structured and supportive approach, highlighting their professional systems, daily reporting, and smooth coordination. However, he pointed out key challenges such as securing permissions from schools, time constraints during academic hours, and managing large groups of students. He emphasised that such programs should run regularly and be followed by periodic feedback or surveys to ensure long-term impact.



STUDENTS WITH THE MISSION POSTERS - MEHSANA, GUJARAT

# 05. IMPACT CREATED ACROSS MULTIPLE LEVELS

## INDIVIDUAL LEVEL



Students developed a strong understanding of oral hygiene practices, such as night brushing, circular brushing, and tongue cleaning, leading to improved daily routines.



Increased self-confidence and awareness about oral health among children helped promote healthier food choices and consistent water intake.



Many students began actively avoiding harmful substances like tobacco due to early exposure to preventive education in schools.



Teachers observed noticeable improvements in student hygiene and health-related behaviours, including better attendance and fewer health complaints.

## FAMILY LEVEL

Families increasingly recognised the link between diet, drinking water quality, and oral health, resulting in healthier household practices.



Parents became more proactive in maintaining oral hygiene for themselves and their children, including the timely replacement of toothbrushes and the use of oral care aids.



Conversations on tobacco avoidance became more common in homes, with parents reinforcing messages shared in schools.

## COMMUNITY LEVEL

Schools emerged as credible centres of oral health education, influencing community-wide awareness and behaviour change.



Local influencers, teachers, and program staff collectively contributed to creating a positive health-seeking environment in the community.



Awareness sessions encouraged collective efforts against tobacco use and helped break the silence around oral health issues in public spaces.

## STATE LEVEL

The program demonstrated a successful model of school-based oral health promotion that can be adapted across similar socio-economic and geographic contexts in the state.



Through structured M&E and community engagement, the initiative showcased effective collaboration among schools, parents, and civil society stakeholders.

The model proved that integrating preventive health into education systems can drive tangible health behaviour improvements across rural and semi-urban populations.

## NATIONAL LEVEL

The program serves as a replicable example of how CSR initiatives can contribute to public health goals by leveraging education platforms.



The initiative contributes to national goals related to school health, hygiene awareness, and non-communicable disease prevention, mainly by discouraging tobacco use from an early age.

It highlights the importance of multi-stakeholder collaboration and local engagement in promoting preventive healthcare.



STUDENTS WITH THE BRUSHING CALENDAR & COLAGTE TEAM - GOA

# 06. OECD FRAMEWORK



Relevance

Coherence

Effectiveness

Efficiency

Impact

Sustainability



## RELEVANCE

The Colgate Oral Health Program was highly relevant to the needs of school-going children in underserved areas, particularly where oral hygiene awareness is low and access to dental care is limited. It directly addressed real-life health gaps by promoting preventive oral hygiene practices, such as brushing twice a day and reducing consumption of sugary and packaged foods. By situating the intervention in schools, the program reached children at an early, impressionable age. The content was age-appropriate and practical, making it relevant for students, teachers, and even families.



## COHERENCE

The program showed strong internal and external coherence with multiple national policies and international development goals.



### Alignment with National Policies and Programs:

- National Oral Health Program (NOHP)
- National Health Policy, 2017
- School Health & Wellness Programme under Ayushman Bharat
- Eat Right School Initiative (FSSAI)
- Swachh Bharat Mission (SBM)
- Rashtriya Bal Swasthya Karyakram (RBSK)



## EFFECTIVENESS

The program was effective in creating awareness and initiating behavioural change. Testimonies from students and teachers confirm improved oral hygiene practices, such as brushing twice daily and reducing harmful dietary habits. Many students reported influencing their siblings and families as well. Teachers noticed a visible change in students' attitudes towards cleanliness and health. The use of interactive sessions, dental kits, calendars, and visual aids strengthened the learning and helped sustain the change. The engagement of teachers and school management further reinforced daily routines. These outcomes show that the program successfully achieved its intended short-term goals.


**EFFICIENCY**

The program was executed using a structured approach that involved trained demonstrators, school staff, and community stakeholders. The use of existing school infrastructure and teacher support ensured resource optimisation. Kits were distributed timely, and sessions were engaging yet brief, which minimised classroom disruption. While real-time monitoring mechanisms could be further strengthened, the program used available resources wisely to reach a large number of students. Partnerships enabled cost-effective delivery and enhanced reach, reflecting good value for investment.


**IMPACT**

The initial impact of the program was evident in improved hygiene behaviours, reduced sensitivity among some students, and greater awareness about the risks of tobacco and poor oral care. Several students adopted new habits and retained educational materials, such as brushing calendars, even after the kits were used up. The influence extended to peers and family members, suggesting the beginnings of a social norm shift. Teachers also reported improved overall hygiene discipline in schools. While the program's long-term health impact needs more time to evaluate, the early indicators of behaviour change and knowledge transfer are promising.


**SUSTAINABILITY**

The program design promotes sustainability through behaviour change rather than dependence on free products. By embedding oral health messages into daily school routines and training teachers, the program created potential for continuity beyond its immediate duration. Students retaining the educational materials and teachers' willingness to reinforce the lessons further support the program's ongoing influence. However, regular follow-ups, refresher sessions, and integration into school health curricula would further strengthen sustainability and deepen the long-term impact.



# 07 • SWOT ANALYSIS

STRENGTHS	 <ul style="list-style-type: none"><li>Impact Assessment Report Colgate Palmolive.</li><li>High levels of awareness and positive behaviour change in oral hygiene and tobacco prevention.</li><li>Holistic approach involving students, teachers, and parents in awareness and practice.</li><li>Full participation of students in structured school-led sessions with well-developed educational tools</li><li>Effective use of IEC materials, hygiene kits, and interactive tools to promote sustained practices.</li></ul>
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WEAKNESSES	 <ul style="list-style-type: none"><li>Limited oral health infrastructure in some areas, affecting continuity of care post-program.</li><li>Access to dental facilities remains moderate, which may hinder timely treatment.</li><li>Variation in brushing frequency and dietary habits indicates an ongoing need for reinforcement.</li><li>Inconsistent depth of understanding among teachers and parents regarding the technical aspects of oral hygiene.</li><li>Program primarily limited to school-based settings, excluding out-of-school children.</li></ul>
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OPPORTUNITIES	 <ul style="list-style-type: none"><li>Scope for scaling up across districts and states using the tested model.</li><li>Potential alignment and integration with existing government school health initiatives.</li><li>Expansion into remote or underserved areas through mobile outreach or digital platforms.</li><li>Strengthening partnerships with public health departments to amplify impact.</li></ul>
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## THREATS



Inclusion of adolescents and older students to expand program reach and deepen behaviour change.



Risk of reduced community engagement once the program concludes.



Cultural norms and discomfort around oral health or tobacco discussions may limit participation.



Sustainability challenges in the absence of continuous funding and refresher training.



Competing academic priorities may reduce time allocated for oral health education.



Prevailing myths or misinformation about oral care may counteract educational efforts.

# 08. RECOMMENDATIONS



To enhance the effectiveness and long-term sustainability of the program, a set of focused and actionable recommendations is presented. These are informed by insights from trainers, teachers, and observations during field implementation.

## ENHANCE FOLLOW-UP AND REINFORCEMENT MECHANISMS

- Regular, teacher-led follow-ups can be conducted after kit distribution to reinforce key messages and monitor behavioural change.
- Refresher sessions can be introduced for bigger behavioural change on a half-yearly basis, as suggested by trainers, to maintain student engagement and refresh learning.



## INCREASE PARENTAL AND FAMILY ENGAGEMENT

- Parent-focused components can be integrated into the program through school meetings, take-home materials, or digital content.
- Engagement with local health systems can be introduced to drive scale and impact.



# 09 CONCLUSION



The Bright Smiles, Bright Futures program, implemented by BharatCares with support from Colgate-Palmolive (India) Limited, has made meaningful strides in promoting oral health awareness among schoolchildren in rural Gujarat. Through engaging school-based sessions, timely kit distribution, and the involvement of trained facilitators, the initiative has successfully reached children who often have limited access to preventive health education.

The program not only aligned with key national health priorities and Sustainable Development Goals but also fostered a culture of early oral hygiene practices. Feedback from trainers, teachers, and students highlighted the relevance and positive reception of the sessions. With thoughtful enhancements such as regular follow-ups, deeper parental engagement, and broader coverage, the BSBF program has strong potential to create lasting behavioural change and contribute to improved health outcomes at both individual and community levels.