

CRISIL MI&A - Assessments

Impact Assessment of Bright Smiles, Bright Future ® (BSBF) Initiative (FY23-24)

Colgate Palmolive India Limited





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Oral health doesn't only represent the condition of the mouth, teeth, and related facial structures which is pivotal for essential functions like eating, breathing, and communication but it also deeply impacts one's psychosocial dimensions, influencing self-assurance, overall well-being, and the ability to engage socially and professionally devoid of pain, distress, or self-consciousness. Across different life stages, from infancy to senior years, oral health intertwines with overall health, facilitating active participation in societal roles and the realization of individual potential.

The WHO Global Oral Health Status Report of 2022 approximated that nearly 3.5 billion individuals globally are impacted by oral diseases, with three-quarters of those affected residing in middle-income nations. On a global scale, approximately 2 billion people grapple with permanent tooth caries, while 514 million children contend with primary tooth caries.¹

The spectrum of oral diseases encompasses various conditions like dental caries, gum disease, tooth loss, oral cancer, trauma, and congenital anomalies such as cleft lip and palate. These ailments, prevalent on a global scale, affect a substantial portion of the population. Their impact is particularly pronounced in low- and middle-income nations, a trend compounded by population growth and aging, which further strain healthcare systems. In 2021, the Indian government introduced a Draft National Oral Health Policy to support professionals and institutes providing quality oral healthcare. However, limited baseline data hinders effective interventions. Only two national oral health surveys were conducted in 2004 and 2007, with a state-wise Global Disease Burden assessment in 2016. Challenges include low awareness, inadequate infrastructure in villages (where 65.07% reside), lack of motivation, and limited research and policies. The National Oral Health Program notes that 95% of adults have gum disease, 50% don't use oral hygiene products, and 70% of children under 15 have dental caries, indicating pressing oral health needs in India.

Notably, oral diseases disproportionately burden marginalized communities and those with limited socioeconomic resources, persisting from early childhood into old age irrespective of a nation's economic standing. This stark reality underscores the intricate interplay between oral health, social disparities, and overall well-being, necessitating targeted efforts to address these disparities and promote equitable access to oral healthcare services.

Need for the Program

The association of oral health diseases with various socioeconomic and environmental factors such as literacy, income, hygiene, sanitation, housing, safe drinking water, and health awareness, particularly oral health awareness, is well-documented. In India, 53.8% of young children are affected by cavities or caries, a statistic largely attributed to insufficient awareness about oral health and hygiene.

Recognizing this gap in awareness and the critical role of early education in cultivating good oral care habits, Colgate initiated the Bright Smile Bright Future program. This initiative aims to instill optimal oral care practices in children aged 6-9, a pivotal developmental stage where children can actively engage in dental hygiene responsibilities. The program, developed in collaboration with curriculum specialists, educators, and dental health professionals, offers a comprehensive Oral Health Education Program. This program, backed by thorough research, integrates seamlessly into existing curricula, providing lessons and activities that complement various subjects taught in schools.

With Colgate's longstanding commitment of over three decades in promoting oral care and dental health awareness among school children in India, the Bright Smile Bright Future program addresses the imperative need to enhance oral health education and empower children with the knowledge and skills for lifelong oral hygiene practices.

Situation in India

In India, the state of dental health is a critical concern, requiring concerted efforts from both governmental and international bodies. Over the past decade, there has been growing concern about the high prevalence of periodontal disease in India. One key issue is the low dentist-to-population ratio in rural areas, currently at around 1:200,000, highlighting the urgent need to strengthen dental infrastructure at primary healthcare centres. Researchers indicated a direct link between easy access to village health centres and reduced prevalence of periodontal disease. While community health centres offer potential for improving oral health, their effectiveness is hindered by a lack of necessary dental equipment and materials, leading to underutilization. Most initiatives

¹ Oral Health, World Health Organization https://www.who.int/health-topics/oral-health#tab=tab 1



promoting dental health and providing check-ups are concentrated in urban areas, creating challenges for rural populations due to transportation issues.²

The Indian Dental Association (IDA) has identified significant gaps in oral health, particularly in rural areas. The situation regarding oral health in India is concerning, with 95% of the population suffering from gum disease, only half using toothbrushes regularly, and a mere 4.5% visiting dentists. These statistics highlight the urgent need for targeted interventions and policies to improve oral health outcomes, especially in rural communities, and to enhance access to essential dental care services across the country.³

Role of Government

The Government of India has initiated the National Oral Health Programme (NOHP) to elevate the provision of comprehensive and integrated oral healthcare within the existing healthcare framework. This strategic endeavour is geared towards accomplishing a range of pivotal objectives:

- **1. Enhancing the Determinants of Oral Health**: The NOHP is designed to address the multifaceted determinants influencing oral health, encompassing socioeconomic factors, behavioural patterns, and environmental influences. By promoting access to oral healthcare services and fostering healthy practices, the program aims to fortify the foundational aspects conducive to optimal oral health outcomes.
- 2. Reducing Morbidity Rates Associated with Oral Diseases: A primary focus of the NOHP is to mitigate the prevalence and impact of oral diseases, thereby curbing morbidity rates. This entails comprehensive interventions spanning from early detection and diagnosis to prompt treatment modalities, all aimed at alleviating the burden of oral health ailments across the population.
- **3. Integrating Oral Health Promotion and Preventive Services**: A core strategy of the NOHP involves seamless integration of oral health promotion and preventive services into the broader healthcare landscape. This collaborative approach entails synergistic efforts among healthcare providers, community health initiatives, and public health programs to embed oral health education, screenings, and preventive interventions within routine healthcare practices.
- **4. Fostering Public-Private Partnerships (PPP) for Enhanced Outcomes**: The NOHP underscores the pivotal role of Public-Private Partnerships (PPP) in fortifying oral health outcomes. These strategic collaborations facilitate the pooling of resources, expertise, and innovative solutions to expand access to quality oral healthcare services, augment infrastructure development, and advance the overall oral health ecosystem.

To actualize these objectives, the government is extending substantive support to state governments in establishing robust dental care services at various primary healthcare levels. Financial allocations through State Programme Implementation Plans (PIPs) enable the establishment of well-equipped dental units, strategically positioned to address regional needs. Moreover, school-based oral health initiatives, community outreach endeavors, regulatory frameworks ensuring service quality, and ongoing efforts to bridge existing disparities underscore India's commitment to elevating oral health as an integral facet of holistic well-being.⁴

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² Chandra A, Yadav OP, Narula S, Dutta A. Epidemiology of periodontal diseases in Indian population since last decade. J Int Soc Prev Community Dent. 2016 Mar-Apr;6(2):91-6. doi: 10.4103/2231-0762.178741. PMID: 27114945; PMCID: PMC4820580.

³ Chandra A, Yadav OP, Narula S, Dutta A. Epidemiology of periodontal diseases in Indian population since last decade. J Int Soc Prev Community Dent. 2016 Mar-Apr;6(2):91-6. doi: 10.4103/2231-0762.178741. PMID: 27114945; PMCID: PMC4820580.

⁴ National Oral Health Programme (NOHP), National Health Mission



02

Overview of BSBF- Oral Health Initiative



About the program

Colgate Palmolive CSR has launched the Bright Smiles, Bright Futures® (BSBF) initiative to promote oral health education among children. The program was initiated the aim of teaching kids the importance of good oral hygiene practices. Through partnerships with dental professionals, educators, and local experts, Colgate developed age-appropriate materials and resources for schools and communities worldwide.

About BSBF

Bright Smiles, Bright Futures® (BSBF) program is a global initiative aims to improve children's oral health through education, awareness, and increased access to dental care. The program was first launched by Colgate-Palmolive in the United States in 1991 and now active in over 80 countries worldwide and has since become one of the company's flagship corporate social responsibility (CSR) initiatives. The BSBF program focused on reaching out to children aged 6 to 14 years, recognizing this age group as crucial for instilling lifelong oral health habits. The program's core is an award-winning educational curriculum delivered by classroom teachers, supplemented by new toolkits for Colgate employees to engage school-age children with activities and experiments. They provide materials to educators which include the following guidelines:

- Teaching the importance of oral health
- Offering guidance on oral care in early childhood
- Helping children and families establish healthy habits like toothbrushing, flossing, choosing healthy foods, and getting regular and recommended healthcare.

Dr. Marsha Butler, a Colgate-Palmolive vice president, leads the program and emphasizes the goal of reaching more children globally, given tooth decay's widespread impact. BSBF collaborates with governments, schools, and community groups worldwide. In India, the focus extends from rural to urban areas, with partnerships with the Dental Council of India and government agencies, reaching over 162 million children with dental education and check-ups.⁵

Initiative methodology

The intervention to bring about a change in the awareness level of children about oral hygiene and health is designed to be delivered through the five different types of delivery models as mentioned below:

- 2 Visit Model
- 2. 2 Visit Model + Dental Application
- 3. 2 Visit Model + Dental Check-up Camp
- 4. 3 Visit Model
- 5. One Touch Model

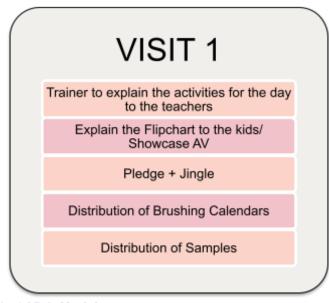
This initiative is a comprehensive approach designed to effectively convey the message of good oral health practices to the children in schools. The intervention encompasses several key components, including the distribution of brushing calendars to establish a brushing routine, the use of engaging visual aids like flipcharts and audio-visual presentations to educate and captivate students, the encouragement of students to take a pledge prioritizing their oral health, accompanied by a memorable jingle that reinforce the importance of these practices, and finally, training sessions for teachers to ensure they are well-prepared to support the program's implementation in the classroom. This multifaceted model makes the students active respondents in their oral health and well-being journey, contributing to a lifelong commitment to good oral care practices.

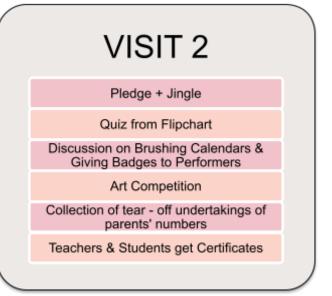
⁵ Colgate Palmolive,



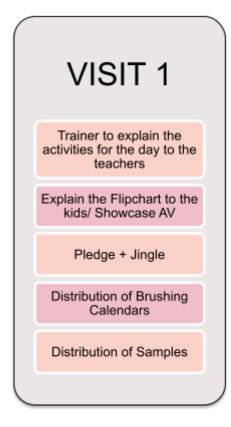
Types of models:

a) 2 Visit Model





b) 3 Visit Model







c) One Touch Model



ACTIVITIES

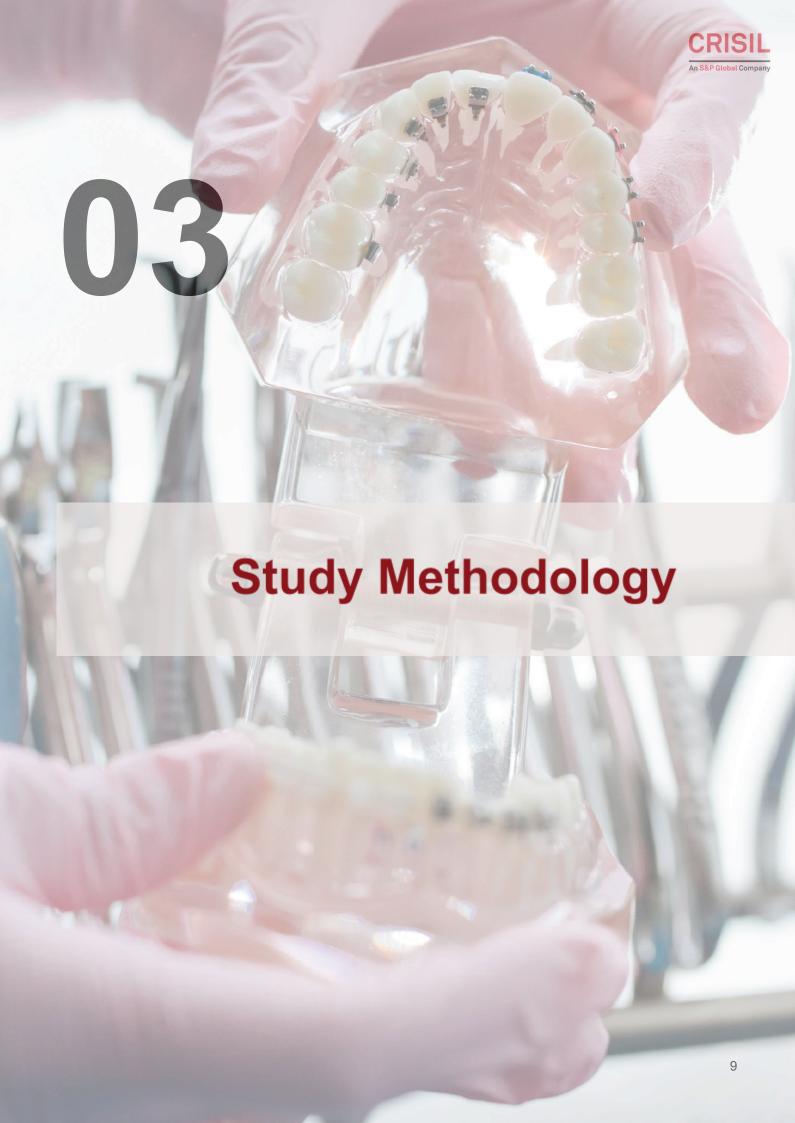
Trainer to explain the activities for the day to the teachers

Explain the Flipchart to the kids/ Showcase AV

Pledge + Jingle

Distribution of Brushing Calendars

Distribution of Samples





The study adopts a concurrent mixed-method design, in which quantitative and qualitative data is collected through the key programme stakeholders. This approach allows for a comprehensive assessment of initiatives by capturing quantitative feedback backed by qualitative experiences.

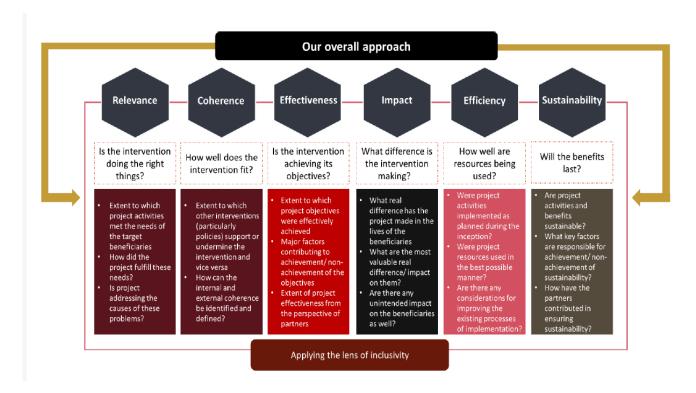
This evaluation study seeks to present a systematically, rigorously, and strategically conducted quantitative and qualitative study, which is flexible and contextual, to answer the proposed objectives of the study. Our evaluation framework is built around our approach of using a participatory and collaborative process that involves stakeholders at different phases, working together at various stages of the engagement. This will ensure higher convergence of inputs and ideas, which will further facilitate the incorporation of critical insights in our final report. The assessment of the BSBF program would involve taking beneficiaries from each of the segments (age, gender, schools).

The quantitative data will be collected through a **semi-structured survey questionnaire** administered to direct beneficiaries. The survey focuses on the impact of the program on knowledge, awareness and practices about oral health, and recall of modules discussed during the visits.

The qualitative data, on the other hand, was collected through **key informant interviews (KIIs)** with relevant stakeholders. The qualitative data focused on the stakeholder's participation and experience regarding the program and its impact on beneficiaries.

The findings from the quantitative and qualitative data are integrated to provide a comprehensive assessment of the impact of the interventions in the subsequent section. The integration involved comparing the findings from the two data sources to identify any converging or diverging evidence.

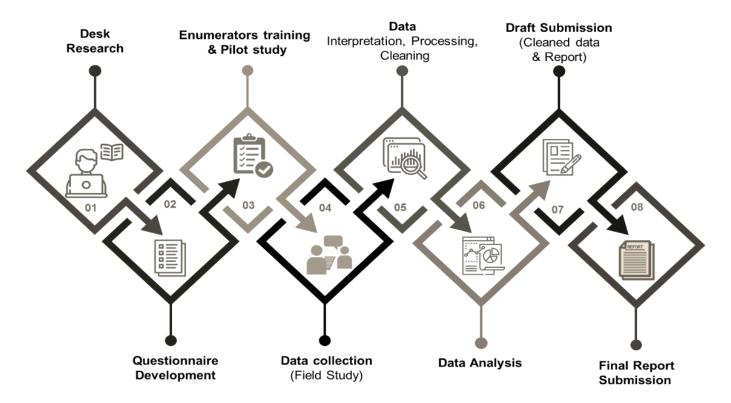
The evaluation also maps the impact of the program with the OECD DAC framework to determine the merit of an intervention based on six defined evaluation criteria – relevance, coherence, effectiveness, efficiency, impact and sustainability. We have also aligned the impact of the program with the SDG goals and the contribution of the intervention in global efforts.





Evaluation Methodology

The methodology adopted for this mix-approach research study focuses on collection and analysis of both primary and secondary data. CRISIL team understands that adequate planning, training, and preparation are vital to successfully completing data collection. CRISIL team hence will be adopting following detailed stepwise approach to ensure a smooth data collection process and fulfilment of study objectives.



A crucial part of the evaluation study would be to understand the demographic nature of the beneficiaries of the program through thorough assessment of the available secondary. Secondary analysis shall include review of various documents, reports, research studies related to the scope of the study.

Financial evaluation

The financial evaluation will undertake a meticulous assessment of the effective utilization of funds contributed to the initiative, with a specific focus on reviewing the implementing partner's financial management system. This exhaustive examination will entail a thorough examination of the following documents:

- Utilization certificate serves as proof that project funds were utilized in accordance with agreed-upon guidelines.
- Financial statements Identifying areas of inefficiency, mismanagement, or potential fraud
- Random expense verification Select random receipts from the expense records and verify the legitimacy and alignment of these expenses with the project's goals.
- Supporting documents and bills To be verified during the CA visit will scrutinize documents and all expenses incurred during the project period

The evaluation will also consider the Key Performance Indicators (KPIs) and agreed-upon commitments and budgets. A checklist-based review and discussions with stakeholders will be conducted to ensure the financial management system is robust and effective.

A comprehensive framework outlining the financial evaluation process will be shared at a later stage, pending receipt of all necessary documents from the implementation partner.



Sampling

The stakeholder mapping forms a crucial part for the effective evaluation of the program. The Bright Smile, Bright Future program to create awareness about oral and dental health and hygiene among students to promote good practices. Because of the unique nature of the assignment, it is important that the mapping of beneficiaries (the key stakeholders) contains this diversity.



Based on the above mapping of the stakeholders, the total sampling of all the stakeholders for the impact assessment study is the following:

Stakeholders	Sample	Data Collection Tool
Direct beneficiaries (Students)	45	Semi Structured Interview
Parents/Family members	10	Semi Structured Interview
Teachers	15	In-depth Interview
Sambhav Foundation Team Members	2	In-depth Interview
Colgate Palmolive CSR Team	1	In-depth Interview



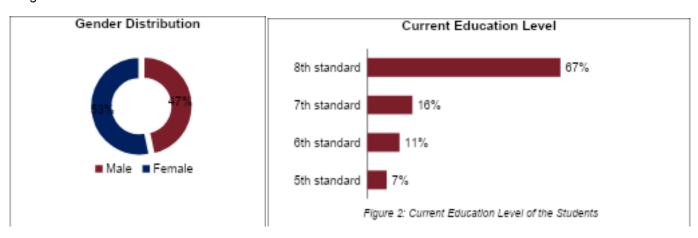


The impact of the Bright Smile Bright Futures (BSBF) initiative is understood by mapping its effects on the lives of beneficiaries and understanding the feedback of key stakeholders. The primary findings classify and maps the benefits, challenges, and overall impact on the school students.

The BSBF initiative has had a notable impact, particularly on its target demographic of school students, focusing on oral health education and awareness of oral hygiene. The survey sample consisted of 45 school students from the state of Gujarat who availed the benefits of the oral health initiative.

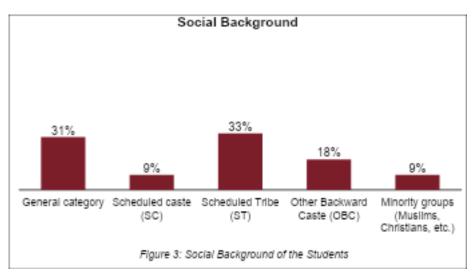
Demographic Details

The sample shows program's gender inclusivity, with 47% male and 53% female participation. The targeted age group was 6-14 years, which is a key age for child's development, both physically and socially. At this age, children are at a critical juncture in learning healthy habits, making them a prime audience for oral health initiatives like Colgate BSBF.



The majority of respondents (67%) were in the 8th standard, indicating that older children were more heavily involved and had better recall of the program as compared to lower grades. The initiative may benefit from expanding efforts in these lower grades to instill oral health habits even earlier.

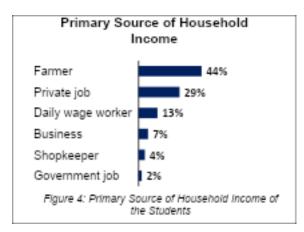
The initiative was implemented in schools with social inclusivity as the students were from varied social backgrounds. The data indicates that the initiative has had a substantial outreach in tribal and underprivileged communities. Expanding the initiative further in vulnerable and backward communities could help to address any gaps in access to health education resources.





A significant portion of the respondents (44%) come from farming families, which suggests that many respondents are from rural areas where access to dental care may be limited. The initiative's impact is likely significant in these areas, as it provides essential knowledge that may not otherwise be easily accessible. On the other hand, 29% respondents have a family member in private jobs, followed by daily wage workers (13%) and small business owners (7%), reflecting a diverse socioeconomic status.

On average, there are 8 members per household, with an average of 2 earning members. By reaching families within lower income brackets, the initiative ensures broader inclusivity.



Within sample, 62% respondents lived in "pucca" (solid, well-constructed) houses, indicating a reasonably stable living environment for the majority. 20% students lived in semi-pucca houses and 7% in huts, reflecting that a portion of the respondents are from more economically challenged backgrounds. The fact that Colgate is reaching these people suggests the initiative is inclusive of vulnerable populations. A small proportion (11%) live in



apartments, indicating some reach in more urban or semi-urban areas as well.



Figure 5: Asset Ownership of the Students' Households

Additionally, 96% respondents' families own their homes, reflecting a strong sense of stability and potentially a lower financial burden from rent, allowing families to focus on other needs, such as health education for their children.

Awareness About BSBF Initiative

A significant 96% respondents attended the program on both days, indicating strong engagement and interest among the students. This high attendance rate reflects the importance and value the respondents found in the program. Only 4% (2 respondents) attended 2nd visit, suggesting that they were not aware of the first visit or were not available.

The discussions suggest that 60% of the respondents were aware of the dental application. However, only 24% of the respondents participated in a dental health check-up camp. This lower participation rate suggests that the dental check-up component was either limited in availability or not a central focus of the program.

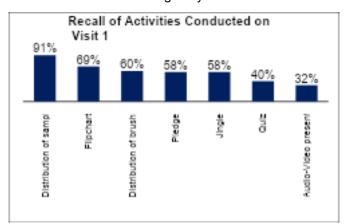
Details of Visit 1:

The activities conducted during the first visit of the program effectively engaged the majority of students through hands-on learning tools like flipcharts and quizzes. 69% respondents were able to recall about the flipchart activity, making it one of the most engaging activities on the first day. All the respondents shared that they remember that the trainer showed and explained the flipchart, indicating a strong emphasis on visual aids to convey oral health messages. However, only 32% of the respondents reported that an audio-video was played to explain concepts. This indicates that while visual tools like flipcharts were used extensively; multimedia presentations were less common and could be expanded in future sessions to diversify engagement methods.

58% of the respondents were able to recall the pledge and the jingle that were taught during the session. This reflects a moderate level of retention of these interactive elements, suggesting the need for reinforcement or repetition to improve recall. These activities are important for promoting long-term behavioural change, as they reinforce key messages in a fun and memorable way.

Notably, 40% of the respondents were able to recall about a quiz, which suggests that the initiative

included interactive educational methods to assess the understanding of the students. 60% of the respondents reported receiving a brushing calendar which was a useful tool for promoting daily oral hygiene habits, though the relatively low recall means the students don't use it regularly.



Significantly, 91% respondents received Colgate toothpaste and toothbrush as part of the distributed samples. This high proportion ensures that majority of students can begin practicing better oral hygiene improducted on Visit 1

Details of Visit 2:

Visit 2 of the BSBF initiative included a combination of interactive and creative activities, such as quizzes and an art competition. 42% of respondents were



able to recall about the pledge on second day, while 31% were able to recall about the jingle. These activities continued from the first day, emphasizing repetition to reinforce key oral hygiene messages. 53% of the respondents were able to recall about the

Brush your tongue and the roof of your mouth.

Gently brush in small circular motions, covering the front, back, and top surfaces of your teeth.

Use fluoride toothpaste and a soft-bristled toothbrush.

Figure 8: Knowledge on Proper Way to Brush Teeth

quiz conducted during the second visit, slightly higher than in the first visit (40%). The quiz remains an important tool for evaluating students' understanding of the content shared and could be expanded further to

reach more students. The higher recall of quiz for second day indicated the need for repeating the activities to increase the recall and understanding of the students.

In sample, 49% students stated that an art competition was held, which is a creative and engaging way for students to express what they learned about oral health. This activity is a unique method to reinforce the message through creative

thinking and could be made more inclusive to boost participation.

60% of respondents mentioned the discussions related to the brushing calendar, which shows a strong focus on reinforcing daily brushing habits. Only 11% respondents talked about badges and certificates, indicating that these rewards were either selective or limited in availability. Badges and certificates are effective motivators and could encourage greater participation if made more widely available.

Only 7% respondents reported that the trainer took their parents' phone numbers, which suggests that either the numbers were taken from school register or there was little direct engagement with parents. Involving parents more actively could significantly boost the program's effectiveness by extending the oral health education to the home environment.

Knowledge and Awareness about Dental and Oral Health

An overwhelming 98% students recognized the importance of brushing their teeth regularly to maintain good oral health. This suggests that the program has been successful in educating students about the overall benefits of oral hygiene. Also, a significant 91% respondents understood that regular brushing helps in preventing cavities and gum diseases, highlighting the program's success in raising awareness about the consequences of poor oral health. Simultaneously, 53% and 31% of the students acknowledged that brushing helps in removing plaque and food particles, respectively. These figures indicate that there is still room for further education on the specific benefits of brushing for dental hygiene. While 13% students identified that brushing helps prevent bad breath, only 2% recognized brushing's role in preventing tooth decay and gum inflammation, indicating that further efforts are needed to improve awareness of these specific risks.



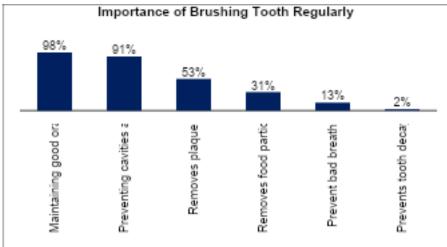
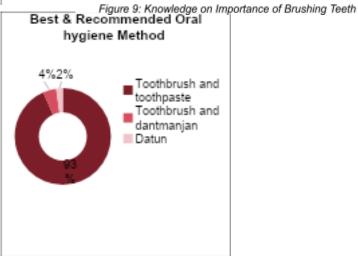


Figure 10: Knowledge on Best & Recommended Oral Hygiene Method



Within sample, 93% of the respondents recommended using a toothbrush and toothpaste as the best oral hygiene method, suggesting that the majority adopted the correct practice. Other methods, like using toothbrush and dantmanjan (4%) or datun alone(3%), received minimal affirmation, reflecting a strong preference for complete oral care.

The majority of students were aware that it is important to brush twice (53%) a day. However, 44% of the students shared it is important to brush only once a day. There is need to improve the knowledge and awareness of best practices for oral health, such as brushing twice daily along with highlighting the need for the same. While 89% of the respondents agreed that the ideal brushing time should be before the breakfast in the morning and before bed at night, only 9% considered brushing before breakfast ideal. Additionally, 40% students recommend brushing for 2 minutes for best results. All of the groups are on track for optimal brushing times, with most students aware of the importance of brushing thoroughly.

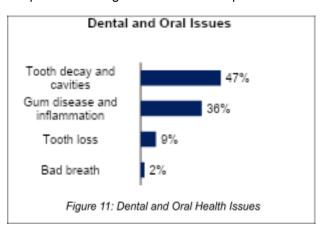
A significant 98% respondents recognized the importance of using small, circular motions when brushing, which shows a strong understanding of proper brushing techniques. Additionally, 100% acknowledged the need to brush the tongue and roof of the mouth, while 53% emphasized using fluoride toothpaste and a soft-bristled toothbrush. Notably, 51% students understood that failing to brush leads to tooth decay and cavities, and 24% identified gum and inflammation as a consequence. Other consequences like bad breath and tooth loss were recognized by 7% and 16%, respectively, indicating that more education on long-term health risks could be beneficial in improving the knowledge and understanding of the student.



Only 9% students reported the one should visit dentist once a year, whereas 7% shared that they should visit once every 6 months. It was also observed that 11% believed that dental visits are necessary only when there is pain or an issue. This points to a significant gap in knowledge about the importance of regular dental check-ups.

73% of the respondents identified healthy, pink gums as a sign of good oral health, while 64% highlighted no tooth decay or cavities as sign of good oral health. Further, 51% noted the absence of gum disease as an indicator, followed by fresh breath (29%), and clean as well as shiny appearance of teeth (33%).

Significantly, 82% of the respondents were able to highlight the negative impact of sugary snacks and drinks on oral health, while 67% understood the harm caused by acidic foods and drinks. Starchy and processed foods with snacks were acknowledged by 24% of students as harmful, reflecting a good level of awareness about dietary choices



for good oral health. To conclude, the BSBF initiative had a profound influence on students' understanding of oral health, with high proportions indicating awareness of proper brushing techniques, frequency, and the importance of good hygiene.

Current Oral and Dental Hygiene Practices

The Bright Smiles, Bright Futures® (BSBF) initiative demonstrated a substantial impact on school students' oral

and dental hygiene practices. This program has influenced the daily habits, awareness, and overall dental health of students. A remarkable 98% students reported brushing their teeth regularly, showcasing the program's success in ingraining the habit of daily oral hygiene. This high number indicates the effectiveness of the initiative in educating students on the necessity of brushing. All of the students were using toothpaste and toothbrush as part of their oral hygiene routine. While the majority (78%) of the respondents brushed their teeth once a day, 20% of the respondents brushed twice a day. These figures suggest that most students are following a reasonable oral hygiene routine,

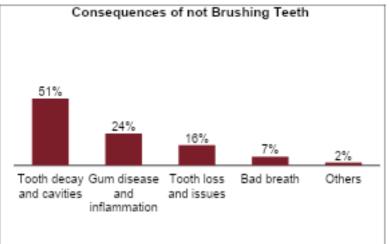


Figure 12: Consequences of Not Brushing Teeth

although there is still room for improvement in encouraging twice-daily brushing for optimal dental health.

Interestingly, there was an even distribution when it came to the duration of brushing: 33% students brushed for 1 minute, 33% for 2 minutes, and 33% for more than 2 minutes. This reflects a sound understanding of the recommended brushing time of at least 2 minutes, although continued emphasis on brushing for a full 2 minutes would be beneficial.

The data indicates that 47% respondents experienced tooth decay and cavities while 36% reported having gum disease or inflammation indicating poor oral health and hygiene. This reveals that although most students were practicing good oral hygiene, many were still facing dental problems, suggesting the need for increased preventive care and education on oral health maintenance.

Only 11% respondents had a dental check-up among the students with 4% reporting they visited a dentist in last 1 year and 7% mentioning about a check-up within last 6 months. It is concerning that 84% of the students stated they had never had a dental check-up or could not remember the last time they went. This highlights a critical gap

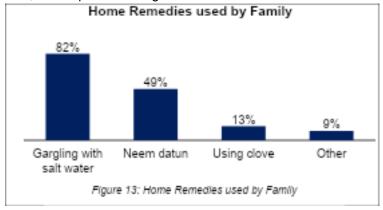


in dental care access, underscoring the importance of promoting regular dental visits as well as organizing dental health camps as part of the BSBF program.

In sample, 80% students reported never having experienced toothaches or sensitivity, a positive indication that many were avoiding severe oral health issues. However, 11% reported having such issues in the last 6 months or a

year. All of them visited a dentist, which suggests that more emphasis on the importance of seeking professional dental care for pain and sensitivity is needed.

The data indicates a reliance on traditional home remedies, with 82% respondents' families using saltwater gargles for oral issues and 49% using Neem *datum*. 13% reported using clove for toothache relief. This reflects the integration of cultural practices into oral care, which can be complementary to modern dental hygiene

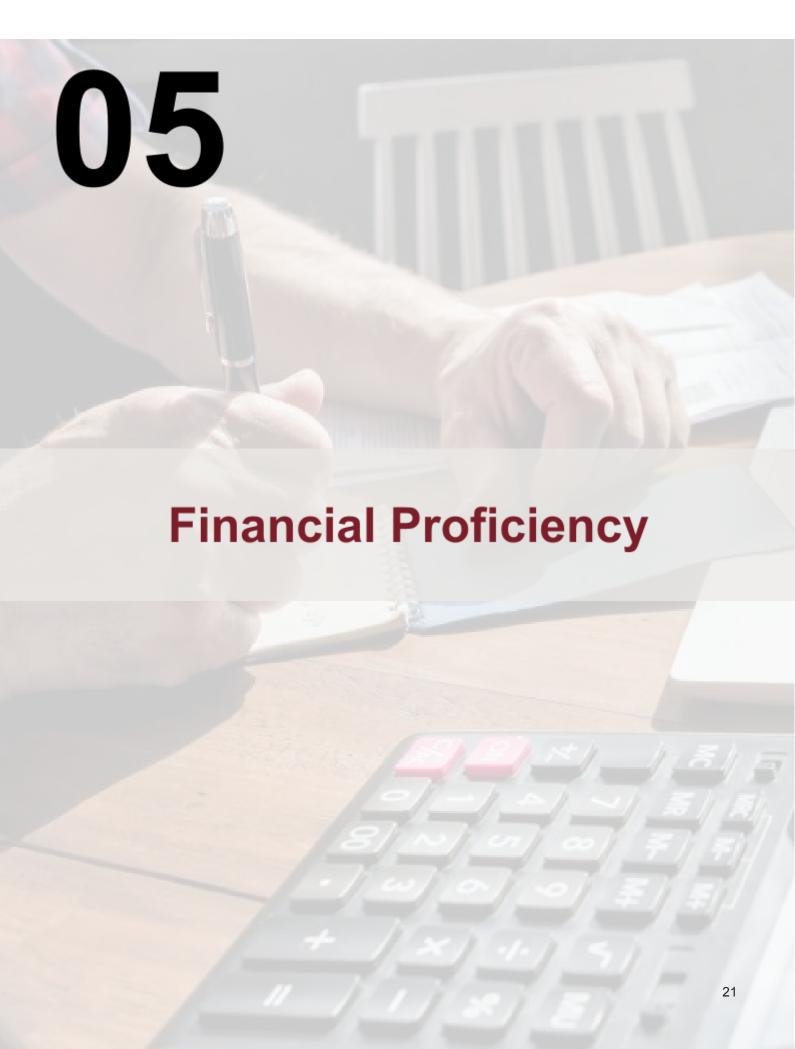


techniques. Overall, the initiative has laid a strong foundation for better oral health, but continued education and access to professional dental care remain essential for long-term success.

The following table represents the responses of the students regarding their experiences with Colgate BSBF program. The responses are based on a Likert scale, with options ranging from "Disagree" to "Agree".

Statement	Agree	Neutr al	Disagre e
The initiative has increased my knowledge about oral and dental health and hygiene	80%	20%	0%
The initiative has helped me in maintaining good oral health and dental hygiene	62%	38%	0%
The initiative has positively impacted my overall health and well-being	67%	33%	0%
The initiative has improved my self-esteem and confidence	62%	38%	0%
The initiative has helped me and my family in maintaining good oral and dental hygiene	58%	42%	7%
The initiative has been able to create better awareness among teachers, students and their families about oral and dental health and hygiene	53%	47%	0%







The comprehensive financial evaluation was undertaken to examine the allocation and utilization of the financial resources contributed to the initiative, with a specific focus on reviewing the implementing partner's financial management system robustness, including its internal controls, budgeting processes, and expenditure tracking mechanisms, in order to ensure transparency, accountability, and optimal use of funds.

In the fiscal 2022-23, the collaboration between Shri Mahakal Education and Charitable Trust (SMEC Trust) and Colgate Palmolive under the initiative called "Bright Smile, Bright Future (BSBF)" program begun. As Colgate Palmolive has been a key funder of this initiative through "Bright Smile, Bright Future" campaign, this study provides an in-depth analysis of financial management of the program.

The primary findings on financial evaluation of Bright Smile Bright Future initiative are split into:

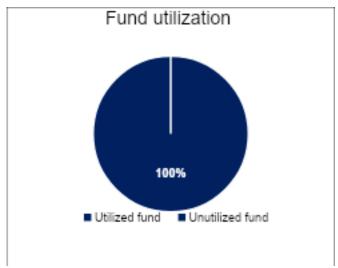
- Fund management
- Financial analysis
- Reporting mechanism and transparency
- Verification of beneficiary records

Fund management

According to the Memorandum of Agreement (MOA), the funds were utilized to provide education and raise awareness about oral health improvement and the harmful effects of tobacco consumption among children in government schools.

The expenses related to vocational training initiatives, financing of educational program focusing on oral health improvement and the harmful effects of tobacco consumption among children in government schools. Additionally, the funds were allocated to community welfare projects aimed at improving health and sanitation, ensuring a holistic approach to uplift underprivileged communities and foster overall development.

The fund utilization rate was a notable 100% in fiscal 2023-24, marking a significant milestone. In absolute terms, Bright Smile Bright Future program efficiently utilised the entire allocated amount of Rs. 1604.14 lakh, demonstrating effective resource management throughout the year.



Particular	
Grant received during the fiscal 2023-24 - Phase 1	1148.60
Interest received on grant - Phase 1	3.16
Grant received during the fiscal 2023-24 - Phase 2	450.69
Interest received on grant - Phase 2	1.69
Total fund available for the year	1604.14
Amount utilized for the fiscal 2023-24	1604.14

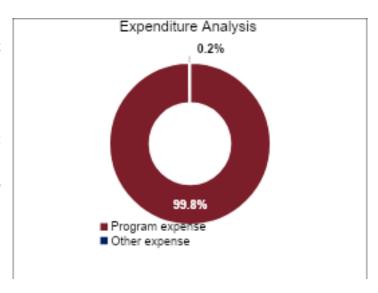
Financial analysis

According to the income and expenditure statements for the 2023-24 fiscal year, Bright Smile Bright Future initiative received a total of Rs. 3977.26 lakh in receipts, supplemented by Rs. 17.82 lakh in interest income. It was observed



that there was a deficit in the income of Rs. 67.44 lakh. The increase in grant expense over income of Rs. 83.53 lakh was indicated.

The comprehensive analysis of expenditures for fiscal 2023-24 reveals that 99.8% of the total budget was allocated to program related activities. This demonstrates that nearly all of the organization's spending was concentrated on furthering its core objectives and initiatives. This significant investment in program expenses underscores the efficiency and effectiveness of the Bright Smile Bright Future initiative in leveraging its resources to achieve its mission. The liquidity profile stood at 0.87 times and cash to total asset at 0.60 times. Cash and bank balance of Rs. 156.95 lakh and as on March 31,



2024. The current liabilities of Rs. 208.41 lakh, which included duties and taxes of Rs. 23 lakh, sundry creditor of Rs. 152.81 lakh and employee payables of Rs. 19.74 lakh and reimbursement payable of Rs. 12.86 lakh were due as on the same period.

Type of Transaction	Average Monthly Amount (Rs. In Lakh)
Credit Transactions	239.19
Debit Transactions	227.05

The bank statement reflected the transactions from the last two months, specifically December 2023 and January 2024. The funds were received and transferred through National Electronic Funds Transfer (NEFT) and Real Time Gross Settlement (RTGS). It was observed that there were no cheque bounces, and no cash transactions were made.

Reporting mechanism and transparency

The implementation of the program at the grassroots level is overseen by Shri Mahakal Education and Charitable Trust (SMEC Trust), which regularly updates its platform and shares data with Colgate-Palmolive via a dedicated dashboard. During site visits, the program's dashboard and the ledgers associated with the Colgate-Palmolive initiative were showcased, highlighting the current processes and reporting systems in place. Data backup is facilitated through Google Drive, with access limited to program staff and sharing permissions granted only upon approval. This strategy enhances accountability while ensuring efficient monitoring and easy access to information.

Verification of beneficiary records

The selection of beneficiaries is a thorough process that involves examination of candidates against the stringent criteria established by Shri Mahakal Education and Charitable Trust (SMEC Trust) and Colgate Palmolive. This comprehensive evaluation process ensures that assistance reaches the most vulnerable and underserved individuals. Furthermore, the records of the beneficiaries are maintained and securely stored by the teams



responsible for implementing the Bright Smile Bright Future initiative, ensuring transparency and accountability throughout the process.

In addition, the CRISIL team has conducted a review of the data and through random stratified sampling and in-depth discussions with the beneficiaries. This independent verification has further authenticated the beneficiary data, and the support provided to them.





Alignment with OECD framework



The OECD DAC framework provides guidelines to determine the worth of an intervention on which evaluations are made. Under its ambit, the study will analyse the key components of the overall programme.

Relevance

Relevance is defined as the extent to which the intervention responds to the beneficiaries, global, country and partner/institution needs, policies and priorities, and continues to do so if circumstances change. Evaluating relevance helps in understanding and assessing the alignment of the goals and implementation of the program with the needs and priorities of the beneficiaries and other stakeholders.

The relevance of the Bright Smiles, Bright Futures® (BSBF) program lies in its direct alignment with global public health goals, particularly in improving oral health among children. The initiative responds to a critical need: poor oral health remains a prevalent issue worldwide, especially among children, and is often linked to inadequate hygiene practices, insufficient access to dental care, and a lack of education regarding proper oral care.

The program focuses on children aged between 6 to 14 years, recognizing this as a formative period when lifelong habits are established. Teaching children proper oral hygiene at an early age can prevent dental problems such as cavities and gum disease, which can have long-term impacts on their health, self-esteem, and quality of life. Relevance is further highlighted by the program's adaptability to various cultural contexts. In India, BSBF has collaborated with the Dental Council of India, extending its reach to over 162 million children. This adaptability to different regions underscores its relevance in both global and local health contexts.

Beyond education, BSBF enhances access to dental care through partnerships with dental professionals and community organizations. This holistic approach not only teaches children about oral hygiene but also provides them with the resources and support needed to maintain good dental health.

Coherence

Coherence is defined as the compatibility of the intervention with other interventions in a country, sector, or institution. It assesses and connects the intervention with the global, national and state-level programs/policies, as well as institution-level policies, and tries to understand the impact that the intervention is creating in the lives of target beneficiaries. The alignment with global goals such as SDGs or national policies can also be considered coherence.

Coherence in the BSBF initiative refers to how well the program aligns with other policies and strategies at both global and national levels, as well as within Colgate-Palmolive's broader corporate social responsibility (CSR) framework.

At the global level, the program complements initiatives led by international health organizations like the World Health Organization (WHO) and UNICEF that emphasize the importance of children's health, nutrition, and hygiene. By focusing on oral health, the program contributes to broader public health goals, reducing preventable diseases and promoting overall well-being among children. This alignment ensures that BSBF is not a standalone effort but a part of a coordinated global push to improve health outcomes for children.

Within Colgate-Palmolive, BSBF is a key part of the company's CSR portfolio, complementing other initiatives like the Keep India Smiling Foundation. This coherence within Colgate's CSR efforts underscores the company's commitment to holistic community well-being, blending health education with long-term sustainability efforts.

Efficiency

Efficiency is the extent to which the intervention delivers, or is likely to deliver, results in an economic and timely manner. It is an indicator of whether an intervention's resources can be justified by its results.

The efficiency is demonstrated by the resource allocation and cost-effectiveness of the BSBF initiative, determining whether the outcomes are achieved with the best use of available resources. The BSBF initiative reaches millions of children worldwide using minimal resources. Toothpastes and toothbrushes are distributed in schools and communities, often in collaboration with governments and local institutions. This allows Colgate to leverage existing infrastructure, reducing operational costs while maximizing outreach.



The use of visual aids like flipchart, audio and video content helps simplify complex oral health concepts. These materials are designed to be universally adaptable and reusable, making the program scalable and cost-effective across different regions. Colgate's partnerships with schools allow them to deliver oral health education to large groups of children at once, improving the cost per child reached. Overall, the BSBF initiative operates at a high level of efficiency, using limited financial and logistical resources to generate broad coverage and long-term educational value.

Effectiveness

Effectiveness indicates the extent to which the intervention has achieved or is expected to achieve, its objectives and results, including differential results across groups, if any.

The program has effectively educated students on proper oral hygiene practices, such as brushing twice a day, the importance of fluoride toothpaste, and regular dental check-ups. According to primary findings, 98% children reached by the program now understand the importance of brushing daily, with 20% brushing their teeth twice a day and 78% brushing at least once a day, indicating a significant shift in behaviour.

Post-program evaluations show significant improvements in children's oral hygiene habits. Parents and teachers have reported that children were more aware of dental hygiene, with 58% mentioning about good oral health and hygiene among participating students. By working through schools, the BSBF initiative ensures consistent reinforcement of oral health education. Effectiveness is evident in the program's ability to not only reach millions of children but also instil long-lasting behaviour changes related to oral hygiene practices. The initiative's educational components are well-targeted, culturally adaptable, and effective in improving health outcomes.

Impact

Impact is the extent to which the intervention has generated, or is expected to generate significant positive or negative, intended or unintended higher-level effects.

The long-term impact of the BSBF program is significant in improving children's oral health and preventing future dental issues. Areas where the program had been implemented consistently showed lower rates of oral diseases, as children adopt healthier habits like regular brushing and avoiding sugary foods.

Poor oral hygiene has been linked to broader systemic health issues, including cardiovascular diseases and diabetes. By instilling proper oral hygiene practices early, the BSBF initiative potentially mitigates these long-term health risks. Children with poor oral health are more likely to miss school due to dental pain, which affects academic performance. By improving children's oral health, the BSBF program indirectly contributes to better school attendance and performance. Healthy children are more focused and engaged, which could lead to better educational outcomes in the long run. The broader economic impact is seen in reduced healthcare costs, as fewer children require dental treatments for preventable conditions like cavities and gum disease.

The BSBF initiative's impact extends beyond individual children to their families and communities. Children often share what they learn with their families, encouraging better oral hygiene practices at home. The ripple effect of the program ensures that not only are the students benefiting, but oral health awareness is spreading across entire communities, contributing to a larger public health improvement.

Sustainability

An intervention is said to be sustainable when the net benefits continue or will continue, even after the intervention has ended. The impact created by sustainable interventions continues and sometimes grows to provide benefits to the beneficiaries.

Sustainability refers to the program's ability to continue delivering benefits over the long term. The BSBF initiative is designed to be sustainable by integrating oral health education into school curricula and empowering local educators and health professionals to take ownership of the program.



One of the key factors contributing to the sustainability of BSBF is its emphasis on education and prevention. By teaching children proper oral hygiene practices at an early age, the program helps establish lifelong habits that reduce the likelihood of dental problems in the future. This preventive approach is more sustainable than reactive measures, such as treating dental issues after they arise.

The program's partnerships with governments, schools, and community organizations also enhance sustainability by embedding oral health education into existing structures. This ensures that the program can continue to operate even if external funding or resources are reduced. Moreover, the use of technology, such as digital toolkits and online resources, allows for the continued dissemination of information without the need for constant in-person training. This scalable model ensures that the program can be sustained and expanded without requiring a proportional increase in resources.

Sustainability is also supported by Colgate-Palmolive's long-term commitment to the BSBF initiative. As one of the company's flagship CSR programs, BSBF is backed by significant corporate resources and is likely to continue receiving support for the foreseeable future. Colgate's ongoing investment in the program demonstrates its commitment to improving global oral health and ensuring the long-term success of BSBF.





Alignment with SDGs



The United Nations introduced the Sustainable Development Goals (SDGs) with the aim of fostering global peace, improving human welfare, and safeguarding the environment in 2015. These 17 goals and 169 targets emerged from an extensive collaborative effort involving national governments and millions of citizens worldwide, who collaborated to establish a universal roadmap for achieving social, economic, and environmental sustainability. India, as a developing nation, committed to achieving the SDGs by 2030, joining 193 other countries in this endeavor. Prior to India's commitment to the SDGs, the country took a significant step in 2013 by passing the New Companies Act, which mandated corporate social responsibility (CSR) initiatives. This legislation, coupled with India's longstanding tradition of social work and philanthropy, laid the foundation for enhanced social development efforts undertaken by the government, corporations, and civil society organizations. Consequently, the alignment with the SDGs spurred the creation of new and innovative programs, where sustainability became the overarching principle guiding all social development initiatives.

In this section, we attempt to orient multiple SDGs with the initiative, which targets to create an inclusive and equitable education system for everyone to improve students' lives. The program is aligned with various SDGs related to equitable quality education, reduction of gender inequality, economic growth, and sustainable development.



Good Health and Well-Being

Ensure healthy lives and promote well-being for all at all ages

Target 3.4: "By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being"

Colgate's Bright Smiles, Bright Futures® (BSBF) initiative aligns with this goal by focusing on oral health, a critical component of overall health and well-being. Oral health is closely linked to systemic health; poor dental health

can lead to complications in managing non-communicable diseases like diabetes and heart disease. BSBF

offers comprehensive oral health education to children, families, and communities, emphasizing proper oral hygiene practices like regular brushing and flossing. This education helps prevent non-communicable diseases such as dental caries and periodontal diseases, which significantly impact overall health. Moreover, the program includes dental screenings for early detection of oral health issues. Early intervention from these screenings can prevent minor dental problems from escalating into serious conditions, thereby reducing the burden of non-communicable diseases.

Target 3.8: "Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all"

Colgate's Bright Smiles, Bright Futures® (BSBF) significantly contributes to achieving Target 3.8 of the Sustainable Development Goals by promoting oral health education among children aged 6 to 9, teaching them the importance of good oral hygiene practices, healthy habits, and regular dental check-ups. BSBF reaches underserved communities, ensuring that children and their families have access to essential oral health care services and resources. This includes supplying toothbrushes, toothpaste, and educational materials at no cost. By enhancing health literacy, BSBF empowers individuals to take proactive steps in maintaining their oral health. Educated communities are better equipped to seek and utilize available health services, contributing to improved health outcomes and reducing healthcare disparities.





Quality Education

Target 4.1: "By 2030, ensure that all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes"

Colgate's Bright Smiles, Bright Futures® (BSBF) initiative supports this target by emphasizing the importance of education alongside oral health. Through its educational programs, BSBF reaches millions of children globally, teaching them about the significance of oral hygiene and promoting healthy behaviours. BSBF provides schools with free, high-quality educational materials to teach children about oral health, integrating these materials into the regular school curriculum. This ensures that all students, regardless of socio-economic background, receive essential health education. The program employs interactive teaching methods, such as storytelling, games, and hands-on activities, making learning about oral health both fun and effective. This approach imparts knowledge and fosters a positive attitude towards learning and self-care among students.

Target 4.7: "By 2030, ensure that all learners acquire the knowledge and skills needed to promote sustainable development, including, among others, through education for sustainable development and sustainable lifestyles, human rights, gender equality, promotion of a culture of peace and non-violence, global citizenship and appreciation of cultural diversity and of culture's contribution to sustainable development."

Colgate's Bright Smiles, Bright Futures® (BSBF) initiative relates to this target through its comprehensive approach to oral health education and promotion, which inherently includes components of environmental stewardship and sustainable practices. BSBF's focus on educating children about the importance of oral health and hygiene establishes a foundation for lifelong learning about personal health and environmental responsibility. Their commitment to reaching approximately 1.7 billion children and their families in more than 100 countries demonstrates its significant contribution to promoting sustainable development goals globally. This wide-reaching impact underscores the initiative's role in fostering a generation of environmentally conscious individuals who understand the connection between their health and the environment. BSBF's partnership model, involving collaboration with parents, teachers, governments, NGOs, dental professionals, and health professionals promotes not only educating the children about oral health but also embedding the principles of sustainable development within the broader educational landscape.



Partnerships for the goals

Strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development

Target 17.17: "Encourage and promote effective public, public private and civil society partnerships, building on the experience and resourcing strategies of partnerships."

The BSBF (Bright Smiles, Bright Futures) initiative by Colgate aligns with this target through its commitment to advancing the health and well-being of children, their families, and communities globally. By investing in innovations that empower these populations for healthy and bright futures, Colgate contributes to building sustainable development capacities, particularly in areas related to oral health education and access to dental care. BSBF exemplifies effective public-private partnerships by collaborating with governments, NGOs, educational institutions, healthcare professionals, and community leaders. These partnerships leverage resources, expertise, and networks to enhance the program's reach and impact. The initiative mobilizes financial and non-financial resources from various stakeholders to support its activities. This includes donations of oral care products, educational materials, funding support, and expertise sharing, demonstrating a collaborative approach toward achieving common goals in oral health education.



Target 17.19: "By 2030, build on existing initiatives to develop measurements of progress on sustainable development that complement gross domestic product, and support statistical capacity-building in developing countries"

Colgate's Bright Smiles, Bright Futures® (BSBF) initiative supports this target by promoting oral health education and access to dental care, particularly in underserved communities globally. This alignment is evident through Colgate's commitment to driving social impact and creating a more inclusive world, as part of its 2025 Sustainability & Social Impact Strategy. By advancing the health and well-being of children, their families, and communities, Colgate empowers individuals for healthy and bright futures, thereby contributing to the broader goals of sustainable development and partnership for the goals.

08



Conclusion and Recommendation





The assessment has provided a comprehensive understanding of the programme and its impact on the lives of students facing oral health issues. The initiative addresses the challenges faced by them along with creating awareness about oral health and promoting an inclusive environment. By addressing the behavioural, educational, and systemic factors that influence oral health, the program ensures that children understand the interdependence between oral hygiene and general health outcomes.

A major component of the BSBF program is its focus on education and awareness. Recognizing that habits formed during childhood often carry into adulthood, the initiative ensures that children are equipped with the knowledge they need to develop lifelong oral health habits. The educational materials provided by the program include videos, interactive sessions, and brushing calendars that teach children how to brush properly and maintain oral hygiene. Furthermore, teachers, and healthcare professionals are trained to reinforce this idea, extending the reach of the program beyond schools. Through fun and engaging methods, BSBF breaks down complex dental care concepts into simple, digestible pieces of information. Children learn not only how to brush properly but also about the importance of regular dental check-ups, the dangers of sugary snacks, and the role of nutrition in maintaining oral health. By equipping children with this knowledge, the BSBF program fosters a generation of individuals who prioritize preventive care over reactive treatments.

BSBF's approach recognizes that children's oral health is closely linked to their environments—families, schools, and communities play pivotal roles in reinforcing healthy habits. Community engagement is another key aspect of BSBF's success. In areas where dental care services may be scarce, the program brings oral health education and hygiene kits directly to families. By providing these essential resources, BSBF empowers communities to take control of their health and well-being, improving oral hygiene at the grassroots level. Moreover, schools act as central hubs for the program, allowing it to reach children in a structured and consistent manner.

Oral health is often overlooked in low-income communities, where access to dental care and preventive education is limited. This program bridges this gap by offering free resources to underserved populations. This inclusive approach ensures that children in underprivileged areas are not left behind in the quest for better health outcomes. By distributing oral care kits (including toothbrushes, toothpaste, and educational materials), the program empowers children to take ownership of their oral hygiene, regardless of their economic background. Thus, BSBF not only addresses an immediate need but also provides a long-term solution to health inequities. By focusing on early intervention and preventive care, the program reduces the likelihood of serious dental issues later in life, which can lead to expensive treatments and a strain on already overstretched healthcare systems.

Since its inception, BSBF has contributed to a significant improvement in oral health outcomes among participating children. The program's success in reducing the prevalence of dental problems translates to improved quality of life for children. Fewer dental issues mean less pain, fewer missed school days, and better academic performance. Additionally, children with healthy smiles often report higher levels of self-esteem and social confidence, underscoring the program's psychosocial impact.

By promoting preventive care, the BSBF program reduces the need for costly dental treatments in the future. Preventing cavities and gum disease through education and regular hygiene practices helps to avoid the need for fillings, extractions, and other dental procedures that can be both expensive and painful. By reducing the burden of oral diseases, BSBF helps to free up resources that can be used to address other important health issues.

Based on the impressive impact of Colgate's Bright Smiles, Bright Futures® (BSBF) program, several suggestions can be made to further elevate its effectiveness and broaden its reach:

- 1. Introducing Sustained Behavioural Change: To drive sustained behavioural change in oral hygiene, the BSBF program can integrate habit-tracking tools and positive reinforcement techniques. Introducing oral health apps where children can log their daily brushing and receive virtual rewards can make the process engaging. Additionally, involving parents and teachers in reinforcing good habits through reminders and praise will solidify these behaviours. Behavioural change strategies should emphasize the fun and importance of regular, preventive oral care, encouraging long-term adherence.
- 2. Leverage Digital Tools for Greater Reach: With the rise of digital learning, the BSBF program could expand its use of digital platforms and apps. Offering interactive e-learning modules for children, and parents would provide easily accessible resources that can be used independently or alongside in-person



lessons. Incorporating gamification elements (such as rewards, and challenges) could make learning about oral health more engaging for children.

- 3. Introduce Regular Follow-up and Monitoring: While the program currently focuses on dental health education, introducing a system for regular follow-ups and monitoring could help to ensure sustained behavioural change. This could involve encouraging schools or communities to conduct periodic assessments of children's oral health habits and providing refresher sessions or materials. Partnering with local health providers to conduct annual dental screenings could also strengthen the program's preventive care component.
- **4. Strengthen Parental Involvement:** Parental influence is crucial in reinforcing healthy habits at home. Expanding the program to include more parental education sessions would ensure that parents have the knowledge and resources to support their children's oral hygiene routines. Distributing parental guides or digital newsletters on oral health tips could also keep them informed and engaged throughout the program.
- 5. Integrate School Competitions and Incentives: Incorporating friendly competitions between schools or classrooms focused on oral hygiene practices could encourage students to stay engaged and motivated. Rewards for the best oral health habits, such as free dental check-ups or oral care products, would provide an incentive for students to maintain good practices. This initiative could be combined with recognition for teachers and schools that achieve the best results.
- 6. Incorporate Environmental Sustainability: To align with growing concerns about sustainability, BSBF could incorporate eco-friendly practices into its oral health kits and materials. For example, providing biodegradable toothbrushes or packaging made from recycled materials would demonstrate a commitment to both health and the environment. This would also educate children on the importance of sustainability in personal care.

By incorporating these recommendations, Colgate's BSBF initiative can elevate its existing substantial impact, reaching even more children and families, ensuring sustained behavioural changes, and further contributing to global oral health improvement.

