



REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT
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Diliman, Quezon City



March 31, 2005

MEMORANDUM CIRCULAR

NO. 2005-29

TO : ALL PROVINCIAL GOVERNORS, CITY/MUNICIPAL
MAYORS, PUNONG BARANGAYS, DILG REGIONAL
DIRECTORS/FIELD OFFICERS AND OTHERS
CONCERNED

SUBJECT : ORALLY FIT CHILD (OFC) CAMPAIGN
UNDER 6 YEARS OLD

According to World Oral Health Report 2003, oral diseases have been major public health problems in all regions of the world. People have poor appreciation on the important role of oral health in improving the quality of life. In the Philippines, tooth decay is one of the most chronic childhood diseases and is rising in early childhood from 0-5 years of age and continues into school years and adulthood. Thus, prevention is the only strategy in promoting good oral health among young people.

An "Advocacy Campaign" starting 2005-2010 is being conducted aimed to increase the proportion of orally fit children. Therefore, by the year 2010, every child entering Grade School should be orally fit and have developed positive oral health/hygiene habits and practices, consequently, reducing the burden of oral disease (loss in productivity) for school children.

In view thereof, Local Government Units (LGUs) are hereby encouraged to support the implementation of the Oral Health Program by providing technical and logistics assistance to the Rural Health Units/Health Centers. Local Chief Executives (LCEs) are also encouraged to spearhead this campaign by undertaking activities such as, but not limited to the following:

- Adopt a pre-school in your barangay
- Conduct health education campaigns for children/mothers
- Promote/advocate the OFC thru multi-media (radio, TV, print); and
- Conduct awareness activities like contests/games, parades, toothbrushing drills, outreach and health fair among others.

Below are some of the advocacy messages that may be used for the campaign:

- Orally Fit Child is a Bright Child
- Toothbrushing is a Healthy Habit of a Bright Child
- Toothbrushing is a Healthy Lifestyle
- Breastfeeding Prevents the Occurrence of Childhood Rampant Caries
- A Breastfed Child is Orally Fit Child

DILG Regional/Offices are hereby directed to coordinate with LCEs in their respective areas in the dissemination of information on oral health care that should be made available, accessible and affordable in all local health facilities.

Attached are copies of the Oral Health Program Strategic Framework for children under six (6) years old.

For the information and guidance of all concerned.


ANGELO T. REYES
Secretary



Republic of the Philippines
DEPARTMENT OF THE INTERIOR
AND LOCAL GOVERNMENT

IN REPLYING, PLS CITE:
SILG05-004829



STRATEGIC FRAMEWORK

I. INTRODUCTION

The World Oral Health Report 2003 qualify oral diseases as major public health problems owing to their high prevalence and incidence in all regions of the world. The Philippines is currently behind countries in the Western Pacific Region when it comes to oral health. Dental caries (tooth decay) and periodontal diseases (gum diseases) remain to be the major oral health problems. 92.4% of the Filipinos suffer from dental caries, while 78% of them suffer from periodontal disease (NMEDS, 1998). Poor oral hygiene causes gum disease and, together with dietary sugars it may cause tooth decay. Both conditions can cause pain and suffering that may lead to the impairment of function, and the psychosocial impact of these diseases significantly diminishes quality of life of an individual.

Despite these alarming statistics, people still have poor appreciation on the important role of oral health in improving the quality of life and in the socio-economic development of the country. Access to oral health services is limited and teeth are often left untreated or extracted because of pain or discomfort. Loosing teeth is still seen by many people as natural consequence of ageing. Except for the few elite Filipinos, many continue to live with their dental problems in ignorance, unmindful of its existence.

Why focus efforts to children under 6 years old?

Tooth decay remains one of the most common chronic childhood diseases in the Philippines (95%, NMEDS, 1998) and the incidence of poor oral health conditions is rising in early childhood (0-6 years of age comprising 17.5% of the total population) and continues into school years and adulthood. Globally, most children have signs of gingivitis - the early stage of periodontal disease and tooth loss (*World Oral Health Report, 2003, WHO*).

Premature loss of deciduous (milk) teeth may lead to mal-alignment of permanent teeth, affecting on individual appearance and speech.

Importantly, these illnesses can affect children's nutritional intake and, consequently, their growth and development.

Prevention is critically an important strategy in promoting good oral health among young people. Gingivitis can be prevented by good personal oral hygiene practices while professional and individual measures including the use of fluoride toothpaste, gels, mouthrinses are additional means of preventing dental caries. More importantly, individuals can also take actions for themselves and for persons under their care to prevent disease and maintain health, one of which is the positive behavior to health. Healthy behaviors developed at an early age are more sustainable and are more likely to continue into adulthood, becoming life-long habits. Daily tooth brushing with fluoridated toothpaste and regular dental check-up are habits that can be encouraged to become a norm in early life.

II. OBJECTIVES

General:

To increase the proportion of Orally Fit Children (OFC) under 6 years old to 100% by 2010

Criteria for OFC

- ✓ *Carious teeth filled*
- ✓ *Healthy gums*
- ✓ *No dental plaque*
- ✓ *No handicapping dento-facial anomalies*

Specific:

1. To increase the level of toothbrushing habit among 2-6 years old children by 100% by 2010
2. To reduce the incidence of early childhood caries based on the baseline data by 20% per year.
3. To improve the knowledge, attitude, behavior and skills of mother and child on best oral health practices
4. To institutionalize the Essential Oral Health Packages at LGU level

III. TARGET POPULATION:

Children under 6 years old (*71 months and below*)

IV. TARGET AREAS:

Nationwide implementation giving greater emphasis on the disadvantaged and socially marginalized communities e.g. indigenous communities, urban poor, etc.

V. STRATEGIES

A. Development of Essential Oral Health Package (EOHP)

Services under the *Essential Package* for under 6 years old children shall be provided either in health facilities (Health Centers and Hospitals) or Day Care Centers, in the community or at home. The following are minimum EOHP services:

- a) supervised tooth brushing drills
- b) dental check-up: as soon as the first tooth appears and every 6 months thereafter
- c) oral urgent treatment (OUT)
 - removal of unsavable teeth
 - referral of complicated cases
 - treatment of post extraction complications
 - drainage of localized oral abscess
- d) application of Atraumatic Restorative Treatment (ART)

B. Health Promotion and Advocacy

1. Conduct/implement a yearly "Advocacy Campaign" during the celebration of the National Dental Health Month (NDHM).

Launching of the "Orally Fit Child" shall be conducted on February, 2005 NDHM celebration.

Campaign Message:

- "Orally Fit Child Is A Bright Child"
- "Tooth Brushing Is A Healthy Habit of a Bright Child"

2. Develop and integrate oral health messages for mothers and child to general health promotion and education activities.

Example of message to be included for Breastfeeding Campaign; *"Breastfeeding prevents the occurrence of rampant early childhood caries"*

3. Integrate the "Orally Fit Child" concept, messages and indicators in the maternal and child health and nutrition programs.
4. Frame up strategies for the integration/linking of oral health for under 6 children with other national or local child health campaigns such as Bright Child, Garantisadong Pambata, Healthy Lifestyle, Enhanced Child Growth Breastfeeding and Safe Motherhood programs among others
5. Advocate and promote the need for an Affordable Fluoride Toothpaste (AFT) and the use of Atraumatic Restorative Treatment (ART)
6. Encourage Local Government Units (LGUs) to support the OFC campaign for under 6 children and provide logistics for the essential oral health care packages

C. Collaboration, Networking and Linkages

1. Utilize available resources of partner agencies such as the Philippine Dental Association and its affiliated societies, dental product manufactures and distributors, and international funding agencies in oral health promotion, education, production of IEC materials and provision of services under the essential oral health package for children.
2. Forge agreement between the DOH, DSWD, DILG/LGUs and PDA in the conduct of oral health activities at the Day Care Centers and the referral of cases from day care centers to the health facilities for treatment.
3. Encourage dental product manufacturers to support health education or treatment activities benefiting under six children and provide free or discounted kiddie toothbrushes and toothpaste during a particular child health activity or adopt a barangay or day care center.

D. Capability Building

1. Develop training modules for barangay volunteers and teachers of Day Care Centers on the oral health care for under six children
2. Orientation of public health dentists on the OFC Oral Health Framework for under 6 children during conventions/fora

E. Monitoring and Evaluation

1. Integrate the OFC indicators in the national health reporting system and surveys.
2. Develop a recording and reporting system.
3. Evaluation of the OFC Framework strategies will be conducted yearly through national consultative meeting/workshop

Evaluation Indicators

- a) *Increased knowledge, attitude and behavior of mother and children under 6 years old on good oral hygiene practices*
- b) *Proportion of orally fit children under 6 years old*
- c) *Incidence of early childhood caries*

F. Research and Development

1. National Oral Health Status Survey shall be conducted in 2005 as baseline data, and 2010 to evaluate outcomes of intervention.
2. Study on special oral health care /health financing package for marginalized population/communities (Indigenous persons, urban poor)