

MAHARASHTRA INSTITUTE OF DENTAL SCIENCES & RESEARCH (DENTAL COLLEGE)



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BEST PRACTICES-1

1. TITLE: Door To Door Providing Oral Health Care Facilities

2. Objectives of the Practice

1. Improving Accessibility

Bringing dental care directly to communities, particularly in remote or underserved areas where traditional dental clinics may not be available. Serving individuals with mobility challenges, disabilities, or transportation issues who might otherwise struggle to access dental care.

2. Promoting Preventive Care

Encouraging early diagnosis and intervention, which can reduce the need for more extensive and costly treatments later.

3. Addressing Health Disparities

Reducing inequalities in oral health care by reaching populations that might face financial, geographical, or social barriers to accessing traditional dental facilities.

4. Raising Awareness

Dispelling myths or fears surrounding dental treatments through personalized communication.

5. Enhancing Community Health

Building healthier communities by ensuring that oral health is integrated into public health initiatives.

6. Providing Emergency Care

Offering immediate attention for dental emergencies that may arise in settings where clinics are unavailable or distant.

7. Customizing Care for Specific Needs and had a company to the company of the co

Tailoring services to the needs of vulnerable populations, such as the elderly, children, or individuals with chronic illnesses.

3. The Context

Dental camps serve as outreach initiatives to promote oral health and provide dental care to communities, especially those with limited access to dental services. Here are the primary purposes of organizing dental camps:

- 1. Educate individuals about common dental issues such as cavities, gum disease, and oral cancer, and how to prevent them.
- 2. Provide basic treatments like tooth cleaning, cavity fillings, and fluoride application.
- 3. Inform communities about the importance of oral hygiene, including proper brushing and flossing techniques, and the role of diet in maintaining dental health.
- 4. Refer patients with complex dental issues to specialized clinics for further treatment.
- 5. Reach populations in rural, remote, or low-income areas that lack access to regular dental care.
- 6. Encourage regular check-ups and preventive care to reduce the incidence of severe dental conditions.
- 7. Provide accessible care for individuals with limited mobility or other challenges.
- 8. Reduce fear of dental visits by offering a non-threatening, community-oriented environment for care.

4. The Practice:

These services eliminate common barriers such as transportation difficulties, physical disabilities, and geographical isolation. Bringing services to patients' homes ensures convenience and comfort, especially for individuals with special needs or anxiety about dental visits. Unlike traditional dental clinics that rely on patients to visit, door-to-door services proactively seek out those in need. Services are designed to address specific oral health challenges of the community, such as fluoride deficiency or dietary habits affecting dental health. These services can be adapted to different settings, from urban neighborhoods to rural villages, depending on the resources and needs. Mobile units make it feasible to expand coverage without requiring permanent infrastructure. The practice of door-to-door dental services stands out for its flexibility, community-centered design, and focus on preventive care. Its uniqueness lies in its ability to bridge gaps in the healthcare system, particularly in underserved regions, and its personalized, innovative approach to delivering oral health services at the doorstep.

5. Evidence of success

The evidence of success for door-to-door dental services can be drawn from various initiatives and studies worldwide that demonstrate their effectiveness in improving oral health outcomes, accessibility, and awareness.

- 1. Participants learn proper brushing, flossing, and dietary habits.
- 2. Early detection and education help individuals understand the risks of untreated dental problems.
- 3. Dental camps help diagnose problems like cavities, gum diseases, and even oral cancer at an early stage. Preventative care decreases the overall prevalence of dental diseases
- 4. People who are hesitant or unaware of the importance of dental care may be motivated to visit clinics.

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- 5. Changing Attitudes: Combats myths and misconceptions about dental treatments.
- 6. Dental camps not only improve the immediate oral health of participants but also contribute to long-term community well-being by fostering a culture of oral health awareness and care.

6. Problems Encountered and Resources required

- 1. Reaching remote rural or geographically isolated areas can be difficult due to poor road conditions, limited infrastructure, or lack of reliable transportation.
- 2. Ensuring durability and reliability of portable equipment is critical in harsh environments.
- 3. Maintain high standards of hygiene and sterilization outside a traditional clinic setting is challenging especially where clean water or electricity is unavailable.
- 4. Maintaining mobile dental vans, portable dental equipment, and essential supplies requires significant upfront investment.
- 5. Ensuring consistent funding and resources to scale door-to-door dental program is a major challenge
- 6. Programs may struggle to operate sustainably without funding support.
- 7. While basic dental procedures can be performed complex cases requiring advanced equipment or surgical facilities may need referrals.

Conducting door-to-door dental services involves overcoming numerous challenges, including logistics, financial constraints, human resource limitations, and patient-related barriers. By ensuring proper resource allocation, technological integration, and strong community engagement, these challenges can be mitigated to deliver effective, accessible, and sustainable dental care.

CAMP CENSUS 2023

Sr. No	Camp Date	Camp Venue	No. of Patients Screened	No of Patients Treated
1	10-01-2023	Sunrise English School, latur	340	72
2	13-01-2023	KeshwarajSchool, Latur	228	gestler 53
3	03-02-2023	Vidyavikas Madhyamik Vidyalay ,Latur	425	81
as 4 bs	08-02-2023	Vidyavikas Madhyamik Vidyalay Latur	1000000 323	1 91id 46
5	09-02-2023	Adarsh Vidyalay Ausa	81	15
6	06-02-2023	Vidyavikas Madhyamik Vidyalay Latur	reasion 147 147 Lighted to deliver en	per ry ource 28 sen be not
7	15-02-2023	Janta Vidyalay Pohregaon	432	67
8	17-02-2023	Shiur	200	45
9	23-02-2023	Khopegaon	40	12
10	27-02-2023	Wasangaon	92	25
11	01-03-2023	Selu	101	26
12	03-03-2023	Budhadda	107	24
13	06/03/2023	Khuntegaon	147	50
14	07/03/2023	Hasegaonwadi	57	20
15	08/03/2023	Hasegaon	84	20

16	09/03/2023	Hasala ngra	Mad 3 85	20 86
17	10/03/2023	Chandeshwari	88	21
18	13-03-2023	ðli Útka 120	aAA 107	40 202-40-35
19	14-03-2023	Gangapur	113	34
20	15-03-2023	Chincholirao	114 (£ 103-140- 36 22
21	16-03-2023	Chincholiraowadi	113	34
22	17-03-2023	Almala 8.0%	mr.) 104	A 10 (2-14) - 31
23	20-03-2023	Yerandi	67	21
24	21-03-2023	Sarola nos	идав 68	£ £ £ £ £ £ £ £ £ £ £ £ £ £ £ £ £ £ £
25	27-03-2023	Apchunda	71	36
26	28-03-2023	kinithot dodyna	Operation 84	36 81
27	29-03-2023	yeli	86	23
28	30-03-2023	Bhangewadi	m: 87	23 US
29	30-03-2023	Jainagar	120	33
30	03-04-2023	Kanheri	71	23
31	04-04-2023	yakatpur	81	25
32	05-04-2023	Wagholi	99	ε 189 - 189 JE-8
33	06-04-2023	Davatpur	69	21
34	07-04-2023	Fatehpur	89	25
35	10-04-2023	Utka (A)	81	25
36	12-04-2023	Javali	109 71	23 87
37	14-04-2023	Kininavre	74	23



38	15-04-2023	Chalburga	H 44	205/20/21
39	17-04-2023	Ramegaon	120	40
40	18-04-2023	Kharosa	116	102-51-42
41	19-04-2023	Shivani Lakh	56	23
42	20-04-2023	Rajewadi /Thamberwadi	ntil 103	12-83-28
43	21-04-2023	Mogarga	122	36
44	24-04-2023	141 Lamjana and a	6A 151	08-69-292
45	25-04-2023	Nagarsoga	141	45
46	26-04-2023	dapegaon	2 104	2002-20-45
47	27-04-2023	Javlaga	98	12
48	28-04-2023	Tapse Chincholi	85	102-20-32
49	02-05-2023	Killari	98	52
50	03-05-2023	Vanwada	n 1944 92	1 02-811-25
51	04-05-2023	Tungi Br.	110	25
52	05-05-2023	Masalga	109	25
53	08-05-2023	Belkund	117	23
54	09-05-2023	Son-chincholi	103	E 100 1 1 23
55	10-05-2023	Hipparga	110	25
56	11-05-2023	Kavli	111 Fat	25
57	12-05-2023	Vangji	94	25
58	15-05-2023	JV Borphal ita	al. 84	E 105-40- 26
59	16-05-2023	Malkondji	97	21



60	17-05-2023	Matola	1 44 93	12 06-202.
61	18-05-2023	Tasvi tad	93	23
62	19-05-2023	Taka	1 00 120	505-80 62
63	22-05-2023	Haregaon	96	36
64	23-05-2023	Limbala	gle X 95	302-3032
65	24-05-2023	Mangrul	116	36
66	25-05-2023	Gubal	a basile 87	S 05-00 53
67	26-05-2023	Nandurg	91	63
68	29-05-2023	Jogan-chincholi	aH 101	202-70-36
69	30-05-2023	Sisal	105	36
70	31-05-2023	801 Karla	7 2000 112	202-70 33
71	01-06-2023	Kumtha	103	32
72	02-06-2023	70 Talni ses	108	31
73	05-06-2023	Malegaon	106	34
74	06-06-2023	Jevari	86	35
75	07-06-2023	Nanand	109	36
76	09-06-2023	Madansuri	96	204 74 35
77	12-06-2023	Tupadi	105	34
78	13-06-2023	Kotal Shivani	M RV30 104	32
79	14-06-2023	Hadaga	114	43
80	15-06-2023	Umerga	н из 105	2 26 07-262
81	16-06-2023	Rathoda	4 108	45



82	19-06-2023	Ujed	dwam 89	202-2052
83	20-06-2023	Nitur	112	25
84	21-06-2023	021 Gour	кивТ 137	202-2026
85	22-06-2023	Masalga	97	100 4 23
86	23-06-2023	Kelgaon	n baid 110	2552-2023
87	26-06-2023	Holi 40	117	32
88	27-06-2023	Shendgaon	94	202-202
89	30-06-2023	Rani –Akulja	87	33
90	03-07-2023	Halki ibda	п о-нада 92	000-30 22
91	04-07-2023	Talegaon	105	22
92	05-07-2023	Ganeshwadi	105	505-30 44
93	06-07-2023	Kambalga	112	15
94	07-07-2023	Hippalgaon Hippalgaon	in la 18 96	- 213 - ou 33
95	10-07-2023	Thergaon	116	25
96	11-07-2023	Rapka	114	66
97	12-07-2023	Lakkad Jawalga	111	33
98	13-07-2023	80 Shivpur Fig.	97	50 22 22
99	14-07-2023	Sugav	130	21
100	17-07-2023	Devangra	n 21 no. 140	23
101	18-07-2023	Ashta	81	56
102	19-07-2023	Ganjur s	g smU 121	\$05-00-23
103	20-07-2023	Mahalangra	87	56

104	24-07-2023	Nandgaon	95	\$02-80 56
105	25-07-2023	Gharni	127	35
106	26-07-2023	Janwal 188	95	2015-100 26
107	28-07-2027	Gharola	117	23
108	31-07-2023	Belgaon	bnA 78	2202-8123
109	1-08-2023	Zari	95	36
110	3-08-2023	Jodhala Jodhala	n olade 110	S02-30-36
111	4-08-2023	H.Jawalga	126	36
112	7-08-2023	Himpalner	baga 98	1005-80-23
113	8-08-2023	Naygaon	117	31
114	9-08-2023	Anandwadi	57	S02-20 31
115	10-08-2023	Umarga	78	31
116	11-08-2023	Mahalungi	h dadk 120	36
117	14-08-2023	Ambulga	96	36
118	16-08-2023	Atola	118	52
119	17-08-2023	Ujalamb	90	26
120	18-08-2023	Latur road	75	26
121	21-08-2023	Borgaon	90	23
122	22-08-2023	Anjansonda	nt and 116	36
123	23-08-2023	Sandul	90	35
124	24-08-2023	Mohandol	n gan 2 112	34
125	25-08-2023	Shelgaon	116	36



126	28-08-2023	Satala a	154 max	\$ (95 - 370- 36
128	29-08-2023	Dhanora	112	w 35 35
129	30-08-2023	Chilkhali	n 118	202-70-43
130	31-08-2023	Kopara	96	65
131	4-08-2023	Andhori	118	8 202-70-45
132	5-08-2023	Dhaswadi	142	36
133	06-08-2023	Dhalegaon	ibat. 118	LS0S-AU35 0
134	07-08-2023	Khandali	111	34
135	08-08-2023	Anadwadi	of gmill 117	2 86.08.202
136	09-08-2023	Naygaon	57	36
137	10-08-2023	Umerga	ен прада 78	<u>202-34 36</u> \$
138	11-08-2023	Mahlangi	120	36
139	14-08-2023	Ambulga	nu u4.03/4 96	0 36 0
140	16-08-2023	Atola	118	32
141	17-08-2023	ujalamb	90	32
142	18-08-2023	Latur Road	75	36
143	21-08-2023	Borgao		0 203 36 36
144	22-08-2023	Ajansoda	116	45
145	23-08-2023	Sandul Sandul	no origina 90	30
146	24-08-2023	Mandul	112	40
147	25-08-2023	Shegaon	bu doly 116	6 202-2030
148	28-08-2023	Satal a	154	32



149	29-08-2023	Dhanora	112 E	105-01-32
150	30-08-2023	Chikhali	108	32
151	31-08-2023	694 Kopra dokyd	r Kaiod I 96	.05-01-3 2 &V
152	01-09-2023	Mohgaon	80	32
153	04-09-2023	Andori som	118 E	US-01-36
154	05-09-2023	Dhaswadi	142	35
155	06-09-2023	Dhalegaon		02-01-39
156	07-09-2023	Khandali	170	39
157	08-09-2023	mawalgaon	une 2 88	02-01-735
158	11-9-2023	Khanapur	97	34
159	12-09-2023	Gonjoti	0 WG M 127	02-03-36 18
160	13-09-2023	Devkara	100	35
161	14-09-2023	Hingangaon	u nge 20 80 8	32 88
162	15-09-2023	Molwan	90	31
163	20-09-2023	Hipparga	174	34
164	21-09-2023	Nagthana	165	35
165	25-09-2023	Parchanda	121	08/11/136
166	26-09-2023	Vilegaon	116	53
167	27-09-2023	Rodka	of mid 80 24 8	0 43
168	29-09-2023	Nangurga	75	63
169	02-10-2023	Thodga	75	25
170	03-10-2023	Dhanora	129	55

171	04-10-2023	Thiorth mo	56	26
172	05-10-2023	Hipaplgaon	115	23
173	06-10-2023	Thotsawargaon	126	00-80-23
174	09-10-2023	Daradwadi	86	23
175	10-10-2023	Khaparton	mA 103	02-90-23
176	11-10-2023	Kusalwadi	80	26
177	12-10-2023	Bhatangwadi	1eil	09-01-25 88
178	13-10-2023	Bhawalgaon	109	24
179	16-10-2023	Somanwadi	1 vcm 80	05-09-23
180	17-10-2023	Murti	40	32
181	18-10-2023	Patiwadgaon Patiwadgaon	96	36 62
182	19-10-2023	Ladzari	110	35
183	20-10-2023	Chopanwadi	56	20.435
184	23-10-2023	Talegaon	69	36
185	25-10-2023	hatola	70	36
186	26-10-2023	Chandanwadi	110	34
187	30/10/2023	Nawabwadi	60	34
188	063/11/2023	morambi	114	36
189	07/11/2023	Limbgaon	98	0.440.453
190	08/11/2023	jawalgaon	58	36
191	09/11/2023	poos	b 87 8	02-01-135
192	20/11/2023	sugaon	96	32

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193	21/11/2023	seluamba	105	36 21
194	22/11/2023	Nandgaon	50	34
195	23/11/2023	Morwad	A today 1 85	34 VI
196	27/11/2023	Pokhari	130	35
197	28/11/2023	Waghala	149	36
198	29/11/2023	Daithana	138	35
199	30//11/2023	Mudegaon	120	36
200	01/12/2023	Redi	150	26
201	04/12/2023	Tadola	100	33
202	05/12/2023	Akola	80	32
203	06/12/2023	Dhanora	130	33
204	07/12/2023	Patoda	120	36
205	08/12/2023	Devala	86	35
206	12/12/2023	Satephal	106	39
207	15/12/2023	kumbhephal	122	38
208	18/12/2023	Makegaon	96	37
209	19/12/2023	Mamdapur	110	34
210	20/12/2023	hivra	120	36
211	21/12/2023	Dhanora	70	34
212	22/12/2023	Aapegaon	80	36
213	25/12/2023	Bharaj	96	35
214	26/12/2023	Giita	56	38



215	27/12/2023	Shripadwadi ad	n culez 63	36	883
216	28/12/2023	Kolkanadi	106	39	1
217	29/12/2023	Dighol Amba	96	1 20201 1\35	Re i
218	31/12/2023	Samangaon	79	34	(0-1
	3.E	Total	23112	7010	791
			ca 11153	Carteria Sala Section	

PHOTOGRAPHS



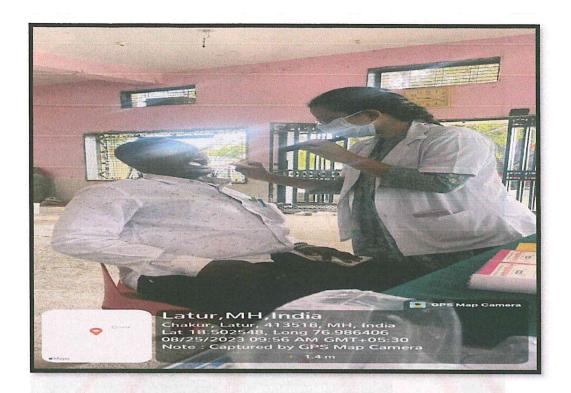
Screening in camp





Treatment in camp





Screening in Camp



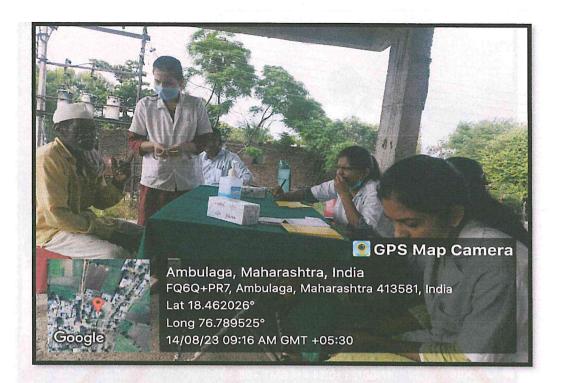
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Treatment in Camp





Providing information to patients

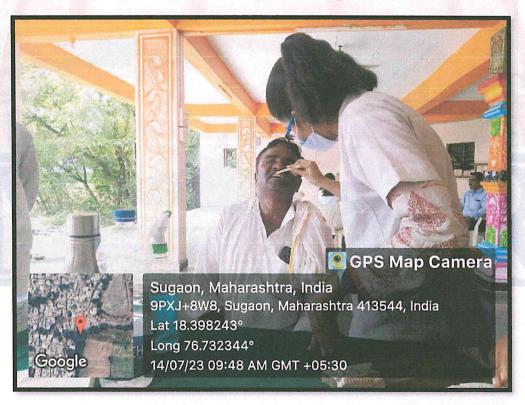


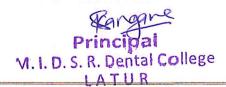
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Screening in Camps























BEST PRACTICES-2

1. Title of the practice:

Aarogya Suraksha Yojna (Health Cards)

2. Objectives:

- i. To adopt and provide the health care facilities to the weaker sections of the community at affordable cost or free of cost
- ii. To encourage the people of rural areas to avail the health care facilities
- iii. To reduce the morbidity rate from the surrounding community
- iv. To Promote, prevent and cure the health related problems and issues
- v. To ensure the universal coverage and equitable distribution of the health care facilities
- vi. To ensure the accessibility to the health care facility
- vii. To provide more exposure to the students in terms of the OPD
- viii. Serve as a tool to improve communication between patients and dental professionals.
 - ix. Motivate patients to take responsibility for their oral health by tracking their appointments and progress.

2. The context:

The concept of starting Arogya Suraksha Yojna(Health Protection Scheme) was the philosophical idea of our Hon. Executive Director Mr. RameshappaKarad sir, He believed that he has moral obligations towards the society in which he was raised and should do something for the same. The moto behind starting the scheme was to ensure the wellness & complete health including the oral health of the entire families residing in rural areas of Latur District.

The implementation of the scheme was a major challenge in terms of the community participation and the financial budget of the institute as the scheme is self-financed and bounded to the pledge of providing most of the treatments either free of cost or at affordable rates. The allocation of the dedicated manpower and the resources required was the another major challenge which was faced by the institute.

3. The Practice:

Under the aarogyasurakshayojna around 60000 families were adopted by the institute to look after the wellness and complete health of the family. The institute covered almost 194 villages from the districts and the health cards were distributed to the families who are economical weaker, who resides mainly in the rural areas/slum areas. Such a large no. of adoption was itself is bigger challenge to the institution and it has to deal with almost thousands of people's wellbeing. The institute also purchased two dedicated buses for the daily transportation of the patients. The huge no. of adoption, transportation facilities and the daily follow ups helped in the rise of OPD due to the same the institute witnessed the overall increase in the OPD by average 100 patients daily. The institute took it as a challenge with the available resources and utilized the manpower to treat the increased no. of OPD. It also helped in promoting the oral health of the patients and in screening of the diseases in its early stages which in turn helped to provide preventive care to the patients.

4. Evidence of Success:

Because of the health card facilities, the families who have neglected oral health problems started giving importance of oral health problems, now these families can get all the treatments free of cost:

- 1. Patients with access to health cards are more likely to attend regular check-ups and follow treatment plans.
- 2. Health cards facilitate early diagnosis and treatment by keeping patients informed and connected to dental professionals.
- 3. Health cards improve communication between providers and patients, ensuring continuity of care.
- 4. Preventive care promoted by health cards reduces the need for expensive treatments like root canals and extractions.
- 5. Patients express higher satisfaction with care when they receive personalized resources like dental health cards.
- 6. Health card users demonstrate improved oral hygiene and reduced incidences of dental caries and gum disease.

HEALTH CARD BENEFICIARIES REPORT IN THE YEAR 2023

Sr. No	Month	Number of patients treated
01	January 2023	The more behir 821 ming the scheme uses to e
02	February 2023	213 Off 1914 162d 181
03	March 2023	147
04	April 2023	161
05	May 2023	100
06	June 2023	160
07	July 2023	men Dovo ban de sun 113 tiknygon bili i
08	August 2023	r of the harding were were and the sto
09	September 2023	los asserbantistes of 1,2333 of it will be a
10	October 2023	ult not seemed in the control of the sure
пь 11 0 з	November2023	d adoption, trans 111 ation facilities and the dai
12	December 2023	again in the overall in cease

5. Problem Encountered and Resources Required

The implementation of the practice was itself a challenge to the institute as it has to ensure the coverage of all the patients who fall under the socioeconomically weaker strata. The another issue which was encountered is the management of the patients if reported in the large numbers to the institute at a time as the dental procedures are time consuming, so the time frame was the important factor while treating the patients.

The institute also require more manpower and more resources in order to deal such no. of patients which was later channelized by the rotatory wise schedule for each village. It also demanded increase in the number of manpower. The dental treatments needed more protective resources during/post pandemic and that can be considered as the major resource requirement of the present time.

6. Notes(Optional):

The adoption of this practice can be called as the need of an hour as there is lack of well-developed government oral health care facilities in the most of the parts of country. The same thing forms the background for the adoption of the villages in the nearby vicinity or the region by the dental institutes in India. The practice of adopting the villages will not only benefit the society but it will be helpful to increase the amount of exposure to the students and also in developing their clinical skills. It will help in overall growth of the institute.



AAROGYA SURAKSHA YOJNA (Health Card)



FACILITIES PROVIDED IN HEALTH CARD