BHARATHIDASAN UNIVERSITY

TIRUCHIRAPPALLI-620 024
TAMIL NADU, INDIA

Programme: MSW

Course Title : **Health and Hygiene**
Course Code : **CC-11b**

UNIT V
INSTITUTIONS WORKING FOR HEALTH PROMOTION

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UNIT V

HEALTH & HYGIENE

UNIT- V

- Institutions working for Health Promotion: Functions - Directorate General of Health Services, Indian Council of Medical Research (ICMR), Role of Voluntary Health Agencies in health promotion in India, WHO, UNICEF, UNDP, FAO, ILO, World Bank. Non-Governmental and other Agencies: FORD foundation; CARE; International Red cross; Indian Red cross. Role of Social Workers in promotion of health and hygiene.

Institutions working for Health Promotion

The Indian Council of Medical Research (ICMR)

- The Indian Council of Medical Research (ICMR) stands as a pillar of medical advancement in India.
- ICMR, New Delhi, the apex body in India for the formulation, coordination and promotion of biomedical research, is one of the oldest medical research bodies in the world.
- Founded in 1911, ICMR has a rich history of groundbreaking research and innovation. With a network of 32 Institutes, 6 regional centres, and over 70 field stations.
- ICMR reaches across the country, impacting public health on a national scale.

History of ICMR

1911

First meeting of the Governing Body of the Indian Research Fund Association (IRFA) was held on November 15, 1911 (at the Plague Laboratory, Bombay, under the Chairmanship of Sir Harcourt Butler).
Articles of the Association were considered and a Scientific Advisory Board was constituted at the same meeting

1912

At the 2nd meeting of the Governing Body, a historic decision was taken to start a journal for Indian Medical research

1913-1914

The Indian Journal of Medical Research was started in 1913-14 (under the authority of the Director-General, Indian Medical Services).

1918-1920

The 'Beri-Beri Enquiry' was started at Coonoor (under the guidance of Sir Robert McCarrison). 'Quinine and Malaria Enquiry' was initiated (under Major Sinton at Kasauli).
Kala-azar Ancillary Enquiry was started (with Major Knowles and Dr. Napier).
Research on Indigenous Drugs was initiated (under Col. R.N. Chopra at the Calcutta School of Tropical Medicine, Calcutta).

History of ICMR

1923

The first All India Conference of Medical Research Workers was convened at the Calcutta School of Tropical Medicine and Hygiene, Calcutta. (This became an annual event subsequently).

1925

Research on Nutritional diseases was started at Coonoor (by Col. McCarrison under 'Deficiency Diseases Enquiry').

1926

IRFA received the first munificient public contribution of Rs.1 lakh from the Maharaja of Parlakimedi.

1927

Fructification of the plans of Lt.Col. S.R. Christophers for creation of a Central Malaria Organization as "Malaria Survey of India" (by absorbing the Central Malaria Bureau at Kasauli and the Enquiries on Quinine and Malaria and Indian Culicidae).

An Experimental Malaria Station was set up at Karnal as a part of Malaria Survey of India.

History of ICMR

1929

The 'Deficiency Diseases Enquiry' was converted into a Centre of Nutrition Research (with Col. McCarrison as its first Director).

1932

The Governing Body of IRFA completed the task of setting up the Institute of Hygiene and Public Health at Calcutta.

1937

A course of training in Nutrition was started at the Nutrition Research Laboratories at Coonoor.

"The Nutritive Value of Indian Foods and Planning of Satisfactory Diets" was prepared (which has now been reprinted repeatedly).

1938

IRFA was registered as a local body not administered by the Government on March 22, 1938 under the Government of India Act No. XXI of 1860. In tune with the recommendation of the Conference of Far Eastern Countries on Rural Hygiene held in Java in 1937, the Government of India decided that the Nutrition Advisory Committee of the IRFA should also function as the National Nutrition Committee for India. The "Malaria Survey of India" was redesignated as the "Malaria Institute of India". "The Records of the Malaria Survey of India" was redesignated as the "Journal of the Malaria Institute of India" (which subsequently became the Indian Journal of Malariology in 1947).

History of ICMR

1941

A Research Fellowship Scheme was started by IRFA.

1942

Transmission cycle of the parasite of Kala-azar was elucidated by Swaminath, Smith, Shortt and Anderson.

1945

A Clinical Research Advisory Committee was appointed as a first step to enable greater attention being paid to clinical research and the development of research in medical colleges. A Clinical Research Unit (the first research unit of IRFA attached to a medical institution) was established at the Indian Cancer Research Centre, Bombay.

1948

Dr. C.G. Pandit was appointed as the first full time secretary of IRFA in July 1948.

1949

IRFA was redesignated as the Indian Council of Medical Research (with Dr. C.G. Pandit as its first Director).
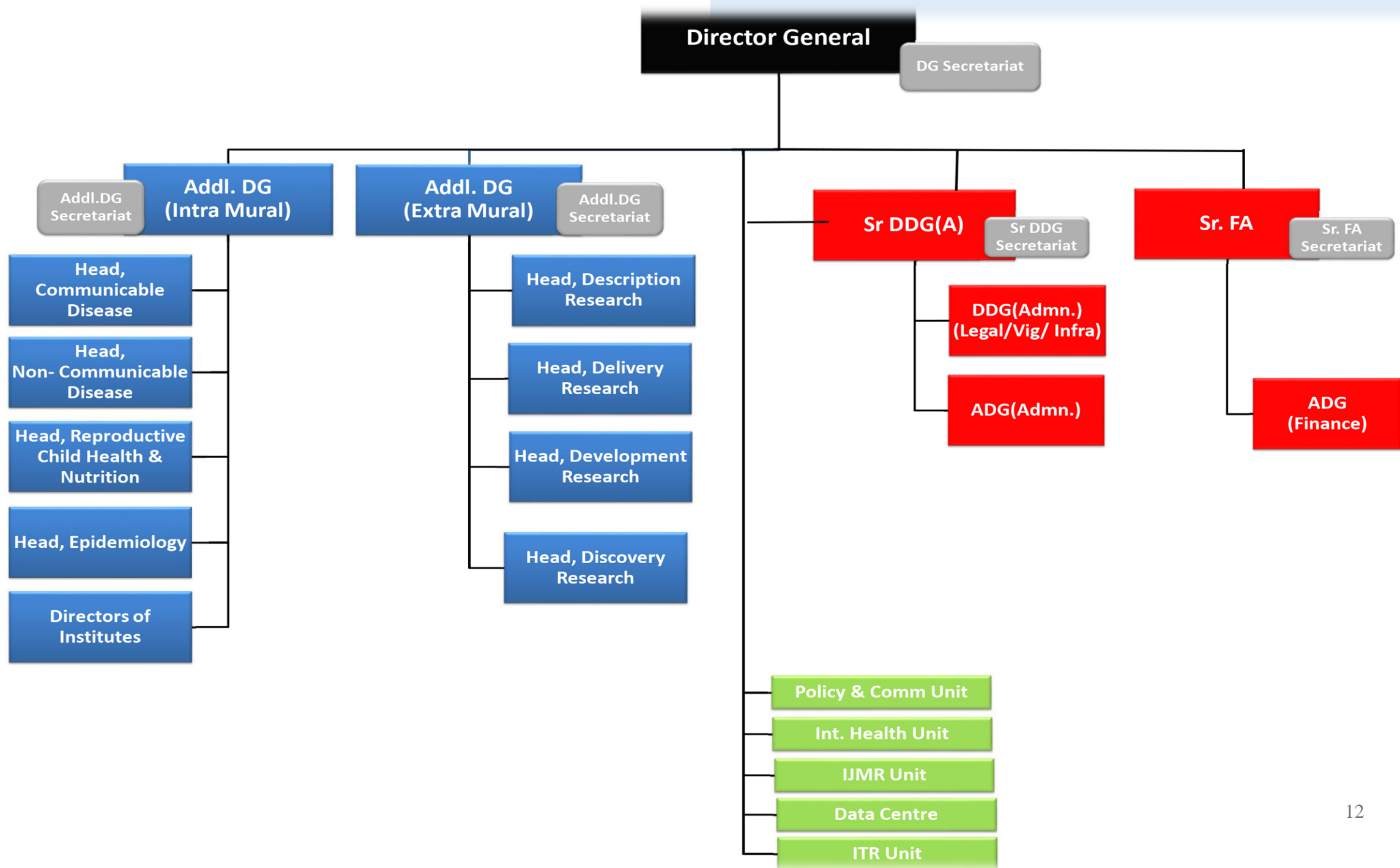
The ICMR is funded by the Government of India through the Department of Health Research, Ministry of Health & Family Welfare.

ICMR's Institution's

- ICMR-National JALMA Institute for Leprosy & Other Mycobacterial Diseases (NJILOMD), Agra
- ICMR-National Institute of Occupational Health (NIOH), Ahmedabad
- ICMR-National Institute of Traditional Medicine, Belagavi
- ICMR-National Centre for Disease Informatics and Research, Bengaluru
- ICMR-National Institute for Research in Environmental Health (NIREH), Bhopal
- ICMR-National Institute for Research in Tuberculosis (NIRT), Chennai
- ICMR-National Institute of Epidemiology (NIE), Chennai
- ICMR-National Institute of Malaria Research (NIMR), Delhi
- National Institute of Pathology (NIP), New Delhi
- National Institute of Medical Statistics (NIMS), New Delhi
- ICMR-National Institute of Nutrition (NIN), Hyderabad
- ICMR-National Institute for Research in Tribal Health (NIRTH) , Jabalpur

ICMR's Institution's

- ICMR-National Institute of Cholera and Enteric Diseases (NICED) , Kolkata
- ICMR-National Institute for Research in Reproductive Health (NIRRH), Mumbai
- ICMR-National Institute of Immunohaemotology (NIIH), Mumbai
- ICMR-National Institute of Cancer Prevention and Research (NICPR), Noida
- ICMR-Rajendra Memorial Research Institute of Medical Sciences (RMRIMS), Patna
- ICMR Vector Control Research Centre (VCRC), Puducherry
- ICMR-National Institute of Virology (NIV), Pune
- ICMR-National AIDS Research Institute (NARI), Pune
- ICMR-Regional Medical Research Centre Bhubaneswar
- ICMR-Regional Medical Research Centre Dibrugarh
- ICMR-Regional Medical Research Centre Port Blair
- ICMR-Desert Medicine Research Centre (DMRC), Jodhpur

Director General

DG Secretariat

Addl. DG (Intra Mural)

Addl.DG Secretariat

- Head, Communicable Disease
- Head, Non- Communicable Disease
- Head, Reproductive Child Health & Nutrition
- Head, Epidemiology
- Directors of Institutes

Addl. DG (Extra Mural)

Addl.DG Secretariat

- Head, Description Research
- Head, Delivery Research
- Head, Development Research
- Head, Discovery Research

Sr DDG(A)

Sr DDG Secretariat

- DDG(Admn.) (Legal/Vig/ Infra)
- ADG(Admn.)

Sr. FA

Sr. FA Secretariat

- ADG (Finance)

- Policy & Comm Unit
- Int. Health Unit
- IJMR Unit
- Data Centre
- ITR Unit

12

- ICMR, a constituent body of the Department of Health Research (DHR), strives to bring modern health technology to the people. Its vision is to translate research into products and processes that improve public health systems.
- ICMR's mission is to promote better health in India through research, conducting and supporting research, generating knowledge, ensuring its utilization, and developing resources for health research.

ICMR's

Vision & Mission

ICMR's Research Priorities

Communicable Diseases

ICMR research actively addresses major communicable diseases, including tuberculosis, HIV/AIDS, malaria, and diarrheal diseases. This involves developing diagnostics, treatments, and vaccines to combat these conditions.

Non-Communicable Diseases

ICMR focuses on research into non-communicable diseases like cancer, cardiovascular diseases, blindness, diabetes, and mental health. This encompasses understanding disease mechanisms, developing diagnostics, and creating interventions.

Health Systems Research

ICMR recognizes the importance of health systems research, exploring ways to improve healthcare delivery. This involves considering socioeconomic and cultural factors, and applying interdisciplinary approaches involving biomedical, social, and behavioral sciences.

ICMR's Trust Areas

1 **Disease Control & Management**

ICMR has played a pivotal role in managing infectious diseases. Key achievements include developing a vaccine against Kyasanur forest disease, establishing a standard treatment regimen for leprosy adopted by the WHO, and contributing significantly to the global polio eradication program.

2 **Nutrition**

ICMR has spearheaded research on preventing nutritional diseases. This includes promoting the fortification of salt with iron and iodine, advocating for vitamin A supplementation for children, and establishing Recommended Dietary Allowances for Indians.

3 Vector Control

ICMR has innovated in vector control methods. Achievements include the development of bioenvironmental approaches to malaria control, community-based programs for filariasis control, and the identification of sibling species in malaria vectors, aiding in malariogenic stratification.

4 Fertility Control

ICMR has contributed to family planning initiatives. Key achievements include conducting clinical trials for contraceptives and developing a low-cost, high-sensitivity test for pregnancy.

ICMR's Institutional Network

Advanced Centres

ICMR boasts a network of Advanced Centres specializing in various areas of medical research, including infectious diseases, non-communicable diseases, and public health.

Viral Diagnostic Labs

ICMR maintains Viral Diagnostic Labs equipped with advanced technology for the diagnosis and research of viral infections. These labs play a crucial role in disease surveillance and outbreak response.

Regional Centres

ICMR's Regional Centres strategically located across the country, provide a platform for local research and collaborations, ensuring that research addresses regional health needs.

Field Stations

ICMR has a network of field stations across India, conducting research in diverse geographic and epidemiological settings. This allows for a comprehensive understanding of health issues and their solutions.

ICMR's Human Resource Development

ICMR invests in developing a skilled workforce for medical research. This involves training programs for students, researchers, and healthcare professionals. ICMR offers various fellowships, short-term studentships, and training workshops. The Institute also provides support for participation in international conferences, fostering collaboration and knowledge exchange.

ICMR's Achievements

Area	Achievement
Infectious Diseases	`Development of a vaccine against Kyasanur forest disease.`
Leprosy	Establishment of a standard treatment regimen adopted by the WHO.
Tuberculosis	Contribution to the development and implementation of the DOTS strategy.
HIV/AIDS	Early detection of HIV infection in India and support for sero-surveillance.
Polio	Significant contributions to polio research and the global polio eradication program.
Diarrheal Diseases	Demonstration of the efficacy of oral rehydration therapy.

ICMR's Achievements

Cholera	Detection and characterization of a new toxigenic strain of Vibrio cholerae.
Malaria	Development of bioenvironmental methods for malaria control.
Nutrition	Promotion of the fortification of salt with iron and iodine.
Fertility Control	Clinical trials for contraceptives and development of a pregnancy test.

ICMR @ Covid-19

ICMR played a pivotal role at each step during COVID-19 pandemic, right from isolating virus, diagnostic labs establishment, development & validation of kits, policy framing, data collection & maintenance, formulating guidelines for prevention & treatment for all age groups, vaccine development and scientific knowledge publication.

ICMR's Future Directions

Strengthening Health Systems Research

1

ICMR will continue to prioritize health systems research, integrating biomedical, social, and behavioral sciences to address health challenges within the context of India's sociocultural environment.

Harnessing Modern Biology

2

ICMR will leverage modern biological tools to identify disease causes, risk factors, and develop affordable diagnostics and interventions, including new therapeutic agents and vaccines.

Collaboration and Partnerships

3

ICMR will foster collaborations with national and international organizations, leveraging expertise and resources to address health priorities, and promote knowledge sharing.

Data-Driven Research

4

ICMR will continue to invest in data collection and analysis, utilizing advanced technologies and bioinformatics tools to gain insights into disease patterns, trends, and interventions.

Meet the Minister:

Shri Jagat Prakash Nadda
Hon'ble Cabinet Minister
Ministry of Health and Family Welfare
Govt. of India

Prataprao Ganpatrao Jadha
Hon'ble Minister of State
Ministry of Health and Family Welfare
Govt. of India

Prataprao Ganpatrao Jadha
Hon'ble Minister of State
Ministry of Health and Family Welfare
Govt. of India

Dr Rajiv Bahl
Secretary to Government of India,
Department of Health Research and
Director General, Indian Council of
Medical Research

World Health Organisation (WHO)

- The World Health Organization is a specialized, non- political, health agency of the United Nations, with headquarters at Geneva.

- In 1946, the Constitution was drafted by the "Technical Preparatory Committee" under the chairmanship of Rene Sand, and was approved in the same year by an International Health Conference of 51 nations in New York.

- The constitution came into force on 7th April, 1948 which is celebrated every year as "World Health Day".

- A World Health day theme is chosen each year to focus attention on a specific aspect of public health.

Birth of the WHO

- The WHO has its origin in April 1945, during the conference held at San Francisco to set up the United Nations.

- The representatives of Brazil and China proposed that an international health organization should be established and that a conference to frame its constitution should be convened.

- The constitutions was drawn up at an international health conference in New York in 1946.

- The same conference set up an " Interim Commission" to prepare the ground for the new organization and to carry out urgent tasks until the WHO constitution had been accepted by the required number of UN Member States.

- The ratifications were secured by 7 April 1948; the formal existence of the WHO as a specialised agency began on that date.

- The formation of WHO represents the culmination of efforts to establish a single worldwide inter governmental health agency.

Objectives of the WHO

- The objective of the WHO is "the attainment by all people's of the highest level of health" which is set out in the preamble of the Constitution.
- The current objective of WHO is the attainment by all people of the world a level of health that will permit them to lead a socially and economically productive life. The preamble of the Constitution states:

- Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

- The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic and social condition.

- The health of all peoples is fundamental to the attainment of peace and security and is dependent upon the fullest cooperation of individuals and States. The achievement of any State in the promotion and protection of health is of value to all.

- Unequal development in different countries in the promotion of health and control of disease, especially communicable disease, is a common danger.

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- Healthy development of the child is of basic importance; the ability to live harmoniously in a changing total environment is essential to such development.

- The extension to all people of the benefits of medical, psychological and related knowledge is essential to the fullest attainment of health.

- Informed opinion and active cooperation on the part of the public are of the utmost importance in the improvement of the health of the people. Governments have a responsibility for the health of their peoples which can be fulfilled only by the provision of adequate health and social measures". The WHO is unique among the UN Specialized Agencies in that it has its own constitution, own governing bodies, own membership and own budget. It is part of, but not subordinate to, the United Nations.

Objectives of the WHO

•Two major policy developments have influenced the WHO.

First, the Alma-Ata Conference in 1978 on primary health care which provided both WHO and UNICEF with a common charter for health, and

secondly, the Global Strategy for Health for All by 2000, and more recently Millennium Development Goals.

Membership of the WHO

- Membership in WHO is open to all countries.

- While most countries are members of both the UN and of WHO, there of WHO, but not of the United Nations. Territories which are are some differences.

- For example, Switzerland is a member not responsible for the conduct of their international relations may be admitted as associate members.

- Associate members participate without vote in the deliberations of the WHO.

- Each member state contributes yearly to the budget and each is entitled to the services and aid the organization can provide.

- In 1948, the WHO had 56 Members.

- WHO now has 194 member states and two associate members.
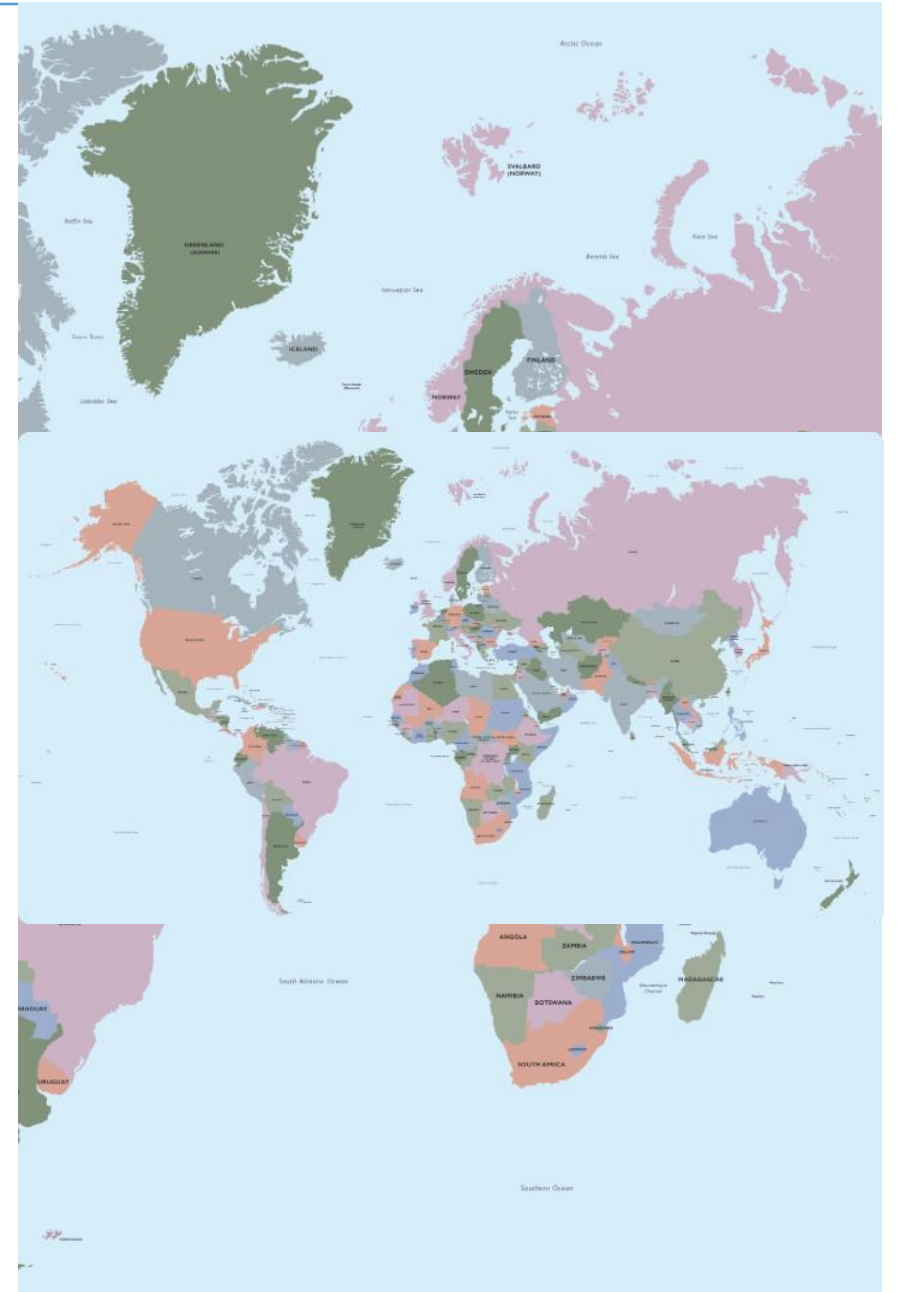
Works of WHO

- WHO's first Constitutional function is to act as the directing and coordinating authority on all international health work.

- This function permits WHO's Member States to identify collectively priority health problems throughout the world, to define collectively health policies and targets to cope with them, to devise collectively strategies, principles and programmes to give effect to these policies and to attain the targets.

- The WHO also has specific responsibilities for establishing and promoting international standards in the field of health, which comprise the following broad areas:

Prevention and Control of Specific Diseases

1 **Disease Eradication**

WHO has played a significant role in eradicating diseases like smallpox and is currently leading the global fight against polio.

2 **Epidemiological Surveillance**

WHO collects and disseminates epidemiological information on diseases through the Automatic Telex Reply Service (ATRS) and the "Weekly Epidemiological Record" (WER).

3 **International Health Regulations**

The aim of International Health Regulations is to ensure maximum security against international spread of diseases with the minimum interference with world traffic.

4 **Non-Communicable Diseases**

WHO also addresses non-communicable disease problems such as cancer, cardiovascular diseases, genetic disorders, and mental disorders.

Development of Comprehensive Health Services

1   **National Health Policy**

WHO promotes and supports national health policy development and the development of comprehensive national health programs.
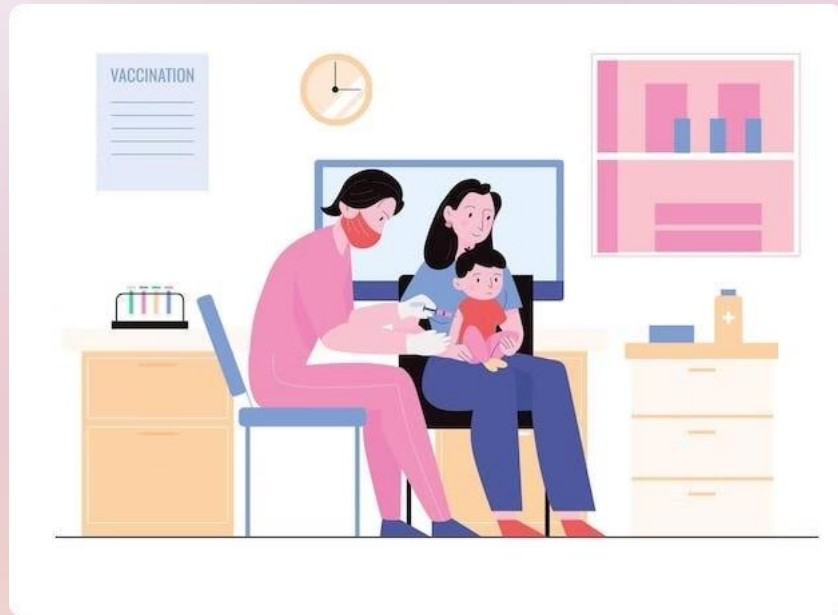
2   **Primary Health Care**

WHO organizes health systems based on primary health care, including the development of health manpower and utilization.

3   **Long-Term National Capability**

WHO focuses on building long-term national capability in areas such as health infrastructure development and managerial capabilities.

4   **Appropriate Technology for Health**

WHO's Appropriate Technology for Health (ATH) program encourages self-sufficiency in solving health problems.

Family Health

Family health is a major program activity of WHO, broadly subdivided into maternal and child health care, human reproduction, nutrition, and health education. The primary focus is on improving the quality of life of the family as a unit.

Environmental Health

Basic Sanitary Services

WHO advises governments on national programs for the provision of basic sanitary services.

Environmental Protection

WHO's activities are directed towards protecting the quality of air, water, and food, as well as health conditions of work and radiation protection.

Environmental Health Programs

WHO has developed programs like the 'WHO Environmental Health Criteria Programme' and 'WHO Environmental Health Monitoring Programme' to improve environmental health.

Health Statistics

Weekly Epidemiological Record	World Health Statistics Quarterly	World Health Statistics Annual
Disseminates morbidity and mortality statistics.	Publishes health statistics on a quarterly basis.	Provides an annual overview of global health statistics.

Biomedical Research

WHO stimulates and coordinates research work by establishing a worldwide network of collaborating centers, awarding grants to researchers, and defining regional and global health research priorities. The WHO Special Programme for Research and Training in Tropical Diseases focuses on developing new tools and strengthening research institutions in countries affected by tropical diseases.

Structure of the WHO

1

World Health Assembly

The World Health Assembly is the WHO's supreme governing body, responsible for setting international health policy, reviewing the organization's work, and approving its budget.

2

Executive Board

The Executive Board, composed of 31 technically qualified health professionals, meets twice a year to implement the decisions and policies approved by the World Health Assembly.

3

Secretariat

The WHO Secretariat, headquartered in Geneva, is led by the Director General and comprises 14 divisions, each focusing on specific areas of health, such as education, disease control, and environmental health.

Regional Organisations of the WHO

Region	Headquarters
South East Asia	New Delhi, India
Africa	Brazzaville, Congo
America	Washington, DC, USA
Europe	Copenhagen, Denmark
East Mediterranean	Alexandria, Egypt
Western Pacific	Manila, Philippines

WHO: Promoting Health and Well-being

The World Health Organization (WHO) is a specialized agency of the United Nations that is responsible for international public health. WHO works worldwide to promote health, keep the world safe, and serve the vulnerable.

The organization's goal is to ensure that a billion more people have universal health coverage, to protect a billion more people from health emergencies, and provide a further billion people with better health and well-being.

Universal Health Coverage

1 **Primary Health Care**

WHO focuses on primary health care to improve access to quality essential services, ensuring everyone has access to the care they need, when they need it.

2 **Sustainable Financing**

WHO works towards sustainable financing and financial protection, ensuring healthcare is affordable and accessible to all.

3 **Essential Medicines**

WHO improves access to essential medicines and health products, ensuring everyone has access to the medications they need.

4 **Health Workforce**

WHO trains the health workforce and advises on labor policies, ensuring a skilled and qualified healthcare workforce.

Health and Well-being

Social Determinants

WHO addresses social determinants of health, recognizing that factors like poverty, education, and living conditions significantly impact health outcomes.

Intersectoral Approaches

WHO promotes intersectoral approaches for health, recognizing that health is influenced by various sectors beyond healthcare.

Health in All Policies

WHO prioritizes health in all policies and healthy settings, ensuring health considerations are integrated across all sectors.

WHO's Work: Key Areas

Human Capital

WHO focuses on human capital across the life-course, ensuring healthy development from childhood to adulthood.

Noncommunicable Diseases

WHO works on noncommunicable diseases prevention, addressing chronic illnesses like heart disease and cancer.

Mental Health

WHO promotes mental health, addressing the growing need for mental health services and support.

Climate Change

WHO addresses climate change in small island developing states, recognizing the unique challenges faced by these nations.

Health Promotion: A Key Strategy

"Health promotion is the process of enabling people to increase control over, and to improve their health." - Health Promotion Glossary, 1998

1 **Ottawa Charter**

The first International Conference on Health Promotion was held in Ottawa in 1986, launching a new public health movement.

2 **Global Conferences**

WHO Global Health Promotion Conferences have established and developed global principles and action areas for health promotion.

3 **Shanghai Declaration**

The 9th global conference (Shanghai 2016) highlighted the critical links between promoting health and the 2030 Agenda for Sustainable Development.

Promoting **Healthier** Populations

The Sustainable Development Goals (SDGs) provide a bold and ambitious agenda for the future. WHO is committed to helping the world meet the SDGs by championing health across all the goals. WHO's core mission is to promote health, alongside keeping the world safe and serving the vulnerable. Beyond fighting disease, we will work to ensure healthy lives and promote well-being for all at all ages, leaving no-one behind. Their target is 1 billion more people enjoying better health and well-being by 2023.

Focus: Good Governance and Health Literacy

Good Governance

Strengthen governance and policies to make healthy choices accessible and affordable to all, and create sustainable systems that make whole-of-society collaboration real.

Healthy Settings

The settings approach has roots in the WHO Health for All strategy and, more specifically, the Ottawa Charter for Health Promotion. Healthy Settings key principles include community participation, partnership, empowerment and equity. The Healthy Cities programme is the best-known example of a successful Healthy Settings programme.

Health Literacy

Improving health literacy in populations provides the foundation on which citizens are enabled to play an active role in improving their own health, engage successfully with community action for health, and push governments to meet their responsibilities in addressing health and health equity.

Social Mobilization

Bringing together all societal and personal influences to raise awareness of and demand for health care, assist in the delivery of resources and services, and cultivate sustainable individual and community involvement.

Tedros Adhanom Ghebreyesus Director
general ,
World Health Organization

CARE: A Global Force for Change

CARE, an acronym for Cooperative for Assistance and Relief Everywhere, is a renowned international humanitarian organization dedicated to alleviating poverty and improving the lives of people around the world. Founded in 1945 in North America, CARE has grown into one of the largest independent, non-profit, non-sectarian relief and development organizations globally.

CARE's Global Reach

CARE's impact extends far beyond its North American origins. With a presence in over 87 countries, CARE works tirelessly to address critical issues such as poverty, hunger, and lack of access to healthcare and education. Their commitment to empowering communities and fostering sustainable development has touched the lives of millions worldwide.

Emergency Aid

CARE provides immediate assistance in times of crisis, delivering essential supplies, medical care, and shelter to those affected by natural disasters, conflicts, and other emergencies.

Long-Term Development

CARE invests in long-term solutions to address the root causes of poverty, working with communities to build sustainable livelihoods, improve access to education and healthcare, and promote gender equality.

CARE's Journey in India

CARE's presence in India dates back to 1950, marking a significant milestone in the organization's global expansion. The organization's initial focus in India was on providing food assistance to children, particularly those in the age group of 6 to 11 years.

1

2

3

Early Years: Food Aid

From its inception in India, CARE prioritized providing food assistance to children, aiming to address malnutrition and improve their overall well-being.

Shifting Focus: Health and Income

By the mid-1980s, CARE's approach in India evolved, expanding its focus to include health and income supplementation programs, recognizing the interconnectedness of these factors in achieving sustainable development.

Partnerships for Impact

CARE's success in India is rooted in its collaborative approach, working closely with the Government of India, state governments, and other non-governmental organizations (NGOs) to maximize impact and ensure sustainability.

CARE's Impactful Projects in India

CARE's commitment to improving the lives of people in India is evident in its diverse range of projects, addressing critical issues such as nutrition, health, and women's empowerment. These projects are designed to create lasting change and empower communities to thrive.

1   **Integrated Nutrition and Health Project**

This project aims to improve the nutritional status of children and women by promoting healthy practices, providing access to nutritious food, and strengthening healthcare services.

2   **Better Health and Nutrition Project**

This project focuses on improving the health and nutritional status of children and women by addressing key issues such as anemia, malnutrition, and lack of access to healthcare.

3   **Anaemia Control Project**

This project aims to combat anemia, a widespread health issue in India, by promoting iron-rich diets, providing iron supplements, and raising awareness about the importance of iron for health.

4   **Improving Women's Health Project**

This project focuses on improving the health and well-being of women by addressing issues such as maternal mortality, reproductive health, and access to quality healthcare.

Empowering Adolescent Girls

CARE recognizes the importance of empowering adolescent girls, providing them with the knowledge, skills, and opportunities to reach their full potential. Their projects focus on improving access to education, promoting health and hygiene, and fostering leadership skills.

Improved Health Care for Adolescent Girls Project

This project aims to improve the health and well-being of adolescent girls by providing access to quality healthcare services, promoting reproductive health, and addressing issues such as anemia and malnutrition.

Child Survival Project

This project focuses on reducing child mortality by promoting immunization, improving access to healthcare, and providing education on child health and nutrition.

Improving Women's Reproductive Health and Family Spacing Project

This project aims to empower women to make informed decisions about their reproductive health, providing access to family planning services and promoting safe and effective methods of contraception.

CARE's Commitment to Sustainable Development

CARE's approach to development is rooted in the belief that sustainable solutions are essential for long-term impact. Their projects focus on empowering communities to build resilient livelihoods, improve access to resources, and protect the environment.

1

Konkan Integrated Development Project

This project focuses on improving the livelihoods of communities in the Konkan region of India by promoting sustainable agriculture, providing access to microfinance, and supporting community-based initiatives.

2

Community-Driven Solutions

CARE emphasizes community participation in project design and implementation, ensuring that solutions are tailored to local needs and priorities.

3

Empowering Women

CARE recognizes the critical role of women in development, empowering them to participate in decision-making, access economic opportunities, and lead positive change in their communities.

CARE's Global Impact

CARE's commitment to alleviating poverty and improving the lives of people around the world is reflected in its impressive track record. In fiscal year 2010 alone, CARE worked in 87 countries, supporting 905 poverty-fighting projects that reached over 82 million people, more than half of whom were women.

Year	Countries Served	Projects Supported	People Reached
2010	87	905	82 million+

CARE: A Legacy of Hope

CARE's legacy is one of hope, compassion, and unwavering commitment to creating a world where everyone has the opportunity to live a life free from poverty and injustice. Their work continues to inspire and empower communities around the globe, leaving a lasting impact on the lives of millions.

Hope

CARE's work provides hope for a better future, empowering communities to overcome challenges and build a brighter tomorrow.

Empowerment

Justice

CARE advocates for social justice, ensuring that everyone has equal opportunities and access to resources.

CARE's Role in Health Promotion

1 **Primary Health Care**

CARE has been involved in strengthening primary health care systems, especially in low-income and disaster-prone regions. This includes building healthcare infrastructure, training healthcare workers, and improving access to essential health services.

2 **Maternal and Child Health**

CARE focuses on improving maternal and child health by promoting safe childbirth practices, enhancing prenatal and postnatal care, and ensuring that children receive necessary immunizations and nutrition.

3 **Water, Sanitation, and Hygiene (WASH)**

CARE runs WASH programs to improve access to clean water and sanitation, which are critical for preventing waterborne diseases. These programs include building wells, promoting hygiene education, and supporting community-led total sanitation.

4 **Nutrition Programs**

CARE works to combat malnutrition through targeted interventions, including supplementary feeding programs for pregnant women and children, promoting breastfeeding, and providing education on nutrition and food security.

Disease Prevention and Control

Malaria Prevention

CARE distributes mosquito nets and provides education on prevention methods to combat malaria.

HIV/AIDS Support

CARE supports treatment programs and provides education on prevention methods for HIV/AIDS.

Tuberculosis Control

CARE is involved in efforts to control tuberculosis through various interventions.

Emergency Health Response

1

Medical Supplies

CARE delivers medical supplies to areas affected by natural disasters or conflict.

2

Temporary Health Facilities

CARE establishes temporary health facilities to provide immediate healthcare in crisis situations.

3

Healthcare for Displaced Populations

CARE provides healthcare to displaced populations affected by emergencies.

Directorate General Of Health Services (DGHS)

The Directorate General of Health Services (DGHS) is a crucial government agency responsible for overseeing and managing India's national health policies and programs. Established under the Ministry of Health and Family Welfare, DGHS plays a pivotal role in shaping the country's healthcare landscape, from policy formulation to program implementation and emergency response coordination.

Policy Formulation and Collaboration

National Health Policies

DGHS assists in developing and aligning national health policies and strategies with public health goals, ensuring a cohesive and comprehensive approach to healthcare in India.

Global Health Standards

The agency collaborates closely with international organizations like the World Health Organization (WHO) to ensure that India's health policies and practices adhere to global health standards and best practices.

Health Program Implementation

1

Program Oversight

DGHS is responsible for the implementation and monitoring of various national health programs, such as the National Tuberculosis Control Program (NTCP) and the National Vector-Borne Disease Control Program (NVBDCP).

2

Progress Monitoring

The agency closely tracks the progress of these programs across all states and union territories, ensuring that they are effectively reaching the target populations and achieving their intended goals.

3

Coordination with States

DGHS works closely with state health departments to coordinate the implementation of these national health programs, addressing challenges and ensuring a unified approach to healthcare delivery.

Emergency Medical Relief and Disaster Management

Disaster Response

DGHS plays a crucial role in coordinating disaster management and emergency medical services, ensuring the country's preparedness and response mechanisms are effective during health crises, natural disasters, or other public health emergencies.

Pandemic Coordination

During the COVID-19 pandemic, DGHS led the national response, coordinating vaccination drives, public health measures, and the supply of essential medical resources to address the unprecedented challenge.

Oversight and Guidance

The agency oversees the country's emergency medical relief efforts, providing technical guidance and ensuring that the necessary infrastructure, resources, and protocols are in place to effectively respond to such situations.

Regulation and Standards

Medical Education

DGHS sets standards for medical education, ensuring that healthcare professionals are trained to the highest ethical and professional standards.

Hospital Administration

The agency is also responsible for regulating hospital administration and healthcare delivery, promoting best practices and adherence to established guidelines.

Medical Practice

DGHS plays a crucial role in the regulation of medical practices, ensuring that healthcare providers adhere to ethical and professional standards in their service delivery.

Public Health Initiatives

1 **Vaccination Programs**

DGHS promotes and oversees various vaccination programs, ensuring that the country's population is protected against preventable diseases.

2 **Disease Surveillance**

The agency plays a significant role in disease surveillance, monitoring the prevalence and trends of communicable and non-communicable diseases to inform public health interventions.

3 **Health Awareness**

DGHS spearheads health awareness campaigns, educating the public on important health issues and promoting healthy behaviors to improve overall well-being.

Advisory and Guidance

1

Central Government

DGHS advises the central government on health matters, providing technical guidance and support for the planning and execution of health services.

2

State Governments

The agency also provides technical guidance and support to state governments, ensuring that health policies and programs are effectively implemented at the local level.

3

Health Institutions

DGHS serves as a technical resource for various health institutions, offering expertise and guidance to improve healthcare delivery and outcomes.

Challenges and Initiatives

Coordination with States	Effective coordination between the central DGHS and state health departments can be challenging due to India's federal structure.
Resource Allocation	Ensuring equitable distribution of resources and healthcare services across the diverse and vast population of India.
Healthcare Infrastructure	Addressing the gaps in healthcare infrastructure, particularly in rural and remote areas of the country.
Ayushman Bharat Scheme	DGHS plays a crucial role in implementing the Pradhan Mantri Jan Arogya Yojana (PM-JAY) under the Ayushman Bharat Scheme, aiming to provide health insurance to the underprivileged.

United Nations International Children's Emergency Fund (UNICEF)

Maternal and Child Health

UNICEF prioritizes the health and well-being of mothers and children, providing essential healthcare services and promoting their rights.

Nutrition

UNICEF addresses malnutrition and food insecurity, ensuring children have access to nutritious food and promoting healthy eating habits.

Environmental Health

UNICEF works to improve environmental health conditions, protecting children from environmental hazards and promoting sustainable practices.

Collaboration with WHO

UNICEF collaborates closely with the WHO to implement programs for mothers and children, leveraging their combined expertise and resources.

UNDP

- The United Nations Development Programme is the United Nations global development network.
- UNDP promotes technical and investment cooperation among nations .
- It advocates for change and connects countries to knowledge, experience and resources to help people build a good life for themselves.
- "UNDP headquarters is located in New York city. Its overall goal is to contribute to sustainable human development.
- UNDP has 4 focus areas in its mandate: poverty reduction, democratic Governance environment and energy and crisis prevention and recovery.

United Nations Development Programme UNDP

- UNDP stands for United Nations Development Programme. It provides expert advice training and grants to developing countries, with an increasing emphasis on assistance to the least developed countries.

- Its overall goal is to contribute to sustainable human development.

- UNDP has 4 focus areas in its mandate: poverty reduction, democratic governance, environment and energy and crisis prevention and recovery. It's headquarter is located in New York city.

- It provides experts to help build legal and political institutions and expand the private sector.

- UNDP is governed by a 36 member Executive Board overseen by an administrator, who is the third highest ranking unofficial after the secretary-general and the deputy-Secretary General.

- The UNDP operates in 170 countries and is funded entirely by voluntary contributions from the UN member states.

UNDP And India

- Since 1951, India and the United Nations Development Programme are working together on various issues that are related to the human development involving sustainable energy, livelihood, literacy rates in government and their resilience

- UNDP and Government of India together work on the India 2013 National Development Mission and together they aim for the achievement of the Sustainable Development Goals (SDGs)

- There are basically 3 areas of focus for UNDP India's country program from 2018 to 2022. They are given below:
  - Inclusive Growth

  - Environment and energy
  - Development of the systems and the institutions

- The agencies that are responsible for all the matters that are related to the UNDP in India are the department of the economic affairs Finance ministry, GOI.

- The UNDP has offices in 6 locations in India.

UNDP And Covid-19

- In covid-19 crisis age of the country needs to act immediately to repair, respond, and recover.

- UNDP helped many countries to urgently respond to covid-19 as a part of their mission to eliminate poverty and reduce their inequalities and helped them in crises and shocks.

- The next UNDP did was to help all the decision makers who look beyond recovery towards 2013 and making choices and managing complexity and uncertainty in mainly 4 areas:
  - Governance
  - Social protection
  - Green Economy
  - Digital disruption

- UNDP also supported and expanded the social protection for the poor with food goods and services and also have them with pensions for the elderly and public works etc

- They also recognise the vital importance of small businesses and also to those who depend on them so they are working with the policy maker for establishing their business continuity insurance in their hard times.

Important Facts about UNDP for UPSC

- The United Nations Development Programme is the United Nations global development network.

- UNDP promotes technical and investment cooperation among nations .

- It advocates for change and connects countries to knowledge, experience and resources to help people build a good life for themselves.

- Formation of UNDP took place on 22 November 1965.

- Its headquarters is in New York city.

- UNDP works with Nations on global and national development challenges. UNDP offers to help if any Nation requests for its help.

- UNDP is basically funded by the voluntary contribution from the UN member states.

- The UNDP organisation operates in 177 countries, where it works with local governments to meet development challenges and develop local capacity.

Important Facts about UNDP for UPSC

- UNDP works internationally to help countries achieve the [sustainable development goals (SDGs).](#)

- UNDP was one of the United Nation Agencies that are involved in the development of the post development agenda, 2015.

- The United Nation Development Programme, human development report office also publishes the annual human development report since 1990 to analyse the development of progress.

- The UNDP report publishes the regional, national and the local Human Development Report.

FAO

- The Food and Agriculture Organisation (FAO) is a specialized agency of the United Nations that leads international efforts to defeat hunger.

- The FAO is a specialized agency of the [United Nations](#).

- Established in 1945, the Food and Agriculture Organisation (FAO) has its headquarters in Rome, Italy.

- It was founded with a goal to provide food security for everyone and assure that people will have access to high-quality food in sufficient quantities to achieve a healthy lifestyle.

- Every year, the FAO publishes a number of major 'State of the World' reports related to food, agriculture, forestry, fisheries and natural resources.

FAO Members

- The FAO has 197 member countries, which includes the [European Union](#) as well. It conducts biennial conferences. The FAO Council is the executive arm of the governing body. The members elect the Council which is composed of 49 members.

- FAO Council

- The FAO Council was established in 1947 at the FAO Conference that replaced the original "Executive Committee of FAO". This was in accordance with the recommendation of the Preparatory Commission of FAO on World Food Proposals.

- Note: The Council, within the limits of the powers, acts as the Conference's executive organ between sessions.

FAO

- Role and Functions of Food & Agriculture Organisation (FAO)
- Food and Agriculture Organisation (FAO) is a global organisation and its functions can be listed as follows:
- Helping Governments and Development Agencies coordinate their activities which are targeted to develop and improve agriculture, fisheries, forestry and other water and land resources.
- Conducting research and providing technical assistance to various projects related to improving agricultural output and development.
- Conducting training and educational programs and also collecting and analyzing agricultural data to improve yield and production.
- The FAO also brings out a number of publications/reports, some of which are, the State of the World, the Global Report on Food Crises, the State of Food and Agriculture, the State of the World's Forests, etc. Check out other reports published by international organisations

FAO's Role in Agriculture Innovation

1. FAO focuses on a system-wide approach. It assists member countries in unlocking the potential of innovation to drive socio-economic growth, ensure food and nutrition security, alleviate poverty and improve resilience to climate change, thereby helping to achieve the Sustainable Development Goals. Know more about [Sustainable Development Goals](#) on the linked page.

2. FAO and its partners are working in nine pilot countries in Africa, Asia and Central America to bring international, national and local partners together to construct and implement capacity development plans for agricultural innovation.

3. FAO is supporting governments to develop strategies that foster sustainable agricultural mechanization and works with small-scale enterprises, cooperatives and local organizations to ensure smallholder farmers have access to mechanized services.

4. FAO harnesses the power of digital technologies to pilot, accelerate and scale innovative ideas with high potential for impact in food and agriculture, transforming digital solutions and services into global public goods.

5. It explores and adopts the existing and frontier technologies, design and scale new services, tools and approaches to empower rural households and inspire youth entrepreneurship in food and agriculture.

FAO

- FAO and India
- The Food and Agricultural Organisation of the United Nations has enjoyed a valuable partnership with India since it began operations in 1945. It continues to play a major role in India's progress in the areas of crops, livestock, fisheries, food security, and the management of natural resources. FAO began its operations in India in 1948. It has an office in New Delhi. The nodal ministry for FAO in India is the Ministry of Agriculture.

FAO

Priority Areas	
Sustainable and improved agricultural productivity and increased farm incomes	Stronger food and nutrition security systems
Effective natural resource management, community development and assistance in transboundary cooperation to the global public good	Enhanced social inclusion, improved skills and employment opportunity in the agriculture sector

ILO

NAME: INTERNATIONAL LABOUR ORGANISATION (ILO)
A SPECIALIZED AGENCY OF THE UN

YEAR OF FORMATION: 1946

HQ: GENEVA, SWITZERLAND

SECTOR: LABOUR ISSUES

IS INDIA A MEMBER: YES

International Labour Organization (ILO) Objective

- The ILO is the only tripartite U.N. agency. The ILO is a meeting point for governments, workers and employers of ILO's member States to set labour standards, improve upon policies and create programs that promote decent work for people. The four strategic objectives at the heart of the Decent Work agenda are:

- To develop and effectuate standards, fundamental principles, and fundamental rights at work.

- To ensure that men and women have equal access to decent work while enhancing opportunities for the same.

- To magnify the coverage and effectiveness of social protection for everyone.

- To strengthen Tripartism and social dialogue.

ILO

- The International Labour Organization (ILO) is a United Nations agency dealing with labour issues, particularly international labour standards, social protection, and work opportunities for all.

- **International Labour Organization (ILO) – History**

- The ILO was established as an agency for the League of Nations following World War I.

- It was established by the **Treaty of Versailles** in 1919.

- Its founders had made great strides in social thought and action before the establishment of the organization itself.

- It became the first specialised agency of the United Nations (UN) in the year 1946.

- The ILO has played a significant role in promoting labour and human rights. It had held a significant position during the Great Depression (1930s) for ensuring labour rights.

- It played a key role in the decolonization process and in the victory over apartheid in South Africa.

- The organization got the Nobel Peace Prize in 1969, for its efforts to improve peace amongst the classes, and for promoting justice and fair work for the workers.

ILO

- **International Labour Organization (ILO) – Structure**

- The basis of the ILO is the tripartite principle. The ILO comprises the **International Labour Conference**, the **Governing Body**, and the **International Labour Office.**

- **International Labour Conference:**
  - The progressive policies of the ILO are set by the International Labour Conference.
  - The Conference is an annual event, which happens in Geneva, Switzerland. The conference brings together all the representatives of the ILO.
  - Function: It is a panel for the review of the important issues regarding labour.

ILO

- **Governing Body:**
  - The Governing Body is the executive body of the International Labour Organization.
  - The governing body meets in Geneva. It meets three times annually.
  - The Office is the secretariat of the Organization.
  - It is composed of 56 titular members, and 66 deputy members.
  - Functions:
    - Makes decisions regarding the agenda and the policies of the International Labour Conference.
    - It adopts the draft Programme and Budget of the Organization for submission to the Conference.
    - Election of the Director-General.

ILO

- **International Labour Office:** It is the permanent secretariat of the International Labour Organization.

- **Functions:** It decides the activities for ILO and is supervised by the Governing Body and the Director-General.

- **The ILO member States hold periodically regional meetings to discuss the relevant issues of the concerned regions.**

- Each of the ILO's 183 Member States has the right to send four delegates to the Conference: two from government and one each representing workers and employers, each of whom may speak and vote independently

ILO

- The ILO plays an important role in the formulation of policies which are focussed on solving labour issues. The ILO also has other functions, such as:

- It adopts international labour standards. They are adopted in the form of conventions. It also controls the implementation of its conventions.

- It aids the member states in resolving their social and labour problems.

- It advocates and works for the protection of Human rights.

- It is responsible for the research and publication of information regarding social and labour issues.

- The **Trade Unions** play a pivotal role in developing policies at the **ILO**, thus the **Bureau for Workers' Activities** at the secretariat is dedicated to strengthening independent and democratic trade unions so they can better defend workers' rights and interests.

ILO

- **The ILO also assumes a supervisory role:** it monitors the implementation of ILO conventions ratified by member states.
  - The implementation is done through the Committee of Experts, the International Labour Conference's Tripartite Committee and the member-states.
  - Member states are obligated to send reports on the development of the implementation of the conventions they have approved.
- **Registration of complaints:** The ILO registers complaints against entities that are violating international rules.
  - The ILO, however, does not impose any sanctions on the governments.
  - Complaints can also be filed against member states for not complying with ILO conventions that have been ratified.

ILO

- **International Labour Standards:** The ILO is also responsible for setting International Labour Standards. The international labour conventions which are set by the ILO are ratified by the member states. These are mostly non-binding in nature.
  - But once a member state accepts conventions, it becomes legally binding. The conventions are often used to bring national laws in alignment with international standards.
- **ILO Global Commission on the Future of Work:** The formation of an ILO Global Commission on the Future of Work marks the second stage in the ILO Future of Work Initiative.
  - The Commission outlines a vision for a human-centred agenda that is based on investing in people's capabilities, institutions of work and decent and sustainable work.
  - It also describes the challenges caused by new technology, climate change and demography and appeals for a collective global response to the disturbances being caused in the world of work.

ILO

- **International Labour Organization – Mission**

- The ILO's mission is to promote decent work for all workers. This is accomplished by promoting social dialogue, protection, and employment generation.

- The ILO provides technical support along with the support of development partners to multiple countries in order to achieve this mission.

ILO

- **International Labour Organization – Declaration on Fundamental Principles and Rights at Work**

- The Declaration was adopted in 1998, and it mandates the member states to promote the eight fundamental principles and rights. The Fundamental Principles and Rights are categorized into four classes. They are:

- Freedom of Association and the Right to Collective Bargaining (Conventions 87 and 98)

- Elimination of forced or compulsory labour (Conventions No. 29 and No. 105)

- Abolition of child labour (Conventions No. 138 and No. 182)

- Elimination of discrimination in respect of employment and occupation (Conventions No. 100 and No. 111).

- As part of the Follow-up to the Declaration, the ILO Director-General also submits a Global Report on one of the four categories of fundamental principles and rights at work to the tripartite International Labour Conference.

ILO

- **The eight-core conventions of the ILO are:**
    - Forced Labour Convention (No. 29)
    - Abolition of Forced Labour Convention (No.105)
    - Equal Remuneration Convention (No.100)
    - Discrimination (Employment Occupation) Convention (No.111)
    - Minimum Age Convention (No.138)
    - Worst forms of Child Labour Convention (No.182)
    - Freedom of Association and Protection of Right to Organised Convention (No.87)
    - Right to Organise and Collective Bargaining Convention (No.98)
- The conventions are highly relevant due to the economic challenges faced by workers all around the world.