

D Y PATIL DENTAL SCHOOL

DEPARTMENT OF
PUBLIC HEALTH DENTISTRY

Health Agencies and their Role in Oral Health

Content

- Introduction
- Types of Voluntary Health Agencies
- Functions of Voluntary Health Agencies
- International Health Agencies
- Voluntary Health Agencies in India
- Non-Governmental Organizations
- Voluntary Health Agencies and Government
- Voluntary Health Agencies and Oral Health
- References

Introduction

- Health care system is intended to deliver health care services to the people. In Indian health care is provided through:
 - Public health sector
 - Private sector
 - Indigenous systems of medicine
 - Voluntary health agencies
 - National health programs

Voluntary Organization

A voluntary organization is a social service and developmental institution motivated to meet the needs of the most disadvantaged in the society, either through direct services to the people or through indirect services to other voluntary organizations or government, non profit making and not undertaken by the government.

Voluntary health agencies

These are organizations administered by autonomous boards which hold meetings, collect funds for its support chiefly from private sources and expends money whether with or without paid workers, in conducting a program directed primarily to furthering the public health by providing health services or health education or by advancing research or legislation for health or by combination of these activities.”

- In 1945, in US 20,000 voluntary health agencies were present.
- Presently in India more than 30,000 voluntary health agencies are present of different strengths.
- The voluntary health agencies have been compared to motor trucks which can penetrate the by ways and the official agencies to Railway trunk lines which must run on tracks established.

Types of Voluntary Health Agencies

1. Voluntary health agencies involved rural health care activities
2. Voluntary health agencies involved in urban health care activities
3. Voluntary health agencies involved in both urban and rural health care activities

1. Voluntary health agencies involved in general health care
 - Indian red cross society
2. Voluntary health agencies involved in specific diseases
 - Tuberculosis association of India
3. Voluntary health agencies involved Mother and Child care
 - Family planning association of India
 - Indian council of child welfare
 - Kasturba memorial fund
4. Professional bodies
 - Indian medical association
 - Indian dental association
5. Voluntary agencies involved in health care along with other activities
 - Lions club
 - Rotary international
6. International agencies working in India for health care
 - Rockefeller foundation
 - Ford Foundation

Functions of Voluntary Health Agencies

- Supplementing the work of governmental agencies
- Guiding the work of governmental agencies
- Health education
- Advancing health legislation
- Pioneering
- Demonstration

Supplementing the work of governmental agencies

- Government has financial and statutory restrictions
- Voluntary health agencies can lend
 - personnel,
 - funds,
 - equipment,
 - supplies or
 - services



Guiding the work of government

- Voluntary health agencies act as watch dogs to the government
- Guide and appraise as well as criticize the efforts made by the government



Health education



- Health education can reach out to the masses if public participation is there
- Voluntary health agencies try to involve the public towards the health education programs

Advancing health legislation



- Voluntary health agencies mobilize public opinion and advance legislation.
- Pressurize the government to pass legislation.
- MTP act or ban on pre natal sex determination.

Pioneering



- Pioneering is mainly done through research
- The project is started at a small scale and then the government can take over
- Family planning is an example

Demonstration



- Demonstration or experimental projects can help government take decision.

e.g. use of borehole latrine shown by Rockefeller foundation decreased the hook worm infection in India

Voluntary health agencies work under four basic areas

- **Service Provision**
- **Social Welfare Activities**
- **Support Activities**
- **Research And Advocacy**

International Health Agencies



- Since India became free, several measures have been undertaken by the National Government to improve the health of the people.
- Prominent among these measures are the **National Health Programmes**, which have been launched by the Central Government for the control eradication of communicable diseases, improvement of environmental sanitation, nutrition, control of population and rural health. Various international agencies like **WHO, UNICEF, UNFPA, World Bank** as also a number of foreign agencies like **SIDA, DANIDA, NORAD and USAID** have been providing technical and material assistance in the implementation of these programmes.

**“Nothing on earth is more international
than disease”**

Paul Russel



- **Multilateral**

Funding comes from multiple governments (as well as from non-governmental sources) and is distributed to many different countries. The major multilateral organizations are all part of the United Nations. The World Health Organization (WHO) is the premier international health organization.

- **Bilateral**

Bilateral agencies are governmental agencies in a single country which provide aid to developing countries

- **NGOs**

Non-governmental organizations (NGOs), also known as private voluntary organizations (PVOs).

Objectives:

- To comprise those problems in the field of health, which require consideration and action by more than one country.
- The control of epidemics and communicable diseases affecting more than one country, including the exchange of information on the incidence of epidemic diseases and securing uniformity in quarantine regulations and documents.
- The international exchange of medical and health information and experience, including a central medical intelligence bureau and library, fellowships, study tours, publication and provision of literature.
- The international standardization of vital statistics, biological preparations, dangerous drugs, etc.
- Combined research, i.e. the co-ordination of, and assistance to, research on specific problems common to many countries.
- Help to under-developed countries including epidemic control, administrative medical planning, and training of health staff.
- Advice to governments and health authorities on health questions with an international bearing: e.g. on malaria and other specific diseases, social medicine, housing and sanitation, and nutrition.
- Medical aspects of the international control of drugs of addiction.
- International help in disasters.

A world map silhouette is centered on a textured, brownish-gold background. The word "HISTORY" is written across the map in large, bold, white, sans-serif capital letters. The letters are slightly shadowed, giving them a three-dimensional appearance as if they are resting on the map's surface. The map shows the outlines of the continents in a dark brown color.

HISTORY

Pan American Sanitary Bureau (1902)

- **World's first international health agency**
- To coordinate quarantine procedures in the American states
- 1924- **Pan American Sanitary Code** was signed
- 1947 – reorganized – Pan American Sanitary Organization
- 1949 – PASO- agreement to serve as WHO regional office of Americas
- 1958 – PASO renamed as Pan American Health Organization (PAHO)
- Headquarters in Washington DC

Office International D'Hygiene Publique (1907)

- **First worldwide international health organization**
- Generally known as “**Paris Office**”
- Created to disseminate information on communicable diseases and supervise international quarantine measures
- Co-operation with PASB
- 60 other countries including British India joined OIHP
- Did remarkable work in disseminating knowledge of communicable diseases and their control
- 1950 – Taken over by WHO

The Health Organization of the League of Nations (1923)

- The League of Nations was formed after the First World War (1914-18).
- Though it failed its health organization did creditable work in following areas:
 - Quarantine
 - Epidemiological information
 - Epidemic disease problems
 - Nutrition, housing, rural hygiene
 - Training of public health workers
 - Standardization of biological preparations
 - Series of periodical epidemiological report
 - Laid down lines for technical studies (use of expert committees)
 - Establishment of Far Eastern Bureau at Singapore

- WHO owes much to the work done and methods devised by the Health Organization of the League
- OIHP, PASB, Health Organization of League – All co-existed between the two world wars
- 1939 – League of Nations dissolved. But Health Organization in Geneva continued with the Weekly Epidemiological Records.

United Nations Relief and Rehabilitation Administration (1943)



- To organize recovery from effects of Second World War
- Health division to care for the health of the millions of displaced persons, restore services and revive machinery for international interchange of information on epidemic diseases.
- Outstanding work in
 - Prevention of Typhus and other diseases
 - Assistance to malaria control in Greece and Italy
 - Campaign for eradication of malaria from Sardinia

Birth of the World Health Organization

- Has its origin in April 1945 – Conference at San Francisco to set up the United Nations. Representatives of Brazil and China proposed- international health organization should be established
- Constitution drafted by the “Technical Preparatory Committee” under the chairmanship of Rene Sand and approved by an International Health Conference of 51 nations in New York in 1946 -referred to as ‘Magna Carta of health’.
- Interim Commission to carry out urgent tasks
- 7th April 1948-Formal Existence – **World Health Day**
- The establishment of WHO marked the culmination of efforts to establish a **single worldwide inter-governmental health agency.**



**World Health
Organization**

- The objective of the World Health Organization : “the attainment by all people of highest possible level of health”- set out in the preamble of the Constitution. Current objective of WHO is the attainment by all people of the world by the year 2000 AD of a level of health that will permit them to lead a socially and economically productive life- **Health for All by 2000 AD.**
- Two major policy developments have influenced WHO in recent years:
 - Alma Ata Conference in 1978 on primary health care
 - Global Strategy for Health for All by 2000

Membership:



- Open to all countries
- WHO has 193 Member States, including all UN Member States except Liechtenstein and Taiwan, and 2 non-UN-members, Niue and the Cook Islands. Puerto Rico and Tokelau are Associate Members (territories which are not responsible for the conduct of their international relations-participate without vote in the deliberations of the WHO)
- Each member state contributes yearly to the budget and is entitled to the services and aid organization can provide

Structure:

- The World Health Assembly
- The Executive Board
- The Secretariat

World Health Assembly



- “Health Parliament” of Nations
- Supreme governing body of WHO.
- It meets annually, usually in Geneva in May.
- Its main functions are to
 - determine the international health policy and programmes
 - review work of past year
 - approve budget needed for following year
 - elect Member States to designate a person to serve for three years on the Executive Board.
- Appoints the Director-General on the nomination of the Executive Board. **Dr. Margaret Chan** is the Director-General of WHO, appointed by the World Health Assembly on 9 November 2006.

The Executive Board



- 34 members technically qualified in the field of health. Designated by but do not represent their governments.
- Members are elected for three-year terms.
- Meets at least twice a year, generally in January and in May.
- The main functions of the Board are to give effect to the decisions and policies of the Assembly.

Secretariat



- The Organization is headed by the Director-General- technical and administrative officer of the Organization
- Primary function- to provide Member States with technical and managerial support for their national health development programmes.
- Staffed by some 8,500 health and other experts and support staff, working at headquarters, in the six regional offices, and in the individual representation offices in 147 countries.

Regional Offices of WHO



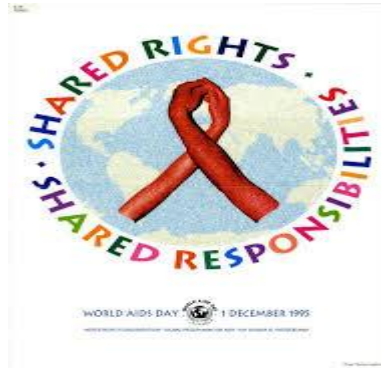
Works of WHO:



- WHO's first constitutional function is to Act as the directing and coordinating authority on all international health work.
- The work of WHO can be broadly classified under three divisions:
 1. The first division is the **'classical' or inherited work**
 2. The second division of work are the **direct services to the governments** in the field
 3. The third division of WHO's work can be described as **education and information**
- WHO Publications like technical reports, bulletin, training manuals, policy papers, articles, monographs, public health papers, etc.

Specific Responsibilities:

- Prevention and control of specific diseases
- Development of comprehensive health services
- Family health
- Environmental health
- Health Statistics
- Bio-Medical Research
- Health Literature and Information
- Cooperation with Other Organizations



WHO Oral Health Unit



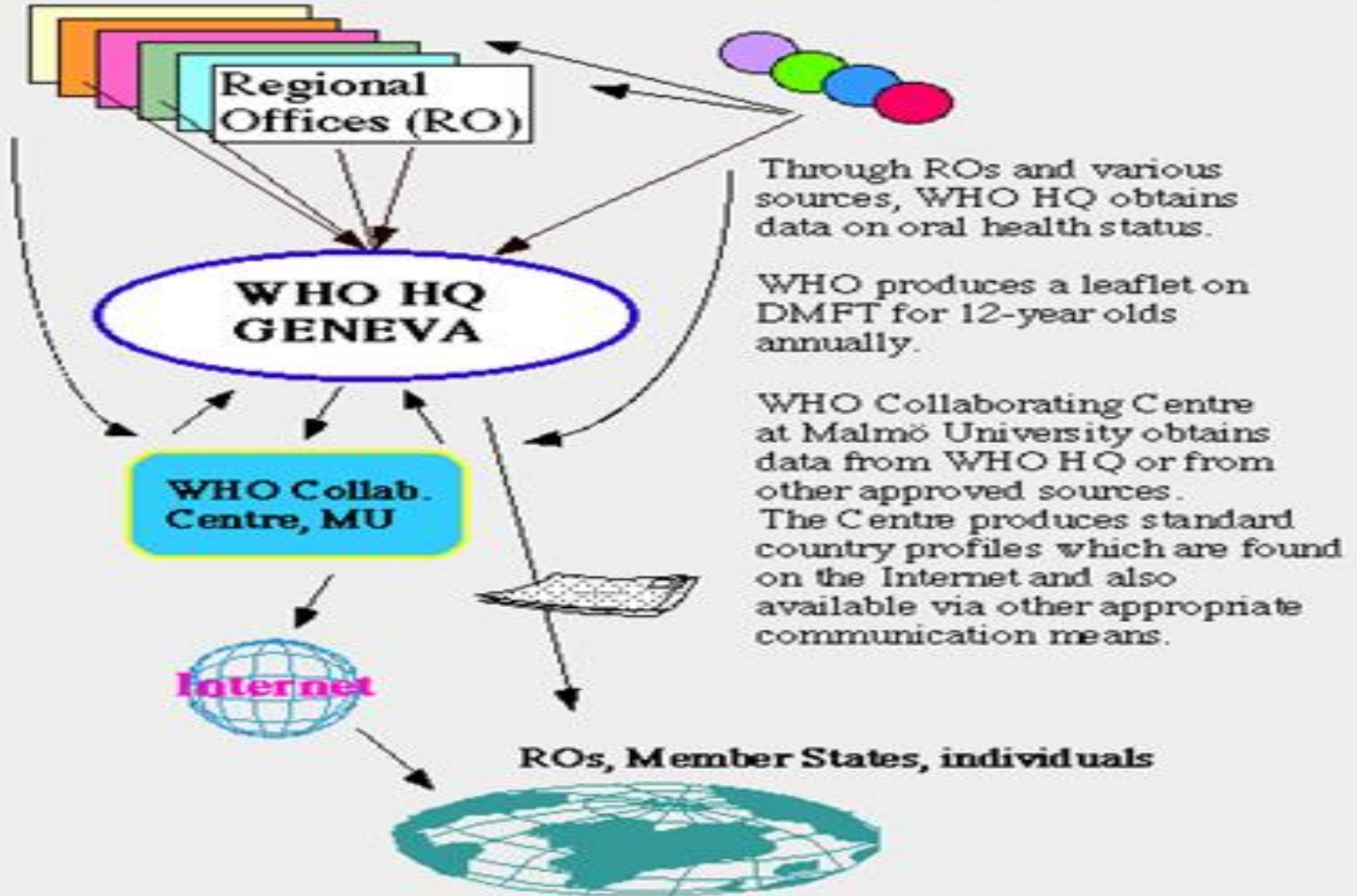
- The Oral Health Unit of WHO was established in 1956.
- Through WHO sponsored fellowships- oral health care personnel from the member states are receiving postgraduate education and training at advanced institutions all over the world.
- WHO consultants sent to countries requesting technical assistance
- International workshops and courses arranged
- WHO Technical report series- reports of expert committees on various topics of oral health



- Advancement of oral epidemiology. Standard methods facilitating collection of data on global basis developed. Published a manual- *Oral Health Surveys: Basic Methods*- deals extensively with procedures and steps in carrying out oral survey. Also published- “*Guide to oral health epidemiological investigations*”- can be used for more elaborate and rigorous oral health surveys. Establishment of Global Oral Epidemiology Bank
- WHO International Collaborative Study on Dental Manpower Systems

Global Oral Health Database

The WHO/NCD/ORH Country Profile Programme



United Nations Children's Fund (UNICEF)



- Established in 1946 as United Nations International Children's Emergency Fund to deal with rehabilitation of children in war ravaged countries.
- 1953- Renamed UN Children's Fund, but the initials UNICEF retained.
- Head quarters – UN, New York
- Regional office of South Central Asian Region– New Delhi
- 30 member executive board
- Works in collaboration with WHO and other specialized agencies of UN
- MCH, Nutrition, environmental sanitation, health education, child health
- WHOLE CHILD – country health programming

Content of services:

- Child health
- Child nutrition
- Family and child welfare
- Education – formal and non-formal
- GOBI
- Urban Basic Services (UBS)



UNICEF's targets for 2016

As the needs of children continue to grow, UNICEF's work has to keep pace.



Nutrition

2.9 million children to be treated for severe malnutrition



Health

11.7 million measles vaccinations



WASH

Safe water for 17.3 million people



Child protection

Psychosocial support for 3 million children



Education

Basic education for 8.2 million children



Cash assistance

Cash support for 2.1 million people

UNITED NATIONS DEVELOPMENT PROGRAMME (UNDP)

- Established in 1966 as United Nations Development Programme
- Main source of funds for technical assistance
- Basic objective is to help poorer nations develop their human and natural resources more fully



World Bank



- Established with the purpose of helping less developed countries raise their living standards
- Cooperative programmes exist between WHO and the Bank e.g. projects for water supply, World food programme, Population control, Control of Onchocerciasis in West Africa

Voluntary Health Agencies in India



- Indian Red Cross Society
- Hind Kusht Nivaran Sangh (Indian Leprosy Association)
- Indian Council Of Child Welfare
- Tuberculosis Association of India
- Bharat Sewak Samaj
- Central Social Welfare Board
- Kasturba Memorial Fund
- Family Planning Association of India
- All India Women Conference
- Push Trust
- PRAYAS Social Welfare Society
- Help Age India
- Theosophical Society
- Sarvodaya Internation Trust
- Kasturba Sewa Samiti
- Deepak Foundation
- GiveIndia
- Child Welfare and Holistic Organisation for Rural Development (CHORD)
- Brahma Kumaris
- Food Relief Charity
- Anandalok
- Action Council against Tobacco - India
- Child Relief and You CRY

Indian Red Cross Society



- *Sir Henry Dunant* witnessed the Battle of Solferino.
- In a single day, about 40,000 soldiers on both sides died or were left wounded on the field.
- Henry Dunant was shocked by the terrible aftermath of the battle, the suffering of the wounded soldiers, and the near-total lack of medical attendance and basic care.
- On February 9, 1863 in Geneva, Henry Dunant founded the "Committee of the Five" which was later renamed to "International Committee for Relief to the Wounded".

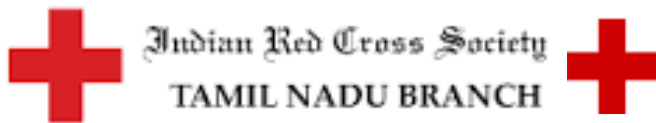
- The final resolutions of the conference, adopted on October 29, 1863
 1. The foundation of national relief societies for wounded soldiers;
 2. Neutrality and protection for wounded soldiers;
 3. The utilization of volunteer forces for relief assistance on the battlefield;
 4. The organization of additional conferences to enact these concepts in legally binding international treaties; and
 5. The introduction of a common distinctive protection symbol for medical personnel in the field, namely a white armlet bearing a red cross.

- Together, the National Societies have 97 million members and volunteers, and 300,000 employees, assisting some 233 million beneficiaries each year.
- 1. The areas where these societies work are
- 2. emergency shelter, food and medicine
- 3. water and sanitation
- 4. restoring family contact for disaster victims
- 5. disaster preparedness
- 6. community-based health and care
- 7. first aid training and activities
- 8. control and prevention of diseases
- 9. HIV/AIDS prevention
- 10. blood donor recruitment, collection and supply
- 11. youth and volunteer activities

- A bill to constitute the Indian Red Cross Society, Independent of the British Red Cross, was introduced in the Indian Legislative Council on 3rd March 1920 by Sir Claude Hill.
- The Bill was passed on 17th March 1920 and became Act XV of 1920 with the assent of the Governor General on the 20th March 1920.
- On 7th June 1920 , fifty members were formally nominated to constitute the Indian Red Cross Society and the first Managing Body was elected from among them with Sir Malcolm Hailey as Chairman.



- Indian Red Cross Society is a member of the International Federation of Red Cross and Red Crescent Movement.
- Presently Indian Red Cross Society has 400 branches all over India



Indian Red Cross Society
TAMIL NADU BRANCH

Indian Red Cross Society
Maharashtra State Branch



Indian Red Cross Society
M.P. District Branch Indore



INDIAN RED CROSS SOCIETY
VADODARA DISTRICT BRANCH



Indian Red Cross Society
(A.P. STATE BRANCH)

- The programs undertaken are

1. Relief work

- Disaster (earth quake, floods, drought, epidemics)
- Mobilize resources
- Rescue of people

2. Milk and medical supplies

- Assistance to hospitals, dispensaries, maternity and child welfare centers, schools, orphanage
- Milk powder, medicines, vitamins and other supplies.

3. Armed forces

- Care of sick and wounded soldiers.
- Red cross Home in Bangalore is the only center for permanently disabled ex servicemen in India and Far East.
- only for non-commissioned soldiers who need total care and re-inhabitation, nursing, financial support

4. Maternal and child welfare services

- Center all over India
- Technical advice and financial aid for
- Maternal and child welfare centers

5. Family planning

- Family planning clinics all over India

6. Blood bank and first aid

- St John ambulance association of India
- Trained men and women for
- First aid, home nursing etc

Hind Kushth Nivaran Sangh (Indian Leprosy Association)

- Indian council of the British empire leprosy relief association (BELRA)
- Hind kusht nivaran sangh was established in 1950 with its head quarters in Delhi.



- Presently it works as Indian Leprosy Association with the following objectives
 1. To eradicate and control the disease and assist the leprosy affected persons in their social and economic rehabilitation.
 2. To establish Co-ordination amongst all the organizations working in the field of leprosy in India, and to render them necessary whenever desired.
 3. To provide services for the treatment of leprosy and conduct research on the socio, psycho and economic conditions of the patients.
 4. To educate the patients and students in particular and the public at large about the various aspects of the disease and the plight of leprosy affected persons.
 5. To establish institutions, clinics and hospitals for the control and treatment of leprosy.
 6. To provide information and treatment of leprosy from india.
 7. To provide Clinical Treatment of Leprosy.

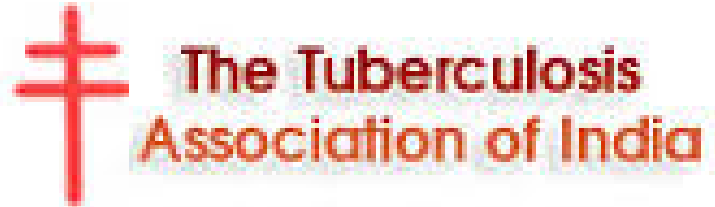
Indian Council Of Child Welfare

- Established in 1952
- Affiliated to International Union of Child Welfare
- Secure for India's children “ opportunities and facilities, by law and other means.”
- To enable them to develop physically, mentally, morally, spiritually and socially in normal manner and in conditions of freedom and dignity.



Tuberculosis Association of India

- Formed in 1939
- Branches in all states
- Institutes under association are
 1. New Delhi Tuberculosis Center
 2. Lady Linlithgow Sanatorium, Kasauli
 3. King Edward Sanatorium, Dharampur
 4. Tuberculosis Hospital, Mehrauli



Indian Journal of Tuberculosis

- Activities include
 - TB seal program every year to raise funds
 - Training of doctors, health workers and social workers in anti tuberculosis work
 - Promotion of health education
 - Promotion of consultations and conferences.



Bharat Sevak Samaj



- Bharat Sevak Samaj is a Nonpolitical, Non-official and an All India Voluntary Organization.
- It was founded in 1952 by illustrious Bharat Ratan Pt. Jawahar Lal Nehru, as its founder president and Bharat Ratna Gulzari Lal Nanda, as Chairman.



भारत सेवक समाज
BHARAT SEVAK SAMAJ

NATIONAL DEVELOPMENT AGENCY PROMOTED BY GOVERNMENT OF INDIA

- The objectives of samaj are to:
 1. Find and develop avenues of voluntary service for the citizens of India
 2. Promote national sufficiency and build up the economic strength of the country.
 3. Promote the social well being of the community and to mitigate hardship of its less favored sections.
 4. Draw out the available unused time, energy and other resources of the people, and direct them into various fields of social and economic activity.
 5. Take all steps which are necessary for the fulfillment of the aforesaid objects.

Central Social Welfare Board



- The Central Social Welfare Board (CSWB) was set up in 1953 with the objective of promoting social welfare activities and implementing welfare programmes for women and children through voluntary organisations.
- The Central Social Welfare Board is unique in the sense that it was the first organisation in Post Independence era to achieve people's participation for implementation of welfare programmes for women and children through NGOs.



- **Functions:**

1. Surveying the needs and requirements of voluntary welfare organizations on a voluntary basis
2. Promoting and setting up of social welfare organizations on a voluntary basis
3. Rendering of financial aids to deserving existing organization and institutions



Family and child welfare services was started in rural areas in 1968 with the following activities:

- Teaching craft
- Social education
- Literacy classes
- Maternity aid
- Distribution of milk
- Balwadis
- Play for children



Kasturba Memorial Fund



- Gandhiji turned the fund raised in memory of Kasturba Gandhi who died in 1944 into Kasturba Gandhi National Memorial Trust
- With the object “to serve the women and children of smallest villages-not more than of 2000 population, through the main activities of education, health maternity and medical aid, cottage industries and moral and social upliftment”. He also stressed that ‘the work must be organized by women only’.

The activities promoted by Kasturba Memorial Fund are

- Village Services Centres (Gram Seva Kendra)
- Health Centres (Arogya Kendra)
- Children Welfare Centres (Bal Seva Kendra)
- Creches (Jhula ghar)
- Basic Schools (from 1st to 8th std)
- Higher Secondary School for girls (Kasturba Kanya Vidya Mandir)
(Banvasi Kanya Ashram)
- Girls College (Kanya Mahavidyalay)
- Nursing Training
- Training for Block Worker (Gram Kayakarta Prashikshan)
- Short stay homes
- Income generating activities – Dairy farming, Agriculture, Cloth making, hand spinning, hand – weaving .training in printing Umbrella making etc.,

Swadhar (Shelter home for women in distress)



- Provide shelter and other facilities to:
 - Destitute women
 - Sexually harassed victims (Rape victims and trafficked women)
 - War victims
 - Widowers, (Orphans) etc.,
 - Orphans
 - Single women
 - HIV / AIDS victims
 - Other types of harassed victims



Family Planning Association of India

- FPA India envisions health, particularly sexual and reproductive health for all, especially marginalized and young people, in the broad context of sustainable development leading towards the alleviation of poverty, stabilization of population, gender equality, and human rights.
- It supports the rights of individuals to reproductive choices, including legal and safe abortion; works towards reducing the spread and the impact of STIs /HIV/AIDS and increasing access to gender sensitive SRH information, education and services to all especially the young and marginalized and eliminating violence, discrimination, and abuse.

Aims:

- Population Stabilisation
- Prevention of Unsafe Abortion and Sex Selective Abortions
- Reduction in Infant Mortality Rate
- Reduction in Maternal Mortality Rate
- Reduction in Reproductive Morbidity of Men and Women
- Reduction in Sexually Transmitted Infections including HIV
- Gender Equity and Gender Equality
- Meeting the Sexual and Reproductive Health Needs of Youth

Pioneering works:

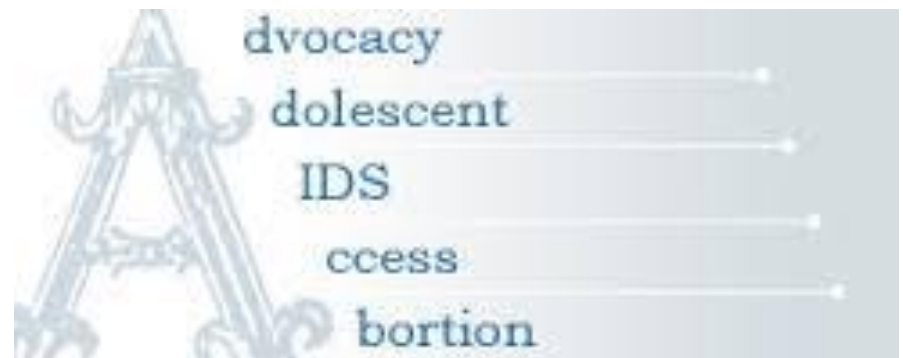


- '50s family planning started
- '60s population education introduced in Universities
- '70s sexuality education programs initiated
- '80s community mobilisation and women's empowerment special projects implemented
- '90s inclusion of all aspects of sexual and reproductive health integrated into Family Planning activities
- '00s integration of HIV / AIDS into sexual and reproductive health core services

Strategic Plan (2005-2009):

5 Action Areas - 5 A's

- Access
- Advocacy
- Adolescents
- AIDS
- Abortion



All India Women Conference



- The All India Women's Conference (AIWC), one of the oldest voluntary organization in the country, was founded in 1927 by Margaret Cousins, an Irish Lady, who had made India her home.
- AIWC's original concern was women's education but gradually it took up various social and economic issues concerning women, such as Purdah, Child Marriage, Trafficking, Women's Property Rights etc.
- Over 1,00,000 members in 500 branches all over country.
- A premier organization working for Women's Development and Empowerment.
- Maternal and child health care clinics, medical centers, adult education centers, milk centers and family planning clinics

Objectives:



- To work for a society based on principles of social justice, integrity, equal rights and opportunities.
- To secure recognition for the inherent right of every human being, to work and to secure the basic essential of life, such as food, clothings, housing, education and other social amenities in the belief that these should no be determined by accident of birth or sex.
- To support the claim of every citizen to the right to enjoy basic rights and liberties.
- To make women aware of the fundamental rights conferred on them by the Constitution of India.
- To co-operate with the people and organizations of the world for the implementation of those principles, which alone can assure permanent international amity and world peace.



The Blind Relief Association, Delhi

Blind Relief Association

Blind Relief aims to bring about true rehabilitation of the visually challenged and disabled persons by quality education and skill development thereby ensuring them the means to earn a livelihood and live an economically independent and dignified life.

Activities :

- Education
- Vocational training – Electronic training, book binding, candle-making, relaxation and therapeutic massage training
- Library
- Counseling and placement
- Sports
- Computer training



Push Trust (People United to Serve hunger)

Objectives:

- To provide an opportunity to the needy, poor, marginalized, downtrodden, orphans, widows, unwedded mothers, to realize the God-given potentials and develop them as total persons comprising body, mind and soul.
- To provide them education, health, better home life and to develop their capabilities to assume leadership in civil, domestic, industrial and professional areas.
- To establish and run homes, orphanages and old age homes to provide food, cloth & shelters for the needy poor.

PRAYAS Social Welfare Society

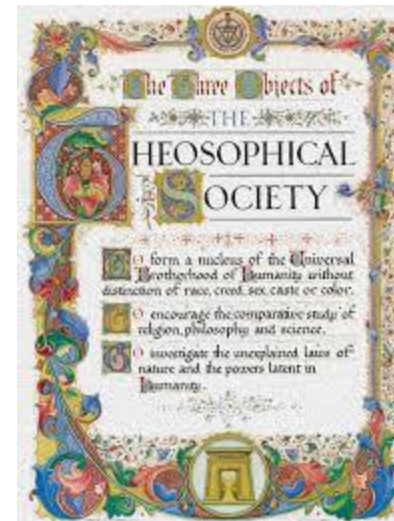


- A non political, non religious and non commercial organization mainly engaged in imparting completely free education to the children from the families belonging to Economically Weaker Section and backward class of the society.
- Parents of these children are mostly labourers who live in slums, Jhuggis (mud or polythene hutments) and are not able to get their children admitted in public schools or even in Govt. run schools due to poverty and illiteracy.
- One of the objectives is “to start more mobile charitable allopathic dispensaries to serve the poor in the areas deprived of medical facilities.”

Theosophical Society



Theosophical Society, founded in 1875, is a worldwide body whose primary object is Universal Brotherhood based on the realization that life, and all its diverse forms, human and non-human, is indivisibly One.



Sarvodaya International Trust



- To revive, invigorate and diffuse nationally and internationally in a form and manner relevant to the contemporary and emerging twenty first century scenario the moral ideals and action programmes of Mahatma Gandhi.
- To identify and support those Gandhian institutions and voluntary organisations which are of importance in the context of the objects and doing' laudable and commendable work in the moral, non-violence, peace, communal and racial harmony fields and in the Social, Cultural and Environmental spheres, on Gandhian lines.

Kasturba Sewa Samiti



Kasturba Sewa Samiti is a voluntary organization run by a group of self motivated individuals, who have taken upon themselves the cause of empowering rural youth by initiating programs and activities aimed at sustainable rural development in consonance with larger environmental and social concerns.

Deepak Foundation



DEEPAK FOUNDATION

- To promote practices for complete safe motherhood and child survival
- To make available health and pre-school education services to the rural poor
- To ensure livelihood through dairy cooperatives and savings groups
- To generate awareness about HIV / AIDS
- To provide relief and rehabilitation services during disasters

Areas of Work:

- Women and Child Development
- Livelihood
- Sexual Health
- Disaster Relief and Rehabilitation

GiveIndia

GiveIndia

the power to change lives

- GiveIndia is a donation platform that allows you to support a cause of your choice from about 100 NGOs that have been scrutinized for transparency & credibility.



EDUCATION



WOMEN



ELDERLY



DISABLED



HEALTH



CHILDREN



Child Welfare and Holistic Organization for Rural Development (CHORD)

- An organisation which focuses our striving to give hapless children hope and the power to dream of a better tomorrow.
- Totally committed to ensuring child welfare, poverty alleviation and initiating micro rural economic development



Food Relief Charity

Activities:

- Food distribution
- School projects
- Cloth distribution
- Tsunami relief



Anandalok

Objectives:

- To get involved with mentally challenged people.
- To take care of those persons whose existence is considered burden to their family and society.
- To involve the mentally challenged people in different social, cultural and vocational activities with an aim to bloom their latent potentials.
- To counsel the guardians of the mentally challenged people and make them aware of their rights and duties.
- To create mass awareness on the plight and status of the mentally handicapped people who belong to an extremely marginalized section of the society.

Action Council against Tobacco - India

- ACT-India (Action Council against Tobacco - India) is a registered NGO established in December 1991 with the long-term goal of creating a "Tobacco Free Society"
- **Objectives:**
 1. Preventing non-users of tobacco, particularly adolescents from taking to the habit.
 2. Stopping the use of tobacco among those who have the habit.
 3. Activities to achieve this goal.

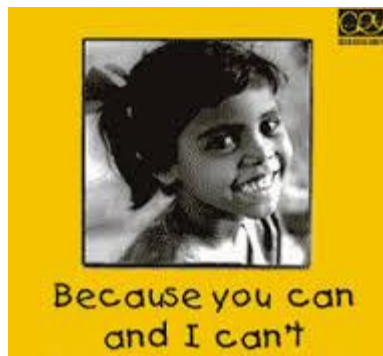


Child Relief and You (CRY)



Vision:

To enable people to take responsibility for the situation of the deprived Indian child and so motivate them to confront the situation through collective action thereby giving the child and themselves an opportunity to realize their full potential.



A time will come... All children will have equal opportunities to learn, grow and play.



...we believe it will

Help Age India



- Advocate with national & local government to bring about policy that is beneficial to the elderly.
- Make society aware of the concerns of the aged and promote better understanding of ageing issues.
- Help the elderly become aware of their own rights so that they get their due and are able to play an active role in society.



Rs.750 from you can feed her for an entire month. There are 1 million needy elders like her waiting for your help.

NON-GOVERNMENTAL ORGANIZATIONS

- Non-governmental organizations (NGOs), also known as private voluntary organizations (PVOs), provide approximately 20% of all external health aid to developing countries.
- Most of these organizations are quite small; many are church-affiliated.
- The largest NGO devoted to international health in the United States is Project Hope.
- Worldwide, the most important NGO in long-term international health is probably Oxfam International. Founded in the United Kingdom in 1943, it now has affiliates in 10 other countries, including the United States.

Rockefeller Foundation

- John Rockefeller -1913
- Control of hookworm in Madras – 1920
- All India institute of hygiene and public health – Kolkata
- Training, fellowships, travel grants, grants-in-aid, development of medical college libraries



The Ford Foundation



- 1936 – Henry and Edsel Ford – New York
 - Establishment of “Orientation Training Centres” for providing training courses in public health.
 - Establishment of “Research and Action projects” for environmental sanitation.
 - Establishment of “Rural Health Services”, a form of coordinated health services.
 - Establishment of “National Institute of Health Administration and Education” at New Delhi.
 - Coordination for the water supply and drainage system in the city of Calcutta.
 - Supporting research in the field of family planning.

Cooperative For American Relief Everywhere (CARE)



- The CARE was established in 1946 as a nongovernmental, non-sectarian organization with the aim of providing help for people during the war times.
- Subsequently its programmes were extended to other countries also.
- In India, CARE has been involved with many feeding programmes like the mid-day meal scheme for school children, health care programmes , educational and vocational training etc.
- CARE also provides mobile medical units, medical equipments, medicines etc for the health care of the rural people.
- Like CARE, **Catholic Relief Services (CRS)** specializes in providing food relief.

Voluntary Health Agencies and Government

Governments support NGOs overtly through:

- financial grants
- in-kind donations
- grants for specific health expenditures, particularly salaries.

Covert support is provided through:

- tax subsidies
- exemptions.

Government support is hampered by:

- delays in disbursement
- lack of flexibility
- economic constraints

Government regulates voluntary health agencies

- to restrict their operations
- to maintain current levels of service and regulation
- to regulate, coordinate, and supervise them
- to actively promote them

- Policy development will always require a strong government presence in co-ordinating and regulating health care provision
- The relation can be strengthened by:
 - strategies for strengthening and developing Ministry of Health capacities for coordination and regulation
 - structures/mechanisms for coordination among NGOs and with governments
 - evaluation of relative NGO efficiency in provision and management
 - evaluation of potential functions for NGOs in different circumstances
 - the development of quality monitoring procedures and tools

Voluntary Health Agencies and Oral Health

Supplementing the work of governmental agencies

1. Dental Health education
 - Dental awareness camps
 - Exhibition, museums
 - Street plays
 - Use media to spread information

2. Supplementing the work of governmental agencies
 - Dental service provision
 - Dental Treatment camps
 - Setting up dental clinics
 - Dental hospitals set up under charitable trust
 - Mobilizing dental manpower resources

3. Guiding the work of governmental agencies

- WHO helps plan oral health care programs at a national level
- Local bodies may try to find the oral health needs of people in that area and advise government to develop policies towards it
- Program evaluation

4. Advancing health legislation

- E.g. ACT India is creating a public awareness against the use of tobacco
- Monitor the legislation and suggest changes in the legislation
- Professional bodies IDA has an important role to play.

5. Pioneering/Demonstration

- E.g Borrow foundation – milk fluoridation
- Each agency may specialize in a particular field or oral health importance and promote research
- These will help government adopt new policies.

Conclusion

There are several agencies around the world working towards the ultimate goal to achieve better health of the community. Primarily established for the control of spread for communicable diseases, attention has now begun to be given to Non-communicable diseases including oral diseases. The continued international cooperation is important to achieve the goal “Health for All”.

References

- Park K. Park's textbook of preventive and social medicine. 18th ed. Banarasidas Bhanot publishers. Jabalpur, India. 2005. p. 704-11.
- Peter S. Health agencies around the world. In: Peter S. Editor. Essentials of preventive and community dentistry. 2nd ed. Arya (medi) publishing house. New Delhi. 2003. p. 723-43.
- The Major International Health Organizations. Available from: www.imva.org/Pages/orgbio.htm
- Sharma M, Bhatia G. The voluntary community health movement in India: a strengths, weaknesses, opportunities, and threats (SWOT) analysis. J Community Health. 1996 Dec;21(6):453-64.

- Gilson L, Sen PD, Mohammed S, Mujinja P. The potential of health sector non-governmental organizations: policy options. Health Policy Plan. 1994 Mar;9(1):14-24.
- www.indianredcross.org
- www.leprosyindia.com
- www.indiasocial.org/bharatsewaksamaj/index.htm
- wcd.nic.in/cswb1.htm#pub
- www.kgnmthyd.org/
- www.prayassws.com/index.html
- www.pustrust.org
- www.ts-adyar.org/index.html
- www.sarvodayatrust.org/index.htm
- www.ksshp.org/
- www.deepakfoundation.org/
- www.children-of-bangalore.com/redcross.htm