Internship

at

Care India, Bihar

By

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ORGANIZATION PROFILE

❖ CARE INTERNATIONAL

CARE International is a leading humanitarian organization fighting global poverty. It places special focus on working alongside poor women because, equipped with the proper resources, women have the power to help whole families and entire communities escape poverty. Women are at the heart of their community-based efforts to improve basic education, prevent the spread of diseases, and increase access to clean water and sanitation, expand economic opportunity and protect natural resources. The organization also delivers emergency aid to survivors of war and natural disasters, and help people rebuild their lives.

In the fiscal year 2015, CARE worked in 95 countries around the world, supporting 890 poverty-fighting development and humanitarian aid projects to reach more than 65 million people.

CARE International is a global confederation of 14 National Members and one Affiliate Member with the common goal of fighting global poverty. Each CARE Member is an autonomous non–governmental organization and implements program, advocacy, fundraising and communications activities in its own country and in developing countries where CARE has programs.

At the beginning, there was a package: a CARE package, aimed to reduce hunger and show solidarity with the people of war-torn Europe.

At the end of World War II in 1945, twenty-two American charities, a mixture of civic, religious, cooperative and labor organizations got together to found CARE. Originally known as the *Cooperative for American Remittances to Europe*, it began to deliver millions of CARE

packages across Europe. This was basically a small shipment of food and relief supplies to hungry recipients - with a huge impact on people's lives.

During the next three decades, CARE shifted its focus from helping Europe to delivering assistance in the developing world. It started programs in the areas of education, natural resources management, nutrition, water and sanitation, and healthcare in Southern Africa, South Asia and South America. Broadening the geographic focus and expanding beyond the original food distribution programs, CARE started to assist people affected by major emergencies – from famine in Ethiopia to hurricane recovery in Honduras.

Over the previous decades, Care has continuously developed its approach to reducing poverty. In 1945, CARE was established on the premise that poverty was mainly due to a lack of basic goods, services, and healthcare. As the organization grew, so did their understanding of poverty. CARE's scope widened to include the view that poverty is often caused by the absence of rights, opportunities and assets, largely due to social exclusion, marginalization, and discrimination. In the early 1990's, its work grew into what they call a 'rights-based approach' to development.

In 1993, in an effort to reflect the wider scope of its programs, vision and impact, CARE changed the meaning of its acronym to *"Cooperative for Assistance and Relief Everywhere".* By 2007, it started focusing on women's empowerment realizing that women are the key: by empowering women entire families can be lifted out of poverty.

Some key networks in which CARE is involved or is a signatory to are:

- Code of Conduct for the International Red Cross & Red Crescent Movement at NGOs in Disaster Relief
- The Sphere Project
- Humanitarian Accountability Partnership International (HAP)
- Active Learning Network for Accountability and Performance in Humanitarian Action (ALNAP)
- People in Aid
- INGO Accountability Charter

- CARE is a signatory to and holds itself accountable to internationally accepted humanitarian standards and codes of conduct and works with other aid organizations and United Nations agencies to improve humanitarian action and to influence policy.

➢ CORE VALUES

Respect: Affirm the dignity, potential and contribution of participants, donors, partners and staff.

Integrity: Actions consistent with the mission. Being honest and transparent in what they do and say and accept responsibility for their collective and individual actions.

Commitment: Work together effectively to serve the larger community.

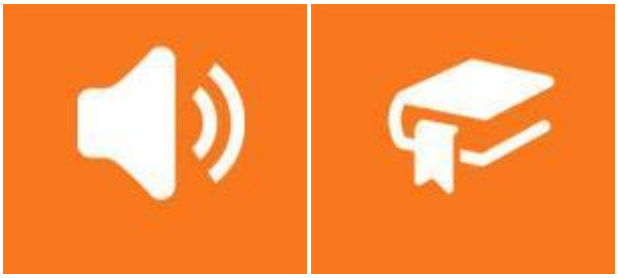
Excellence: Constantly challenge themselves to the highest levels of learning and performance to achieve greater impact.

➢ VISION AND MISSION

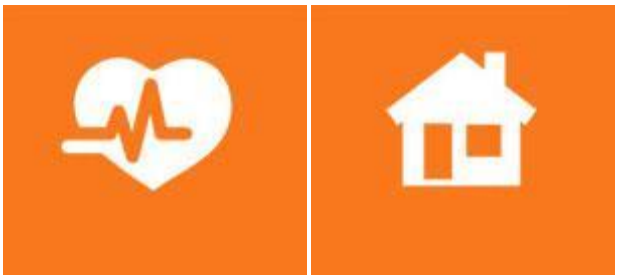
Their vision is to seek a world of hope, tolerance and social justice, where poverty has been overcome and people live in dignity and security. CARE will be a global force and partner of choice within a worldwide movement dedicated to ending poverty and will be known everywhere for its unshakeable commitment to the dignity of people.

CARE strives to serve individuals and families in the poorest communities in the world. Drawing strength from their global diversity, resources and experience, they promote innovative solutions and are advocates for global responsibility.

❖ FOUR MAIN FUNCTIONAL AREAS



Disaster Preparedness Education



Health Livelihood

❖ KEY LEARNINGS

- An entire set of programmes are running under the MoHFW and MoWCD in the state of Bihar, but the ground level implementation and performance is in a miserable state.
- There is a huge communication gap and too much overlap and confusions in the work profiles of FLWs of ICDS and Health Department.
- Work profiles of government officials, i.e. DPOs, CDPOs and LSs in the Department of Social Work, Government of Bihar, is heavily loaded with add-on responsibilities like election duties, land issue resolutions, etc; which often results in a compromise with their actual job-specific work.
- The agony of cultural taboos is still widely prevalent in Bihar. Also, the caste system affects the functioning of the AWCs at large. There are a few communities like Mushahar

and Passi, the presence of which is not acceptable to higher caste groups like Rajputs and Yadavs, which often results in preventing their children from going to AWCs if AWW or AWH belong to any other community or other caste groups are also benefitted at the same AWC.

- The physical state of AWCs is miserable, with unmaintained dust-filled registers, unreadable IEC on walls, no electricity and an acute shortage of space for the conduction of AWC functions, especially on VHSNDs.

- AWCs are equipped with Nutritional and Health education kits and materials, to be used by the FLWs on VHSNDs for educating women; but they are mostly unaware of the proper message to be communicated or the way to deliver it.

- People tend to look at an AWC as a spot to merely provide them ration and vaccinations, and thus are widely uninterested in the other services provided, and consider it to be a waste of time.

- There is a severe shortage of home visits by the FLWs, and this result in an improper knowledge of women on topics like exclusive breast feeding, complimentary feeding, family planning and birth preparedness.

- Since long, the entire focus in the field of healthcare in Bihar has been on immunization and institutional deliveries only, and thus the nutrition component was missed heavily, which has resulted in very high malnutrition rates in Bihar.

- There are huge gaps in the logistics or supplies of the essential materials like registers, growth charts, IFA tablets, THR, etc at the AWCs, which majorly affect their day to day functioning.

- A lot of meetings like ANM Tuesday meetings, HSC meetings, Sector meetings, DRG meetings, BRG meetings, etc are a part of general operations of the various stakeholders of health, but their regular conduction is a matter of question and a major challenge for the development partners like CARE.