Internship

at

Care India, Bihar

By

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ORGANIZATION PROFILE :

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 labour 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.

CARE INDIA

CARE has been working in India for over 65 years, CARE'S operations in India are governed by the INDO – CARE Agreement signed between Government of India and CARE on March 1950 , . In India, CARE focuses on the empowerment of women and girls because they are disproportionately affected by poverty and discriminations; and suffer abuse and violations in the realization of their rights, entitlements and access and control over resources. They do this through well planned and comprehensive programmes in health, education, livelihoods and disaster preparedness and response

History of CARE INDIA

CARE has been working in India since 1946, it formally arrived in the country in 1950, through the signing of the Indo-CARE Bilateral Agreement. Over the years, CARE India has actively contributed to the country's overall social development through various interventions. A brief glimpse of this journey shown below.

First Step – 1946

Care co founder Lincoln Clark signed the CARE basic agreement in Delhi at the office of Foreign Affairs

Second Step -1949 Development of CARE Food package for India

The first chief of mission , Melvin Johnson , arrived in India November 1949 to establish operations . Subsequently on the invitation of the president of India , he developed CARE food package for India

Third step – 1950 The First Shipments of CARE Packages arrives in India

The First CARE package shipment was sent by student of Vassar college , New York for various Indian Universities Students

Fourth Step – 1950 CARE Finally arrived in India Finally Indo care Agreement Bilateral between Government of India & CARE

Fifth Step in 1950 's The Formative Decade

Provide assistance to educational , hospitals & set up relief camps . Provide food based relief to victims of Kashmir Floods , Assam Earthquake & Uttar Pradesh Famine

Sixth Step in 1960's – The Decade of Expansion

Started Food for work programme in 11 states and expanded other food based programmes. It also delivered food commodities during the Bihar famine of 1960

Seventh Step in 1970-1980 Two Decade of Consolidation

Started supporting of portion of ICDS through its Nutrition programme and also explained its agriculture development and modernization of programme

Eight Step – 1990 Decade of Change and Expansion

Starting implementing the Integrated Nutrition and Health Project and piloted the Girls Primary education project . In 1994 it expanding its focus on women and girls issues

Ninth step- 2000- 2008 New Millennium, New Vision

While working on health and economic empowerment , CARE India made fundamental shift and decide to work on underlying cause of poverty and social injustice thereafter .

Tenth Step -2008-till date – Locally Governed Globally connected

CARE in India Register itself as national entity -CARE India solution for sustainable development (CISSD) Its accountability to an Indian Board and it became permanent member of care management

PROGRAME GOAL

Women and girls from the most marginalised communities are empowered, live in dignity and their households have secure and resilient lives. CARE India aims to accomplish this goal by working with 50 million people to help them meet their health, education and livelihoods entitlements and aspirations.

VISION

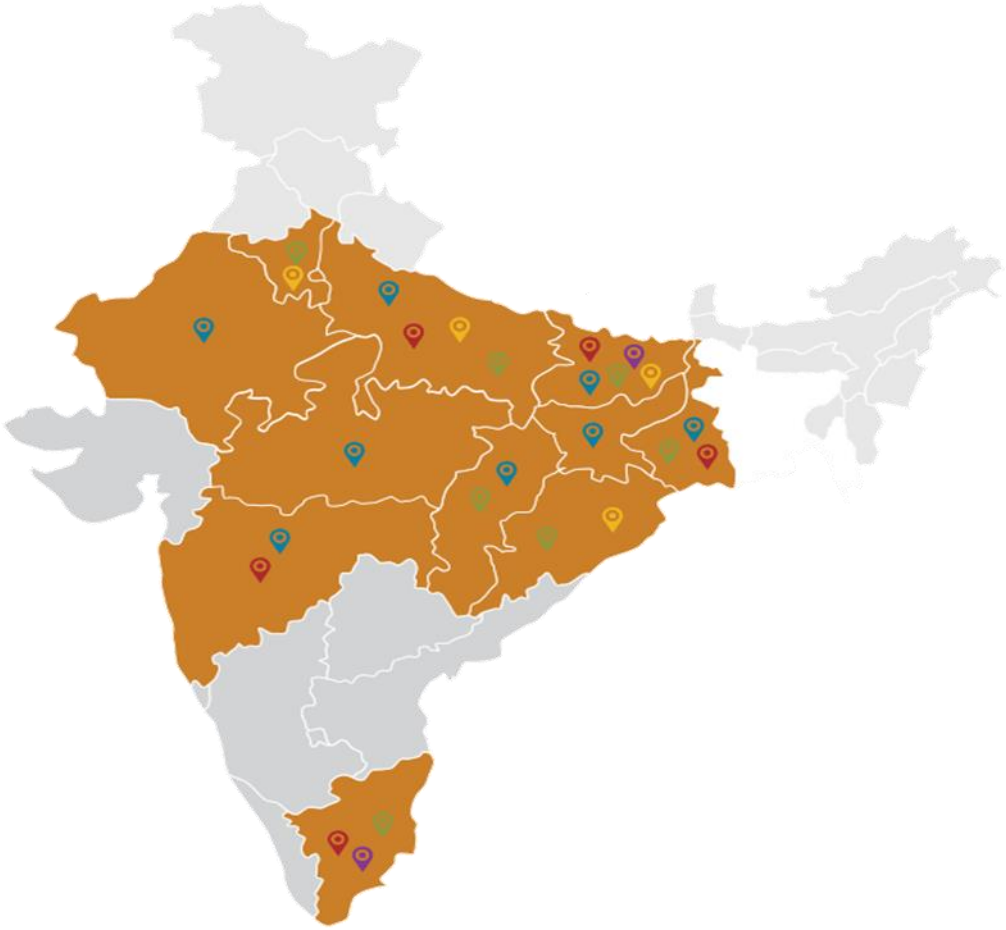
We seek a world of hope, tolerance and social justice, where poverty has been overcome and people live in dignity and security.

MISSION

CARE India helps alleviate poverty and social exclusion by facilitating empowerment of women and girls from poor and marginalised communities

CARE INDIA works in this area across all over India

- **Health Programmes**
- **Education Programmes**
- **Livelihood programmes**
- **Disaster preparedness**
- **Gender Transformative Change – others**
- **Inclusive Governance others**
- **Building resilience -others**



PROGRAMES WHERE CARE INDIA WORKS

HEALTH PROGRAMES –

- Kanya Sampurna
- Bihar Technical support Programme
- Strengthening health and Nutrition strategies in community platforms
- Axshya project
- Strengthening the Integrated Child development Services programme
- Improving Maternal Health through Engaging Family and Community

- Madhya Pradesh Nutrition Project
- ICDS System strengthening and Nutrition Improvement project

EDUCATION PROGRAMES-

- Kanya Sampurna
- Sampurna – Life cycles Intervention for Adolescent girls and Women
- Udaan – Special Residential learning for out of school girls
- Be the Change
- Maitri – Regional Advocacy on Safe and Secure education
- Read and Lead
- Khushi – Early Childhood Care & Education
- Promoting Age & Grade Appropriate Training Intervention

DIASTER PREPAREDNESS

- Relief from Tamil Nadu Floods
- Building Resilient communities
- Emergency Preparedness Project
- CARE India response to floods in Uttarakhand.
- Cyclone Phailin hit on the Eastern Coast of India.
- Tsunami relief programme

LIVELIHOOD PROGRAMMES

- Women + Water
- Switch Asia II – Evolving a women – Centred Model of Improved cook stoves for sustained adoption at scale
- Pathways India
- Kanya Sampurna
- Enhancing the Sustainable Farming Initiatives by Integrating Gender and Nutrition
- Where the Rain falls
- Technical Assistance and Research for Indian Nutrition and Agriculture
- Women ‘s leadership in Small and Medium Enterprises

LOCATIONS

CARE India has been working extensively in different parts of India. They work with grassroots initiatives, state and district governments, and communities and individual from all over the Country. As of now, CARE India is present in 14 states of India, with the head office being in Delhi.

Please see the below for the list of 14 States

BIHAR TECHNICAL SUPPORT PROGRAMME

Bihar Technical Support Programme finds roots in CARE India's Integrated Family Health Initiative (IFHI) project that was first launched in 2011, as part of the Ananya program,

with support from the Bill and Melinda Gates Foundation (BMGF) . The goal was to increase the coverage and quality of life-saving interventions and improve the health, survival and nutrition of women, newborns and children during the first 1,000 days – from conception to the child's second birthday. CARE India interventions focused on better counseling and emergency preparedness for the mother and newborn, building Basic Emergency Obstetric and Newborn Care (BEmONC) capabilities, improved management of neonatal infections, early initiation and exclusive breastfeeding, complimentary feeding, increased immunization, and expanded access to quality family planning services and birth spacing methods. These solutions were implemented universally across 137 blocks of eight focus districts over 3 years, to potentially reach a population of over 25 million. To tackle the menace of Kala Azar disease, a separate program was launched in 2012 as a special effort to eliminate the disease from Bihar by 2015. The elimination of Kala Azar follows a two-pronged approach – Indoor Residual Spraying (IRS) and Case Identification & Treatment. Intensive support and supervision of IRS, joint monitoring of spraying including case detection and tracking was initially provided in 8 districts and then scaled up to all 33 endemic districts since 2013. The efforts have shown positive results with a steady decline in the no. of reported cases over the years.

FOCUS ON 5 KEY FACTORS

1) launch of Manav Vikas Mission under the chairmanship of Chief Minister of Bihar

(2) launch of the GoIs RMNCH+A strategy in February 2013

(3) success of the Ananya program in identifying strategies and solutions that support these goals.

(4) The World Bank assisted ICDS Systems Strengthening and Nutrition Improvement (ISSNIP) initiative with half of Bihar's districts falling under the project.

(5) The request to the Foundation from Govt of Bihar for support in the areas of nutrition and family planning, created a pivotal opportunity to accelerate progress toward achieving

Government of Bihar's (Govt of Bihar) 2017 targets for reductions in rates of mortality, fertility and malnutrition, and increased immunization coverage.

The Bihar Technical Support Programme, supported by Bill & Melinda Gates Foundation, provides catalytic support to the Health and Social Welfare Departments of the Government of Bihar in achieving their goals of reducing rates of maternal, new-born and infant mortality, total fertility, anaemia and malnutrition, improving family planning services, and increasing immunization coverage in the state.

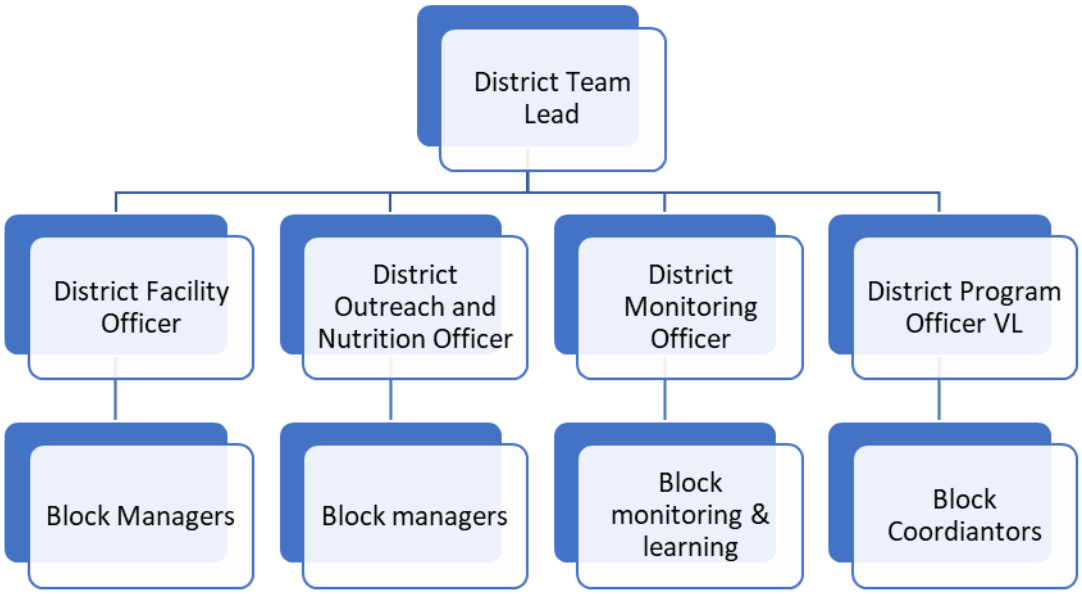
The programme helps the two departments in transforming capabilities and behaviors, build ownership towards health programmes, and unlock the potential of both public and private sector providers to effectively improve the quality and coverage of maternal and child health, family planning and nutrition interventions.

The scale and scope of this CARE India intervention is enormous- covering all 534 blocks in 38 districts of Bihar and involves at least 400 public sector hospitals and 200,000 frontline workers– to cater consistently and reliably to over 10 million mothers and their babies till 2017.

Certain Health Innovations done under BTSP Bihar

- Mobile Nursing Mentoring Team Program – name as AMANAT JYOTI
- Early Initiation of Breast Feeding
- ICT
- Home based new born care
- Tracking weak new born / Pregnant women
- Establishment of Family Planning corner and dedicated Family planning Counsellor
- Enhance Complimentary feeding practices
- Maternal death review meeting

Hierarchy of BTSP at District level



DISTRICT SAMASTIPUR - PROFILE

- POPULATION – 4,254782
- LITERACY RATE – 63%
- MUNCIPALITY -3
- SUBDIVISION -4
- BLOCK -20
- PANCHYAT 381
- VILLAGE 1260

District Hospital Profile

Profile of District Hospital	
Name of District:	SAMASTIPUR
Name of DH:	SADAR SAMASTIPUR
Contact number of DH:	9470003681
Total population of District:	5.5 LAKH
Catchment area with population catering by DH:	1.10 LAKH
Any award won by DH (Kayakalp/ISO/LaQshay/etc): if yes mention the year	NONE
Total number of ambulance available at DH:	4
Name of Farthest facility from DH with time taken to reach DH:	SINGHIA Took 3 and half hour
Location of DH (placed centrally; more or less equal distance from all facilities or situated in a corner of District)	Centrally situated
Nearest Referral point for DH	Darbhangha Medical college - 42 kms
Time takes to reach the referral point	45mins to 1 hour
Total BEmONC Facilities in district:	18 facilities
Is there any other CEmONC facility in District apart from DH (if yes please name it):	SDH Rosera , SDH Dalsinghsarai

Total Bed Strength – 500 sanctioned in 2008 + 100 bed sanctioned for MCH

but functional only 80