Internship
At
CARE India
Bihar

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List of Abbreviations

ANC - ANE NATAL CARE
ANM - AUXILLARY NURSING MIDWIFE
ASHA - ACCREDIED SOCIAL HEALTH ACTIVIST
AWC - ANGANWADI CENTRE
AWW - ANGANWADI WORKER
BCC - BEHAVIOR CHANGE COMMUNICATION
BCG - BACILLUS CALMETTE GUERIN
BHM - BLOCK HEALTH MANAGER
BTAST - BIHAR TECHNICAL ASSISTANCE AND SUPPORT TEAM
DH -DISTRICT HOSPITAL
DPO - DISTRICT PROGRAM OFFICER
GOI - GOVERNMENT OF INDIA
HSC - HEALTH SUB CENTRE
ICDS - INTEGRATED CHILD DEVELOPMENT SERVICES
ICU - INTENSIVE CARE UNIT
IDSP - INEGRATED DISEASE SURVELLIANCE PROJECT
IEC - INFORMATION EDUCATION COMMUNICATION
IFHI - INTERGRATED FAMILY HEALTH INITIATIVE
IRS - INDOOR RESDUAL SPRAYING
LS - LADY SUPERVISOR
MAM - MEDIUM ACUTE MALNOURISHED
MI - MALARIA INSPECTOR
MOIC - MEDICAL OFFICER IN CHARGE
MOU - MEMORUNDUM OF UNDERSTANDING
NVBDCP - NATIONAL VECTOR BORNE DISEASE CONTROL PROGRAMME
OT - OPERATION THEATRE
PHC - PRIMARY HEALTH CENTRE
RI - ROUTINE IMMUNIZATION
RMNCH+A - REPRODUCTIVE MATERNAL NEW BORN CHILD HEALTH + ADOLESCENTS
RPM - REGIONAL PROGRAM MANAGER
SAM - SEVERE ACUTE MALNOURISHED
SDH - SUB DIVISIONAL HOSPITAL
SKAEP - STRENGTHENING OF KALA AZAR ELIMINATION PROJECT
VHSND - VILLAGE HEALTH SANITATION AND NUTRITION DAY
VL - VISCERAL LIESHMANIASIS

1.1 Introduction-

Internship training is an integral part of the second year program, where we have to observe and learn the work culture of organization. Also it will be necessary to participate in various department/activities so that we get first hand exposure of the different departments and work done in the organisation and through which we can understand process of work and thereafter be able to involve in decision making.

I am appointed as District Program Officer – Visceral Leishmaniasis (VL), by CARE India at Araria District, Bihar. The main focus is on detecting as many new cases of VL as possible by proper case detection, ensuring complete treatment course for patients, counselling the community on prevention methods and most importantly ensuring that the Indoor Residual Spraying (IRS) rounds being conducted by the Government of Bihar are done in the best possible way, ensuring quality of spraying, proper monitoring of actual spraying, ensuring community mobilization through proper IEC/BCC.

1.2 Objective of Internship

(a) To understand the work pattern of CARE India, and its organizational structure

(b) The next objective of internship was to learn various managerial and administrative skills needed to work with a government system and to help in effectively implementation of the assigned program (Kala Azar Control Program) in the government setup to ensure the overall benefit of the community.

(c) To identify existing gaps in human resource, service delivery quality, data collection, analysis and implementation of health programs in the District and to propose probable solutions to them.

(d) To coordinate proper functioning of the assigned program (Kala Azar control Program)

The key responsibilities undertaken were:

- To lead, support and ensure high coverage and quality of IRS activities through a team of IRS Link Workers.
- Liaise with District Malaria Officer, NVBDCP Consultant, Civil Surgeon to support VL activities and provide Managerial support at district and block level.
- Oversee organization of patient services for VL at PHC/SDH/DH (patient flow, diagnostics, drug supplies, incentives) and co ordinate with the Lab Technician, KTS, BHM, MOIC for the same.
- Enhance the use of Data for program management by health functionaries at district and block level.
- Co ordinate with KTS and MI – for micro planning for IRS, patient follow up and treatment completion records.
- Build Capacity and Strengthen Knowledge Base of Link Workers and Field level workers through training and Mentorship.

1.3 Araria District

Araria is situated at the northern part of Bihar. The district came into existence by division of Purnia district on Makar-Sankranti day of 1990. Jogbani in forbesganj block is the last point of Indian Rail, after which Virat Nagar District of Nepal Starts.

1.3.1 Geographical Location

The geographical location of Araria stands at 26°9' to 26°15' North latitude and 87°31' to 87°52' east longitude with attitude 47cm from sea level. The District is surrounded by Purnea District in south, Supaul & Madhepura District in west, Kishanganj is in east and International border with Nepal in North. The District is in semi tropical Gangetic plane. The District is spread over 2830 sq km area.

1.3.2 Administrative Setup

Araria District has Two Sub Divisions and a total of Nine Blocks. There are about 218 Gram Panchayats and a total of 751 Villages.

1.3.3 Health Care Setup

There divisional Hospitals, Nine PHCs, 32 Additional PHCs, 199 Health Sub Centers. Out of the total villages, there are 232 villages having any health care facilities.

1.3.4 Demographic profile

Highlights of Census 2011

- The population of Araria District according to the Census 2011 is 28,06,200 as compared to the 2001 figure of 21,58,608. The current population consists of 14,60,878 males and 13,45,322 females.
- An increase of about 30.25 percent of population has been seeen from the previous census.
- The population density is about 992 per sq km.
- Though Sex ratio showed an improvement, reaching 921 from the 2001 figure of 913, there was a decline in the child sex ratio to 954 from being 963 in 2001.
- Literacy also showed an increase from about 35 percent to 55 percent in 2011. About 64 percent males and 45 percent females respectively are literate in Araria.
- About 94 percent of population of Araria lives in rural areas. The total population of Araria is about 2.7 percent of the population of Bihar.

1.4 About the Organization

CARE (Formerly known as Cooperative for Assistance and Relief Everywhere) is a major international humanitarian agency delivering broad-spectrum emergency relief and long-term international development projects. Founded in 1945, CARE is nonsectarian, impartial, and non-governmental. It is one of the largest and oldest humanitarian aid organizations focused on fighting global poverty. In 2013, CARE reported working in 86 countries, supporting 927 poverty-fighting projects and humanitarian aid projects, and reaching over 97 million people.

CARE's programmes in the developing world address a broad range of topics including emergency response, food security, water and sanitation, economic development, climate change, agriculture, education, and health. CARE also advocates at the local, national, and international levels for policy change and the rights of poor people. Within each of these areas, CARE focuses particularly on empowering and meeting the needs of women and girls and on promoting gender equality.

CARE has been working in India for over 60 years, focusing on ending poverty and social injustice. This is done through well-planned and comprehensive programmes in health, education, livelihoods and disaster preparedness and response. The overall goal of CARE is the empowerment of women and girls from poor and marginalized communities leading to improvement in their lives and livelihoods.

1.5 Services provided by the Organization:

CARE programming falls into the following broad themes:

- **Gender and women's empowerment**: CARE lists the empowerment of women and girls as its first priority, and focuses its programming in other areas towards this. In 2006 CARE formed the CARE International Gender Network (CIGN) to improve the coordination and quality of CARE’s work on gender equality.
- **Emergency response**: CARE supports emergency relief as well as prevention, preparedness, and recovery programs. CARE reported that in 2013 its emergency response and recovery projects reached over 4 million in 40 countries. CARE is a signatory of major international humanitarian standards and codes of conduct including the Code of Conduct for the International Red Cross and Red Crescent Movement and NGOs in Disaster Relief, the Sphere standards, and the Humanitarian Accountability Partnership (HAP) principles and standards.
- **Food security**: CARE provides emergency food aid and supports the prevention of malnutrition through demonstrating proper breast feeding, providing education focusing on the cultivation and preparation of nutritious food, and improving infrastructure.
- **Health**: CARE's health programs are focused on maternal health and HIV/AIDS, but also address other areas such as nutrition, safe drinking water, health education, and training local health workers.
- **Climate change**: CARE engages in climate-change advocacy and supports local mitigation strategies such as promoting early warning systems, helping

communities to draft evacuation plans, providing technical equipment and information, supporting reforestation, and working with local governments to reduce pollution

- **Education**: CARE provides economic incentives to help parents keep their children in school, advocates for the importance of educating girls, and supports programs that ensure that girls receive a quality education and engage girls in extracurricular and leadership activities.
- **Water, sanitation and Hygiene (WASH)**: CARE builds and maintains clean water systems and latrines, and provides education about hygiene and water-borne illnesses. These programmes aim to reduce the risk of water-related diseases and increase the earning potential of households by saving time otherwise spent fetching water.
- **Economic Development**: CARE supports increasing market linkages, promotes diversified livelihoods, organizes Village Savings and Loans Associations (VSLAs), and provides entrepreneurship training.
- **Advocacy**: CARE's advocacy for improved development policy is directed at local and national governments, as well as international organizations such as United Nations institutions, the European Union and other multilateral and international organizations

CARE India, Bihar is currently involved in two projects namely, Integrated Family Health Initiative (IFHI) and SKAEP. IFHI works in the sector of reproductive and child health services. SKAEP has been developed to eliminate KA from the endemic state of Bihar.

1.6 Project worked on:

SKAEP is a recently funded project by BMGF. The project intends to address critical challenges affecting Kala Azar elimination, identified in 8 districts where CARE's Integrated Family Health Initiative (IFHI) is currently operational, to support the Government of Bihar to reduce morbidity and mortality due to Kala Azar and scale it up to the entire state and accelerate progress towards eliminating the disease. The challenges include lack of execution capacity to increase coverage of treatment in the public and private sector, poor performance in vector control in the public sector, under reporting of cases, no quality monitoring of Indoor Residual Spraying (IRS), Post Kala Azar Dermal Leishmaniasis (PKDL) cases, weak referral system and no proper active case search. Thus under this project CARE intends to provide technical support to the government to help achieve the goal of elimination by 2015 and sustain the elimination. CARE thereafter also aims to increase ownership of the government towards the project.

1.7 Organizational Structure of SKAEP:

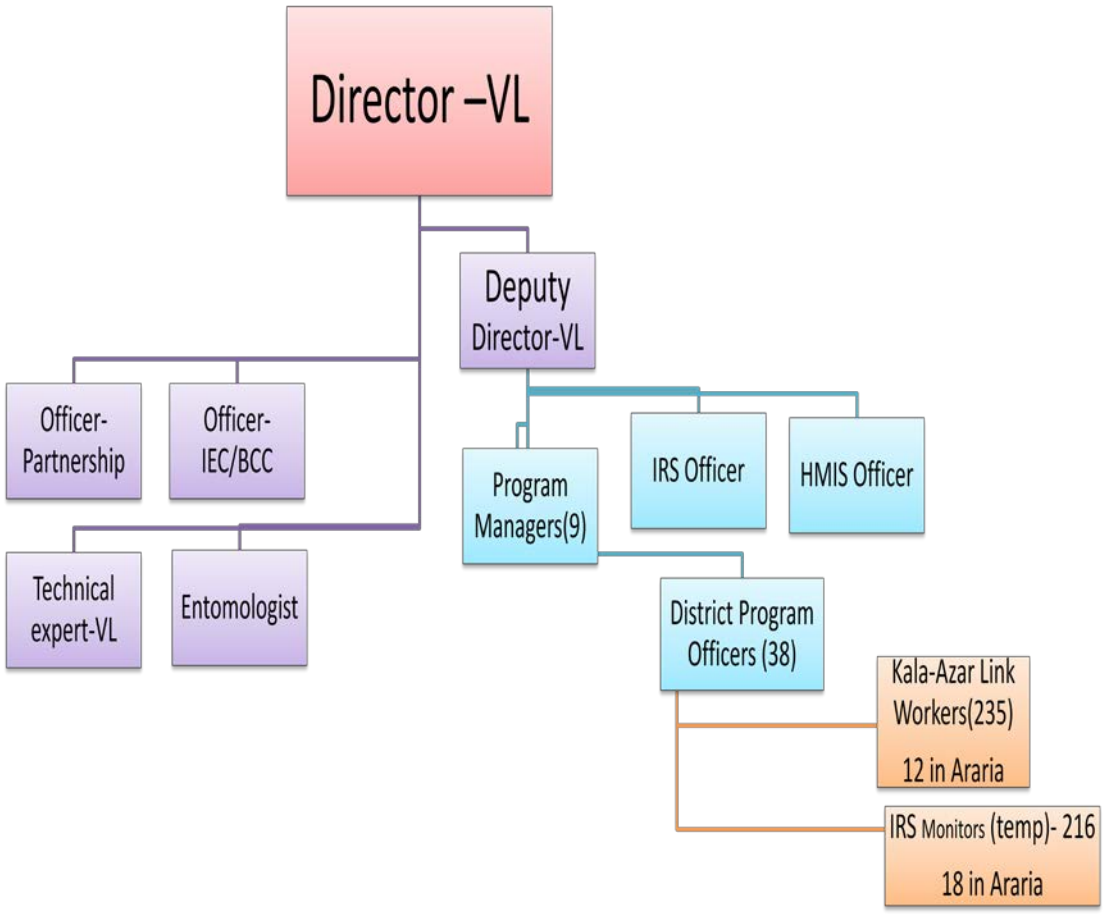

Figure 1.1 - Organogram of SKAEP

1.8 Field Visits undertaken with the District Staff

- Facility assessment of Block PHCs with Civil Surgeon.
- OT , ICU , Labour Room Assessment with RMNCH+A Co ordinator designated by NIPI.
- Follow up of outbreak investigation with District Epidemiologist.
- Orientation of ANMs on a new IDSP register for tracking diseases.
- Follow up on drug stocks as a whole and Kala Azar medications and test kits in particular with District NVBDCP Consultant.

- Mamta Training Sessions Attended, Chaired by RPM.
- Attended LS Training Sessions of Four days on ICDS initiatives.
- ASHA facilitator meetings and ANM meetings attended, orientation given on Kala Azar, community mobilization, awareness generation.
- RI sessions, VHSND sessions attended.
- AWCs visited with DPO – BTAST, District Manager – Care to assess their functioning.
- Continuous monitoring of IRS spraying by the squads in villages all over the district.

1.9 Observations

- In general, all blocks PHCs are well constructed, three block PHCs though were in a very bad shape in terms of its building.
- OTs and Labour rooms were functional in all PHCs, but were not up to mark in terms of infrastructure required. Hygiene standards were generally poor(dirty bed sheets etc). New born care units were either lacking equipments or were non functional in most block PHCs. (Faulty suction machines)
- Some ASHAs were unable to prepare due list of their area, rendered not competent enough.
- ANMs were aware of the ANC visits to be made, on categorizing children in SAM, MAM, but in practice, neither the ANM, nor the AWW would fill the growth monitoring charts of children.
- Over all, the level of awareness of field workers, specially the ASHA workers was found to be really low, a great need of training/refresher trainings was felt.
- Another major block in provision of good services was that the incentives due to

ASHA workers was being greatly delayed. This resulted in decreased motivation of workers towards their work.

- Vaccines of JE were not being properly transported to block PHCs and there was a shortage seen in 2 blocks. Supply of important vaccines like BCG was found to be short in Block PHCs, which may be because supply was short even at the district level.
- Medicines, specially those used to treat Kala Azar, which is a major health threat in Bihar, were constantly in short supply. Even at the district hospital, amount of medicines provided was less, and hence the block PHCs also got less supply.
- The equipment being used for spraying during IRS rounds (spray pumps) were of really poor quality. They were mostly mal functioning, leaking or not imparting spray proportionately. There was also a need felt for proper training of spray squads on the best practices of spraying as almost all of them were using incorrect techniques of spraying.