

**Internship
At
CARE India
Vaishali District, Bihar**

**Submitted By
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PART 1

INTERNSHIP REPORT

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 Vaishali 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 Objectives of Internship

The objectives of internship are:

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

- Lead, support and ensure high coverage and quality of IRS activities through a team of IRS Link Workers.
- Liaison 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, and incentives) and co ordinate with the Lab Technician, KTS, BHM, and 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 About the District: Vaishali

Vaishali district is a [district](#) in [Bihar state](#), [India](#). It is named after the [Vaishali \(ancient city\)](#). The history of Vaishali district is thus very ancient, and finds mention in the Indian classic [Mahabharata](#), as well as in [Buddhist](#) and [Jain](#) tradition. Vaishali became a district when it was split from [Muzaffarpur](#) in 1972.

1.3.1 Geographical Location

The district is located at 25° to 30° North latitude and 84° to 85° east longitude. The District is surrounded by River Ganga in South, Gandak in West, District Muzaffarpur in North and Samastipur in East. The District is in semi tropical Gangetic plane. The state capital Patna is linked with famous Mahatma Gandhi Setu. The District is spread over 2036 sq km area.

1.3.2 Administrative Setup

Vaishali District has Three Sub Divisions Hajipur, Mahnar, and Mahua and a total of sixteen Blocks. It has 290 *Panchayat* and 1572 villages. Out of the 1572 villages 155 are uninhabited

Blocks:

- 1) Mahnar,
- 2) Vaishali
- 3) Bidupur
- 4) [Goraul](#)
- 5) Raghapur
- 6) Lalganj
- 7) Hajipur
- 8) Mahua
- 9) Jandaha
- 10) Patepur
- 11) Sahdeibuzurg
- 12) Bhagwanpur
- 13) Chehrakala
- 14) Rajapakar
- 15) Patedhi-Belshar
- 16) [Desri](#)

Daudnagar Chakgadho (Bidupur Block):- one of largest *Gram-panchayat* of Vaishali district and economically good in comparison to other *Gram-panchayat*. Having all kinds of amenities and

infrastructural facilities which are required for ideal *Gram-panchayat*. Connectivity: Hajipur-Muzaffarpur Road

1.3.3 Health Care Setup

There are 01 *Sadar* Hospital, Sixteen PHCs, 2 Referral Hospitals, 33 Additional PHCs, and 339 Health Sub Centres.

1.3.4 Demographic profile

Highlights of Census 2011

- According to the 2011 census Vaishali district has a population of 3,495,249 as compared to the 2001 figure of 2,718,421. The current population consists of 1,844,535 male and 1,650,486 female. In 2001 census, Vaishali had a population of 2,718,421 of which males were 1,415,603 and remaining 1,302,818 were females.
- Its population growth rate over the decade 2001-2011 was 28.58 percent
- The population density is about 1,717 per sq km.
- With regards to Sex Ratio in Vaishali, it stood at 895 per 1000 male compared to 2001 census figure of 920. The average national sex ratio in India is 940 as per latest reports of Census 2011 Directorate. In 2011 census, child sex ratio is 904 girls per 1000 boys compared to figure of 937 girls per 1000 boys of 2001 census data
- Literacy also showed an increase from about 50 percent to 67 percent in 2011. About 75 percent males and 57 percent females respectively are literate in Vaishali.
- About 93 percent of population of Vaishali lives in rural areas. The total population gives it a ranking of 86th in India (out of a total of 640).

1.4 About the Organization: CARE Bihar

CARE (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:

In Bihar CARE programs fall 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:

Strengthening Kala-Azar Elimination Programme (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:

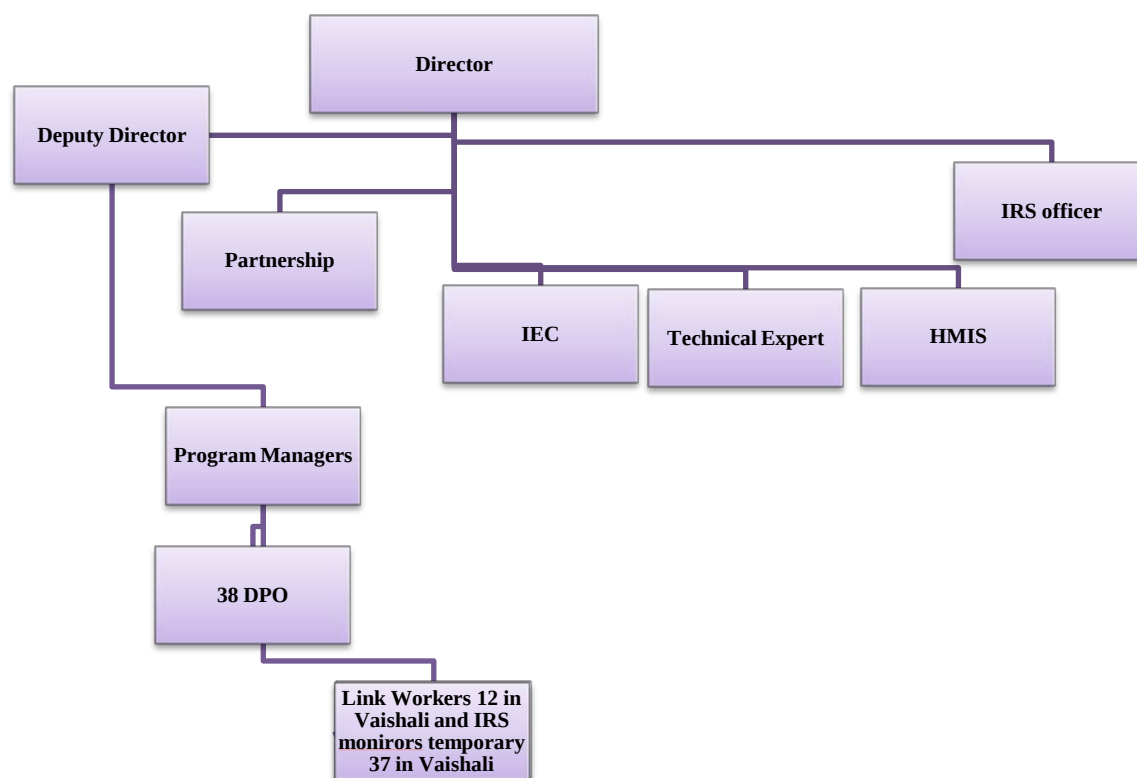


Figure 1.1 - Organogram of SKAEP

At top most is the head of the project, Director, under the designation lies Deputy Director leading the Regional Manager. Regional Manager is responsible for their regions and the DPOs coming in the region. The grass root worker KLWs are supervised by DPOs. Director and Deputy Director are responsible for the Partnership, IRS officer, IEC head, Technical Expert and HMIS Officer.

1.8 Field Visits undertaken with the District Staff

About 40 visits were made in the District. Two visits for each block was made, the first visit for each block and to the district level offices was introductory , to clear the role of Care in the system and in the project also to collect the basic information for the system.

- Facility assessment of Block PHCs with MOICs.
- Follow up of line listed patients with District Vector Borne Disease Consultant ever week.
- Orientation of ANMs and ASHA facilitator for tracking Kala-Azar diseases on the day of meeting in each PHC and trained them to use IEC materials to mobilize community for the Kala-Azar
- Follow up on drug stocks as a whole and Kala-Azar medications and test kits in particular with District NVBDCP Consultant.
- Attended LS Training Sessions on monitoring of Four days on ICDS initiatives.
- AWCs visited with DPO –VL & District Manager – Care to assess their functioning.
- Continuous monitoring of IRS spraying by the squads in villages all over the district by making atleast three visits for PHC prior to IRS and every day during IRS
- Monthly movement to Hard to Reach Block Raghapur so as to assess the requirements and needs for planning.
- Identification of patients from endemic villages by KLWs /KTS and their follow up.
- Tracking of unlisted patients and who are still unidentified by any of the sources.
- IEC and awareness for ASHA and beneficiaries.
- KA Patient tracking from private health facilities.
- Attending monthly meetings at PHC and ICDS meetings for IRS awareness.
- Weekly visit to DMO office and blocks for KA case updates.

- PHC's visited and met MOIC, BHM, BCM, BHI, BHW, and ANM for IRS awareness.
- Visited ICDS office to meet CDPO, CLERK, LS for IRS awareness.
- .Capacity building at all levels of health system for IEC.
- Identification of other stakeholders and their role like identified MSF and its role in Kala-Azar.
- Capacity Building and Coordination session for all joined KLWs and working KTS being headed by District Vector Borne Disease Consultant (DVDC; at District Malaria Office) completed. This session was chaired by Dr Anil Kumar Sinha; DMO himself followed with one session of field based expectations.
- Ensured New format of microplan introduced and followed at all PHCs.
- Along with Malaria Office we identified almost 99 newly traced villages in numbers where at least one new VL patient was identified and further the block wise list prepared to share with respective field forces (KLWs/KTS). The suspected and thus shared villages were revalidated by block VL team members and following such thorough process almost 80% of the newly traced villages were enlisted with the IRS Micro Planning for the ensured DDT Spray during upcoming IRS Round.
- Requisition for the requirement related to stirrup pumps and other related and required materials along with the present status have been shared.
- KTS linkages with KLWs have been ensured a meeting held in presence of DMO.
- Periodic LW meetings with LW in field done successfully.
- IEC stall and participation in rally organized on World Health Day for Kala-Azar.
- Various Squads training were facilitated at almost all blocks.

1.9 Observations

The observations made for the district are

- In general, all blocks PHCs are well constructed; in one of the blocks due to fire whole PHC was burnt so there is lack of infrastructure in terms of furniture, patient's bed. Also block PHC though was in a very bad shape in terms of its building, all records also burnt so it is required to create a new base for the PHC.
- OTs and Labour rooms were functional in all PHCs, but were not up to mark in terms of infrastructure, instruments required for delivery like forceps are lacking. 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).
- 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 there is a need to do capacity building of ASHA, ANM, and AWW as they were unable to mobilize community for Kala-Azar.
- Another major block in provision of good services was that the incentives due to ASHA workers were being greatly delayed. This resulted in decreased motivation of workers towards their work. Also ASHA was unaware of the incentives given to her for the Kala-Azar patients tracking and for the treatment.
- Records maintenance is poor at PHC level. The patients listed at district level for Kala-Azar were not in the records of the PHC OPD register. The follow up of Kala-Azar patients was not properly recorded. The patients diagnosed for Kala-Azar, their prescribed drug and treatment delivered history was missing from the records. The records need to be updated.

- Nearly one fourth of 16 blocks has lack of HR in terms of ANM, health manager and drivers required to drive vehicles like ambulance.
- Medicines, especially 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.