Internship
at
CARE India, Bihar Technical Support Programme

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PART1

INTERNSHIP REPORT

1.1 INTRODUCTION:

Internship is a partofthesecond year program, where we have toobserveand learn the work culture of organization.Also it willbe necessaryto participate invarious department/activities so we could orientour self with differentdepartments thatgivesus first hand exposure.

Internship is the process, throughwhichwecan understand process of work and thereafter beable to involve in decision making.

Iamappointed as aDistrict Programme Officer for VL-Elimination Project, Bihar at CARE, India, an international relief organization that also works in the health sector. The organization aims to provide technical support to the Government of Bihar for VL-elimination project for better monitoring and quality outcome of the project

1.2 ORGANIZATIONAL PROFILE:

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 International is a confederation of thirteen CARE National Members and one Affiliate Member, each of which is registered as an autonomous non-profit, non-governmental organization in the country. The thirteen CARE National Members are: CARE Australia, CARE Canada, CARE Denmark, CARE Deutschland-Luxembourg, CARE France, CARE India, CARE

International Japan, CARE Nederland, CARE Norge, CARE Österreich, Raks Thai Foundation (CARE Thailand), CARE International UK, and CARE USA. The CARE Affiliate Member is CARE Peru. Programs in developing countries are usually managed by a Country Office, but CARE also supports projects and may respond to emergencies in some countries where they do not maintain a full Country Office.

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.

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.

1.3 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.

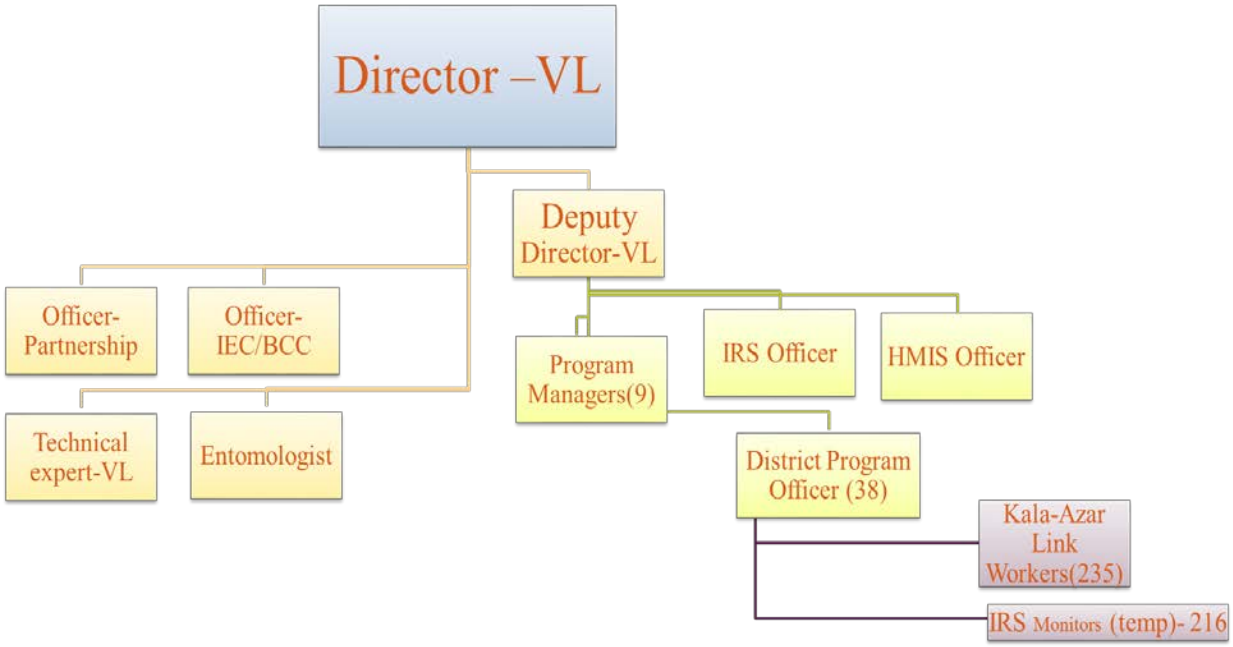
- **Food security**: CARE provides emergency food aid and supports the prevention of malnutrition through demonstrating proper breast feeding, providing education focusing on the cultivation and preparation of nutritious food, and improving infrastructure.
- **Health**: CARE's health programs are focused 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

1.4 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.

1.5Organizational Structure of SKAEP:



ORGANOGRAM OF SKAEP

1.6 STATE PROFILE- BIHAR:

Bihar, located in eastern India, is the 12th largest state in terms of geographical size of 38,202 sq mi (98,940 km^2) and 3rd largest by population. It is bounded by Uttar Pradesh to its west, Nepal to the north, Northern part of West Bengal to the east and by Jharkhand to the south. The Bihar plain is divided into two parts by the river Ganges which flows from west to east.Bihar has forest area of 6,764.14 km^2,which is 7.2% of its geographical area. In 2000, southern Bihar was bifurcated to form a new state of Jharkhand

The state of Bihar has an area of 94,163 sq. km. and a population of 103.8 million. There are 9 divisions, 38 districts, 101 sub divisions, 533 blocks and 45,098 villages. The State has population density of 881 per sq. km. (as against the national average of 312). The decadal growth rate of the state is NA (against 21.54% for the country) and the population of the state continues to grow at a much faster rate than the national rate.

The literacy rate of Bihar is 63.8 %. SC population in Bihar is 1.3 crore and ST population is 0.076 crore. The Total Fertility Rate of the State is 3.7. The Infant Mortality Rate is 44 and Maternal Mortality Ratio is 261 (SRS 2007 - 2009) which are higher than the National average. The Sex Ratio in the State is 916 (as compared to 914 for the country).

The state has 9696 sub centres or health sub centres as known here (shortage of 8837 SCs). The state has 3083 PHCs (shortage of 1220 PHCs). There is a huge shortage of all level of health workers in the state including doctors, nurses, health workers, ASHAs, AWWs, pharmacists

1.7 DISTRICT PROFILE- PATNA

Patna district is one of the thirty-eight districts of Biharstate, with Patna as the district headquarters. Patna district is a part of Patna division. It is currently a part of the Red Corridor. As of 2011 it is the most populous district of Bihar (out of 39). Patna district occupies an area of 3,202 square kilometres (1,236 sq mi)

Blocks: Patna Sadar, Phulwarisharif, Sampatchak, Fatuha, Khusrupur, Daniyawaan,Bakhtiyarpur, Barh, Belchi, Athmalgola, Mokama, Pandarak, Ghoswari, Bihta, Maner, Danapur, Naubatpur, Masaurhi, Dhanarua, Punpun. Out of these Belchi, Patna Sadar, Pandarak are non-endemic blocks of Kala Azar.

According to the 2011 census Patna district has a population of 5,772,804. This gives it a ranking of 15th in India (out of a total of 640). The district has a population density of 1,803 inhabitants per square kilometre (4,670 /sq mi). Its population growth rate over the decade 2001-2011 was 22.34%. Patna has a sex ratio of 892 females for every 1000 males, and a literacy rate of 72.47%.

1.8OTHER PROJECTS UNDERTAKEN:

Though I was appointed as District Programme Officer for SKAEP, I was assigned the task of managing the data for the whole state for the project and placed at the State office. I was involved in analysis of different data for the project and report the gaps to the team for them to take further decisions to address the gaps. I was also involved in planning strategies for the districts along with the state team for reporting coverage and quality of the forthcoming IRS.

1.9OBSERVATIONS ON THE FIELD:

I had the opportunity of visiting 6 districts during my period of internship to observe the progress and quality of ongoing IRS. Below are some of the observations:

- The quality of the spray was not up-to the mark. Uniform spray was being maintained in very villages/households
- The guidelines for maintaining a proper spray was only followed in a few villages.
- Except in one district, nine of the spray squads were found to use personal protective equipment
- The spray squads in some districts were not satisfied with the job owing to very low wages and lack of appreciation from the government
- Acceptance and participation of district government officials in monitoring the spray squads along with DPOs
- Appreciation of district government officials of the project and work done by DPOs and KLWs