Internship
at
CARE India Bihar
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1.Introduction

Internship is a 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 we could orient our self with different departments that gives us first hand exposure.

Internship is the process, through which we can understand process of work and thereafter be able to involve in decision making.

I am appointed as a District 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

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.

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

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.

5. Pilot Projects initiated –

1. *School IEC/BCC Program*

   The main focus of the job of the project is to ensure extensive coverage and good quality of the IRS. But one of the main problems in achieving this target that was observed based on past records was that there were very high cases of refusals in the areas where the spraying took place and that people had misconceptions about the reason of the spray. Also, it was observed that as people were not aware of the effectiveness of the spray and that it was the only mode of prevention of KA, they did not allow the teams to enter into the houses stating the reason that the walls would get dirty because of the medicine or that after spraying the house smells.

   After understanding the reasons of refusal, a strategy was developed to focus on children of middle schools to understand the concept of IRS and the reason why it was being done. The school children were chosen because after various visits in the field it was observed that in the mid day it was usually the ladies and children that were present in the village while the men were usually found on the fields working. The school children, if made aware about the disease and given IEC material, could be

used as the most effective tool to spread the information about IRS even to the most distant house of the village.

The idea behind targeting only middle school children was that the average group of those children was between 11-15 years and that they were a better age group than the primary school children for retaining information from the sessions and discuss in their home and neighbourhood and also would be more likely to carry out the responsibility of distribution of IEC material. Children of age group were mostly involved in helping their parents in the fields or chores of the job, because of which their attendance in school and interest in distribution of IEC material would be less.

Methodology used –

- The sessions were conducted at the 60 schools identified in the high endemic/ high refusal areas of the block over a period of three days.
- The targeted schools that were identified were middle schools with children in the age group between 11 years to 15 years.
- The sessions were conducted by the Link Worker (KLW) under the supervision of DPO with the help of Flip Charts, leaflets, photographs etc.
- The following topics were covered during the session –
    1. Brief introduction about KA, symptoms and prognosis.
    2. Introduction of the IRS round and its importance.
    3. List of To Do's during the IRS by the household.

- As an incentive, at the end of each session a small game with questions related to KA and IRS was conducted and the first three students with the most accurate and quickest answer were given a prize comprising of sweets, pencil, eraser and a scale.

- With the permission of the Head Master, a few leaflets were put up on one or two notice board of the schools for future reference.

Results observed –

- Over a span of three days, 4200 students in 33 schools and in nine High endemic blocks were covered. Besides the students and the school staff, the awareness campaign also covered 106 community members by involving parents and community members from houses around the schools.
- Rallies conducted by the school children, with due permission of the school principal's also helped in generating awareness in market areas around the school.
- During the IRS round which started 10 days after the activity showed slight increase in the acceptability in areas around the school that had been covered and that the refusal in the area around the school had gone down.
- Although very few, but during the IRS the family members of the house were aware of what were the steps to be taken before and after the spraying.
- It was concluded that the pilot test was successful but its effectiveness could be increased if this activity was conducted atleast 3-4 times in a year.

2. ID Cards for Squad Members

The district of posting, East Champaran is the second largest district in terms of area and the largest in terms of number of blocks, ie 27. For IRS spray in this district, 151 squads are appointed to carry out the effective spraying. Each squad consists of 5 FW + 1 SFW. Hence, the total manpower appointed by the government involved across the district was of 906 but of Care was of 53 (3 DPO + 20 KLW + 30 IC's).

The biggest problem faced by the Care team in this was the identification of the 906 squad members during the IRS as identifying each member by face was an impossible task which in turn hindered effective monitoring of the work and the squad members.

A photo ID card was developed for the each member of the squad which was duly approved by the DMO of the district and by the state team of Care. The ID cards were to be issued in the first week after the start of the IRS and was to be signed by the BHI?KTS of the block and MOIC of the PHC.

Results Observed –

- The issue of the ID cards helped increase the motivation of the squad members as they had been given some form of identification for the first time.
- Through instruction of the DMO to the MOIC's, attendance through the ID cards ensured that there were no workers who had not been trained and were substituting for the ones that had been trained.
- During surprise visits by the State Monitoring team, they were easily able to cross check the squad member by their photograph, name and squad number hence reducing the incidence of substitution for absentees by a non designated person.

6. Organizational Structure of SKAEP: