

**Internship
at
CARE India, Patna
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Introduction

Internship is an important part of PGDHM course, as part of this I started my internship in CARE India. I carried out internship in project “Strengthening of Kala Azar Elimination Program” (SKAEP) as DPO-VL in Bihar. The internship was carried out for 3 months in the allotted district, Patna. The topic selected for dissertation was knowledge and practice of health provider and health seeking behaviour of KA patients. For this the highest endemic block Dhanarua, in Patna was selected.

Organization profile

CARE India

CARE has been working in India for over 60 years, focusing on ending poverty and social injustice. CARE does this through well-planned and comprehensive programmes in health, education, livelihoods and disaster preparedness and response.

The overall goal is being the empowerment of women and girls from poor and marginalised communities leading to improvement in their lives and livelihoods.

“CARE India” in Bihar

Bihar being one of the poor states with over 100 million people. Poor nutrition and poor health particularly for women and children, leading to early deaths and generational cycles of lost potential. With IMR 44, MMR 261 and TFR 3.6 makes the state one of the country’s highest rate of the respectively.

Despite of the recent gains and commitments from the Government of Bihar and active leadership of key stakeholders to improve health

infrastructure, still the deep rooted problems limit the government's ability to affect lasting change.

With the help from Bill and Melinda Gates foundation, CARE is supporting the GoB to improve the family health outcome and as well as building the leadership and ownership in the community towards these services.

CARE is working towards

- Continuum of care services
- Family planning services
- In nutrition
- Capacity building for the Frontline workers and facility staff.
- Creating partnership with private providers
- Improving the health facilities
- On Kala- Azar

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Care is working with its two wings first being the technical support unit and other one is program support unit.

Technical support unit or TSU looks after the program implementation on field. It has two parts facility and outreach. Program support unit, PSU takes care of Fund flowing, HR etc.

Technical Intervention of CARE India

Maternal health

- Counselling of families for birth and emergency preparedness.
- Capacity building of Health staff at PHC by mobile nurse trainers.
- Post partum evaluation of mother and new born, stabilization/ referral for complication.

Neonatal health

- Kangaroo mother care.

- Exclusive breast feeding
- Community based identification, referral and management of neonatal infections.

Nutrition

- Breast feeding with emphasis on
 - ✓ Early initiation
 - ✓ Exclusive in first 6 months
 - ✓ Breast feeding for 24 months
 - ✓ Appropriate complementary feeding

Immunization

- Fully immunized child by ensuring noo left outs and reducing drop outs for BCG, DPT3, OPV3, MCV1 and MCV2.

Family planning

- Community based counselling
- Facility based counselling and services: promotion of FP use in public sector.
- Expand access to quality services for family planning through mobile medical vans.

Integrated service delivery by CARE

Health sub centre level platform for Auxiliary Nurse Midwife (ANM), Accredited Social Health Activist (ASHA) and Anganwadi worker (AWW) is currently the effective platform to bring the front line workers together. It is solution where the other stand alone platform such as ANM Tuesday meeting and VHSND get structured and FLWs come together for review, planning and capacity building, motivation and leadership skills through joint planning and coordination ensure better results and higher impact of service delivered.

This concept became so successful that GoB has included the HSC meeting in the PIP from this year.

Mobile Nurse Trainers

Onsite support and training is provided through mobile nurse trainer teams. On job training for medical, nursing and support staff are done by team of nurses.

Training is conducted using appropriate inexpensive equipment, models of mother and babies.

Training curriculum and modules are developed as per Government of India (GoI) guidelines.

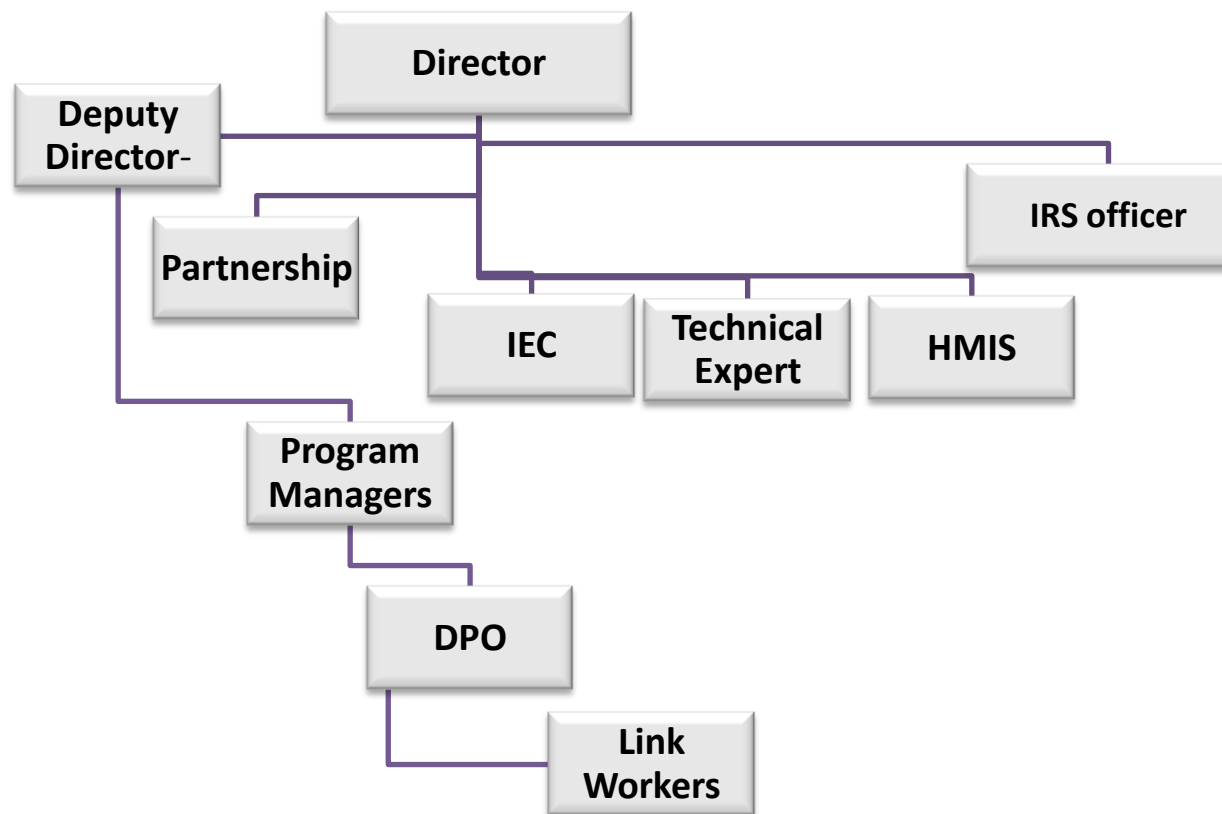
SKAEP

About 80 % disease burden in country contributed by Bihar. Out of 33 affected districts, 11 are those having the highest percentage of Kala Azar cases, i.e Vaishali, Saran, Muzaafarpur, Darbhanga, East Champaran, Sitamari, Arariya, Purniya, Saharsa, Madhepura, Samastipur. Looking at the severity of the KA in Bihar, CARE started the project named SKAEP in 33 districts of Bihar.

Mission of Project

- Reduce the annual incidence of the disease to less than 1 per 10,000 populations at the sub district (block) level
- Attain sustainable elimination of VL from all blocks of Bihar by 2016

The team includes:



Goal of Team

Eliminate VL from all districts of Bihar.

- Enhance the quality of IRS through improved methods and techniques.
- Detect all VL and PKDL cases across all villages.
- Ensure complete cure of all detected cases.
- Build sufficient capacities within the Government machineries to sustain elimination.

Through its cross cutting solution and intervention by CARE, it is being hoped to have catalysed significant reduction in maternal, neonatal and infant mortality. Fighting with nutrition and high unmet need for family planning. Effective strategies through proper implementation and tools and innovation will benefit throughout the state of Bihar, India and Globally.

Department worked in CARE India

In the SKAEP project, I worked as District Program Officer – Visceral Leshminiasis. With this designation the responsibilities to be carried on are

- To lead, support and ensure high coverage and quality of IRS activities through team of IRS Link Workers and in close coordination with district officials
- To co-ordinate with District Malaria Officer, District Epidemiologist, Civil Surgeons to support VL activities and provide techno-managerial support at district and block level.
- To Oversee adequate organization of patient services for VL at PHC/SDH/DH (Patient flow, diagnostics, drug supplies, incentives) and Coordinate with Lab Tech, BHM, MOIC for the same.
- Work very closely with Medical Officer in Charge (MOIC) and Kala Azar Technical Supervisors in case finding and providing incentives to patients.
- Coordinate with Kala-Azar link worker for patient follow-up and treatment completion records

- Build capacity and strengthen knowledge base of Link Workers on an ongoing basis through training and mentorship.
- Organizing review meeting with the person involved for the KA elimination routinely for sharing the updates of the program.
- Line listing of patients at government facilities, mapped private practitioners and Pathology centers.
- Making block profile, awareness programs at School level, community level about KA.
- Documentation and weekly and monthly reporting to head quarter.
- Arranging training sessions for ASHAs and KLW on regular basis for enhancing their skill on KA.
- Attending ASHA Diwas, ANM meeting and HSC meet to disseminate the steps taken for eradication and for their responsibilities and duties during IRS round.

Learning and observation

Joining the organisation gave the opportunity to know the field realities. It made to understand the community behaviour toward health system.

- It gave the opportunity how to liaison up with government system, as the KA project is running to support government system to eradicate KA.
- More opportunity to implement new IEC/BCC activities
- Overall picture of KA by doing field visit in the blocks, meeting MoIC, Perception of ASHA for KA was understood
- Organising Meetings and Training improved the leadership quality.
- Visiting house to house during the monitoring of spray has lead in enhancement of inter personal communication.
- Data maintaining and documentation skill have been an add on.

