Internship
at
CARE India

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INTERNSHIP REPORT

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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. 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 is 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 have been appointed as District Program Officer-VL (Visceral Leishmaniasis), by CARE India at Saran District, Bihar and my primary responsibility is to implement **"Strengthening Kala Azar Elimination Project (SKAEP)"** in the district. The main focus of this project is on increasing the coverage and quality of the Indoor Residual Spraying through supportive supervision, detecting as many new cases of VL as possible by proper case detection, ensuring complete treatment course for patients, enhancing the knowledge and awareness of the community about Kala Azar and Indoor Residual Spraying through appropriate IEC/BCC.

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 project implementation.

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

(d) To implement the project (SKAEP) effectively in the assigned district to achieve the elimination goal within the time frame.

3. Organisation Profile

3.1. About the Organization

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 87 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 India is one of the 14 members of the larger confederation, CARE International. 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 focuses on the empowerment of women and girls because they are disproportionately affected by poverty and discrimination, and suffer abuse and violations in the realisation of their rights, entitlements and access and control over resources. Also experience shows that, when equipped with the proper resources, women have the power to help whole families and entire communities overcome poverty, marginalization and social injustice.

3.2 Vision and Mission

CARE International Vision

We seek a world of hope, tolerance and social justice, where poverty has been overcome and people live in dignity and security. CARE International will be a global force and a partner of choice within a worldwide movement dedicated to ending poverty. We will be known everywhere for our unshakable commitment to the dignity of people. In India, CARE seeks a society which celebrates diversity, where rights are secured, citizenship realized, and human potential fulfilled for all.

CARE India Mission

We facilitate the empowerment of women and girls from poor and marginalised communities in the fight to overcome poverty, exclusion and social injustice. We nurture leadership internally and among partners to achieve this mission.

3.3 Towards a Program Approach:-

CARE understanding of a program approach is a way of working that has at its core long term commitments to key population groups. It involves a set of long term programs that are designed and implemented strategically and collaboratively with others actors to achieve deep and sustainable impact in the lives of specific population.

To create lasting change, program strategy works to enable people to free themselves from the generation cycle of poverty. The organisation is committed to:

1. Working with the poorest people such as Dalits, Tribals, Urban Poor migrants, minorities and women -headed household.

2. Making a long term commitment with a holistic approach towards addressing the underlying social, and economic causes of poverty.

3. Working in the poorest states with the attention to emerging hotspots of exclusion and poverty.

Outreach

Interventions target those areas where poverty and socio-economic indicators are

below the national average. CARE is currently working in 16 states across India, with the 6 core states of Bihar, Jharkhand, Uttar pradesh, Orissa, Chhattisgarh and Madhya pradesh, where poverty is most concentrated.

Partnership

CARE is working to facilitate the development of strategic relationship that leverage the collective leadership capacity of multiple diverse organization over time to trigger positive social change that addresses deeply rooted underlying causes of poverty. This is based on the belief that such change cannot be triggered by any single organizations working in isolation. Therefore, it aims to draw from the best of the knowledge and experience of the work of care international, and that of other organizations in Indian civil society, to apply to current and emerging complex problems to achieve the greatest impact.

4. 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 and child health, HIV/AIDS and Kala-azar, 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 districts of Bihar.

5. Project worked on:

I have been appointed as District Program Officer-VL (Visceral Leishmaniasis), by

CARE India at Saran District, Bihar and my primary responsibility is to implement **"Strengthening Kala Azar Elimination Project (SKAEP)"** in the district. **SKAEP** is a recently funded project by BMGF. The project intends to address critical challenges affecting Kala Azar elimination in all the 33 endemic districts across the state to support the Government of Bihar to reduce morbidity and mortality due to Kala Azar 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 which is defined as incidence of less 1 cases per 10000 population at sub-district or block level and sustain the elimination. CARE thereafter also aims to increase ownership of the government towards the project.

The key responsibilities undertaken were:

- To lead, support and ensure high coverage and quality of IRS activities through a team of Kala-azar Link Workers.
- Liaise with District Malaria Officer, VBD 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 coordinate 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.
- Coordinate 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.

6. Organizational Structure of SKAEP:

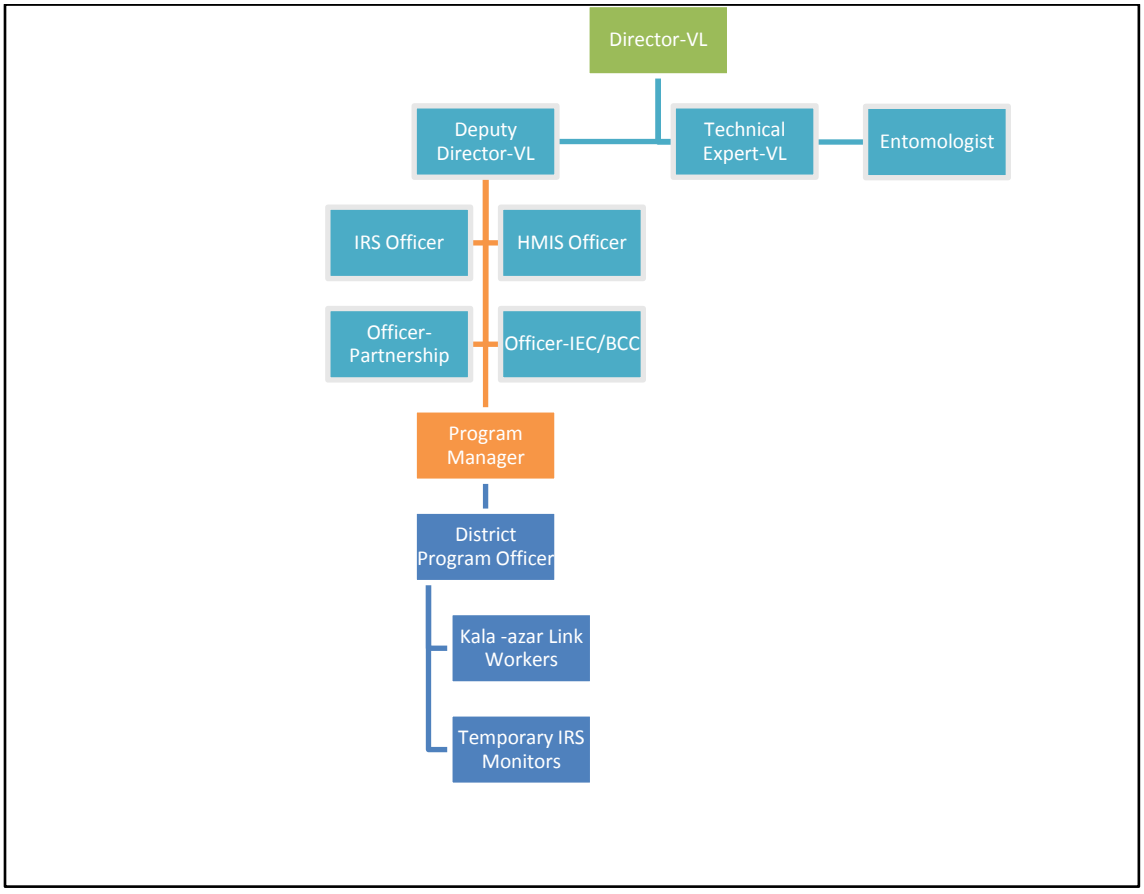

Figure 1 - Organogram of SKAEP

7. Activities undertaken during internship

- Underwent one day orientation about the project
- Visited District Malaria Office and liaised with District Malaria Officer, VBD Consultants, MIs and KTSs
- Visited DHS and liaised with DPM, DPC and other staffs
- Visited District Hospital and liaised with Hospital Manager
- Conducted one day induction and basic orientation for Kala-azar Link Workers
- Visited all the PHCs and liaised with MOICs and other staffs
- Organised two days' residential training program for Block Managers and two days' residential training program for KLWs of Saran Program Area (includes three districts viz. Saran, Siwan and Gopalganj)
- Regularly attended weekly ANM meetings at PHCs and gave orientation about Kala-azar and IRS.
- Gave orientation about Kala-azar and IRS to more than 300 FLWs (ANM, ASHA Facilitator, ASHA)
- Orientation of ANMs on Home Visit Planner
- Attended HSC meetings.
- Conducted joint review and planning meeting with District Malaria Office
- Planned distribution of IEC tools to create awareness about Kala-azar and IRS
- Facilitated training of spray squads at PHCs
- Conducted awareness program in government school to create awareness about Kala-azar and IRS among children

- Established District Control Room to monitor the progress of IRS in the district
- Developed a tool to monitor the coverage of IRS on daily basis
- Joint field visit with DMO and KTS to monitor the quality of spraying

8. Observations/Learning

- Knowledge and awareness about Kala-azar and IRS is very low among community as well as FLWs.
- There is a general misconception that Kala-azar is spread by mosquito bite and IRS is done to kill mosquitoes.
- There is a lack of ownership of the program at PHC level.
- Involvement of ANMs and ASHAs in Kala-azar elimination program is neglisible.
- There is a lack of coordination among government functionaries.
- A large number of households refused to get their houses sprayed with DDT.
- Microplanning for IRS is not proper.
- Most of the pumps and supportive equipment are in poor condition and need replacement.
- Spray squads are not well trained and lacks motivation.
- Overall quality of spraying is not adequate.
- Coverage of spraying in terms of number of houses sprayed is good however, most of the houses are partially sprayed.
- Supply chain of Kala-azar drugs and diagnostic kits is not adequate which

sometimes results in non-availability of the same.

- Distribution of Kala-azar drugs and diagnostic kits to the PHCs is not done rationally. There is overstocking at some PHCs where demand is less and at PHCs where case load is high, the stock is nill.
- Line listing of Kala-azar patients at PHCs is not done properly.
- Follow up of patients to ensure complete treatment is inadequate.
- Human resource is insufficient to meet the program's challenges.

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