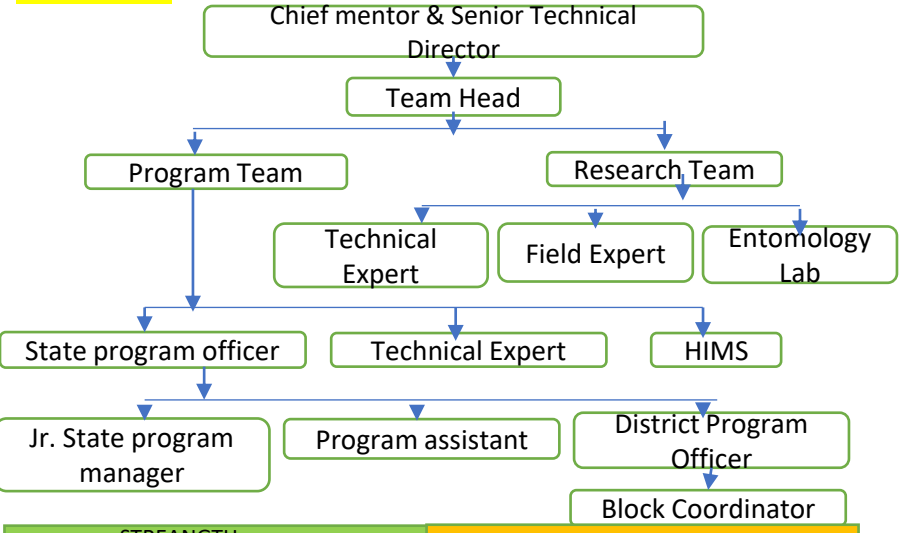
CARE INDIA

ABOUT CARE INDIA:CARE INDIA is a non-governmental organization. It was established in 1946 and has been actively involved in various development programs and initiatives across the country. The organization focuses on empowering marginalized and vulnerable communities, particularly women and girls, by providing them with to access to Education, Healthcare, Livelihood opportunities, and Disaster relief.

MISSION:To save lives, enable social protection and defeat poverty.

VISION: We seek a world of hope that is inclusive and just, where all people live in dignity and security.

ORGANOGRAM:



STREANGTH	WEAKNESS
▪ Expertise and Experience in implementing programs ▪ Community engagement ▪ Branding in health care sector ▪ Professional staff	▪ Resource constrains:limitations in terms of funding, staff and infrastructure
OPPORTUNITY	**THREAT**
▪ Poor health status area & Women empowerment ▪ Government and non-government organization collaboration, Technological empowerment	▪ Funding challenges ▪ Regulatory and legal hurdles ▪ Community Unwillingness

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ORGANIZATION MENTOR- Mr. SANJAY MANDAL

Objective: The objective of the program is to develop the program area in terms of **poverty alleviation**, **health and nutrition** and **women empowerment.**

What is FILARIASIS: Lymphatic filariasis (LF), also known as elephantiasis, is a parasitic disease caused by infection with filarial worms. The two main species of worms that cause LF are **Wuchereria bancrofti**, which is responsible for the majority of cases worldwide, and **Brugia malayi and Brugia timori**, which are more localized in specific regions.

Modes of transmission and symptoms

- **Transmission**: LF is transmitted to humans through the bites of infected mosquitoes, primarily from the genera Culex, Anopheles, and Aedes. When an infected mosquito bites a person, it deposits the microscopic larvae (microfilariae) of the filarial worms into the bloodstream. The worms then mature and reside in the lymphatic system, causing damage and obstruction.
- **Symptoms**: The majority of individuals infected with LF are asymptomatic. However, over time, it leads to range of symptoms and complications. These may include lymphedema (swelling) of limbs, genitalia or breasts; elephantiasis (severe swelling and thickening of the skin and underlying tissues); hydrocele (swelling of the scrotum in males); and recurrent episodes of fever and acute inflammation known as "filarial attacks."

Methodology

- Used to take permission from before working in the field.
- Took list of ASHA workers from Health Sub Center.
- Interviewed 165 patients with the help of Accredited Social Health Activist (ASHA) workers.

Results:

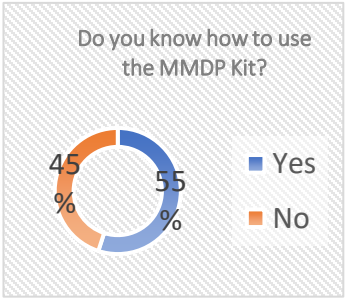
- **Sex:** Out of the 165 cases, 57% are female and 43% are male.
- **Case Type:** The cases 76% Lymphoedema, 19% Hydrocele and 5% both
- **Area**-97% Percent of the victims lived in rural areas
- **Residence**-Most of the patients being from village had a kuccha house 42%, Semi Pucca house 48% of the whole cases.

Results Continue..

1. **Sleeping habit-** About 34 % of patients sleep outside house which provides more infection chances.

2. Environmental status of the patients- 32.73 % patients had pond, 16.97% patient's shallow ponds, 13.94% marshy area, 47.88% had garbage heap, 35.15% had drains closely associated to the location of the patients.

3. MMDP kit report of filaria victims- 36.36% received MMDP kit. Among which majority of them received Tub (95%) , Mug (93.33%) , Soap (95%) & anti – fungal cream (76.67%). Some of them received Dettol/Savlon liquid or any other disinfectant (45%), bandage (15 %) & scrub (18.33%). Only 55% of the patients knew how to use the kit.



Learnings (Theoretical Vs. Practical)

- Learned About Lymphatic filariasis and how community is to be involved and what are the challenges seen in the field.
- MMDP Program– How collaboration and operations within organization and government held at different level
- Awareness creation is very easy to design in paper but difficult to implement and bring impact. Community must be involved from the starting of the program designing for prioritizing.
- Community participation is low due to awareness (illiteracy). Donot wish to take responsivity of village.

Challenges

- Language barrier – Community prefer to understand in their local language, taboo
- Outreach to the hard-to-reach areas –Improper planning leads to failure

Suggestions

- Weekly clinical review meeting for motivating staffs
- Motivate patients to reveal the disease – Special campaigns
- Clinical discussion with Medical Officer in charge (MOIC) – mismatched information among CARE AND GOVT DATA.