Assessment of knowledge and awareness of caregivers regarding complementary feeding practices.

A. ORGANZATION SECTOR PROFILE

CARE International first began working in India in 1950, initially distributing more than 20,000 tons of food through CARE Packages™. Over time, CARE International introduced programs related to disaster relief, agriculture, health, livelihoods, and education, while continuing to provide nutritional food to malnourished people.
In response to the Gujarat earthquake in 2001, CARE International helped build back crucial infrastructure such as houses, schools, community centres, and health clinics.
In 2013, CARE India became a member of CARE International.

Mission :

To save lives, enable social protection and defeat poverty.

Leveraging information, communication, and technology (ICT) to improve our programme depth and diversity.

Bringing gender transformative change by addressing power inequities among men and women.

Vision :

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

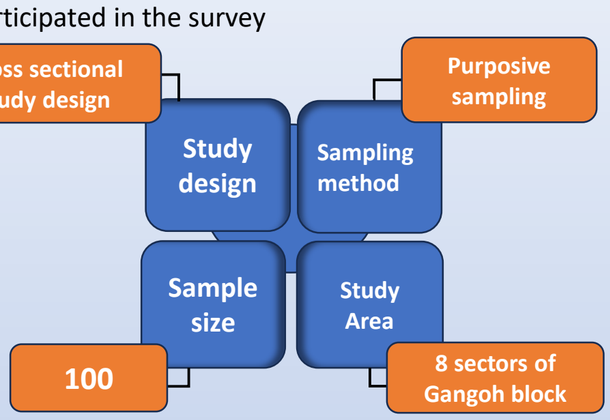
➢ Brief Description about Organization

CARE India focuses on working with communities to address the root causes of poverty and to improve the rights of marginalized women and girls. This includes tackling gender inequality through providing women and girls with reproductive health, access to credit facilities as well as access to primary education. They also actively work to raise awareness of high rates of maternal, neonatal, and infant mortality in Bihar, the third-largest state in India. Their sustainable and holistic interventions in Health, Livelihood, Education and Disaster Relief & Resilience, provided innovative solutions to deep-rooted development problems.

➢ **Project Objective:** To assess the knowledge and awareness of caregivers regarding complementary feeding practices.

➢ Methodology:

Study population : All the mothers having children in the age group of 6-12 months of the above-mentioned areas, and who were willing to participated in the survey



B. Learning And Value Additions

Project implementation: I had the opportunity to actively contribute to project implementation of **1000 days IR project**. This involved collaborating with the project team, assisting in conducting field visits, and participating in community engagement activities.

Data analysis and research: I acquired skills in data analysis and research methodologies. I learned to collect, analyse, and interpret data related to the impact of CARE India's programs and for my own summer internship project on complementary feeding practices. This helped me understand the importance of evidence-based decision-making.

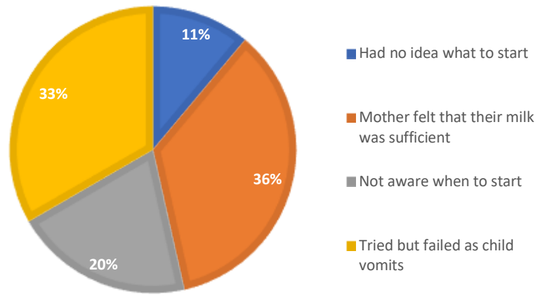
Professional development: My internship at CARE India provided opportunities for professional growth. I attended workshops, training sessions, and team meetings like I had conducted an orientation session of FLWs on the programme **(ek kadam suposhan ki ore)** that enhanced my knowledge and skills in areas such as communication, leadership, and problem-solving.

Collaboration and teamwork: Throughout my internship, I had the opportunity to collaborate with a diverse and passionate team. I learned the importance of effective communication, cooperation, and teamwork in achieving common goals.

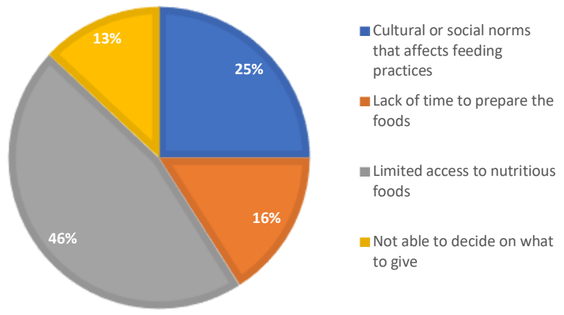
Stakeholder engagement: I gained hands-on experience in engaging with various stakeholders, including community members, local partners, and government officials. I learned the significance of building strong relationships and fostering partnerships for sustainable development.

Cultural sensitivity: CARE India operates in diverse cultural contexts. During my internship, I learned to be culturally sensitive and respectful while working with individuals from different backgrounds. This experience enhanced my intercultural communication skills.

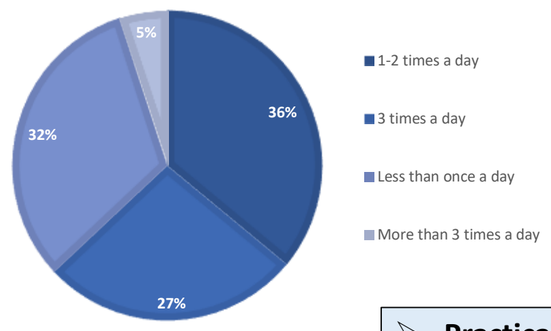
REASONS FOR DELAYED INTRODUCTION OF COMPLEMENTARY FOODS



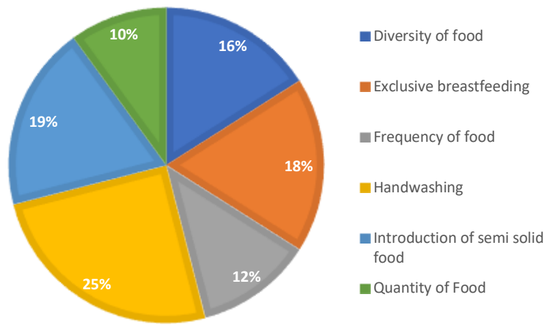
CHALLENGES FACED BY CAREGIVERS IN PROVIDING COMPLEMENTARY FEEDS



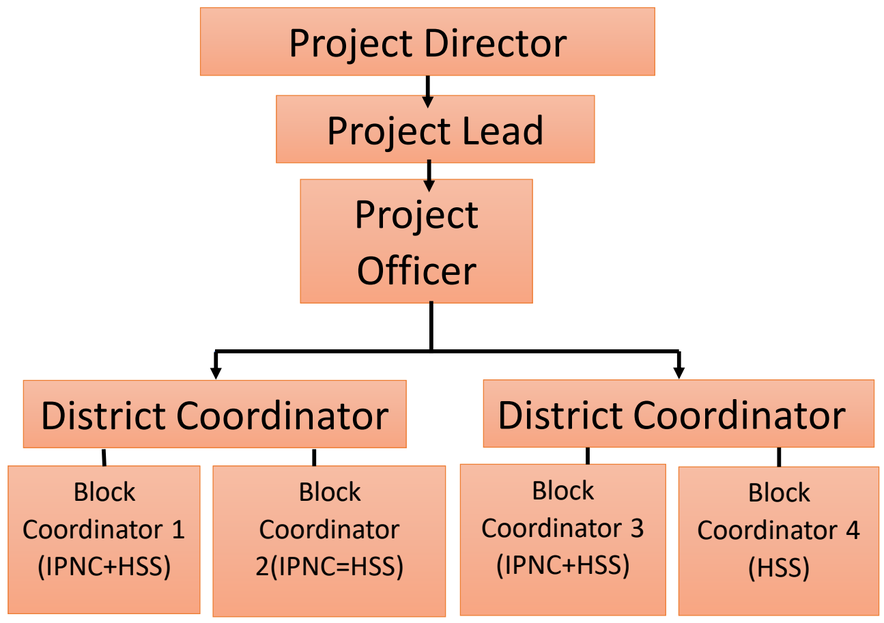
HOW FREQUENTLY DO YOU PROVIDE COMPLEMENTARY FOOD TO YOUR CHILD ?



TYPES OF INFORMATION GIVEN BY FLWS



Organization Structure of CARE India (U.P)



SWOT Analysis

➢ Practical Exposure Vs Theoretical Work

- Theoretically, I studied a lot about healthcare system, which when comes to practical implementation becomes a little difficult and more resource consumption as compared to written things.
- Theoretically it's easy to run any program in documents but practically at ground level it differs in criteria like the population where it's to be implemented ,place and behavior of the staff.
- Ground reality for real performance of any sector can be easily understood by practical aspects but theoretically it's only number can be analyzed which may or may not be same.
- Many of the schemes are provided to citizens by the government in documents but practically many of the things maybe missing.

➢ Challenges During Internship

- First ever exposure to public health sector so, it was difficult to manage myself according to the norms and values of the organization.
- Field visit in the starting days was very new, so making communication with the professional and conveying the things was little difficult.
- It was difficult to manage multiple tasks and deadlines at a time and convey the things at the same time to higher authority.

➢ Usefulness of Internship

- Great learnings of discipline, communication skills, leadership skills and the working in organization with the senior staff and able to find out my weaknesses.
- Get to know the exact situation of the healthcare sector by visiting fields and meeting with different professionals.
- Able to have good connections with the staff from lower to higher positions.
- Able to gain confidence by applying both practical and theoretical concepts in the field.

C. Suggestions To Organization

Counselling on Menstrual Hygiene: I propose the establishment of counselling sessions or workshops focused on menstrual hygiene education. These sessions could be conducted in schools, community centres, healthcare facilities, or other appropriate settings. The counselling sessions could cover essential topics such as proper sanitary product usage, personal hygiene practices, pain management strategies, and addressing common misconceptions related to menstruation.

Including men in family planning counselling: Including men in family planning counselling promotes gender equality, strengthens relationships, and enhances the overall effectiveness of family planning interventions.

Proper Monitoring of high-risk pregnancies by ANM: ANMs should implement additional precautions to closely monitor the overall situation of pregnant women identified as high-risk cases.

Lack of availability of test kits and private facilities during ANC resulted in the omission of essential tests such as Syphilis and Urine-protein: It is needed to ensure an adequate supply of test kits for ANC procedures.

Private spaces should be prioritized to maintain confidentiality and promote a comfortable environment for testing.

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