INTERNSHIP AT

CECOEDECON, JAIPUR

By

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INTRODUCTION

CECOEDECON (Centre for Community Economics and Development Consultants Society) is a key implementing partner of the United Nations Population Fund (UNFPA) in Rajasthan, India. Their collaboration centres on advancing health, gender equality, and rights-based development, particularly for marginalized communities.

Key Aspects of the Partnership*:*

1. Adolescent Health and Gender Initiatives: CECOEDECON, with support from UNFPA, works to strengthen healthcare mechanisms and address adolescent health concerns. This includes engaging with government systems to enhance the state-level health agenda, focusing on issues such as maternal and child health, nutrition, and access to health services.
2. Gender Equality and Social Norms: Together, they implement programs aimed at redefining gender roles and challenging harmful practices. Using peer educator models, community meetings, and educational materials, the partnership builds awareness among adolescent girls, boys, and men, promoting positive masculinity and reducing gender-based discrimination.
3. Capacity Building and Community Engagement: The collaboration involves training teachers, Anganwadi workers, and frontline workers on laws and issues related to gender, child marriage, and child protection. CECOEDECON and UNFPA have also established model processes and institutional mechanisms to support the effective implementation of government schemes like Beti Bachao Beti Padhao.
4. Program Implementation and Impact: Their joint initiatives have led to tangible outcomes, such as increased participation of girls in sports, better access to government schemes, installation of safety infrastructure, and the establishment of "Girl Friendly Gram Panchayats." These efforts are piloted in districts like Sawai Madhopur and are being scaled up based on learnings from initial successes.
5. Recognition and Ongoing Collaboration: UNFPA India acknowledges CECOEDECON as a project partner, with regular engagement and visits from UNFPA representatives to monitor progress and support ongoing initiatives.

OBJECTIVES OF INTERNSHIP

- **Direct Exposure to UNFPA Operations-** The internship provided me direct exposure to the work and operations of UNFPA, allowing me to understand the agency's mandate and activities in a real-world context.
- **Complement Academic Studies with Practical Experience-**This internship bridges the gap between theoretical knowledge and practical application in development, policy, and programme work related to UNFPA's mandate.
- **Deepen Understanding of UNFPA's Goals and Principles-** I gained a deeper knowledge and understanding of UNFPA's strategic goals, principles, and transformative results, such as ending preventable maternal deaths, addressing unmet needs for family planning, and combating gender-based violence and harmful practices.
- **Develop Professional and Cross-Cultural Skills-** The internship fosters the development of professional competencies, including research, analytical, and writing skills, as well as the ability to work in multicultural environments and collaborate with individuals from diverse backgrounds.
- **Enhance Career Prospects in International Development-** By engaging in practical assignments, drafting reports, organizing events, and supporting programme activities, I was able to enhance my employability and readiness for future roles in international organizations, NGOs, or government agencies.

ORGANIZATION PROFILE

The Centre for Community Economics and Development Consultants Society (CECOEDECON) is a leading civil society organization based in Jaipur, Rajasthan, India. Established in 1982, CECOEDECON has expanded its operations across more than 15 districts in Rajasthan and Madhya Pradesh, evolving from its initial focus on disaster relief to a comprehensive rights-based approach to development.

The organization's mission centers on promoting inclusion, building resilient communities, and empowering marginalized groups including women, children, smallholder farmers, landless youth, and tribal populations with gender sensitivity as a cross-cutting theme. CECOEDECON's interventions span a wide range of areas such as natural resource management, sustainable livelihoods, climate change, fair trade, disaster management, seed sovereignty, land rights, health, nutrition, education, and the protection of human and child rights.

CECOEDECON emphasizes integrated participatory development, economic justice, livelihood security, and institution building. It works directly with underprivileged and marginalized groups to enhance their capacities, remove structural barriers, and foster community-led development through the formation and strengthening of local institutions like Village Development Committees and Self-Help Groups.

With a staff size of 51–200 employees, CECOEDECON has established itself as a prominent nonprofit organization recognized for its innovative and impactful interventions in inclusive and sustainable development.

SERVICES PROVIDED BY THE ORGANIZATION

CECOEDECON delivers a diverse range of services aimed at empowering marginalized communities and promoting sustainable, rights-based development, particularly in Rajasthan and Madhya Pradesh. The organization's services span several key thematic areas:

- Livelihood Security and Economic Justice- CECOEDECON implements programs to enhance livelihood opportunities for rural communities, focusing on economic justice and the fair distribution of resources. This includes microfinance initiatives, the formation and support of Self-Help Groups (SHGs), and the establishment of women's cooperatives to improve socio-economic status and financial independence, especially for rural women and marginalized groups.
- Basic Rights: Health, Education, and Gender- The organization's Basic Rights program addresses access to health services, quality education, nutrition, and gender equality. CECOEDECON works to overcome barriers faced by vulnerable populations, particularly women and children, by raising awareness, facilitating access to entitlements, and integrating gender sensitivity into all programming.
- Institutional Development- CECOEDECON strengthens grassroots democratic institutions by forming and supporting Village Development Committees, block-level federations, youth groups, and other community-based organizations. These efforts build local leadership, enhance community mobilization, and ensure that communities become primary agents of their own development.
- Civil Society Building- The organization unites like-minded civil society organizations and social movements to advocate for inclusive development, policy change, and rights-based approaches at local, state, and national levels. CECOEDECON plays an active role in policy analysis, advocacy, and capacity building for other NGOs and community groups.
- Sustainability and Climate Action- Through initiatives like the MAUSAM coalition, CECOEDECON addresses climate change, sustainable agriculture, and food security. The organization engages in policy advocacy, supports grassroots adaptation strategies, and participates in international climate negotiations to promote climate justice and sustainability.

- Access to Justice- In partnership with organizations such as the Kailash Satyarthi Children's Foundation, CECOEDECON runs projects to improve access to justice for children and marginalized groups, focusing on legal awareness and support in rural areas.
- Capacity Building and Training- CECOEDECON conducts leadership development, social mobilization, and rights-based training for community members, local leaders, and partner organizations. These programs enhance skills, build networks, and empower individuals to advocate for their rights and participate in governance.

KEY ACTIVITIES/ PROJECTS UNDERTAKEN OTHER THAN DISSERTATION

Apart from my dissertation project:

- I had the opportunity to work on another project regarding the self-care kits available at different government hospitals in Rajasthan. It was primary research where the sample size was very less (6) as it was just to understand the perception of nurses posted in Zanana hospital, Jaipur and Mahila Chikitsalay (SMS Medical College), Jaipur. A report was made by me and submitted to my supervisor in the organization. For better understanding I have attached the report here. ***(see page 9 to 20)*** This report includes the headings:
    - Introduction
    - Research Question
    - Objectives
    - Methodology
    - Results and Findings
    - Suggestions
    - Conclusion
    - Questionnaire for nurses regarding self-care kits
- Along with this project, I also had the opportunity to create two IEC materials which have now been approved to display at government hospitals of Rajasthan. ***(see page 21 & 22)***

INTRODUCTION:

India witnessed a positive shift towards increase in spacing methods which doubled from NFIIS I to NTHS 5 in the country. The shift is very well evident in all states. The advent of the Covid pandemic led to the awakening of dire need for institutionalizing the self-care initiatives in the country.

WHO defines self-care as "the ability of individuals, families and communities to promote health, prevent disease, maintain health and cope with illness and disability with or without the support of a health-care provider". Incorporating self-care can be an innovative strategy to strengthen primary health care, increase universal health coverage (UHC) and help ensure continuity of health services. Self-care interventions have the potential to increase choice, when they are accessible, and they can also provide more opportunities for individuals to make informed decisions regarding their health and health care.

With regards to Family Planning a potent and tested strategy is installation of Self-Care Kits at strategic locations. The Self-Care Kit will include the methods to promote healthy reproductive/FP practices without the support of health care providers. This includes- Condoms, Emergency Contraceptive Pills (ECP) and Pregnancy Testing Kits (PIK). The Self Care Kit is a box with three compartments each for above mentioned commodity.

Objectives of the Sell Care Kit:

- To improve access to contraceptives by beneficiaries in reproductive age group independent of health care facility and provider.
- To increase early detection of pregnancy and reduce maternal deaths and morbidities resulting from unwanted pregnancies by use of Pregnancy testing kits.
- To empower beneficiaries in averting risk of unwanted pregnancies by timely access and use of emergency contraceptive pills.

- The image below is a suggestive image for the self-care kit.

Fig. 1

The purpose of this study is to assess the awareness, accessibility, and utilization of self-care kits comprising condoms, pregnancy test kits, and emergency contraceptive pills. Given the critical role nurses play in patient education and healthcare delivery, understanding their perspectives and observations regarding self-care kits is crucial for improving the effectiveness of such initiatives.

By collecting data through a structured questionnaire administered to nurses, this report seeks to assess key factors affecting the availability and appropriate use of self-care kits in various departments. The insights gathered will help inform strategies to overcome barriers, enhance accessibility, and ultimately improve patient outcomes in reproductive health.

RESEARCH QUESTION

1. What are the perceptions and suggestions of nurses regarding the accessibility, patient awareness, and utilization of self-care kits within hospital settings?
2. What are the common barriers patients face, according to nurses, when accessing or using self-care kits?

OBJECTIVES

- To assess the level of awareness among nurses about the availability and placement of self-care kits in hospitals.
- To identify challenges faced by patients in accessing and using self-care kits, as perceived by nurses.
- To gather suggestions from nurses on improving the accessibility, awareness, and effective use of self-care kits.

METHODOLOGY

1. **Study Design:** A cross-sectional descriptive study.

2. **Study Setting:** The study was conducted in two hospitals {Zanana hospital, Jaipur and Mahila Chikitsalay SMS Medical College), Jaipur} where self-care kits are available.

3. **Study Population:** Registered nurses working in hospitals where self-care kits are placed and made available to patients.

4. **Duration of Study:** 28th April 2025 to 9th May 2025

5. **Sample Size:** 6 Nurses

6. **Sampling Method:** Convenience sampling was used to select nurses who were available and willing to participate in the study during the data collection period.

7. **Data Collection Tool:** A structured questionnaire was developed (see Appendix 1) and administered to participating nurses. The questionnaire included both multiple-choice and opinion-based questions focusing on awareness, patient behaviour, placement of kits, and perceived challenges.

8. **Data Collection Procedure:** Responses were collected through physical interview, ensuring voluntary and informed participation.

9. **Data Analysis:** Qualitative responses were summarized using descriptive statistics Graphical representations such as pie charts were used to visualize key findings.

RESULTS AND FINDINGS:

1. **Experience of Nurses**

- More than 7 years: 100%

Inference: Majority (100%) of nurses have more than 7 years of experience, indicating a seasoned workforce.

2. **Awareness of Self-Care Kits**

- Yes: 100%

Inference: Most nurses are aware of the availability of self-care kits in their hospital.

3. **Placement of Kits**

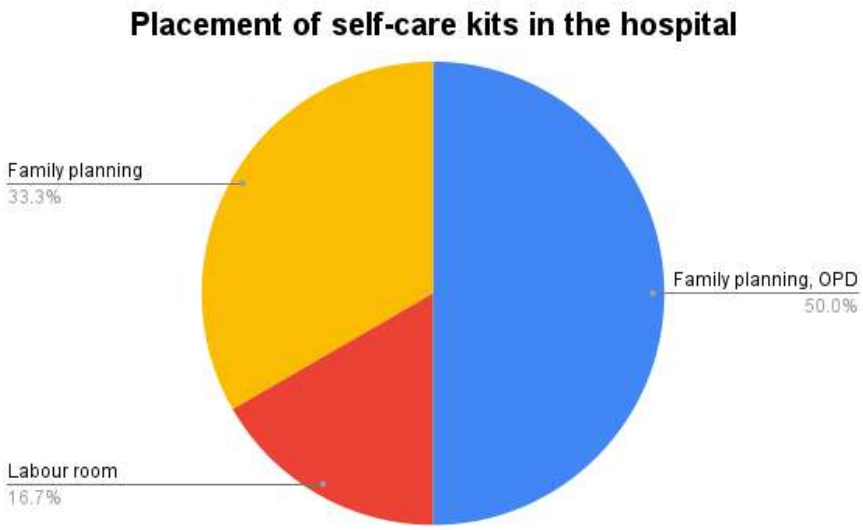

Fig. 2

Inference: Pie-chart indicating that most (50%) of the nurses think that the self-care kits are placed in Family planning and outpatient department while 33.3% of nurses think that the self-care kits are placed in the family planning department only and 16.7% of the nurses think that the self-care kits are placed in the labour room.

4. Patient Awareness of the Availability of Self-Care Kits

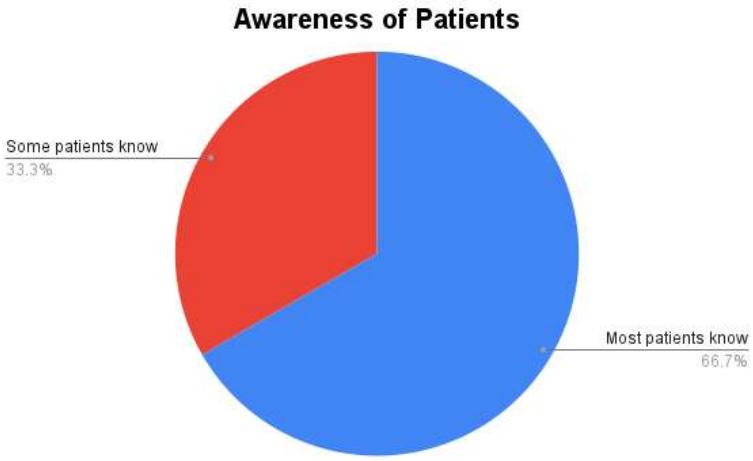

Fig. 3

Inference: Pie-chart indicating that according to 66.7% of the responses, most of the patients visiting the hospital are aware of the self-care kits placed in various departments while 33.3% nurses think that only some patients are aware and they have to inform the other patients who are not aware overall indicating that patient awareness is good.

5. Observations on Patient Usage

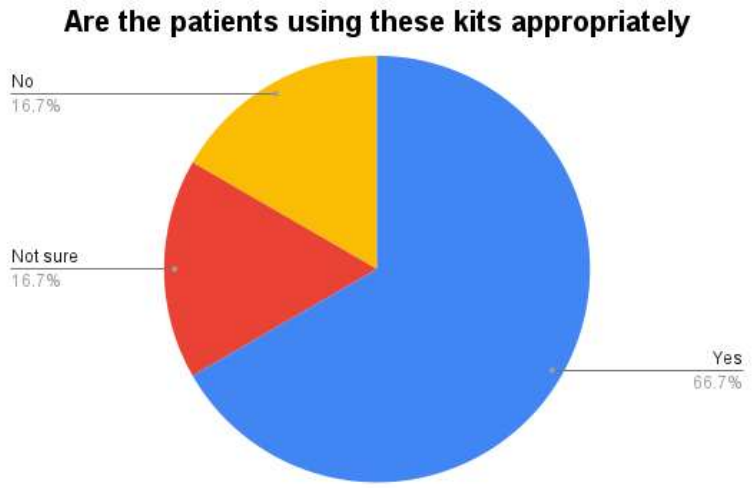

Fig. 4

Inference: Pie-chart indicating that 66.7% of nurses have observed patients using the self-care kits appropriately after having a discussion during follow-up visit, while 16.7% were not sure about the usage and 16.7% said that the patients are not using the kits.

6. Challenges Observed

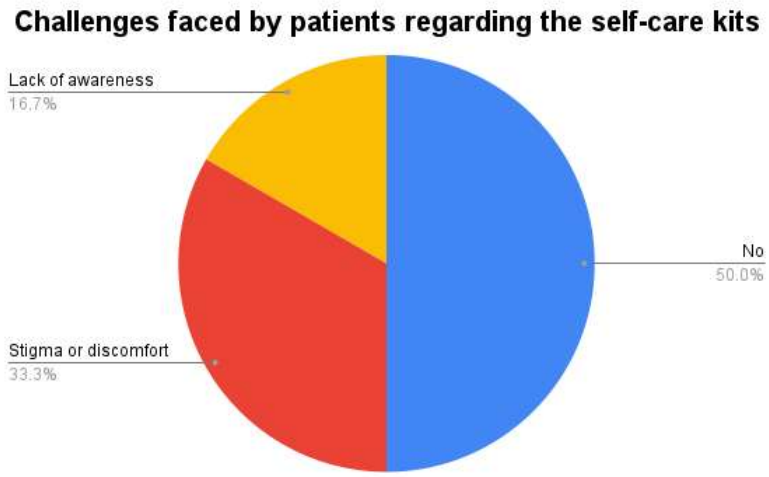

Fig. 5

Inference: Pie-chart indicating that 50% of nurses believe that the patients are comfortable accessing the self-care kits and did not face any challenge while 33.3% nurses think that there is a slight stigma or discomfort for patients in accessing the kits and 16.7% believe that the major challenge is lack of awareness among the patients.

7. Usage of items in the self-care kits

- Zanana Hospital reported that usage for the month of April, 2025 is as follows:
  - Condoms- 870
  - Emergency contraceptive pills-145

- No such information was provided by Mahila Chikitsalya.

SUGGESTIONS

By the Nurses:

- Placing kits in more accessible areas.
- Kits should be placed privately
- Incorporating patient education in routine visits.
- Privacy and accessibility are top priorities according to nurses.

Other Suggestions:

- Conduct educational drives focusing on the importance and usage of self-care kits among patients.
- Equip all hospital staff, especially nurses, with knowledge and communication strategies to better inform patients.
- Place self-care kits in easily visible and accessible locations like outpatient waiting areas and emergency departments.
- Implement monthly audits to monitor stock levels and avoid shortages.
- Normalize self-care kit usage through posters, patient counselling, and confidentiality assurances.
- Allow patients and staff to anonymously report barriers or suggest improvements regarding self-care kits.

CONCLUSION

This study highlights the importance of increasing patient awareness and improving the accessibility of self-care kits within hospitals. While nurses are highly aware of these kits' presence and usage, patient knowledge remains moderate, and barriers such as stigma and limited privacy persist. Addressing these challenges through educational initiatives, improved placement strategies, and regular audits could significantly enhance the utilization of self-care kits.

By empowering patients with greater autonomy and access to these essential resources, healthcare systems can improve public health outcomes and contribute to more effective family planning practices.

Ultimately, a holistic approach involving better training for healthcare providers and ongoing feedback mechanisms is crucial to optimizing the implementation of self-care kits.

Questionnaire for nurses regarding self-care kits

1. How long have you been working as a nurse?

Less than 1 year

1-3 years

4-7 years

More than 7 years

2. Are you aware that self-care kits (including condoms, pregnancy test kits, and emergency contraceptive pills) are available in your hospital?

Yes

No

3. Where are these self-care kits usually placed in your hospital?

Outpatient department

Maternity ward

Pharmacy

Other (please specify)

4. Do you think patients are aware of the availability of these kits?

Yes, most patients know

Some patients know

No, most patients do not know

5. Have you observed patients using these kits appropriately?

Yes

No

Not sure

6. What challenges have you noticed regarding the self-care kits? (Select all that apply)

Lack of awareness among patients

Stigma or discomfort in accessing them

Stock shortages

Patients misusing or misunderstanding the kits

Other (please specify)

7. In your opinion, what could be improved to ensure better access and use of these kits?

Better awareness campaigns

More training for hospital staff

Placing kits in more accessible areas

Ensuring regular restocking

Other (please specify)

8. How many items are used?

Condoms

Emergency contraceptive pills

Pregnancy test kits

STEPS OF IMPLANT INSERTION

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A Quick & Safe Procedure

Insertion of implant is a minor procedure performed by a skilled provider, which takes only a few minutes. It needs to be carried out as per the standard guidelines, including steps related to infection prevention practices. It is important to ensure that the rod is inserted subdermally so as to make its removal easy. An improper insertion can lead to challenges during removal.

Key Considerations

Proper Placement: The implant must be inserted subdermally for easy removal later.
Incorrect Insertion: Can lead to complications, making removal difficult.

Insertion Site

Ideal Location:

- Inner side of the non-dominant upper arm
- 8-10 cm above the medial epicondyle (elbow fold)
- 3-5 cm behind the sulcus (groove between biceps & triceps)

Avoid major blood vessels, muscles, and nerves to prevent injury.

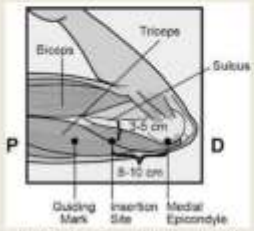


Fig.1 Longitudinal Section of upper left arm-viewed from medial side

Requirements for Insertion

1. Marker Pen
2. Measuring Scale
3. Sponge holding forceps
4. Bowl for antiseptic solution
5. Betadine/Antiseptic
6. Sterile syringe
7. Sterile needle - 38-50mm (1.5-2 inch), long needle (22-gauge)
8. Lignocaine 1% without epinephrine
9. Preloaded applicator with single rod Implant
10. Sterile gauze
11. Pressure bandage
12. Surgical adhesive tape
13. Sterile cut sheet (optional)
14. Sterile gloves

Pre-Insertion Steps for Implant Placement

Step 1: Prepare the Client

- Greet the client and confirm her eligibility.
- Ensure verbal informed consent is taken.
- Explain possible side effects and answer any questions.
- Conduct a medical assessment as per guidelines.

Step 2: Maintain Hygiene and Positioning

- Ensure the upper arm is clean, ask the client to wash with soap and water if needed.
- Have her lie on her back.
- Place her non-dominant arm flexed at the elbow. (*Fig. 2*)
- Rotate her arm outward so her wrist is near her ear, with the hand under the head.

Fig.2 Position of upper arm

Step 3: Prepare for Insertion

- Arrange sterile instruments and ensure easy accessibility.
- Open the sterile applicator without touching it let it fall onto a sterile tray.

Step 4: Mark the Insertion Site

- Identify the optimal insertion point.
- If the sulcus isn't palpable, ask the client to make a fist to locate it.
- Mark a second point 5 cm above the first mark as a directional guide.

Step 5: Follow Sterile Precautions

- Wash hands with soap and running water, then dry.
- Wear sterile gloves on both hands.

Implant Insertion

Step 1: Prepare the Site

- Apply antiseptic (iodophor) twice in a 10-12 cm circle. Wait 2 minutes.

Step 2: Administer Local Anesthesia

- Explain to the client she will feel a prick but no pain.
- Inject 2 ml of 1% lignocaine (without epinephrine) under the skin.
- Rub the area to spread anesthesia.

Step 3: Insert the Implant

- Hold the applicator at the textured area and remove the needle shield.
- Stretch the skin and insert the needle at a 30° angle until the entire bevel is inside. (*Fig. 3*)

Fig.3 Puncture skin at 30 degrees angle with inserter needle

- Lower the applicator parallel to the skin and slide the needle fully under the skin. (Fig. 4)
- Push the purple slider back completely to release the rod. (*Fig. 5*)
- Remove the applicator and check for proper placement by palpating the rod. (*Fig. 6*)

Fig.4 Lower the applicator and advance the needle keeping it subdermal

Fig.5 After full insertion, unlock the purple slider by pushing it down

Fig.6 Remove the applicator keeping it horizontal

Step 4: Post-Insertion Care

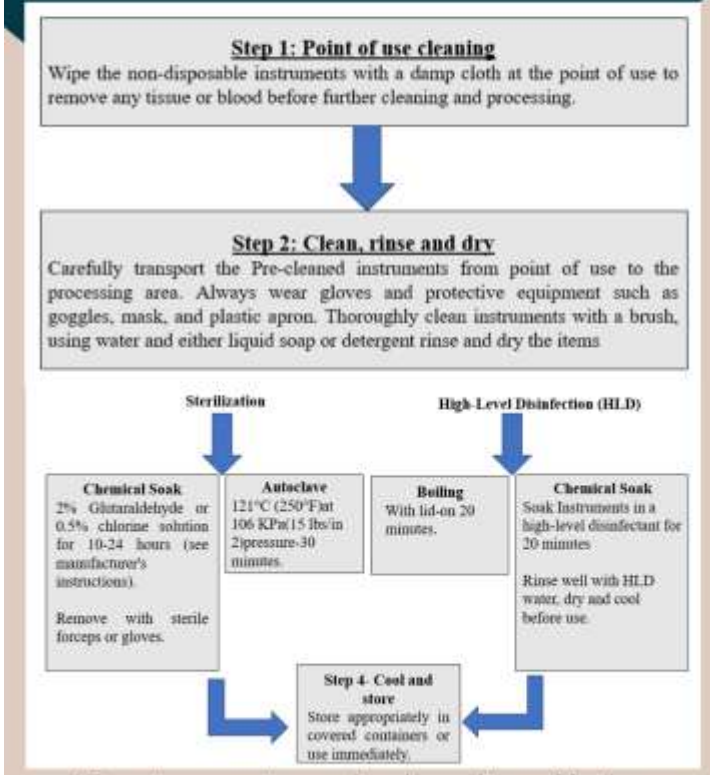
- Ask the client to feel the rod (without touching the puncture).
- Cover the site with sterile gauze and check for bleeding. Apply pressure for 2 minutes if needed.
- Apply antiseptic and cover with a sterile dressing.
- Wrap with a pressure bandage.

Step 5: Infection Control & Waste Disposal

- Dispose of the applicator, syringe, and needle in a puncture-proof container.
- Discard contaminated items (gauze, cotton, etc.).
- Remove gloves inside out and dispose of them.
- Clean instruments, table, and floor as per infection control guidelines.

INFECTION PREVENTION PRACTICES

The correct and consistent use of recommended infection prevention (IP) practices during patient care is critical for providing safe and high-quality health services.



Steps in processing used and non-disposable items

Standard Precautions

Handwashing;

- use of protective attires (personal protective equipment);
- Handling sharps, and management of needle-stick injury;
- Processing of instruments and reusable items;
- Maintaining proper environmental asepsis and
- Biomedical waste disposal.

Hand Hygiene

- Wash hands with soap & water OR use 70% alcohol-based sanitizer.
- Always dry hands with disposable towels.

Use of PPE

- Wear gloves, mask, cap, eye shield, an apron, and OT shoes as needed.
- PPE use depends on risk assessment for blood, fluids, or contaminated items.

Handling Sharps & Needle-stick Injuries

- Use a hands-free technique for sharps.
- Do not bend, break, or recap needles.
- Dispose of sharps in puncture-proof containers immediately.
- In case of injury, follow NACO PEP guidelines.

Environmental Cleaning

- Use 0.5% chlorine solution & detergent to clean:
- Procedure rooms before & after surgery.
- Floors & spills.
- OT areas weekly (when not in use).
- Restrict movement inside the OT.

Processing Instruments & Reusable Items

- Decontaminate immediately after use (0.5% chlorine for 10 min).
- Do not soak instruments in bleach before cleaning (damages instruments & reduces effectiveness).
- Pre-clean at point of use to remove blood & body fluids.
- Wear PPE before handling contaminated instruments.

Health Care Waste Disposal

- General Waste (non-infectious): Black bins/bags (e.g., food waste, wrappers).
- Biomedical Waste:
- Red bins/bags: Soiled plastic, gloves, syringes.
- Yellow bins/bags: Placenta, tissues, bandages.
- Sharps containers: Needles, blades, glass.

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KEY LEARNINGS FROM INTERNSHIP

- I developed a comprehensive understanding of how grassroots organizations like CECOEDECON operate, including their approach to empowering marginalized communities through participatory development, capacity building, and institution strengthening.
- I learned about the implementation of health programs, especially those targeting adolescent health, maternal and child health, and family planning.
- My involvement in the self-care kit project provided hands-on experience in primary research, data collection, and analysis related to reproductive health services in government hospitals.
- The internship highlighted the importance of gender-sensitive programming and the need to address barriers faced by women and adolescents in accessing health and social services.
- Conducting the study on self-care kits enhanced my skills in designing research tools (such as questionnaires), collecting qualitative and quantitative data, and presenting findings through descriptive statistics and visual aids.
- I learned the significance of evidence-based recommendations for improving program effectiveness.
- I had the opportunity to design Information, Education, and Communication (IEC) materials, which were approved for display in government hospitals. This experience improved my ability to create clear, impactful health communication tools tailored to diverse audiences.
- I observed the process of program implementation, monitoring, and reporting within a non-profit context, including the importance of documentation, feedback, and adapting interventions based on field realities.
- The internship provided clarity on the competencies required for a career in public health and development, such as adaptability, cultural sensitivity, and a solution-oriented mindset.
- It reinforced my commitment to working in the development sector and contributed to my personal and professional growth.