

SUMMER INTERNSHIP REPORT

At



CARE India Solutions for Sustainable Development.

(11/04/2022 -- 24/06/2022)

Internship Report

by

Danyal Yawar

PG/21/147

PGDM (Hospital and Health Management)
2021-2023



International Institute of Health Management Research,
New Delhi

Acknowledgement

I received a fantastic opportunity for learning and professional growth with my internship with CARE India Solutions for Sustainable Development in Bihar. As a result, I view myself as a really fortunate person who was given the chance to join this CARE India team. Having the opportunity to meet so many lovely people and professionals who guided me through this internship time makes me grateful as well.

Bearing in mind previous I am using this opportunity to express my deepest gratitude and special thanks to the Team Lead, Dr Tanmay Mahapatra who in spite of being extraordinarily busy with his duties and responsibilities, took time out to bear, guide and keep me on the correct path by giving me responsibilities and allowing me to carry out my project to their esteemed organization.

I see this chance as a significant turning point in my professional progress. To achieve my chosen career goals, I will make every effort to utilise my newly acquired skills and knowledge to the fullest extent feasible and to keep improving them. I look forward to working with every one of you in the future.

Danyal Yawar

Date: 24/06/2022

Internship completion certificate

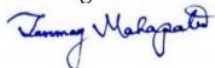
This is to certify that **Danyal Yawar** pursuing Post Graduate Diploma in Management in Hospital and Health Management (PGDM)) at the International Institute of Health Management and Research - (IIHMR), Delhi has completed his internship with the **CARE India Solutions for Sustainable Development (CISSD)** during **11/04/2022 to 24/06/2022**.

As a part of this internship, he successfully delivered the following assignments:

1. Conducted an appropriate literature search and review on Distribution and determinants of Family Planning Method Discontinuation/Switch/Continuation among young low parity couples in Bihar.
2. Done literature review and made evidence table according to it.
3. Summarized the given data and analyzed the results.
4. Worked with the team, understood details of In-Depth interviews, exposed to Data management, Data cleaning and analysis using SAS and MS-excel. Attended trainings on Qualitative study tool development and study conduct

During this period, he displayed adherence to protocols, clarity of understanding with learning abilities. Based on efforts, it appears that, given the level of aptitude he has, if given chance he can become an important contributor in public health.

Wishing her the best for the future,



Dr Tanmay Mahapatra
Team Lead, CML Unit



Regards
Dr. Anup Gopalakrishnan Nair
Deputy Director HR & OD



FEEDBACK FORM

(ORGANIZATION SUPERVISOR)

Name of the student: Danyal Yawar

Summer Internship Institution: CARE India Solutions for Sustainable Development

Area of Summer Internship: Distribution and determinants of Family Planning Method Discontinuation/Switch/Continuation among young low parity couples in Bihar

Attendance: Perfect adherence to internship norms

Objectives Met: The student tried to follow the details, internalized some of the concepts, efforts noted to develop theoretical knowledge, worked on the literature review, data interpretation and report writing.

Deliverables:

Worked with the team, understood details of In-Depth interviews, exposed to Data management, Data cleaning and analysis using SAS and MS-excel. Attended trainings on Qualitative study tool development and study conduct

Strengths: Proactiveness, organized thoughts, strategy and planning

Suggestions for improvement: Engagement with work, communication skill, scientific writing, subject and programmatic knowledge, analytical thinking and skills

Signature of the Officer-in-charge

Local Mentor: Dr Tanmay Mahapatra

Date: 17.06.2022

Place: Patna, Bihar

Deputy Director HR: Dr Anup G Nair





CARE India Solutions for Sustainable Development

CARE India is a part of the CARE International Confederation, which is helping millions of people in living a life of dignity. We have a presence in over 100 countries. We have been contributing to India's explosive growth for 75 years, starting from the time when it was a newly formed nation, till today when it is among the world's fastest developing economies. Empowered women and girls can lift their entire families and communities out of poverty.

Care India is a not-for-profit organisation that builds capacity of communities to ensure empowerment for marginalised women and girls. Our sustainable and holistic interventions in Health, Livelihood, Education and Disaster Relief & Resilience, provide innovative solutions to deep-rooted development problems. Along with access to the international confederation of expertise, we integrate internal knowledge and strong network of partnerships to deliver outcomes at scale to varied stakeholders. Values of Care India-

1. Respect-

Upholding the dignity of each individual

2. Integrity-

Adhering to an ethical code of conduct in all actions

3. Commitment-

Fulfilling our duties and social responsibilities

4. Excellence-

Setting high performance standards and being accountable to them. Major milestone of Care India-

CARE's relationship with India began over seven decades ago, at the precipice of its independence. Much like other developing nations, 'CARE Packages', containing food and other essential items were CARE's first offering to India. The relationship grew remarkably over the decades, transitioning into a large-scale movement backing India's socio-economic development. 1940's- CARE is Born

To help the survivors of World War II, 22 American charities form the 'Cooperative for American Remittances to Europe' 'The early 1950's-CARE Arrives in India

The 'Indo-CARE Bilateral Agreement' signed between CARE and Government of India – first 'CARE Packages' arrive in India.

Distributed over 20,000 tonnes of food across the country, laying the foundation for CARE's nutrition programme. The Mid-Late 1950's- The Launch of Larger Initiatives in India CARE introduces its Disaster Relief, Nutrition, Agriculture, Health, and Education programs.

Provided medical and food assistance to thousands of Tibetan refugees that came along with His Holiness the Dalai Lama.

The

1960's

Increased Focus on Food Programs

The expansion of the 'Mid-Day Meal Scheme' and the establishment of 'Central Kitchens'. Extending nutrition to those affected by famines.

Offered lunch to over five million people every day during the one-square-

meal-a-day project, running through 27,000 primary schools.

The 1970's & 1980's- Emphasis on India's Nutrition Needs

Started 'Project Poshak' and supported the Government's 'Integrated Child Development Services' to provide nutrition to malnourished children. Provided INR 35 million for the construction of 5,500 Balwadis (preschools) in 14 Indian states. CARE changed the meaning of its acronym to 'Cooperative for Assistance and Relief Everywhere', owing to its diverse global interventions.

The 1990's Sharper Focus on Marginalised Women & Girls-

Shifted attention to the widespread concerns involving women and girls — population control, Girl's Primary Education, reproductive health, food security, unemployment, and access to credit facilities.

CARE's Integrated Nutrition and Health Programme (INHP)

impacted approximately 80,00,000 mothers and children in 1,23,000 villages every day.

Launched the Girls' Primary Education (GPE) project to support the Government of India's goal of "Education for All".

The

2000's Addressing the Underlying Causes of Poverty

With an increased understanding of poverty, CARE starts addressing the root causes of poverty — inequality, social injustice, and marginalization.

CARE India was instrumental in providing relief to the victims of the Gujarat earthquake by building 5,554 houses, 15 schools, 11 community centres, 21 crèches, 12 Panchayat buildings, 5 sub-health centres and water and sanitation infrastructure.

During this decade, CARE India became a key partner in the Enhancing Mobile Population Access to HIV/AIDS Services Information and Support (EMPHASIS) along with CARE Nepal and CARE Bangladesh.

The 2010's CARE India Comes into Being-

CARE in India starts functioning as an independent entity – CARE India in 2013. Becomes a member of the CARE International Confederation. Implementation of the Bihar Technical Support Program to improve maternal, new-born, and child health in the state. The launch of the AMANAT project to build the capacity of Auxiliary Nurse Midwives in managing emergency childbirth complications and new-born care in Bihar.

2020's Onwards-

Commitment to Provide Social Protection to Women & Girls

Since March 2020, CARE India has provided immediate relief assistance to over 4.3 lakh marginalised people by distributing 79,855 dry ration kits and supported hospitals, frontline workers with 18,992 PPE kits, 2,22,107 masks, 50,706 litres of sanitisers and 2,000 litres of disinfectant.

CARE India aims to reach over 100 million people belonging to marginalised communities by 2030 and help them overcome poverty.

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**Distribution and determinants of Family Planning Method
Discontinuation/Switch/Continuation among young low parity
couples in Bihar.
CARE, BIHAR**

Introduction

- According to the (WHO), family planning is defined as –
“The ability of individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births. It is achieved through use of contraceptive methods and the treatment of involuntary infertility”.
- Methods of family planning methods are mainly of two types Traditional and Modern method
- **Traditional method** are those types of method which people using from so many years people of sixteenth century were using family planning, Traditional method of family planning. It includes Periodic abstinence, Coitus interruptus, Lactational amenorrhea
- **Modern method** Hormonal Contraception, Barrier method, Permanent Contraceptive method, Emergency Contraception.

Objectives of our Study

- To explore the current situation of Method switch continuation and discontinuation in family planning.
- To explore the reason why a couple changing the methods of Family planning why they continuing the same method or why they discontinued the methods.

Methodology

- Antara Client Cohort – an Exploration of user Perspective Tracking (ACCEPT study).
 - The study cohort was interviewed telephonically
 - first: mid-September to mid-October 2020 (N=834)
 - second: December 2020 (N=570)
 - third: mid-April 2021 (N=444)
 - A fourth round of follow up interviews were conducted in person using a mix-method approach
 - Conducted during mid-January 2022
 - Quantitative interviews: N=712 (15% Lost to follow up)
 - Qualitative in-depth interviews: N=61*

Results

“Antara Client Cohort – an Exploration of user Perspective Tracking (ACCEPT study)” the finding was Switching to method other than Antara (Modern or Traditional).

Method Switch after 1 dose to Limiting method	712	57%	43%	00	00
Method Switch after 2 doses to Limiting method	712	61%	29%	10%	00
Method Switch after 3 doses to Limiting method	712	67%	17%	16%	00

FINDINGS

After 1 dose

- Antra discontinuation and method switch after received only one dose during June 19 - January 20.
- (n =712) in selected sample 57% opted method switching and 43% did not opted any method in total.
- After the study we found that couple who got first dose of Antra 57% switched method due to side effects they opted condoms and other traditional method. And remaining 43% were continued with Antra.
- The side effects of Antra were
 - * Sharp stomach pain spreading to back or shoulder blade
 - *Yellowing of skin or eyes
 - * Weakness

After 2 doses

- Antra discontinuation and method switch after received two doses during December 2020.

(n=712) in selected sample 61% opted method switching and 29% discontinued family planning and remain were still using this method.

- After the second dose 61% switched method due to side effects, they opted condoms and other traditional method. And remaining 29% discontinued with this method and remaining 10% were still using this method.

Side effect were after second dose of Antra was

- * Loss of Appetite
- * Sore Throat
- * Chest Pain

After 3 doses

- Antra discontinuation and method switch after received third dose during mid-April 2021.

(n=712) in selected Sample 67 % opted for method switch and 17% discontinued and remaining were still using this method.

- After the second dose 67% switched method due to side effects, they opted condoms and other traditional method. And remaining 17% discontinued with this method and remaining were still using this method.

The side effects of Antra were

- * Continue Stomach pain
- * Back pain
- * Headache

THANKYOU