

**End Line Report**  
**RCH Programme 2010-2012**  
**District Amritsar**

**Submitted to:**  
**Swami Vivekanand Medical Mission,**  
**Mother NGO – RCH, Amritsar**

**Submitted by:**  
**CAPTAIN GURDEEP SINGH MEMORIAL**  
**EDUCATIONAL HEALTH AND SOCIAL**  
**WELFARE SOCIETY**

## **Organization Profile**

### **ABOUT SOCIETY**

***CAPTAIN GURDEEP SINGH SOCIETY is a non government organization (NGO) working directly with needy people of Punjab particularly widows, poor persons, all over development of urban and rural areas particularly in slum areas.***

**Its big goal are to find work and /or develop skills so that these people can partly or wholly support themselves and their families it works in a direct personal way to locate needy to help them . For every child a home and educate for every adult the dignity of self-reliance and desires to give back to society To regenerate the rhythm of life of the disadvantaged we want to provide the best means for solving local levels disputes, which in turn saves undue wastage of time and human energy and also promotes and conserves the bonds of unity and goodwill amongst the people.**

- **The organization is working in the rural areas of all the Punjab. Further ,organization working with remote area community since last 5 years**
- **The proposed will cover more than two lakh rural population most of the population is living below poverty line and educationally, economically, socially backward and about most of the population is of schedule caste and backward classes**
- **We are serving where the mortality and metrical mortality rate is very high. women's are living under pressure they are not able to take decisions .women's are tortured to female feticides and many more**
- **To empower women in rural areas to become equal partners in society .so far women have not been given right opportunities or an equal share of encouragement and training to contribute towards the family income or to make them lend a helping hand in social upliftment**

**MAN IS ACTUALLY ARCHITECT OF HIS OWN FATE**

## **Reproductive & Child Health**

The Reproductive and Child Health approach is a holistic and integrated approach of contraception issues and maternal and child health issues. RCH has been defined as a programme which ensure that people have the ability to reproduce and regulate their fertility, women are able to go through pregnancies and child delivery safely, the out come of pregnancies is successful in terms of survival and wellbeing and couples are able to have sexual relationship free of fear of pregnancies and of contacting diseases. Therefore, the overall strategy of the Government of India is to simultaneously strive for obtaining Reproductive and Child Health arrangements for the whole of the country's population and to promote and make available contraceptives/terminal methods for desirous couples.

Promotion of maternal and child health has been one of the most important components of the Reproductive Child Health Programme of Government of India. RCH focuses on not only the largest but most vulnerable group of the mother & the child to ensure child survival & safe motherhood besides educating adolescents. Dealing with health problems, which revolve around the triad of malnutrition infections & consequence of unregulated fertility is the main priority of RCH.

### **Project Area**

Half Page

### **Block Information**

Half Page—the name of block is verka, in this we are covered the areas names as kot khalsa, deshmesh nagar, inderpuri, indra colony, daphai, block covered by civil hospital Amritsar, and also covered by subcentre kot khalsa, chc haripura, phc verka, we are working as a fngo in this block for three years to raise the

health standard of the womens and girls to imporove their health status we are succeeded in this up to mark . we are submitting all the required documents .

### Prioritizing of Core Issues

- Incomplete ANC
- Eligible women's reported symptoms of RTI
- Incomplete immunization
- Low Institutional delivery
- Unawareness about Adolescent health & hygiene

We are just plan the initial stages to recover these problems .no doubt these problems are growing day to day and we can't say we eliminate these problems from the root and they disappear. we just help those peoples who are highly effected with these problems and we tried with our heart to help them to cure their lives and make a meaningful effect on their hearts and minds who are recovered they aware other peoples about the bad effects of these diseases so our approach is to start with this project with those peoples for a long life not for a limited years. we are working in project like the tree whose leaves scattered everywhere and aware the people to save their lives . But according to your time schedule we are making some initial steps to run this project

### Demographic Profile

S.No	Particular	No.
1	Male	1576
2	Female	1576
3	Adolescent Boys	1903
4	Adolescent Girls	3006
5	Children under 12 to 23 months	897
6	Literacy rate	33%
7	Female headed household	55%
8	Average family size	5-7
9	Total population	12625

### Outcome of the Programme

<b>S. No.</b>	<b>RCH Indicator</b>	<b>During Survey</b>	<b>Base Line</b>	<b>By End Line Survey</b>
1.	Eligible couples currently using modern FP methods	69.07%		75%
2. (a)	Unmet need for limiting	30.67%		86%
2. (b)	Unmet need for spacing	53.33%		87%
3.	Women received complete ANC during Pregnancy	34.00%		92%
4.	Deliveries conducted in institutions	37.04%		93%
5.	Deliveries conducted by Skilled attendants	85.19%		92%
6.	Children (1year) complete protected against 6 vaccine preventable diseases			
7.	Eligible Women reported symptoms of RTI	36.36%		14%
8.	Eligible women's husband reported symptoms of RTI	12.50%		2%
9.	No. of girls married before attaining legal age	30.79%		3%
10.	Married girls conceived during adolescent	20.34%		3%

## **Source of the End Line Survey:**

### **Management Mechanism of the FNGO**

NGO had employed one Project Coordinator and two field workers for the RCH-II Programme. NGO had employed one part time accountant who will maintain and record day-to-day transactions for the audit. Project coordinator supervised the activities of field workers and maintained a record of their activities. The Project Coordinator's responsibility is assigning the tasks to the field workers and ensuring they are carried with sincerity and on time. He or She monitored these activities and prepare reports accordingly. The field workers worked in the assigned unserved or underserved villages and ensure implementation of all the activities proposed by the NGOs. NGO' also appoint peer educators and volunteers with their concerned villages and worked in close coordination with them to attain the goals set by this project. NGOs also appoint qualified counselor as per their need of the area on the honorarium basis.

### **Monitoring**

Monitoring is an activity, which strengthens the ability of staff of NGOs to understand their Goal and policies and activities required to achieve their Goal. we collect the data and feedback from the people residing in these areas as well as the concerned institution to let we know how much we succeed in the project in that areas

### **Monitoring plan**

The programme coordinator had undertake monthly visit to the Project sites, hold meetings with the NGOs staff members, Representative of village groups and local service providers. Based on these interaction, the NGOs given feedback for improvements whatever necessary.

During the quarterly meeting of the NGOs, the programme discussed and improvements shall be sought, whatever they are necessary. A monitoring log-sheet will be developed based on the output indicators and it shall be presented to the districts RCH society for their information. Service register framed to monitor the progress of the NGO on daily basis.

### **Community monitoring**

The programme coordinator have undertake monthly visit to the project sites and hold meetings with the community members. The community members have given feedback for improvements whatever necessary.

### **Facilitation**

All the necessary forms for the feedback have developed with the support of RRC and the same have used to measure the progress.

### **Mid term Evaluation**

The NGO prepare mid term survey forms and the same have used for undertaken the midterm review. Once the midterm review is over, a workshop with the district society and all the NGO's have organized for dissemination of results of mid term review as well as for seeking guidance and planning strategies to address the issues arising out mid term review.

### **Findings of the End Line Survey:**

Example: (Just example of baseline findings. It will change as per the end line findings of indicators.

- As per baseline survey findings complete ANC of pregnant women in the project area as a whole is only 17.07% which leads to high risk deliveries which further leads to maternal mortality and infant mortality. There is an urgent need to improve this position regarding ANC Check up for the pregnant women. Deficiencies of iron in mothers blood some time leads to various complicated diseases.
- Institutional deliveries are low viz only 44.44%, which in turn affects the neonatal health also. Some time due to negligence of dais a simple case turned to be complicated one.
- Immunization coverage is also very low in the project area 5.77%.
- STI/RTI prevalence among women in the area is 7.14%. It indicates that women are not fully aware about their personal hygiene and family hygiene. Unfortunately STI do not occur in isolation. People

with one infection are likely to have other infections too. The other serious infections that can be acquired at the same time are hepatitis B and the HIV/AIDS. People do not know that they have caught the infection until many months or even years later. As most of people do not know that they are the carriers, they continue to spread the virus to other people by means of unprotected sexual contact. Women carriers can even pass the virus to their unborn babies when they become pregnant. From the analysis of base line data it emerges that in most of the cases men are not willing to tell about their STI/RTI status because of shyness and sometime due to fear of social stigma. These areas need proper information about the prevention and curative measures of various sexual diseases and HIV/AIDS.

- Early marriage and adolescent pregnancy is a very big issue in this region. In 44.48% of marriages age of female was below 18 and 22.74% of adolescent were found to be pregnant. Due to the fear of security of their daughters parents are keen to arrange marriage of their daughters as early as possible. Dowry is another reason behind early marriage. Availability of good groom for girls at early age is one of the reasons for early marriage.
- Adolescent pregnancy is itself a high risk pregnancy which can cause death of the mother and child. There are risks attached to being pregnant at any age, but the risks are greater when mother is very young or at the end of the reproductive life. Pregnancy problems are more common in adolescent pregnancy. These include high blood pressure and the risk of dangerous illness called eclampsia. Prolonged or difficult labour is more common in girls who are not fully grown when they get pregnant. Some time due to family pressure adolescent girls have to go for pregnancy but if we can make them aware about the risks of adolescent pregnancy then we can reduce this incidence.



- **In this area unmet need for spacing and limiting family size needs attention viz. 28.44% and 34.86%. People want to know about the various methods of spacing and the use of these methods but because of unavailability of contraceptive choices there is a high unmet need. Responsibility for family planning in these areas lies with the female partners only.**
- **These problems are aggravated by the lack of initiative on the part of community itself. The only way to tackle these problems is creation of awareness in the community so that it wakes up to its felt health needs and builds its own capacity to look after the most prestigious part of population i.e. woman & child.**
- To achieve a long-term policy goal i.e. to reduce infant mortality, maternal mortality and morbidity, increase in institutional deliveries, increase in ANC and complete child immunization are important factors, which needs immediate attention and have been made focus area for the project. Family planning and adolescent health are the other areas which require focused attention.

	Indicators	No's	Percentage
1.	Eligible couples currently using modern FP methods	326	69.07%
2.	Unmet need for Limiting	23	30.67%
	Unmet need for Spacing	40	53.33%
3.	Women received complete ANC during pregnancy	17	34.00%
4.	Deliveries conducted in institution	20	37.04%
5.	Deliveries conducted by skilled attendants	46	85.19%

6.	Children protected against 6 vaccines		
	As per immunization records	4	36.36%
	As per mother recall	5	12.50%
7.	Eligible women reported symptoms of RTI	145	30.79%
8.	RTI prevalence among men	70	20.34%
9.	No. of eligible women married before attaining legal age	182	30.90%
10.	Married girls conceived during adolescent	150	25.90%

THANKS  
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