Mid Term Assessment Report
Home Health Education Program for Pre-Marital Girls in Pakistan

Jan 2015 - Jun 2016

Union Council Sukhpur District Thatta, Sindh Pakistan

October, 2016

Supported by:

Association of Medical Doctors of Asia (AMDA)

Funded by:

Chigasaki-Chuo Rotary Club (CCRC)-Japan

Implemented by:

National Rural Support Programme – Pakistan

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Contents

List of Acronyms

AMDA	Association of Medical Doctors of Asia
CCRC	Chigasaki-Chuo Rotary Club
PDHS	Pakistan Demographic Health Survey
LHWs	Lady Health Workers
CHWs	Community Health Workers
RH	Reproductive Health
ANC	Antenatal Care
PWs	Pregnant women
EPI	Expanded Program of Immunization
FP	Family Planning
PNC	Post Natal Care
SBA	Skilled Birth Attendant
TBA	Traditional Birth Attendant
UCs	Union Councils

Executive Summary

National Rural Support Programme started Home Health Education Program in District Thatta, Pakistan in partnership with Chigasaki-Chuo Rotary Club (CCRC) and Association of Medical Doctors of Asia from June 2014. Project aimed to improve the life skills of women of Reproductive Age which can contribute significantly in improving their and their family's health and quality of life. Project activities included awareness raising meetings and session with girls in targeted Union Counsel. Project completed its assignment in given union council in June 2016. To meet project targets one more union council is proposed to be added in the programme. However it was necessary to assess the outcome of interventions in previous union council before moving in new one.

Purpose of this assessment was to know:

1. Knowledge gained and practices improved
2. Identify the factors that facilitated or hampered the achievements
3. Compile lessons learned and recommendations to contribute towards the continuation of Project interventions in rest of project period.

It was kind of KAP survey. We took a random sample of 305 girls out of project beneficiaries. 72 % girls were less than 19 years old. 63 % of the respondents were illiterate. 23 % of the girls had married while during project intervention stage they were unmarried.

S No	Knowledge Area	Baseline	Current Finding
1.	Awareness regarding washing hands with soap	0 %	99 %
2.	Knowledge about diseases transmitted through open defecation	29 %	91 %
3.	Percentage households having flush latrines	15%	51%
4.	People going out for defecation	56%	21%
5.	Girls started using cloth pads after getting training. (however personal hygiene is still not maintained)	*	76 %
6.	Breast feeding should continue during disease	27%	99%
7.	Respondents knew that their source of drinking water is drinkable and tested.	*	61%
8.	ORS preparation method	5%	99%
9.	Knowledge about schedule of EPI	0%	84%
10.	Names of diseases covered in EPI schedule	0%	90%
11.	Danger signs of measles	23%	70%
12.	Information about the vaccination against Measles	11%	94%
13.	Age to get vaccination	3%	71%
14.	No of antenatal care visits during pregnancy	1%	68%
15.	Names of contraceptive methods	28%	54%
16.	Knowledge about birth preparedness	25%	97%
17.	Knowledge about identification of skilled birth attendant and place of delivery	1%	57%
18.	Knowledge about first aid	6%	51%

S No	Knowledge Area	Baseline	Current Finding
19.	knowledge about balanced diet	2%	60%
20.	Practices for ANC and deliveries	5%	10%
21.	Preferences for RHC and public hospitals	4%	54%
22.	Access to traditional healers	30 %	8%

- Not part of baseline

Second important part of the programme evaluated is dissemination or cascade of increased knowledge to family members, relatives or communities. It was found that trainees not only cascade this knowledge to their family members but also responded practices improved on different component of programme.

a. Mostly disseminated messages are of health hygiene practices reported by 49% respondents and vaccination to children and pregnant women by 29%.
b. Regarding First Aid and personal hygiene, hand washing with soap and water practice was mostly improved practice among family members. Brushing teeth two times in a day, drinking safe water and preparation of ORS in diarrhea were adopted and improved practices among. Respondents also mentioned to make first aid box at home by mothers and sisters.
c. Respondents shared that practices about antenatal checkup increased. 81 mothers, 30 sisters and 17 aunties took antenatal checkup during this period. Contraceptive methods have also been adopted by 48 mothers, 18 aunties and 8 sisters to keep healthy spacing in pregnancy.

The findings suggest good impact of the intervention. This end line survey of pilot Union Counsel shows remarkable impact on knowledge gained and practices improved in family members. But few of the components like personal hygiene practices and MHM, nutrition etc needs improvement. Knowledge can be increased in such a short duration intervention but for practices change we need to follow our sessions. We recommend replicating this programme in new union council where NRSP has its programme presence as well as continuous Follow up with these girls on limited scale as well.

Background and Situation Analysis

Health Situation in Thatta

Women of reproductive age constitute almost one quarter of the total population in Pakistan and marriage is universal. Pakistan faces broad challenges to improve women's reproductive health. The country falls in the high risk category for women's sexual and reproductive health. Only 16 percent of women have at least four antenatal care visits during pregnancy; less than one-third of births are attended by skilled health personnel, and the maternal mortality ratio, at 320 maternal deaths per 100,000 live births, remains high.

The lack in basic knowledge about health and hygiene issues is a major contributor to morbidities and mortalities within premises of a household in Pakistan. Variety of structural conditions in Pakistan perpetuates the lack of awareness and acceptance of reproductive health, hygiene, family planning services, nutrition and birth spacing practices. The low levels of education, especially among women, reduce demand for health and hygiene practices in specific and well-understood ways.

Sindh Province has a population of approximately 43 million. The health care services are provided through the public and private infra-structure and delivery system. Sindh is peculiar to have a robust and growing private sector in health that provides services not only to the urban but also to the rural population.

Sindh is second most populous province of Pakistan with the maternal mortality rate (MMR) 200 per 100,000 live births which are more than MDG target of 140. According to PDHS (2012-13) neonatal mortality rate in Sindh is increased from 44 to 54 deaths per 1000 live births and 68 % women in rural Sindh cannot get access to any nearby health facility.

In Sindh, 67% women have no formal education and the median age at marriage is 19 years. Both these factors lead to early pregnancy, inadequate infant and child care. The high proportion (56%) of co-sanguineous marriages in Sindh further complicate the issues as violence in the name of family or male honor overrides the value of women's life and their rights.

Sindh stands at lowest social and health indicators in Pakistan, only better than Baluchistan. Public health facility and service utilization is only 22% in Sindh with the worst under-utilized and underserved are in districts of Thatta, Tharparkar, Jacobabad, Badin, Mirpurkhas, Kambar Shahdakot and Kashmore. The health indicators are also worse in the same districts. This urban and rural difference in the performance and indicators is visible from the comparison of same between urban and rural and with Pakistan.

Thatta is one of the least developed districts in terms of socio economic and health indicators. In a social context of Pakistan where role of women is already compromised in taking decisions for the betterment of her and children become worst when we consider such geographical area. Normally after marriage reproductive health issues come to knowledge and girls remain unaware of multiple primary health care issues. On issues like personal hygiene, family planning, immunization and even nutrition during pregnancy, neo natal care etc girls need to be educated before marriage. According to PDHS (2012-13) 12 % teenagers from the poorest households began childbearing and teenage fertility is 8%. PDHS (2012-13) also shows that average age of a woman to for marriage in Pakistan is 20 years. According to

PDHS 2012-13, ANC information reaches after second/third child. To control raised MMR and IMR in Pakistan it is imperative to educate our unmarried women prior to marriage so that they would be able to cope such issues. This situation calls for measures to ensure the awareness rising among the women of reproductive age about reproductive health and hygiene.

Project Intervention

NRSP entered into agreement with AMDA for addressing the above mentioned issues in district Thatta, UC Sukhpur, Pakistan. This programme targets women who play a key role in the health care of their family. Training is provided to unmarried women of 16-22 years of age under Home Health Education Program. Many initiatives have already been undertaken targeting married women of reproductive age in Pakistan and according to PDHS the information related to reproductive health usually reaches quite late by many years when it is required. Keeping in view the gaps and needs, NRSP is targeting unmarried girls of reproductive age among the target population irrespective of wealth quintile. This according to population formulas would constitute 20 % of the total unmarried women and girls in the targeted union council. These women will get knowledge before their marriage when there would be no restriction on their learning in their home environment and they would be able to take wise decision in consultation with their parents, in laws and of course husbands. Rest of the women in the community would also benefit indirectly as girls always discuss these learned things with them. Community would benefit in the long run.

Chigasaki-Chuo Rotary Club-Japan (CCRC) is financially supporting this program facilitated by AMDA. In June 2014, a formal agreement was signed between CCRC, NRSP and AMDA specifying role of each partner.

Project objective and Role of NRSP

The objective of project is to enhance women knowledge on how to protect themselves and their family members from common illness. The project provided trainings to women with the expectation that the trained women will cascade their knowledge to their families and neighborhoods. In addition, the project supported Lady Health Workers (LHWs) or Community Health Workers (CHWs) to strengthen their knowledge and skills on health care as a facilitator for training the girls in the field.

NRSP trained 18 trainers to train the girls / women in the field. On average 40 trainees were trained per month. On the basis of baseline findings training modules were developed and updated. The contents of the course included:

- Personal Hygiene
- Menstrual Hygiene management
- Health & Nutrition
- Immunization
- Polio
- First Aid
- ANC
- Birth preparedness
- Breast feeding
- Birth Spacing

These modules were developed in Sindhi language. Each master trainer was given complete set of these modules to conduct session in community. Pictorial booklets were also developed for community.

We have to deal with both literate and illiterate girls. We designed our programme to cater for training needs of both illiterate and literate girls. Similarly post and pretests were also designed to assess the learner's improvement in the learnings. For literate group there criteria was of at least primary pass (up to Grade 5) girls. Test was separate for both groups. For literate girls it was reading, oral or written and for illiterate group it was only oral or pictorial.

516 learners graduated in posttest. However we needed an assessment at midterm level to know about changes these learners have brought in their lives after completing the course and improvement in the project design. So we conducted this assessment after completion of identified unmarried girls from UC Sukhpur in 18 months duration.

NRSP is well placed in this UC Sukhpur and different initiatives have been taking in terms of social mobilization, sanitation and health interventions particularly related to Malaria. But an unmet need is there to provide health education Reproductive health and nutrition.

Union Council Sukhpur, Tehsil Mirpur Sakro Profile

S.#	Descriptions	Achievement
1	Total Revenue Villages	7
2	Covered by NRSP	7
3	Total Households	4399
4	Total Community Organizations (COs)	58
5	Men COs	38
6	Women Cos	11
	Mix Cos	9
7	Total Members in COs	1311
8	Men	927
9	Women	384

Evaluation

The overall purpose of evaluation was to assess learning and adoption of practices recommended by our interventions. The evaluation was based on the indicators mentioned in training modules as well as baseline survey. The purpose of conducting the midterm evaluation was also to identify key areas which require improvement and for designing of similar interventions in future. The purpose of this evaluation was to know:

1. Knowledge gained and practices improved
2. Identify the factors that facilitated or hampered the achievements
3. Compile lessons learned and recommendations to contribute towards the continuation of Project interventions in rest of project period.

Evaluation Focus

The objectives of evaluation were:

1) To assess knowledge gained by trainees against baseline findings through KAP survey.
2) To asses improvement in knowledge dissemination and practices improved.

Study design method and technique

Detailed questionnaire was developed for Mid Project Evaluation. Questionnaire was developed keeping in view the baseline finding to assess the impact before and after completion of targets. Team of 10 enumerators were selected and give orientation about project contents and trained in getting information from trainees through survey.

On average three interviews were taken per day by each enumerator and in total 305 interviews were taken.

Survey tool and list of enumerators as well as list of interviewees is annexed with the report. Data collected was punched in Excel sheets by local team, while data was analyzed with the help of MER department at head office of NRSP.

Initial baseline was conducted in October / November 2014 while project interventions were carried out during Dec 2014- June 2016.

End-line questionnaire was developed in July 2016. Data collection and interviews were conducted in August 2016 and data punching in September, 2016.

Demographic Profile of Respondents

100% of the respondents were Muslims. All respondents were between the ages of 16 to 22 years.

Following was the age wise breakup of respondents.

Age	Number of Respondent	Percent Respondents
16	37	12%
17	68	22%
18	112	37%
19	40	13%

Age	Number of Respondent	Percent Respondents
20	14	5%
21	12	4%
22	20	7%
23	2	1%
Total	305	100%

67% of the respondents were of 17-20 years of age.

Education status (number of years)

Years of education	Years of education	Years of education
0 (illiterate)	191	63%
5	65	21%
7	1	0%
8	14	5%
10	7	2%
12	27	9%
Total	305	100%

88% of the respondents were illiterate.

Current Marital status

	Numbers	Percentages
Married	71	23%
Separated/ Divorced	13	4%
Single/Never married	221	72%
Total	305	100%

23% of the girls got married after getting training and part of this survey.

Ethical considerations

An informed consent was taken from all participants of the study. This study did not require any other intervention. It was the duty of data collectors to narrate and explain the objective and contents of interviews to participants. The participants were encouraged to ask questions and queries regarding the assignment.

Findings of the Survey

General Findings

NRSP project was planned according to the requirements of local communities of district Thatta. The objectives of the project are relevant in terms of government's priorities, policies and community needs. Given the limited time span of the programme, high illiteracy among women and delay of the training sessions, overall project has produced good results. The programme has been focused on creating awareness in the community.

The major barrier reported by the trainers was cultural taboos in the region. Response on family planning was low due to these taboos. Project coordinator and master trainers had to convince people that NRSP has hired local people familiar with the local problems for this purpose and they need to come in counseling sessions to benefit from the programme.

Awareness raising training sessions/lectures of the project have improved awareness amongst most of the trainees whether they got passed at the end of sessions or not. One of the important findings was that community had knowledge whether their drinkable water is tested or not. Their knowledge about diarrhea has increased to an extent that they know management of diarrhea at household level and can make ORS at home to save children death which is second bigger cause of children under 5 deaths in Pakistan.

Regarding Immunization, knowledge was already there that children and pregnant women should get vaccination but after this programme, knowledge about exact schedule of EPI, diseases against which children vaccinated is known by communities now. They responded about TT vaccination schedule and sign and symptoms of Polio and Measles.

Knowledge about benefits of balanced and side effects of imbalanced diet has also improved.

Reproductive health sessions were the most important sessions and most difficult as well to deliver in this society. But because of local trainers and confidence on NRSP parents were convinced to give this knowledge to their unmarried girls. Although Family planning session was less responded, respondent's knowledge about names of different methods available increased from 28% to 54% but their responses regarding purpose of usage still needs to increase. They were shy in responding to these questions. Overall knowledge regarding RH has been increased a lot and girls who got married after taking these trainings are utilizing this knowledge. In addition, the importance of colostrum and exclusive breast feeding is ingrained in them through sessions under this project and majority of the community members shared that now they follow the practices learned in the sessions.

Knowledge dissemination was the most important part of the programme. Trainees cascade this knowledge to their family members, neighbors and village communities. They observed improvement in practices and shared most impacted practices in their surroundings.

The situation in the government health facilities are quite critical since there was shortage of essential medicines. Community approaches and practices to access public and private facilities was assessed at the end for health seeking behavior. Community practices have improved but we are lacking at service side.

In general, the mechanism for implementation of the project has worked efficiently. This means, in management terms, representative of a mature organization that has an organization-wide ability for managing initiatives based on standardized, defined management processes. These processes can be tailored to meet specific organizational needs and are increasingly likely to be updated whenever necessary with improvements developed and implemented in accordance with a sound development plan.

Detail Analysis of Impact Assessment Survey

Increase in Knowledge

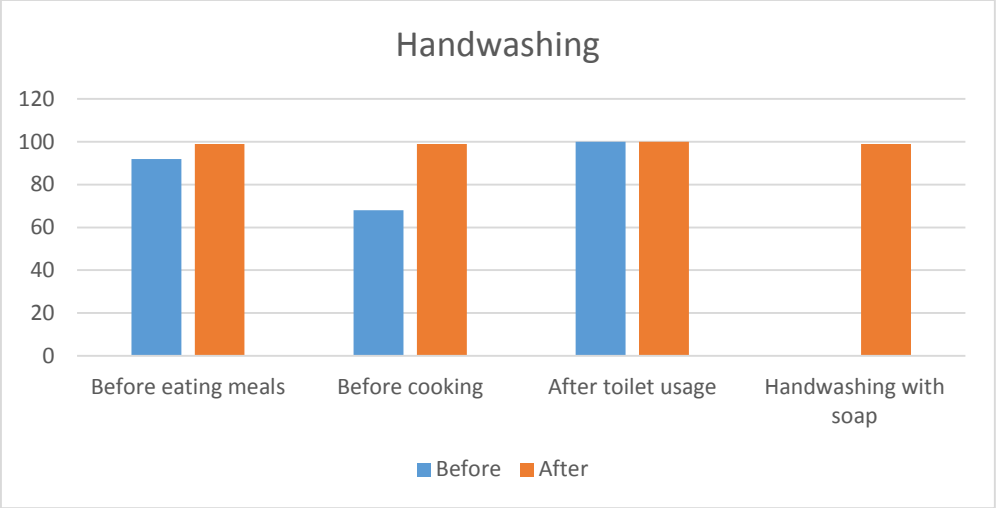
The knowledge of target group regarding different components of health was assessed according to their responses to the questions mentioned in the questionnaire and the impact on their knowledge was recorded after training.

Personal Hygiene

In the baseline survey, 92% of the respondents reported hand washing before eating meals, 68% responded for washing hands before cooking and 100% agreed for washing hands after using toilets but all the respondents agreed for hand washing with only water none of them had the information about the benefits of soap.

After 18 months intervention, washing hands with soap and water is increased from 0% to 99%. Hand washing before eating meals is improved from 92% to 99% and before cooking is increased from 68% to 100%.

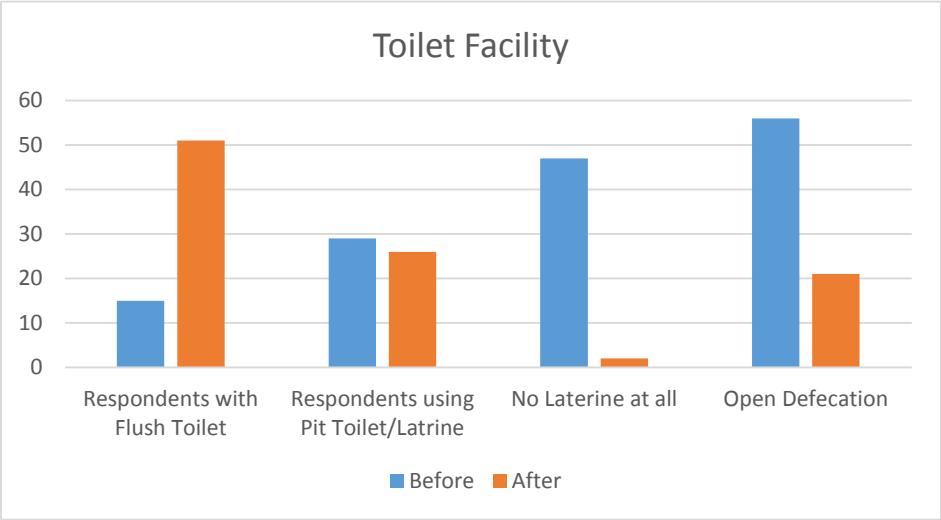
99% responded for hand washing with soap and water after and before any activity.



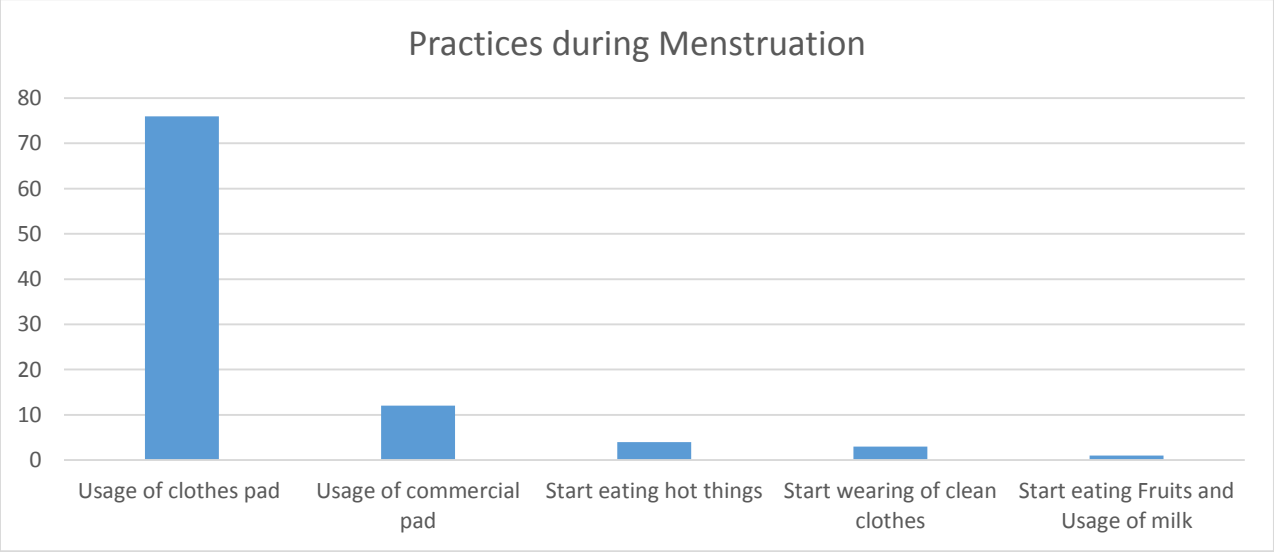
Regarding behavior of having latrines and types of latrines at homes was also evaluated. Community practices of going out for defecation in open air is decreased from 56% to 21%. Respondents having no latrines decreased from 47% to 2%. Percentage of flush latrines increased from 15% to 51% while pit latrines decreased from 29% to 26%. Reason of increased in flush latrines construction is that NSRP is implementing a WASH project in the same area complimenting increase in construction of flush latrines instead of pit latrines.

Another important indicator asked in evaluation survey is respondent awareness about source of drinking water. 61% respondents knew that their source of drinking water is drinkable and tested.

61% respondents know that their source of drinking water is drinkable and tested.

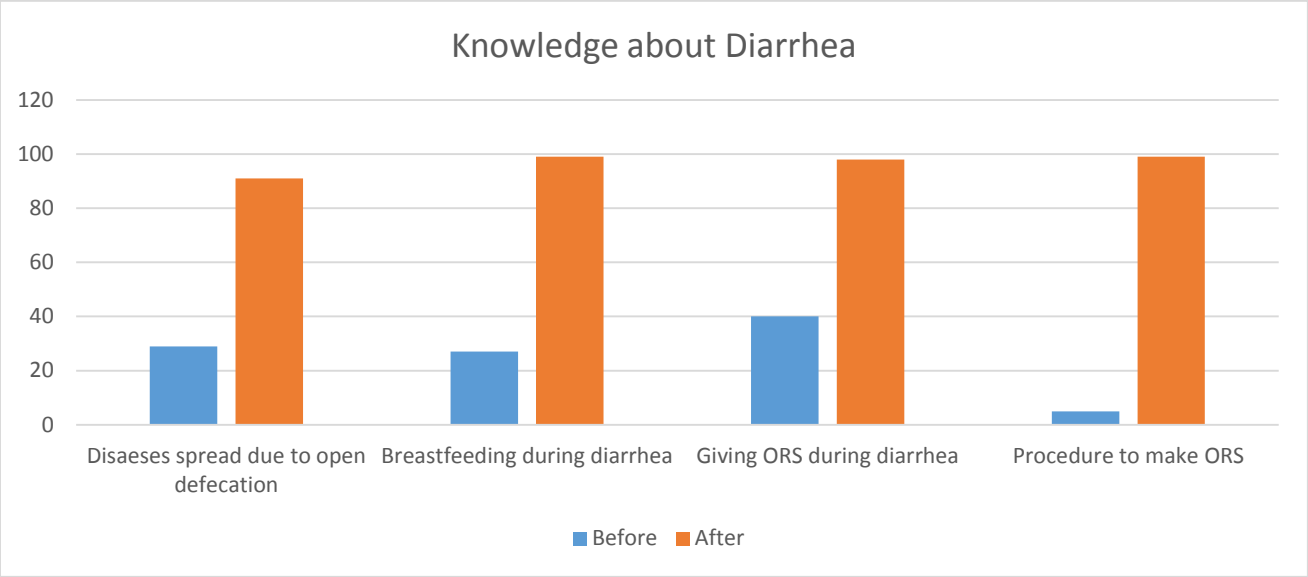


Menstruation hygiene practices were not part of baseline survey in detail but in evaluation survey 76% responded for started using cloth pad but still not practicing of taking bath during menses and wearing clean clothes.



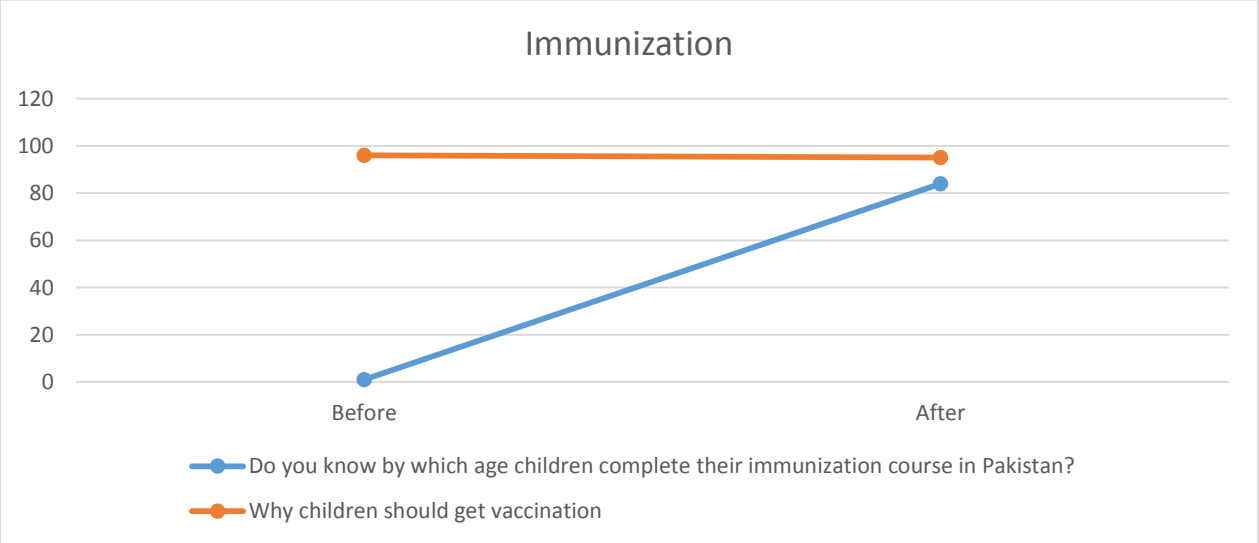
Knowledge about Diarrhea

Regarding knowledge on diseases spread due to open defecation was 29% increased to 91%. 27% respondents shared that breast feeding should continue during breast feeding at the time of baseline is increased to 99%. Regarding ORS giving in diarrhea and preparation of ORS increased from 40% to 98% and 5% to 99% respectively.



Immunization

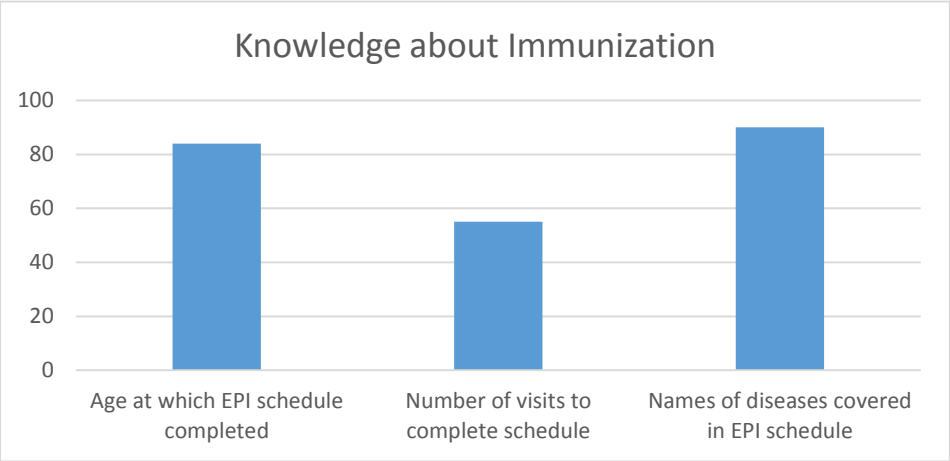
Among the respondents high knowledge about immunization was available at the start of the project as 96% respondents knew the importance of immunization and 98% said that the children in their communities were receiving vaccination services. But none of the respondents knew about the age at which the vaccination schedule is completed. Now, 84% responded about the age of schedule completion.



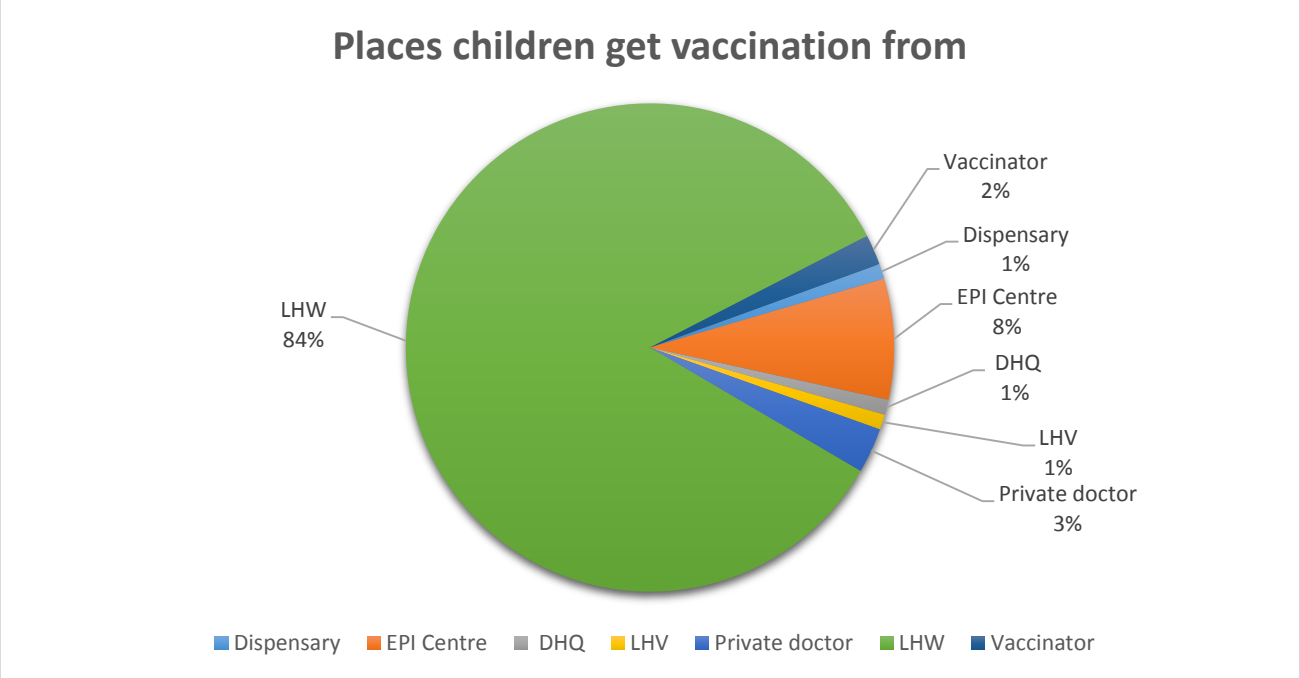
In the baseline survey some basic indicators were part of the questionnaire but in evaluation we probe some detailed questions too. Like knowledge about Immunization, measles and TT vaccination was not

part of baseline survey in detail. In evaluation survey increased in knowledge of vaccinations came out significantly.

90% respondents told diseases names covered in EPI schedule.

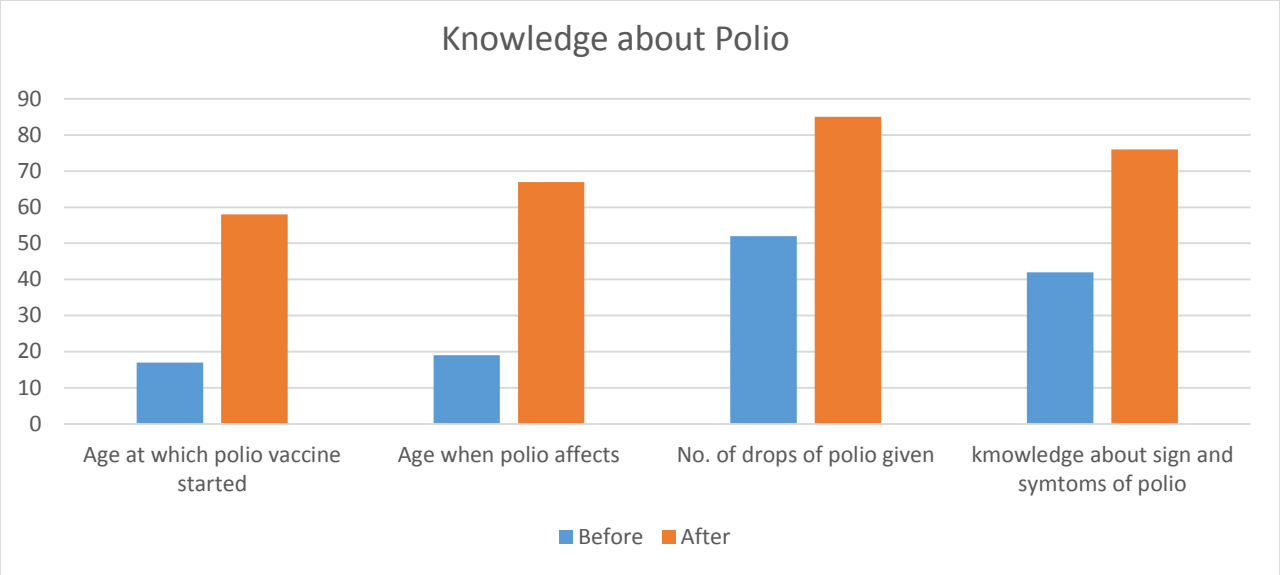


According to the survey, 85% said the vaccination services are received from LHWs, 8% from EPI centers 7% and 2% from dispensaries or other facilities.



Polio

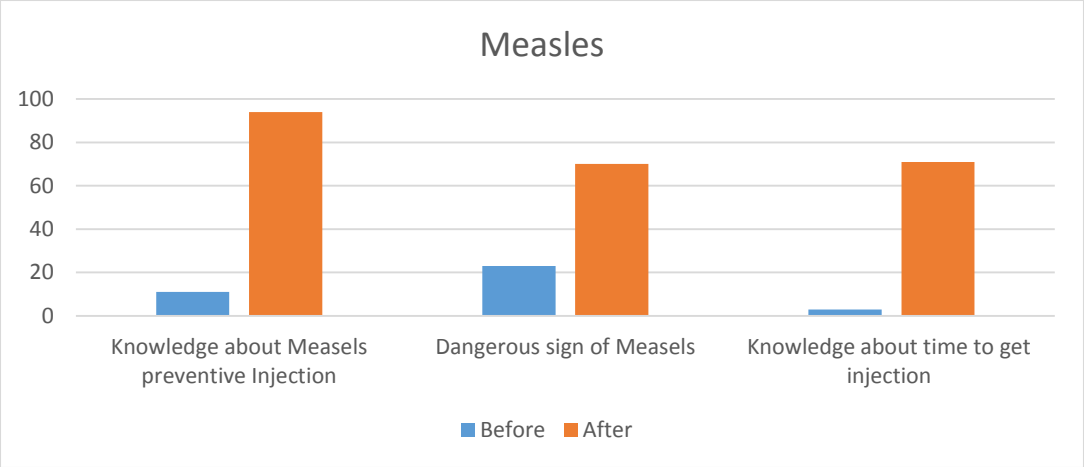
Knowledge regarding polio disease has been increased remarkably too. 85% of the respondents had the knowledge about quantity Polio drops against 52% in baseline and 76% knew about the effects of Polio drops whereas in baseline 42% knew about the signs and symptoms of Polio.



Measles

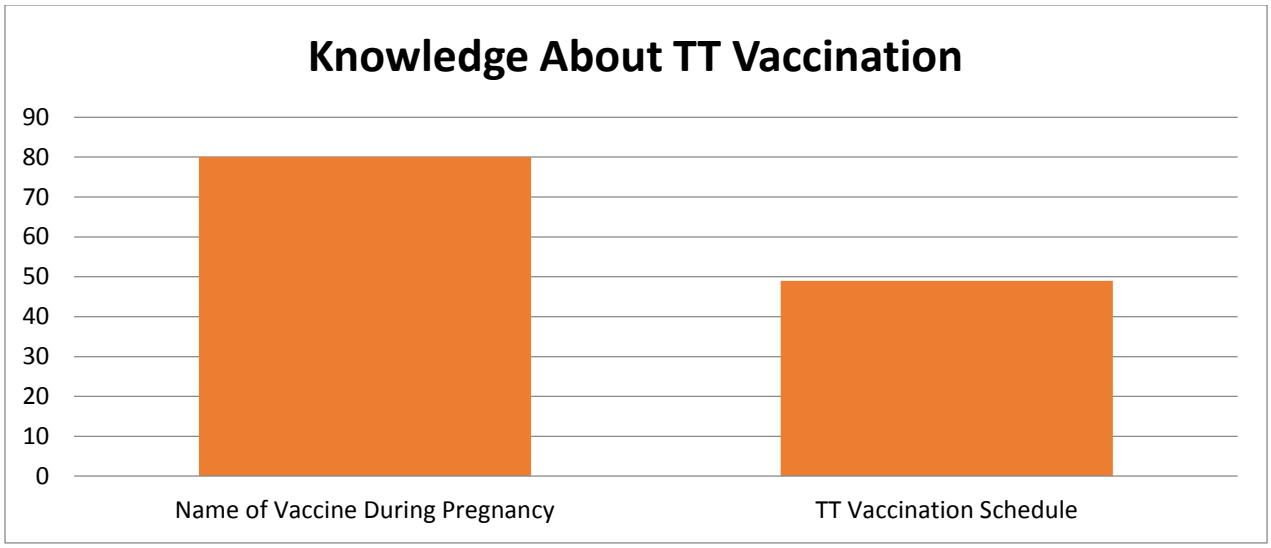
At the time of baseline, 23% had information about the danger signs of measles is increased to 70%. Only 11% had the information about the vaccination against Measles is increased to 94% and knowledge about age to get vaccination is increased from 3% to 71%.

70% respondents knew the dangerous sign and symptoms of measles.



TT Vaccination

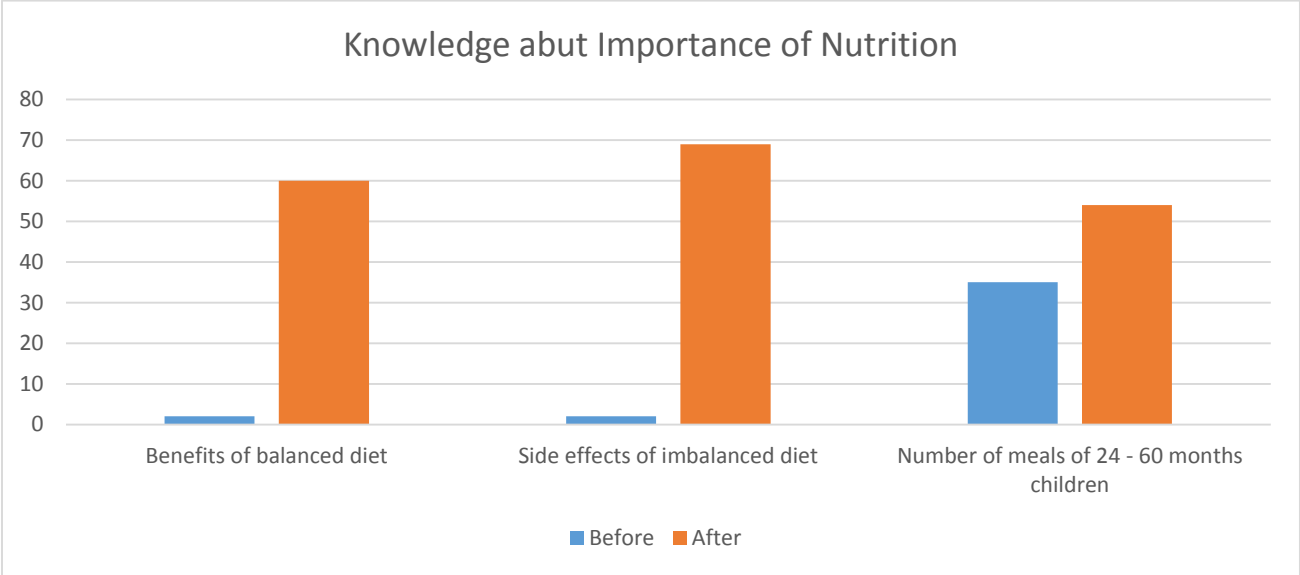
Regarding TT vaccination in pregnant women 80% responded the name of vaccine name given in pregnancy and 49% told schedule of vaccination given in Pakistan.



Knowledge about Importance of Nutrition

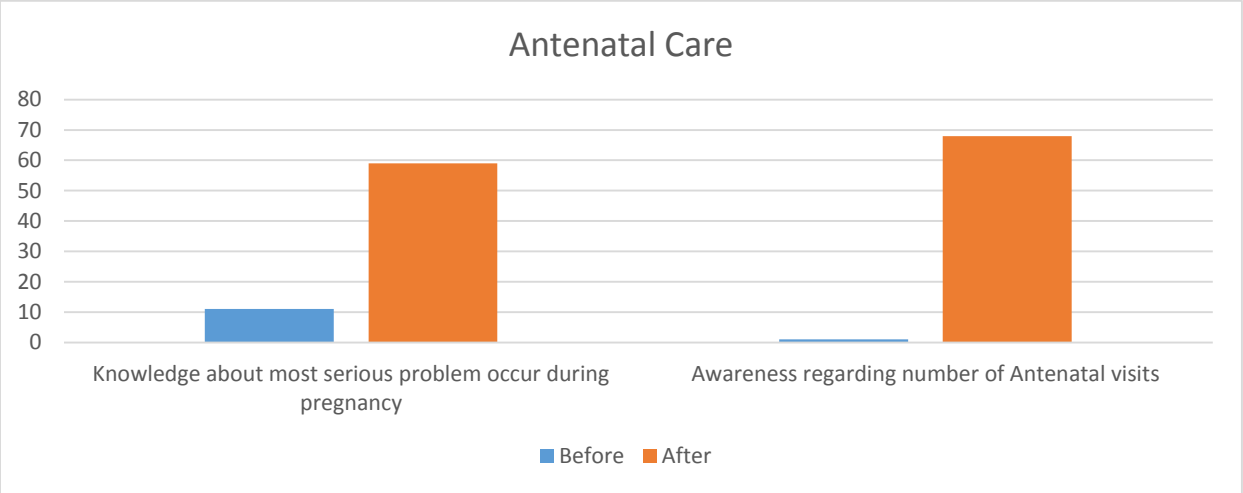
2% of the respondents had the information about balanced diet and its side effects; however, 35% had the knowledge that more than three meals should be given to the children of 2 to 5 years of age.

After Intervention of HHEP, 60% respondents told benefits of balanced diet. While knowledge regarding side effects of imbalanced diet and number of meals 2-5 years children in a day has been increased to 69% and 54% respectively.

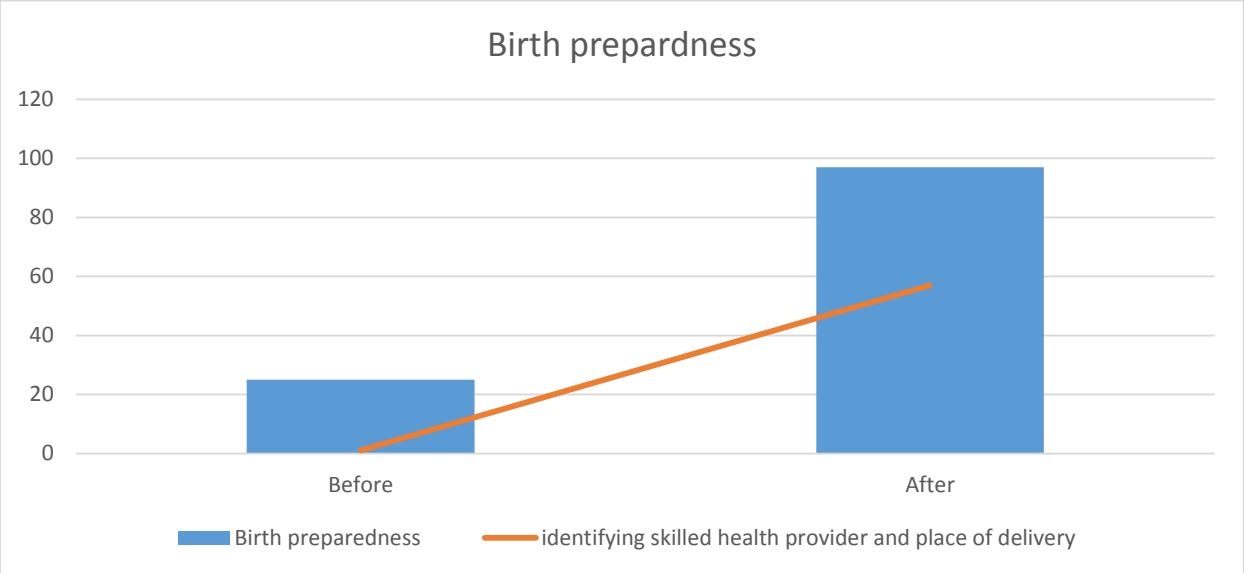


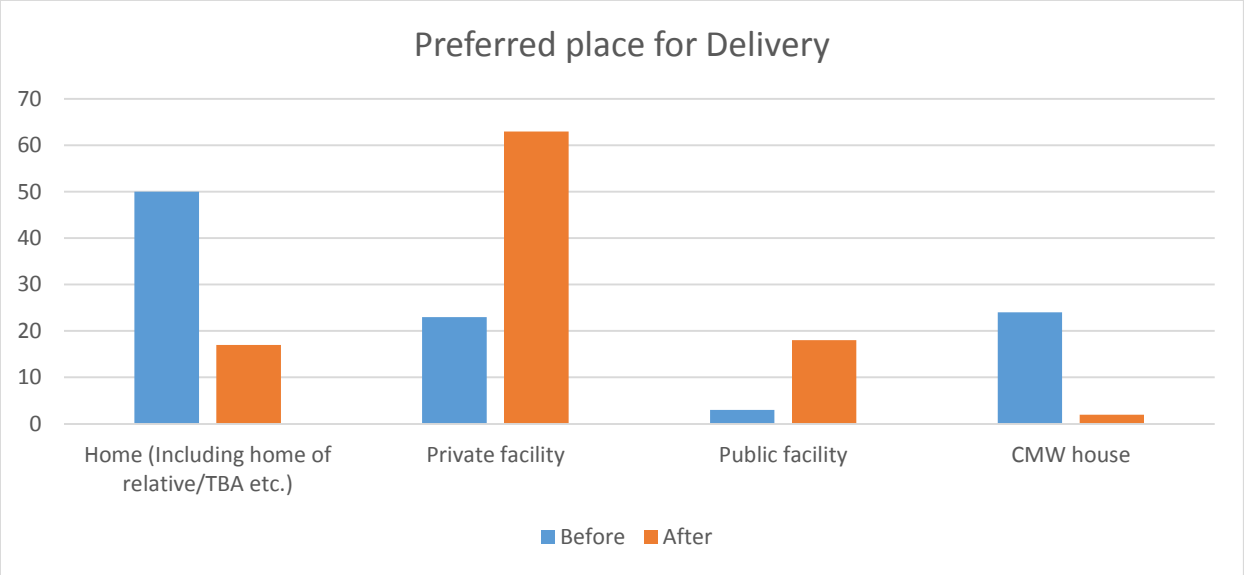
Knowledge about Reproductive Health (ANC, Birth preparedness, Contraceptives methods)

Regarding Antenatal care, 25% of the respondents had the information that unforeseen problems can occur during pregnancy and child birth in the baseline survey has been increase to 88%. But only 11% were able to identify bleeding as a complication during pregnancy and only 1% had the idea about the minimum required antenatal visits during a pregnancy and responded as four visits in baseline survey has been increased to 59% and 68%.



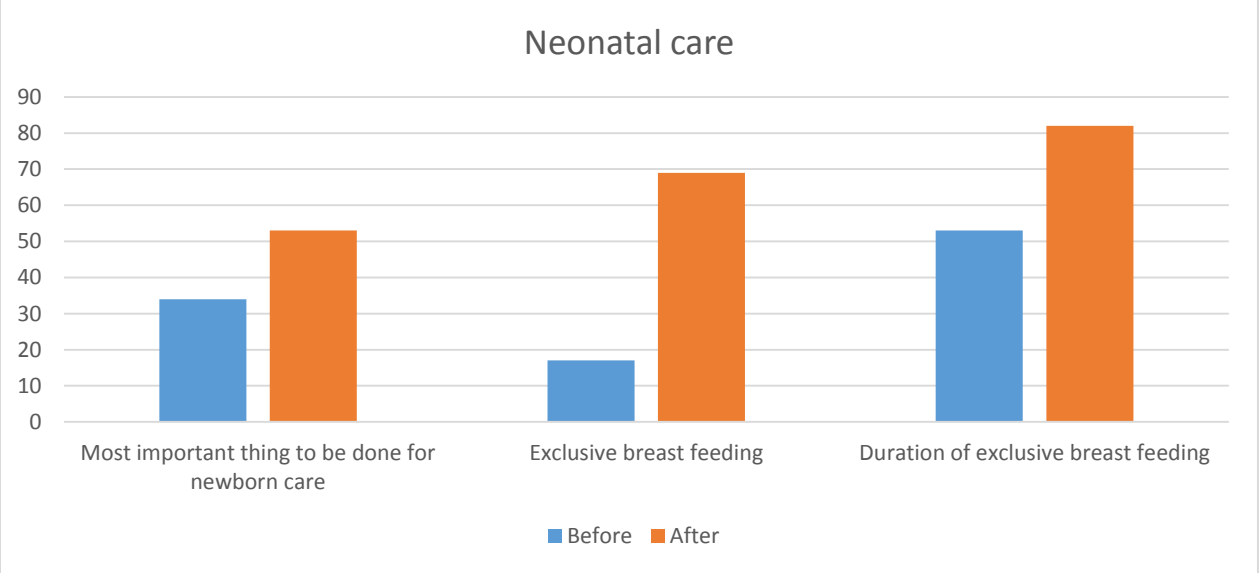
25% had the knowledge about birth preparedness is increased to 97%; only 1% had the idea about identification of skilled birth attendant and place of delivery is increased to 57%. Regarding the preferred place for delivery 50% preferred home is decreased to 17%, 23% private facility increased to 63%, 24% CMW house decreased to 23 and only 3% preferred Public facility for delivery increased to 18%.



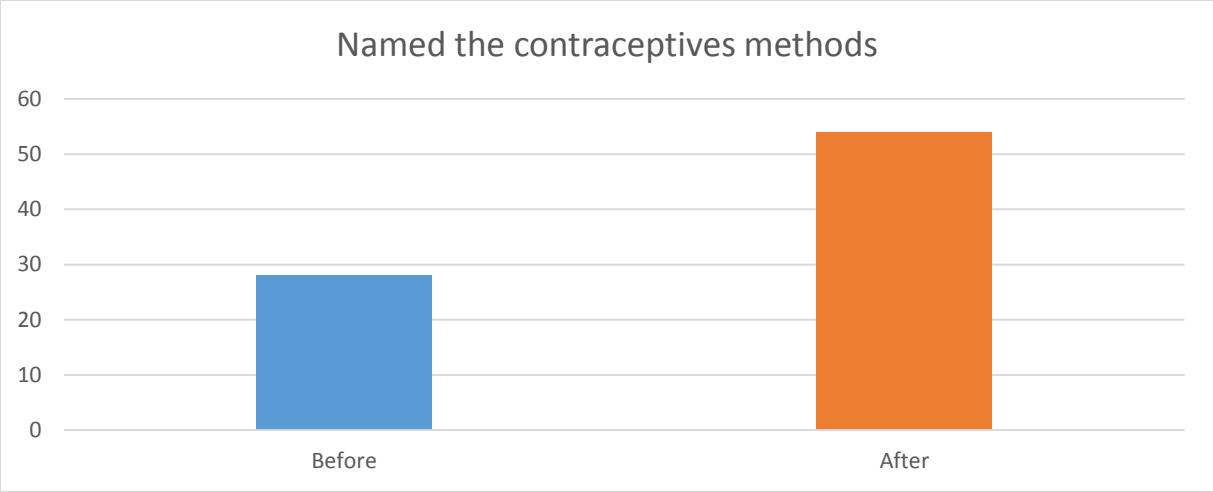


For Neonatal care, 34% responded that the child should be covered properly immediately after birth at the time of baseline. 17% had the information about breast feeding and 53% knew about the duration of exclusive breast feeding 18 months back.

Now, 53% shared the correct knowledge to covered properly newborn after birth whereas about breast feeding their knowledge has been increased to 69% and duration to 82%.



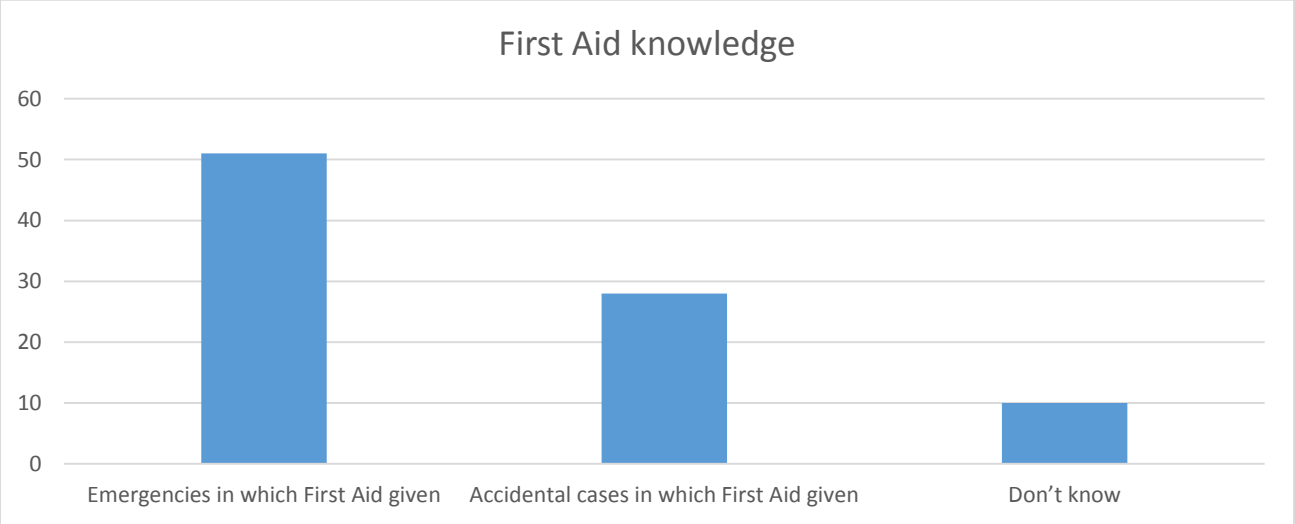
Regarding contraceptive methods, 28% respondents told names of contraceptive methods before starting intervention is increased to 54% but information regarding purpose of using them is still not improved.



First Aid

The baseline survey showed that the communities have very less information about First Aid as only 6% knew about First aid and 4% had an idea about when first aid is to be provided but none of them were able to mention any of the condition in which first aid is required.

In evaluation survey of piloted UC, 51% knew the names of emergencies in which first aid given and 28% responded regarding accidental cases first aid given. Only 10% were unable to respond properly or had incomplete knowledge.



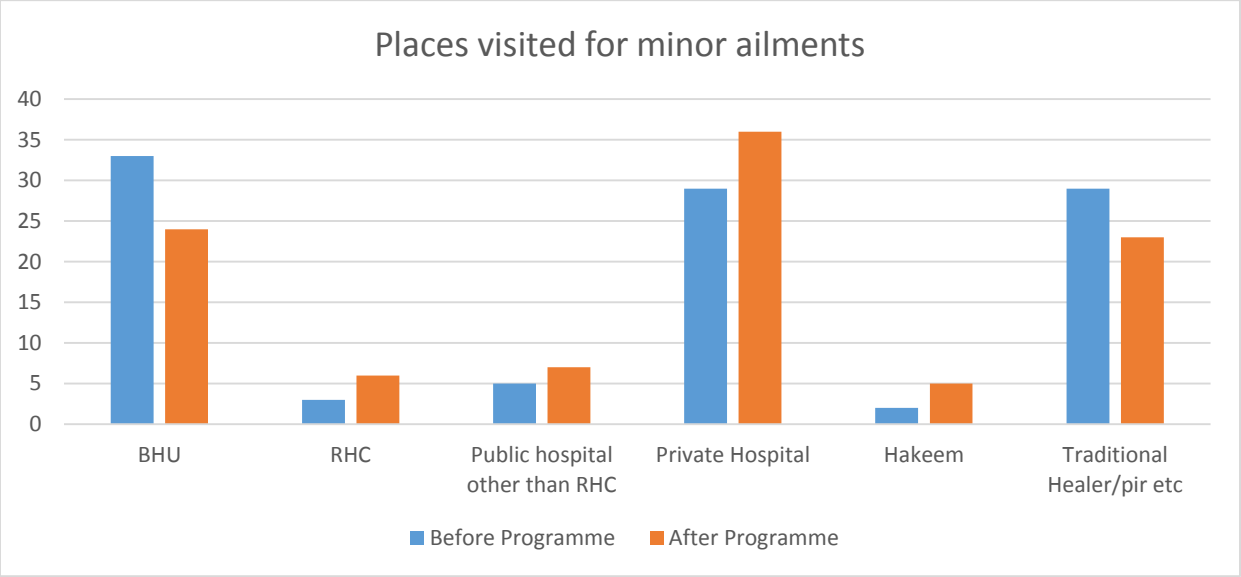
Dissemination of Knowledge and practices improved

Second important part of the programme evaluated is dissemination or cascade of increased knowledge to family members, relatives or communities. It was found that trainees not only cascade this knowledge to their family members but also responded practices improved on different component of programme.

Health seeking behavior

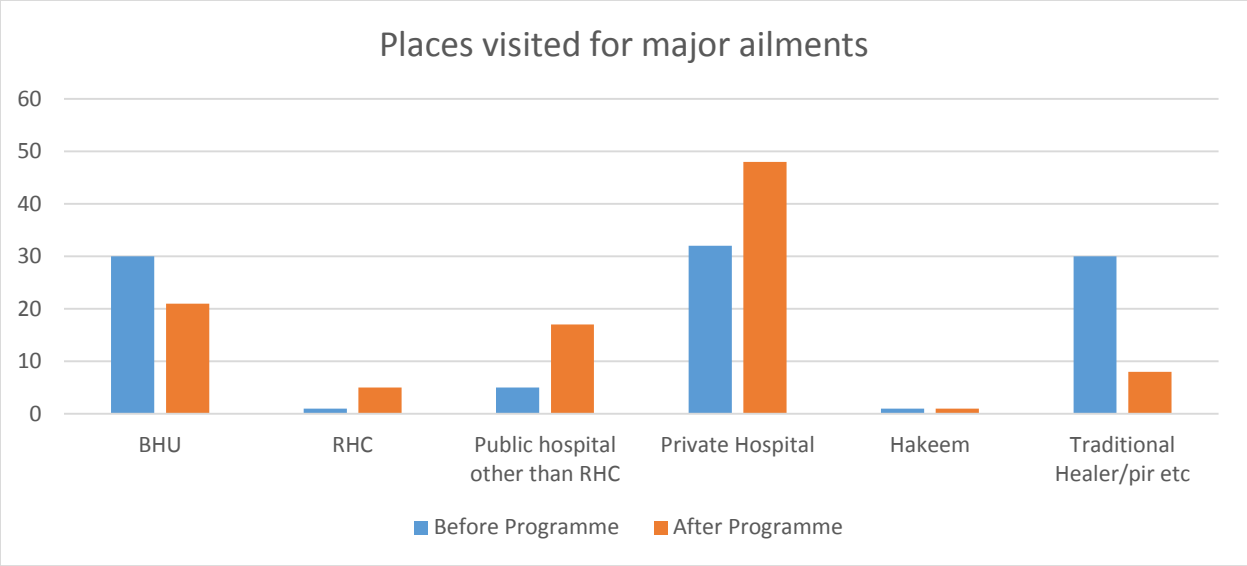
During the baseline survey questions were also asked to assess about the health seeking behavior for minor and major ailments and for seeking maternal health care services. According to the respondents for minor ailments 41% prefer to go to traditional practitioners, 27% to private hospital, 30% to Public Health Facilities including Basic Health Unit and Rural Health Center.

In the end-line survey, practices approaching to RHC and public hospital has been overall slightly increased and access private health facilities increased remarkably. At the same time approach to traditional healers has been decreased.

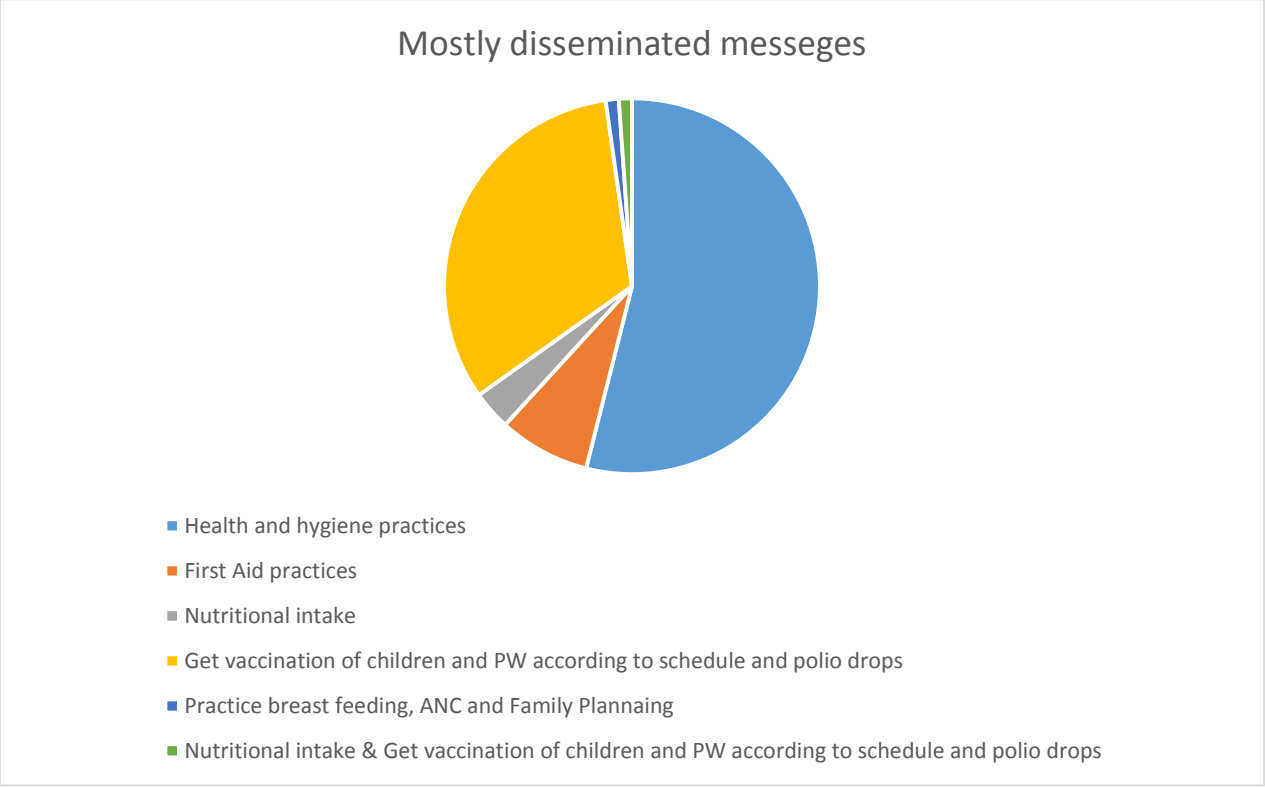


For major ailments 63% of the respondents preferred to go to private hospital and 36% to Public Health facilities 35% to Basic Health Center and 1% to Rural Health center in the baseline.

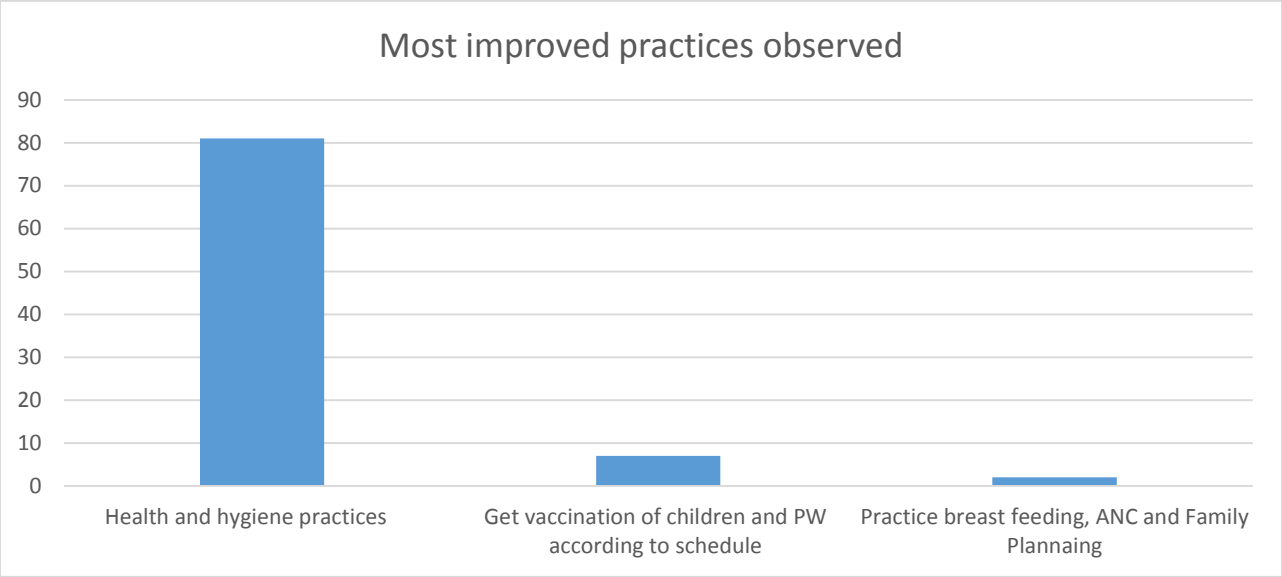
This practice has also been improved as 22% respondents said to approach public health facility and RHC and 48% to private health facility. While access to traditional healers has been decreased from 30% to 8%.



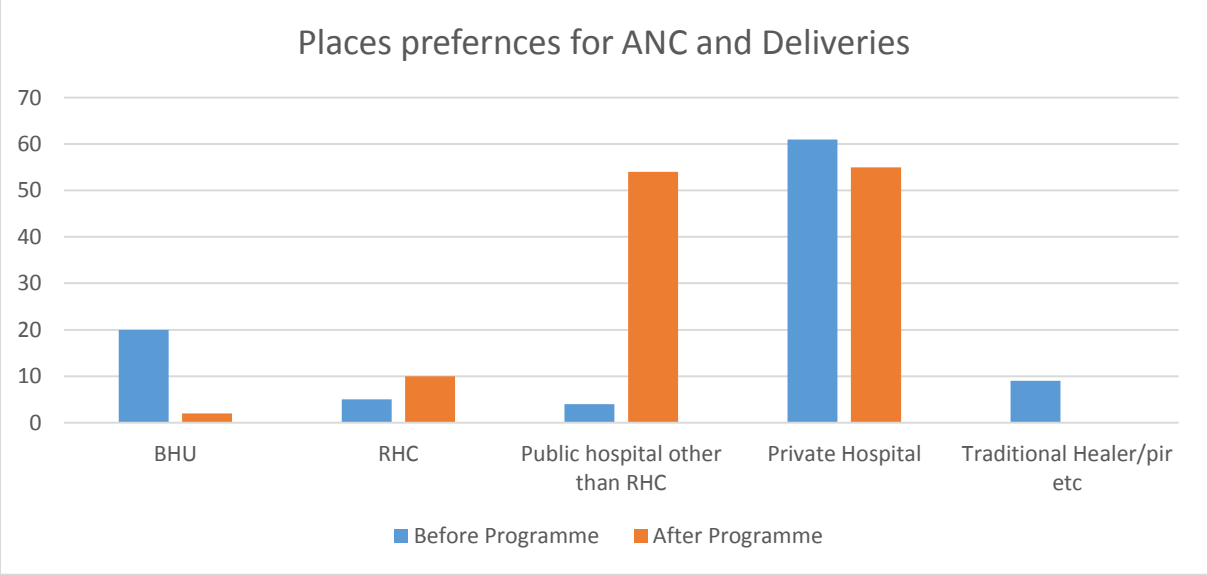
99% respondents said that they are disseminating knowledge further to communities, family members and relatives. Mostly disseminated messages are of health hygiene practices reported by 49% respondents and vaccination to children and pregnant women by 29%.



According to respondents, most improved practices improved in their families and communities are of health and hygiene, vaccination of children and PWs and reproductive health. 81% responded reported improved health and hygiene practices, 7% responded increased practice of getting vaccination of children and pregnant women and 2% regarding practices breast feeding, ANC and family planning.

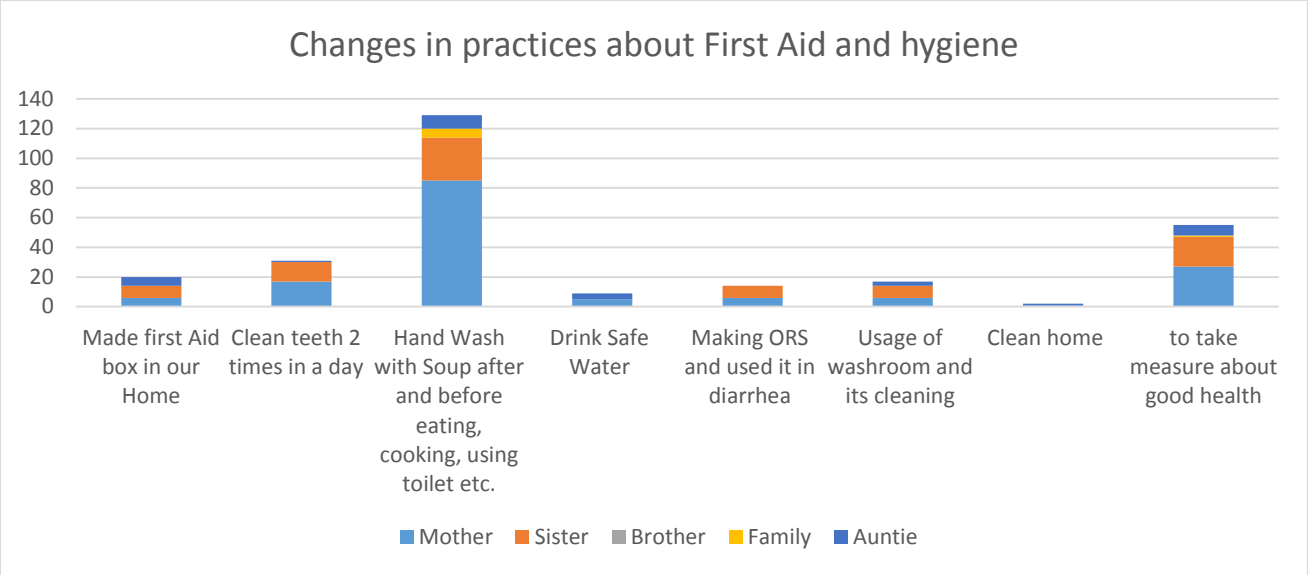


Regarding practices for ANC and deliveries, preferences for RHC and public hospitals have been increased from 5% to 10% and 4% to 54% respectively.

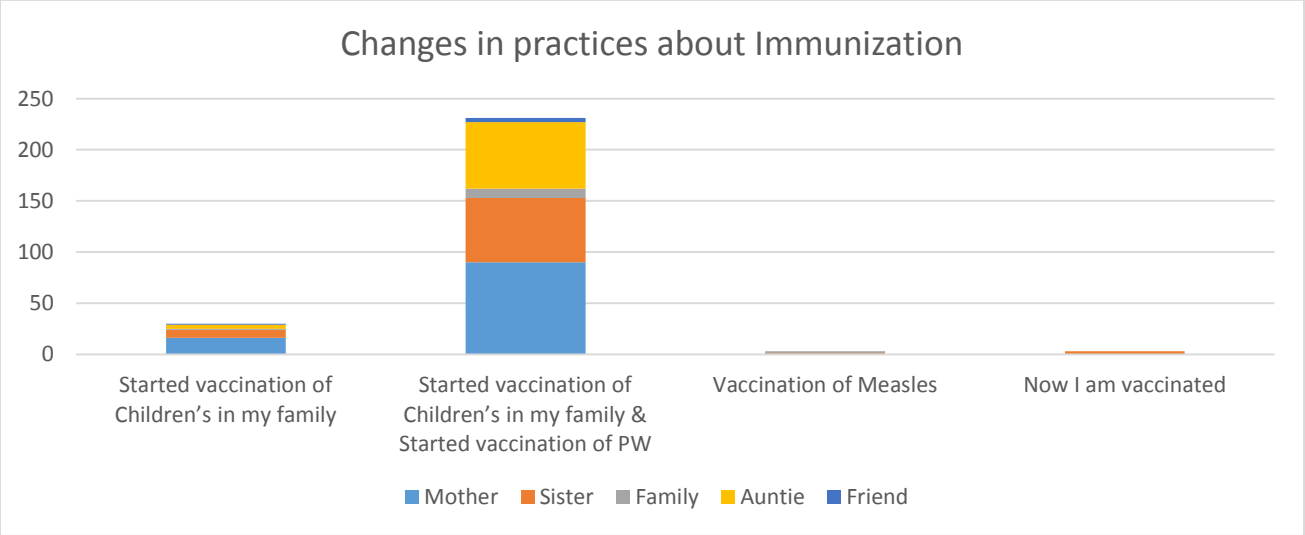


Mostly mothers, sisters, brothers, relatives and neighbors were reported impacted and influenced by programme interventions. These relations adopted most of the interventions and practices.

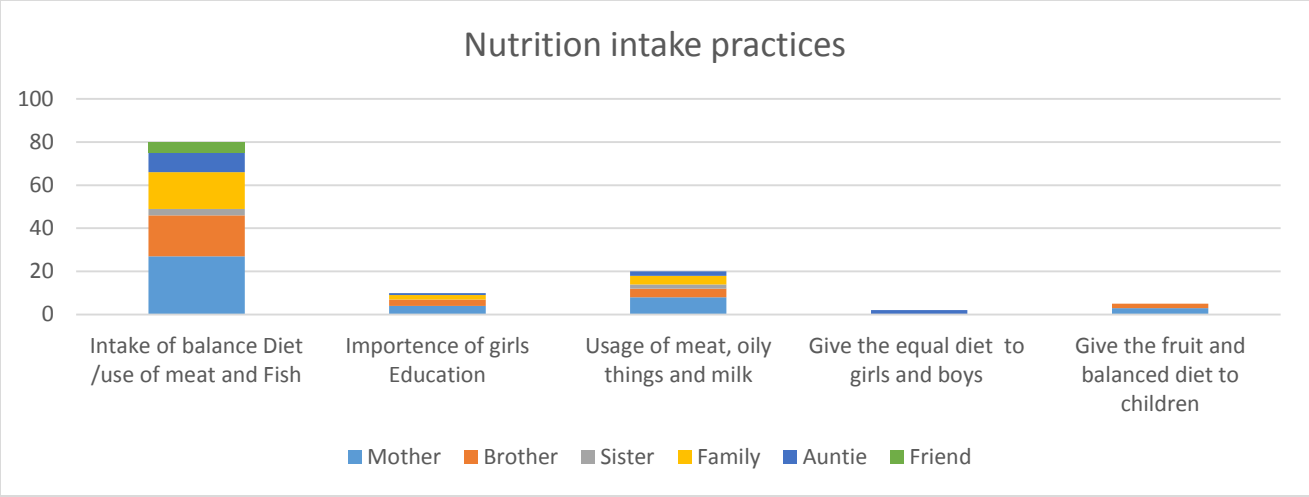
Regarding First Aid and personal hygiene, hand washing with soap and water practice was mostly improved practice among family members. Brushing teeth two times in a day, drinking safe water and preparation of ORS in diarrhea were adopted and improved practices among. Respondents also mentioned to make first aid box at home by mothers and sisters.



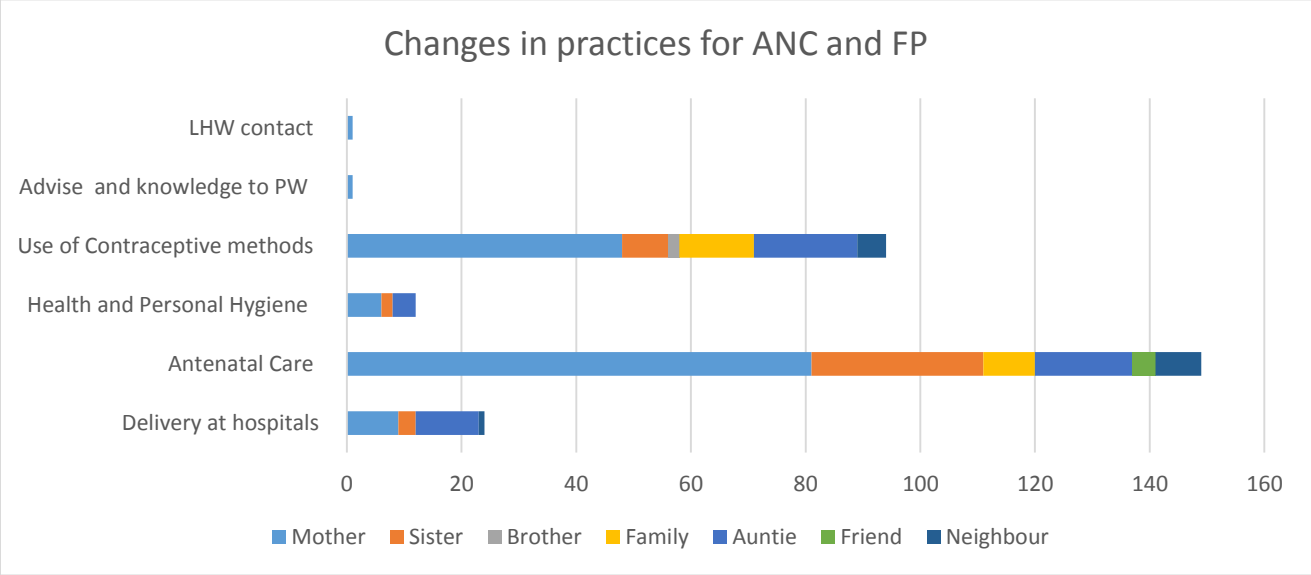
Respondents shared that vaccination for children and pregnant women is remarkably increased and practices to get vaccination among family members and relatives affected.



Nutritional intake and concept of balanced diet was the most difficult practice to adopt. Intake of balanced diet was adopted by family members, importance of girl's education and equal diet to girls and boys were major practices adopted by mothers.



Respondents shared that practices about antenatal checkup increased. 81 mothers, 30 sisters and 17 aunties took antenatal checkup during this period. Contraceptive methods have also been adopted by 48 mothers, 18 aunties and 8 sisters to keep healthy spacing in pregnancy.



Lesson Learnt and Recommendations

This end line survey of pilot Union Counsel shows remarkable impact on knowledge gained and practices improved in family members. But few of the components like personal hygiene practices and MHM, nutrition etc needs improvement. Knowledge can be increased in such a short duration intervention but for practices change we need to follow our sessions.

Feedback recorded by our field team is that trainees are hesitant and feel shy in getting FP methods sessions and First aid session is tough for them to understand. It should be simplified or can be divided in two sessions. Keeping in view the literacy level and sessions technicalities, refreshers should be plan.

NRSP three tier structure is well placed in SukhPur and helped in accessing refusal villages. Though community organizations is mixed (men and women) where ratio of women is low as compared to men but for delivering culturally resistant messages; NRSP core mobilization network helped in convincing parents to send their daughter for this programme.

Most importantly it is very hard to digest and sustain knowledge in one time training session. Follow up is necessary and duration of session should also be increased as in this duration (60-90) taking attendance, helping in pre and post-tests specifically for illiterate increased the time recommended for session.

Engaging LHWs officially in the programme is helpful in gaining confidence of health department and building community links with them.

Conclusion

The findings suggest good impact of the intervention. This end line survey of pilot Union Counsel shows remarkable impact on knowledge gained and practices improved in family members. But few of the components like personal hygiene practices and MHM, nutrition etc needs improvement. Knowledge can be increased in such a short duration intervention but for practices change we need to follow our sessions. We recommend replicating this programme in new union council where NRSP has its programme presence as well as continuous Follow up with these girls on limited scale as well.

Appendix I

Questionnaire designed (Sindhi / English)

عورتن لاءِ سوالنامو

Respondent Information (for adult who answers door)
السلام عليڪم. مرنهنجو نالو _____ آهي ۽ آئون نيشنل رورل سپورٽ پروگرام طرفان سروي ڪري رهي/ رهيو آهيان. ڇا توهان (22-17 سالن جي چوڪري) ڪجھ سوالن جا جواب ڏيڻ پسند ڪندو؟ جيڪڏهن ها ته شڪريو ادا ڪريو ۽ انٽرويو جاري رکو؛ جيڪڏهن نه ته شڪريو ادا ڪريو ۽ انٽرويو بند ڪري، هيٺ ڏنل خاني تي نشان لڳايو.
☐ انٽرويو ڏيندڙ سروي ۾ شرڪت ڪرڻ کان انڪار ڪري ٿي

صحيحون
جيڪڏهن توهان کي ڪو ٻيو سوال نه آهي ۽ سروي ۾ شرڪت ڪرڻ لاءِ تيار آهيو ته آئون توهان کي گذارش ڪندس/ڪنديس ته توهان هن فارم تي صحيح ڪريو. جيڪو بيان ڪري ٿو ته آئون انٽرويو ونندڙ توهان کي انٽرويو ڏيندڙ طور توهان جي حقن جي باري ۾ ٻڌايو آهي ۽ توهان انٽرويو ۾ شريڪ ٿيڻ لاءِ راضي ٿيا آهيو. اسان توهان جي وقت ڏيڻ لاءِ شڪر گذار آهيون.
مون هن راضي نامي واري فارم تي ڏنل معلومات پڙهي آهي يا مون کي پڙهي ٻڌائي وئي آهي. سروي بابت مرنهنجن سمورن سوالن ۽ شرڪت بابت سوالن جا جواب ڏنا ويا. آئون سمجهان ٿي ته ان سروي ۾مرنهنجي شموليت جو مقصد ڇا آهي ۽ آئون سمجهان ٿي ته مرنهنجي شرڪت رضاڪارانه آهي. آئون ڪنهن به وقت، ڪنهن به سبب جي ڪري، سروي ۾ شرڪت کان بغير ڪنهن ڏنڊ جي انڪار ڪري سگهان ٿي. شرڪت ڪندڙ جو نالو شرڪت ڪندڙ جي صحيح تاريخ _____ _____ _____ شرڪت ڪندڙ جي آڱوٺي جو نشان جيڪڏهن صحيح نه ٿو ڪري سگهي انٽرويو ونندڙ جو نالو انٽرويو ونندڙ جي صحيح تاريخ _____ _____ _____

Section 1: Data Entry Information:

.1	ضلعو:	.2	تعلقو:	
.3	ڳوٺ:	.4	تاريخ:	
.5	گهر جو پتو			
6	انٽرويو ڏيندڙ جو نالو	.7	مذهب	1. اسلام 2. هندو 3. عيسائي 4. ڪو ٻيو
.8	عمر سالن ۾	.9	تعليمي معيار (تعليم جا سال) _____	
.10	گهر ۾ جيڪا ٻولي ڳالهائي وڃي ٿي (ڪنهن به هڪ تي نشان لڳايو)		1. سنڌي 2. سرائڪي 3. بلوچي 4. پنجابي 5. اردو 6. ڪا ٻي	
.11	انٽرويو ونندڙ جو نالو:			
.12	شروع ٿيڻ جو وقت			
.13	ختم ٿيڻ جو وقت			
.14	نتيجي جو ڪوڊ		1. مڪمل انٽرويو 2. اڌورو انٽرويو 3. گهر ۾ ڪوبه موجود نه هو 4. انٽرويو کان انڪار	

Demographic and Household Information

15.	چا توهان لکڻ ۽ پڙهڻ جي قابل آهيو؟	1. فقط پڙهڻ 2. فقط لکڻ 3. ٻئي لکڻ ۽ پڙهڻ 4. لکي ۽ پڙهي نه سگهڻ
16.	وڌ کان وڌ ڪيتري تعليم مڪمل ڪئي آهي؟ (ڪنهن به هڪ جواب تي نشان لڳايو)	1. نه/ڪجھ به نه 2. پرائمري 3. سيڪنڊري 4. ٽيڪنيڪل اسڪول 5. ڪاليج 6. يونيورسٽي
17.	هن وقت توهان جي ازدواجي حيثيت چا آهي؟ (ڪنهن به هڪ جواب تي نشان لڳايو)	1. شادي شده 2. الهدگي/ طلاق يافته 3. بيوه 4. ڪنواري/ شادي نه ڪئي آهي
18.	جيڪڏهن شادي شده، ته ڪڏهن شادي ڪئي؟	1. تربيت کان پهرين 2. تربيت کان پوءِ 3. شاديءَ لاءِ رٿيو آهي.
19.	چا توهان اين آر ايس پي طرفان گهر جي سطح تي صحت بابت تعليم جو پروگرام تحت تربيت ڪئي آهي؟ (ڪنهن به هڪ جواب تي نشان لڳايو)	1. نه 2. ها 3. خبر نه آهي / ڪوبه جواب نه
20.	جيڪڏهن ها، ته ڪهڙا موضوع؟	1. توليدي صحت ۽ کاڌ خوراڪ 2. حفاظتي ٽڪا 3. ابتدائي طبي امداد 4. حفظان صحت جي تعليم 5. ٻيو ڪو (وضاحت ڪريو) 6. خبر نه آهي / ڪوبه جواب نه
21.	چا توهان اين آر ايس پي طرفان صحت ۽ صفائي جي موضوع تي پوسٽ ٽيسٽ پاس ڪئي آهي؟	1. ها 2. نه

Section 2: Health & Hygiene

.22	چا توهان کي ڄاڻ آهي ته مرڻ کان پهرين اسان کي هٿ چا سان ڌوئڻ گهرجن؟	1. پاڻي ۽ صابڻ 2. فقط پاڻي
.23	چا توهان کي ڄاڻ آهي ته کاڌو پچائڻ کان پهرين اسان کي هٿ چا سان ڌوئڻ گهرجن؟	1. پاڻي ۽ صابڻ 2. فقط پاڻي
.24	چا توهان کي ڄاڻ آهي ته هاجت کان پوءِ اسان کي هٿ چا سان ڌوئڻ گهرجن؟	1. پاڻي ۽ صابڻ 2. فقط پاڻي
.25	توهان ڪهڙي قسم جو ڪاڪوس خانو استعمال ڪريو ٿا؟	1. پڪو ڪاڪوس خانو 2. ڪڍي وارو/ ڪچو ڪاڪوس خانو 3. ڪوبه نه 4. کليل جڳهه تي ڪاڪوس ڪرڻ 5. ڪو ٻيو (وضاحت ڪريو .....)
.26	چا توهان کي ڄاڻ آهي ته کليل جڳهه تي ڪاڪوس ڪرڻ سان ڪهڙيون بيماريون ڦهلجن ٿيون؟	1. دست الٽي 2. ڪينسر 3. ٽائفائيڊ يا مردي جو بخار 4. يا ڪا ٻي (وضاحت ڪريو .....) 5. خبر نه آهي
.27	چا توهان ڄاڻو ٿا؛ ته توهان وٽ موجود پيئڻ جي نلڪي جو پاڻي چڪاس ٿيل آهي؟	1. ها 2. نه
.28	اها پَڪ ڪڍهن ٿيندي آهي ته ٻار کي ڊائيريا (دست ۽ الٽيون) آهي؟	1. ٻار کي 24 ڪلاڪن ۾ ڏي يا وڌيڪ دفعا پاڻيءَ جهڙا دست ٿين 2. ٻار کي 24 ڪلاڪن ۾ پنج يا وڌيڪ دفعا پاڻيءَ جهڙا دست ٿين 3. ٻار کي هڪ ڪلاڪ ۾ ڏي يا وڌيڪ دفعا پاڻيءَ جهڙا دست ٿين 4. خبر نه آهي
.29	ڊائيريا (دست ۽ الٽيون) هئڻ جي صورت ۾ ٻار کي ماءُ جو کير پيارڻ گهرجي؟	1. ها 2. نه 3. خبر نه آهي
.30	جيڪڍهن ڪو ٻار دستن جي بيماريءَ ۾ مبتلا هجي ته ان کي چا ڏيڻ گهرجي؟	1. نمڪول 2. ڇج بند ڪجي 3. چانهن 4. خبر نه آهي

.31	چا توهان کي خبر ته نمڪول ڪيئن ٿاهجي؟	1. ها 2. نه
.32	جيڪڏهن ها، ته نمڪول ٿاهڻ جو طريقو ٻچو؟	1. چگي نموني جاڻي ٿي 2. گهر ۾ نمڪول ٿاهڻ جو طريقه ڪار نٿي جاڻي
.33	هڪ ڏينهن ۾ گهٽ ۾ گهٽ ڪيترا پيرا ڏند صاف ڪرڻ گهرجن؟	1. هڪ ڏينهن ۾ٻه دفعا 2. هفتي ۾ هڪ دفعو 3. ضرورت مطابق 4. خبر نه آهي
.34	توهان کي ابتدائي طبعي امداد جي باري ۾ خبر آهي؟	1. ها 2. نه
.35	توهان کي خبر آهي ته ابتدائي طبعي امداد ڪڏهن ڏيڻ کپي؟	1. ايمرجنسيءَ جي صورت ۾ 2. حادثي جي صورت ۾ 3. خبر نه آهي
.36	چا توهان کي خبر آهي ته ڪهڙي قسم جي ايمرجنسين تي بنيادي طبعي امداد جي ذريعي قابو پائي سگهجي ٿو؟	1. ساه گهٽجڻ 2. هڏي جو ٽٽڻ 3. دل جو دورو 4. زخمن لاءِ بنيادي طبي امداد 5. ملم پٽي 6. عضوي جو ڪٽجڻ 7. ريڑه جي هڏيءَ جي زخم جي چڪاس 8. مغز جو ڏڪ 9. جانور جوچڪ يا ڏنگ 10. سڙڻ 11. مڻيان سپ 12. خبر نه آهي
.37	توهان ماهواريءَ دوران ڪهڙا قدم کڻڻ شروع ڪيا آهن، جن جي تربيت کان پهرين جاڻ نه هئي؟	
.38	تربيت حاصل ڪرڻ کان پوءِ، روزمره جي زندگيءَ ۾ توهان ڪهڙيون تبديليون آنديون؟	
.39	چا ان ڏس ۾ توهان ٻيو ڪنهن کي آماده ڪيو؟	1. ها 2. نه 3. جيڪڏهن ها ته ڪنهن کي آماده ڪيو وضاحت ڪريو ....

Section 3. Immunization

.40	چا توهان جي علائقي ۾ بارن کي بيمارين کان بچاءَ جا ٽڪا لڳرايا وجن ٿا؟	1. ها 2. نه

.41	چا توهان جاڻو ٿا ته پاڪستان ۾ هارن ۾ ڪيتري عمر ۾ حفاظتي ٽڪن جو ڪورس مڪمل ڪرايو وڃي ٿو؟	1. 5 سالن تائين 2. 23 مهينن تائين 3. 3سالن تائين 4. خبر نه آهي
.42	توهان جي علائقي جي هارن کي ڪٿان حفاظتي ٽڪا لڳرايا وڃن ٿا؟	1. دسپينسري 2. اي پي آءِ سينٽر (حفاظتي ٽڪن جو مرڪز) 3. دي ايڇ ڪيو 4. ايل ايڇ وي 5. پرائيويٽ ڊاڪٽر 6. ڪو ٻيو هنڌ، وضاحت ڪريو .....
.43	هارن کي حفاظتي ٽڪا چو لڳڻ گهرجن؟	1. انهن کي بيمارين کان بچائڻ لاءِ 2. انهن کي صحتمند بنائڻ لاءِ 3. گورنمينٽ جي اسرار تي 4. ايل ايڇ وي جي اسرار تي 5. ٻيو ڪو سبب، وضاحت ڪريو .....
.44	حفاظتي ٽڪن جو ڪورس مڪمل ڪرڻ لاءِ هڪ هار کي ڪيترا ڀيرا ليدي هيلٿ ورڪر ايندي آهي؟	1. 6 دفعا 2. 9 دفعا 3. خبر نه آهي
.45	چا توهان انهن خطرناڪ بيمارين جا نالا ٻڌائيندا جنهن لاءِ پاڪستان ۾ هارن کي حفاظتي ٽڪا لڳايا وڃن ٿا؟	1. ٽي بي 2. پوليو 3. تشنج يا جهٽڪن واري بيماري 4. خناق 5. ڪاري کنگهه 6. هيپاٽائيٽس بي 7. نمونيا 8. گردن ٽوڙ بخار 9. ارڙي 10. مٿيون سپ 11. خبر نه آهي
.46	چا توهان ان ٽڪي جو نالو ٻڌائيندا جيڪو حاملا عورت کي لڳايو ويندو آهي؟	1. اورڙي 2. تشنج يا جهٽڪن واري بيماري 3. خبر نه آهي
.47	چا توهان 15 کان 49 سالن وارين عورتن ۾ جهٽڪن واري بيماري جي ٽڪن جو شيڊيول ٻڌائيندا ؟	1. شيڊيول ٻڌايو 2. خبر نه آهي
.48	چا توهان ٻڌائيندا ته ٻار کي ڪهڙي عمر کان پوليو ويڪسين شروع ڪرائجي؟	3. ڄمڻ وقت 4. 2 کان 5 سالن تائين 5. 2 کان 12 سالن تائين 6. ڪنهن به عمر ۾ 7. خبر نه آهي
.49	پوليو ڪيتري عمر تائين اثر انداز ٿيندو آهي؟	1. 2 2. 5 3. 12 4. ڪنهن به عمر ۾ 5. خبر نه آهي

.50	گذريل 5 سالن ۾ توهان جي گهر/پاڙي/مائٽن ۾ 2کان 5 سالن جو اهڙو ڪو ٻار آهي، جيڪو پوليو کان مرتاثر ٿيو هجي؟	1. ها 2. نه
.51	عام طور تي پوليو جا گهٽا ڦڙا پياريا ويندا آهن؟	1. 5 2. 2 3. 3 4. وڌيڪ 5. خبر نه آهي
.52	چا ٿيندو جيڪڏهن ڪو ٻار پوليو کان مرتاثر ٿئي؟	1. عضوا ڦري وڃن ٿا 2. چڪر اچڻ شروع ٿي وڃن ٿا 3. اکيون مرتاثر ٿين ٿيون 4. سڀ 5. خبر نه آهي
.53	چا توهان ارڙي جون خطرناڪ علامتون ٻڌائيندا؟	1. فيس ريش/ ارڙي 2. فيس ريش/ ارڙي ۽ بخار 3. ڪو ٻيو
.54	چا توهان ارڙي خلاف بچاءُ جي ٽڪي بابت ڄاڻو ٿا؟	1. ها 2. نه
.55	جيڪڏهن ها ته ارڙيءَ جو ٽڪو ڪڏهن لڳرائڻ گهرجي؟	1. ڏن مهينن کان پوءِ 2. ڇهن مهينن کان پوءِ 3. نون مهينن کان پوءِ 4. پهريون نون مهينن جي عمر ۾ ۽ ٻيو پندرهن مهينن جي عمر ۾ 5. ڪو ٻيو
.56	تربيت حاصل ڪرڻ کان پوءِ، روزمره جي زندگيءَ ۾ توهان ڪهڙيون تبديليون آنديون؟	
.57	چا ان ڏس ۾ توهان ٻيو ڪنهن کي آماده ڪيو؟	1. ها 2. نه 3. جيڪڏهن ها ته ڪنهن کي آماده ڪيو وضاحت ڪريو ....

Section 4: Nutrition& Youth Health

.58	متوازن غذا جا ڪهڙا فائدا آهن؟	1. طاقتور محسوس ڪرڻ 2. جسماني ۽ ذهني واڌ ويجهه 3. مڙيان ٻڌي 4. خبر نه آهي

.59	غير مرتوازن غذا نـه وٺڻ جا ڪهڙا نقصان آهن؟	1. رت جي گهٽتائي 2. جسماني ڪمزوري 3. ذهني ڪمزوري 4. مرڻيان سڀ 5. ڪي ٻيا، وضاحت ڪريو ..... 6. خبر نه آهي
.60	24 مهينن کان 5 سالن واري عمر جي ٻارن کي گهٽ ۾ گهٽ ڪيترا دفعا ماني کائڻ گهرجي؟	1. ڏينهن ۾ هڪ دفعو 2. ڏينهن ۾ ٻه دفعا 3. ڏينهن ۾ ٽي يا وڌيڪ دفعا
.61	توهان جي خيال ۾ توهان جي علائقي جي نوجوان ڇوڪرين کي ڪهڙيون مشڪلاتون يا مسئلا درپيش آهن ؟	1. ٻاهر نڪيون وڃي سگهن 2. ماهوارين جو سور 3. ڪمزوري 4. والدين نياڻين کي نٿا پڙهائين 5. نياڻين کي ڇوڪرن جي مقابلي ۾ گهٽ خوراڪ ملڻ 6. گهٽ عمر ۾ شادي 7. **RH** جي باري ۾ ڄاڻ نه هجڻ 8. ڪي ٻيا وضاحت ڪريو ..... 9. خبر نه آهي
.62	ڇا توهان جي علائقي ۾ نوجوان ڇوڪرين کي، صحت ۽ صفائي بابت ڄاڻ حاصل ڪرڻ جو ڪو ذريعو آهي؟	1. ها 2. نه 3. خبر نه آهي
.63	جيڪڏهن اهي صحت ۽ صفائي متعلق ڄاڻ حاصل ڪري رهيون آهن، ته ذريعو ڪهڙو آهي؟	1. غير سرڪاري تنظيم 2. ليڊي هيلٿ ورڪر 3. پرائيويٽ ڊاڪٽر 4. اسڪول 5. سوشل ورڪر 6. مولوي 7. خاندان جو ڪو فرد 8. ساهيڙي 9. ٽي وي/ميڊيا 10. اين آر ايس پي جي گهرجي سطح تي صحت جي تعليم جون تربيتون 11. ڪو ٻيو
.64	تربيت حاصل ڪرڻ کان پوءِ، روزمره جي زندگيءَ ۾ توهان ڪهڙيون تبديليون آندیون؟	

.65	چا ان ڏس ۾ توهان پيو ڪنهن کي آماده ڪيو؟	1. ها 2. نه 3. جيڪڏهن ها ته ڪنهن کي آماده ڪيو وضاحت ڪريو .....

Section5: Contraceptive Methods, Birth Preparedness and Antenatal care

.66	چا توهان کي وقفي جي باري ۾ ڄاڻ آهي؟	1. ها 2. نه
.67	چا توهان کي ڄاڻ آهي ته وقفي جا طريقا ڇو استعمال ڪيا ويندا آهن؟	1. حمل ۾ وقفو 2. مائُ جي صحت کي بهتر بنائڻ 3. ٻارن جي صحت لاءِ 4. خاندان جي معاشي حالت بهتر بنائڻ لاءِ 5. مڃيان سپ 6. خبر نه آهي
.68	چا توهان کي وقفي جي طريقن جا نالا اچن ٿا؟	1. ڪنڊم يا ڦوڪڻو 2. پيدائش ۾ وقفي جون گوريون 3. چلو 4. پيدائش کان 6 مهينن تائين ٽڃ پيارڻ 5. ميلاپ کان پوءِ گوري کائڻ 6. سرجري 7. عزل 8. مڃيان سپ 9. خبر نه آهي
.69	چا توهان جي خيال ۾، حمل يا ٻار ڄمڻ دوران غير متوقع مسئلا ان عورت جي زندگيءَ کي خطري ۾ وجهي ڇڏين ٿا؟	1. ها 2. نه 3. خبر نه آهي

.70	توهان جي خيال ۾ حمل يا ويم دوران صحت جا ڪهڙا پيچيده مسئلا ٿي سگهن ٿا، جيڪي هڪ عورت جي زندگيءَ لاءِ خطري جو باعث بڻجن ٿا؟	1. ڪوبه نه 2. رت وهڻ 3. شديد مٿي جو سور 4. ڏندلو ڏسڻ 5. چڪر اچڻ 6. هٿن ۽ پيرن تي سوج 7. تيز بخار 8. غشي 9. ساه کڻڻ ۾ تڪليف 10. شديد ڪمزوري 11. شديد پيٽ جو سور 12. ٻار جي حرڪت گهٽ وڌ ٿيڻ 13. ويم ٿيڻ کان سواءِ ٿيلهي جو ڦاٽڻ ۽ پاڻي وهڻ 14. ڪو ٻيو. وضاحت ڪريو ..... 15. خبر نه آهي
.71	توهان جي خيال ۾، هڪ عورت کي حمل دوران ڪيترا پيرا طبي معائنو ڪرائڻ گهرجي؟	1. هر مهيني 2. گهٽ ۾ گهٽ ٻه دفعا 3. گهٽ ۾ گهٽ ٽي دفعا 4. گهٽ ۾ گهٽ چار دفعا 5. ڪي ٻيا وضاحت ڪريو ..... 6. خبر نه آهي
.72	ڇا توهان ويم جي تياري جي باري ۾ ٻڌو آهي؟	1. ها 2. نه
.73	توهان جي خيال ۾ هڪ عورت کي ويم جي تياري لاءِ ڇا ڪرڻ گهرجي؟	1. ڇمڙ واري ٻار لاءِ خريداري 2. نالو سوچڻ 3. تربيت يافته دائي ۽ ويم جي جڳهه جي شناخت 4. سڀ ڪجهه وقت تي ڇڏڻ 5. ٻيو (وضاحت ڪريو .....)
.74	توهان جي علائقي ۾ هڪ حمل واري عورت ويم لاءِ گهٽي پاڳي ڪٿي وڃي ٿي؟ ڪنهن هڪ تي نشان لڳايو	1. گهر (پنهنجو، مائٽن جو، دائي جو) وغيره 2. پرائيويٽ اسپتال 3. گورنمينٽ اسپتال 4. ڪميونٽي مڊ وائيف جو گهر 5. ڪو ٻيو (وضاحت ڪريو .....)
.75	تربيت حاصل ڪرڻ کان پوءِ، روزمره جي زندگيءَ ۾ توهان ڪهڙيون تبديليون آنديون؟	

.76	چا ان ڈس ۾ توهان ٻيو ڪنهن کي آماده ڪيو؟	1. ها 2. نه 3. جيڪڏهن ها ته ڪنهن کي آماده ڪيو وضاحت ڪريو .....

Section 6:Neonatal Care

.77	توهان جي خيال ۾ تازي ڄاول ٻار ۾ ڪهڙيون خطرناڪ علامتون ظاهر ٿي سگهن ٿيون؟	1. ساه نه کڻڻ 2. ٿڄ نه ونڻ 3. گهٽو روئڻ 4. حرڪت نه ڪرڻ 5. ڪو ٻيو (وضاهت ڪريو .....)
.78	توهان جي خيال ۾ هڪ تازيڄاول ٻار جي سار سنڀال لاءِ ڪهڙي خاص شيءِ جو خيال رکڻ گهرجي؟ (وهنجارڻ، ٿڄ، حفاظتي ٽڪا)	1. وهنجارڻ 2. ڪمبل يا چادر سان ڍڪڻ 3. صفائي 4. خاندان جي ماڻهن کي ڏيکارڻ 5. کاڌو ۽ دوائون کارائڻ 6. حفاظتي ٽڪا 7. خاص طور ٿڄ 8. ڪو ٻيو (وضاحت ڪريو .....)
.79	توهان جي خيال ۾ خصوصي ڪير پيارڻ چا آهي؟	1. ٿڄ ۽ ٻيو ڪير جيڪڏهن ماءُ جو ڪير گهٽ آهي 2. ٿڄ ۽ ٻيو کاڌو جيڪڏهن ماءُ جو ڪير گهٽ آهي 3. ٿڄ ۽ پاڻي 4. ڇهن مهينن تائين فقط ماءُ جو ٿڄ 5. ڪو ٻيو (وضاحت ڪريو .....)
.80	توهان جي خيال ۾ هڪ ٻار کي ڪيتري عرصي تائين فقط ماءُ جو ڪير پيارڻ گهرجي؟	1. ڪڏهن به نه 2. ڇهن مهينن کان گهٽ 3. ڇهه مهينا 4. خبر نه آهي
.81	تربيت حاصل ڪرڻ کان پوءِ، روزمره جي زندگيءَ ۾ توهان ڪهڙيون تبديليون آنديون؟	
.82	چا ان ڈس ۾ توهان ٻيو ڪنهن کي آماده ڪيو؟	4. ها 5. نه جيڪڏهن ها ته ڪنهن کي آماده ڪيو وضاحت ڪريو .....

Section 7. Health Facilities

.83	گهرجي سطح تي صحت بابت تعليم جي سيشن کان پهرين، عام طور تي بيماريءَ جي حالت ۾ توهان جي خاندان جا فرد ڪيڏانهن ويندا هئا؟ (فلو، ٽڏ، اتفاقي سڑڻ) ڪنهن به هڪ خاص جواب تي نشان لڳايو.	1. بنيادي صحت مرڪز **(BHU)** 2. ڳوٺاڻو صحت مرڪز **(RHC)** 3. پبلڪ اسپتال 4. پرائيويٽ اسپتال 5. حڪيم 6. روايتي علاج ڪندڙ/پير

		7. ڪو ٻيو، وضاحت ڪريو .....
.84	تربيت يا پروجيڪٽ کان پهرين، شديد بيماريءَ جي حالت ۾ توهان جي خاندان جا فرد ڪيڏانهن وڃن ٿا؟	1. بنيادي صحت مرڪز **(BHU)** 2. ڳوٺاڻو صحت مرڪز **(RHC)** 3. پبلڪ اسپتال 4. پرائيويٽ اسپتال 5. حڪيم 6. روايتي علاج ڪندڙ/پير 7. ڪو ٻيو، وضاحت ڪريو .....
.85	گهرجي سطح تي صحت بابت تعليم جي پروگرام کان پوءِ خاندان جا فرد يا مرٽ مائٽ عام بيماريءَ جي صورت ۾ ڪيڏانهن وڃڻ کي ترجيح ڏين ٿا؟	1. بنيادي صحت مرڪز **(BHU)** 2. ڳوٺاڻو صحت مرڪز **(RHC)** 3. پبلڪ اسپتال 4. پرائيويٽ اسپتال 5. حڪيم 6. روايتي علاج ڪندڙ/پير 7. ڪو ٻيو، وضاحت ڪريو .....
.86	گهرجي سطح تي صحت بابت تعليم جي پروگرام کان پوءِ خاندان جا فرد يا مرٽ مائٽ شديد بيماريءَ جي صورت ۾ ڪيڏانهن وڃڻ کي ترجيح ڏين ٿا؟	1. بنيادي صحت مرڪز **(BHU)** 2. ڳوٺاڻو صحت مرڪز **(RHC)** 3. پبلڪ اسپتال 4. پرائيويٽ اسپتال 5. حڪيم 6. روايتي علاج ڪندڙ/پير 7. ڪو ٻيو، وضاحت ڪريو .....
.87	گذريل ڏن مهينن ۾، گهٽ ۾ گهٽ ڪيترا دفعا ليڊي هيلٿ ورڪر توهان جي گهر آئي ۽ صحت جي مسئلن تي گفتگو ڪئي؟	
.88	پروگرام کان پهرين توهان جي ڳوٺ ۾ حاملہ عورتون ڇڪاس ۽ ويم لاءِ ترجيهن ڪٿي ويندیون هيون؟	1. بنيادي صحت مرڪز **(BHU)** 2. ڳوٺاڻو صحت مرڪز **(RHC)** 3. پبلڪ اسپتال 4. پرائيويٽ اسپتال 5. حڪيم 6. روايتي علاج ڪندڙ/پير 7. ڪو ٻيو، وضاحت ڪريو .....
.89	پروگرام کان پوءِ توهان جي ڳوٺ ۾ حاملہ عورتون ڇڪاس ۽ ويم لاءِ ترجيهن ڪٿي ويندیون آهن؟	1. بنيادي صحت مرڪز **(BHU)** 2. ڳوٺاڻو صحت مرڪز **(RHC)** 3. پبلڪ اسپتال 4. پرائيويٽ اسپتال 5. حڪيم 6. روايتي علاج ڪندڙ/پير

		7. ڪو ٻيو، وضاحت ڪريو .....

Section 8: Community support for emergency services

.90	توهان جي خيال ۾، ڳوٺ/برادريءَ ۾ ايمرجنسيءَ ۾ اهل خاندانن جي حاملہ عورتن جي سار سنپال لاءِ مدد/ رهنمائي جو طريقه ڪار آهي؟	1. ها 2. نه
.91	جيڪڏهن ها ته ايمرجنسيءَ ۾ اهڙي عورت کي ڪهڙي مدد ملي سگهي ٿي؟	1. گاڏي ڪرڻ لاءِ رقم 2. گاڏيءَ جي سهولت 3. علاج لاءِ رقم 4. ڪا ٻي (وضاحت ڪريو .....) 5. خبر نه آهي
.92	ويم گهر يا اسپتال تائين مفاصلو	1. هڪ ڪلوميٹر تائين 2. 1 کان 2 ڪلوميٹر تائين 3. 2 کان 3 ڪلوميٹر تائين 4. 3 کان 4 ڪلوميٹر تائين 5. 4 کان 5 ڪلوميٹر تائين 6. 5 ڪلوميٹر کان مٿي
.93	دائيءَ وٽ پهچڻ تائين مفاصلو	1. هڪ ڪلوميٹر تائين 2. 1 کان 2 ڪلوميٹر تائين 3. 2 کان 3 ڪلوميٹر تائين 4. 3 کان 4 ڪلوميٹر تائين 5. 4 کان 5 ڪلوميٹر تائين 6. 5 ڪلوميٹر کان مٿي

Section 9: Community Impact

.94	اين آر ايس پي مان تربيت حاصل ڪرڻ کان پوءِ عملي طور ڪهڙيون تبديليون آيون؟	1. ها صحت ۽ صفائي؟ ابتدائي طبي امداد؟ کاڌ خوراڪ کائڻ؟

	(ڪن به ٿن تبديلين بابت معلومات وٺو)	پي ڪا وضاحت ڪريو ..... 2. نه 3. خبر نه آهي
.95	عملي تبديلي لاءِ توهان پنهنجي خاندان کي ڪهڙي ڄاڻ/پيغام ڏنا؟ (مهرباني فرمائي ڪي به اهم پيغام ٻڌايو)	1. ها 2. نه 3. خبر نه آهي
.96	عملي تبديليءَ لاءِ جيڪڏهن توهان پنهنجي مائٽن يا پاڙي وارن کي ڄاڻ ڏني آهي ته بيان ڪريو؟ (جيڪڏهن سيشن ورتو آهي ته وضاحت ڪريو)	4. ها 5. نه خبر نه آهي
.97	مهرباني فرمائي پروگرام کان پوءِ ڳوٺ/برادري جي سطح تي ورتل حفاظتي اپاءَ بيان ڪريو؟ • حفاظتي ٽڪا • مڇرانيءَ جو استعمال • بيڊل پاڻيءَ جي نيڪالي • آيوڊين جو استعمال • پيدائش ۾ وقفي جي طريقن جو استعمال طريقا :پوليو جا قطرا	
.98	مهرباني ڪري وضاحت ڪريو ته تربيتون حاصل ڪرڻ کان پوءِ توهان پنهنجي ڳوٺ ۽ برادريءَ ۾ ڪهڙيون تبديليون آنديون.	

Appendix II

List of Participants

S.#	Name Of Participants	Age	Village Name	Pass OR Fail
1	Nahida	18	Muhammad Khan Gabol	pass
2	Imam Khatoon	18	Muhammad Khan Gabol	pass
3	Khaldida	18	Muhammad Khan Gabol	pass
4	Sain	18	Muhammad Khan Gabol	pass
5	Reman	18	Muhammad Khan Gabol	pass
6	Jamilan	17	Muhammad Khan Gabol	pass
7	Anila	17	Muhammad Khan Gabol	pass
8	Meharnisa	17	Muhammad Khan Gabol	pass
9	Zulekhan	18	Muhammad Khan Gabol	pass
10	Farzana	16	Muhammad Khan Gabol	pass
11	Ameer Bano	16	Mohammad Khan Gbaol	pass
12	Kasma	16	Mohammad Khan Gbaol	pass
13	Reshman	18	Abdullah Kodan	Fail
14	Nawabzadi	19	Abdullah Kodan	pass
15	Meerzadi	16	Abdullah Kodan	pass
16	Amina	21	Abdullah Kodan	pass
17	Gul Bhar	18	Abdullah Kodan	pass
18	Shaila	18	Abdullah Kodan	pass
19	Aneeta	17	Abdullah Kodan	pass
20	Shaheen	16	Abdullah Kodan	pass
21	Gul Naz	18	Izat Khan Lashari	pass
22	shereen	17	Izat Khan Lashari	pass
23	Amna	17	Abdullah Kodan	pass
24	Salama	17	Mohammad Ishaque Lashari	pass
25	Zeenat	18	Mohammad Ishaque Lashari	pass
26	Noor Bano	18	Ahmed Khan Kalmati	pass
27	Suraiya	22	Ahmed Khan Kalmati	pass
28	Turna	16	Ahmed Khan Kalmati	pass
29	Tasleem	20	Ahmed Khan Kalmati	pass
30	Ganwa	16	Ahmed Khan Kalmati	pass
31	Nusrat	17	Ahmed Khan Kalmati	pass
32	Noor Bano	18	Ahmed Khan Kalmati	pass
33	Rozeena	17	Ahmed Khan Kalmati	pass
34	Noshab	18	Ahmed Khan Kalmati	pass

35	Arzana	16	Ahmed Khan Kalmati	pass
36	Husna	17	Ahmed Khan Kalmati	pass
37	Neelam	18	Ahmed Khan Kalmati	pass
38	Soohn	18	Sahib Khan	pass
39	Sherbano	16	Sahib Khan	pass
40	Akeela	16	Sahib Khan	pass
41	Mandam	18	Sahib Khan	pass
42	Noor Khatoon	17	Sahib Khan	Fail
43	Kalsoom	16	Sahib Khan	pass
44	Zeenat	16	Sahib Khan	pass
45	Robena	18	Ahmed Khan Kalmati	pass
46	Gulzaran	19	Ahmed Khan Kalmati	pass
47	Saima	18	Ahmed Khan Kalmati	pass
48	Salma	19	Ahmed Khan Kalmati	pass
49	Laila	18	Ahmed Khan Kalmati	pass
50	Nashab	18	Ahmed Khan Kalmati	pass
51	Zareena	19	Ahmed Khan Kalmati	pass
52	Mariya	17	Ahmed Khan Kalmati	pass
53	Noor Bano	18	Ahmed Khan Kalmati	pass
54	Saran	18	Ahmed Khan Kalmati	pass
55	Reshma	18	Ahmed Khan Kalmati	pass
56	Azeeman	18	Ahmed Khan Kalmati	pass
57	Amna	17	Sahib Khan	pass
58	Murk	16	Izat Khan Lashari	pass
59	Akeela	17	Izat Khan Lashari	Fail
60	Shahida	18	Izat Khan Lashari	pass
61	Aneeta	18	Izat Khan Lashari	pass
62	Sanghar	16	Izat Khan Lashari	pass
63	Bakhtawar	19	Izat Khan Lashari	pass
64	Zubida	16	Izat Khan Lashari	pass
65	Zahida	18	Basham Khan Lashari	pass
66	Mardi	17	Mohammad Ishaque Lashari	pass
67	Husna	18	Sahib Khan	Fail
68	Temeena	17	Mubarak Lashari	pass
69	Naheeda	17	Mubarak Lashari	pass
70	Sumera	17	Mubarak Lashari	pass
71	Waqaran	18	Mubarak Lashari	pass
72	Shahnaz	18	Mubarak Lashari	pass
73	Humairan	17	Mubarak Lashari	pass
74	Shaheen	18	Abdul Qadir Lashari	pass
75	Samreen	16	Abdul Qadir Lashari	pass

76	Abida	17	Abdul Qadir Lashari	pass
77	Noorbano	17	Pairan Lashari	pass
78	Najma	18	Abdul Qadir Lashari	pass
79	Tahmeena	17	Abdul Qadir Lashari	pass
80	Ameena	18	Abdul Qadir Lashari	pass
81	Shabana	17	Mubarak Lashari	pass
82	Sughran	16	Mubarak Lashari	pass
83	Seema	17	Mubarak Lashari	pass
84	Sajida	16	Mubarak Lashari	pass
85	Shahida	17	Mubarak Lashari	pass
86	Kainat	18	Abdul Qadir Lashari	pass
87	Saltanati	17	Pairan Lashari	pass
88	Kanwal	18	Abdul Qadir Lashari	pass
89	Shahida	17	Abdul Qadir Lashari	Fail
90	Nagma	17	Abdul Qadir Lashari	pass
91	Sindhu	17	Abdul Qadir Lashari	pass
92	Shariya	18	Abdul Qadir Lashari	pass
93	Sajida	17	Abdul Qadir Lashari	pass
94	Noorbano	17	Abdul Qadir Lashari	pass
95	Raheela	16	Abdul Qadir Lashari	pass
96	Ruksana	18	Abdul Qadir Lashari	pass
97	Sahwat	16	Abdul Qadir Lashari	pass
98	Aneela	18	Abdul Qadir Lashari	pass
99	Roshna	17	Mubarak Lashari	pass
100	Soomal	16	Murad Manghnhar	pass
101	Noor Bano	19	Haroon Lashari	pass
102	Wasai	16	Haroon Lashari	pass
103	Nazeeran	18	Haroon Lashari	pass
104	Jabbari	16	Haroon Lashari	pass
105	Zaiboo	19	Haroon Lashari	pass
106	Hasina	22	Haroon Lashari	pass
107	Zahida	22	Murad Maghhar	pass
108	Pini	18	Murad Maghhar	pass
109	Hafizan	18	Murad Maghhar	pass
110	Noorjhan	17	Haroon Lashari	pass
111	Perveen	18	Haroon Lashari	pass
112	Naseiat	19	Haroon Lashari	pass
113	Khairi	22	Haroon Lashari	pass
114	Pathani	18	Haroon Lashari	pass
115	Abida Perveen	18	Mubarak Lashari	pass
116	Sukhan	18	Mubarak Lashari	pass

117	Sanam	17	Mubarak Lashari	pass
118	Saima	18	Murad Manghnhar	pass
119	Sajida	22	Ahmed Khan Kalmati	pass
120	Rahima	19	Ahmed Khan Kalmati	pass
121	Ramda	22	Ata Muhammad Unar	Fail
122	Zahara	19	Ata Muhammad Unar	pass
123	Bushra	22	Ata Muhammad Unar	pass
124	Feroza	19	Ata Muhammad Unar	pass
125	Shazia	19	Ata Muhammad Unar	pass
126	Sajida	18	Ata Muhammad Unar	pass
127	Amna	18	Ahmed Khan Kalmati	pass
128	Hajran	22	Ahmed Khan Kalmati	pass
129	Budhi	20	Haji Arab Lashari	pass
130	Azima	19	Haji Arab Lashari	pass
131	Najma	18	Haji Arab Lashari	pass
132	Nasreen	19	Haji Arab Lashari	pass
133	Nasiba	17	Haji Arab Lashari	pass
134	Samina	17	Haji Arab Lashari	pass
135	Hizaroona	18	Haji Arab Lashari	pass
136	Nasima	19	Haji Arab Lashari	pass
137	Basaran	20	Haji Arab Lashari	pass
138	Zubaida	17	Haji Arab Lashari	pass
139	Nusrat	21	Ahmed Khan Kalmati	Fail
140	Shazia	21	Achar Mallah	pass
141	Sabira	19	Achar Mallah	pass
142	Sanam	19	Achar Mallah	pass
143	Rabia	18	Achar Mallah	Fail
144	Parveen	18	Achar Mallah	pass
145	Priya	22	Achar Mallah	pass
146	Sajida	19	Abdul Qadir Lashari	pass
147	Saima	16	Abdullah Kodan	pass
148	Asiya	16	Abdullah Kodan	pass
149	Wasima	16	Abdullah Kodan	pass
150	Farzana	19	Abdullah Kodan	pass
151	Khan Zadi	18	Sahib Khan Lashari	pass
152	Noor Jaan	18	Sahib Khan Lashari	pass
153	Laila	18	Sahib Khan Lashari	pass
154	Nasreen	16	Sahib Khan Lashari	pass
155	Gul pari	17	Sahib Khan Lashari	pass
156	Sharifan	16	Sahib Khan Lashari	pass
157	Anita	19	Ahmed Khan Kalmati	pass

158	Rozina	17	Ahmed Khan Kalmati	pass
159	Shaida	17	Ahmed Khan Kalmati	pass
160	Zahida	18	Muhammad Ishaque Lashari	pass
161	Salma	18	Muhammad Ishaque Lashari	pass
162	Sonari	21	Muhammad Ishaque Lashari	pass
163	Pars	16	Muhammad Ishaque Lashari	pass
164	Sher Khan	17	Babo Khan Lashari	pass
165	Nusrat	16	Babo Khan Lashari	pass
166	Malooka	18	Babo Khan Lashari	pass
167	Hamida	17	Muhammad Ishaque Lashari	pass
168	Samina	18	Babo Khan Lashari	pass
169	Sharifan	18	Babo Khan Lashari	pass
170	Bakhtawar	17	Babo Khan Lashari	pass
171	Ganwa	18	Babo Khan Lashari	pass
172	Gul Pari	18	Babo Khan Lashari	pass
173	Basheera	18	Babo Khan Lashari	pass
174	Salma	18	Babo Khan Lashari	pass
175	Noorjhan	19	Haji Arab Lashari	pass
176	Rani	17	Haji Arab Lashari	pass
177	Allah Dini	21	Haji Arab Lashari	pass
178	Zaiba	18	Haji Arab Lashari	pass
179	Gul Bano	17	Haji Arab Lashari	pass
180	Rozia	22	Haji Arab Lashari	pass
181	Nasreen	16	Haji Abdul Karim Lashari	pass
182	Safooran	18	Haji Abdul Karim Lashari	pass
183	Razia	21	Haji Abdul Karim Lashari	pass
184	Sharifan	22	Haji Abdul Karim Lashari	pass
185	Asima	18	Haji Abdul Karim Lashari	pass
186	Zaharan	21	Haji Abdul Karim Lashari	pass
187	Noojhan	16	Haji Abdul Karim Lashari	pass
188	Noor Bano	18	Haji Abdul Karim Lashari	pass
189	Sahib Zadi	22	Haji Abdul Karim Lashari	pass
190	Zaib Nisa	20	Haji Abdul Karim Lashari	pass
191	Nahida	21	Haji Abdul Karim Lashari	pass
192	Noor Bano	22	Haji Abdul Karim Lashari	pass
193	Khairan	20	Haji Abdul Karim Lashari	pass
194	Naheeda	20	Haji Abdul Karim Lashari	pass
195	Shabana	21	Sache Dino Shaikh	pass
196	Ajeeban	17	Sache Dino Shaikh	pass
197	Rahmat	21	Sache Dino Shaikh	pass
198	Zahida	18	Sache Dino Shaikh	pass

199	Safia	19	Sache Dino Shaikh	pass
200	Hakim Zadi	20	Haji Mir khan Lashari	pass
201	Noor jahan	22	Haji Mir khan Lashari	pass
202	Nasiman	20	Haji Mir khan Lashari	pass
203	Zuriat	18	Haji Mir khan Lashari	pass
204	Ameer Zadi	19	Haji Mir khan Lashari	pass
205	Rubina	18	Haji Mir khan Lashari	pass
206	Kamila	17	Haji Mir khan Lashari	pass
207	Sara	20	Haji Mir khan Lashari	pass
208	Zarina	18	Haji Mir khan Lashari	pass
209	Shehzadi	18	Haji Mir khan Lashari	pass
210	Gulli	18	Haji Mir khan Lashari	pass
211	Asima	18	Haji Mir khan Lashari	pass
212	Basheera	18	Talib Khan Bolch	pass
213	Aminat	16	Talib Khan Bolch	pass
214	Ruqiat	20	Talib Khan Bolch	pass
215	Rukhsana	18	Talib Khan Bolch	pass
216	Nawab Zadi	17	Talib Khan Bolch	pass
217	Gulbano	18	Talib Khan Bolch	pass
218	Sumera	18	Talib Khan Bolch	pass
219	Zarbano	19	Murad Khaskheli	pass
220	Razi	19	Talib Khan Bolch	pass
221	Aminat	17	Talib Khan Bolch	pass
222	Zahida	17	Talib Khan Bolch	pass
223	Qazbano	18	Talib Khan Bolch	pass
224	Shabnam	19	Sache Dino Shaikh	Fail
225	Laila	19	Sache Dino Shaikh	pass
226	Zulekha	19	Sache Dino Shaikh	pass
227	Shama	19	Sache Dino Shaikh	Fail
228	Sooni	18	Sache Dino Shaikh	pass
229	Kainat	18	Sache Dino Shaikh	pass
230	Gul Naz Ahmed	18	Saleh Kodan	pass
231	Rahila	16	Sache Dino Shaikh	pass
232	Nazia	18	Sache Dino Shaikh	pass
233	sharifan	17	Sache Dino Shaikh	pass
234	Benazir	17	Talib Khan Bolch	pass
235	Jamal khatoon	17	Talib Khan Bolch	pass
236	Sheerin	18	Talib Khan Bolch	pass
237	Abida	17	Talib Khan Bolch	pass
238	Seema	17	Murad Khaskheli	Fail
239	Noor Bibi	17	Murad Khaskheli	pass

240	Khair Zadi	18	Murad Khaskheli	pass
241	bibi	18	Murad Khaskheli	pass
242	Zahra	17	Murad Khaskheli	Fail
243	Rahila	17	Murad Khaskheli	pass
244	Najma	18	Murad Khaskheli	pass
245	Rehana	17	Murad Khaskheli	pass
246	Amina	18	Murad Khaskheli	pass
247	Lakhma	18	Sache Dino Shaikh	pass
248	Mehjabeen	16	Sache Dino Shaikh	pass
249	Gul Naaz	17	Sache Dino Shaikh	pass
250	Nagina	19	Sache Dino Shaikh	pass
251	Mithi	17	Sache Dino Shaikh	pass
252	Bakhtawar	17	Sache Dino Shaikh	pass
253	Safiya	19	Sache Dino Shaikh	pass
254	Shanila	18	Sache Dino Shaikh	pass
255	Rubina	18	Sache Dino Shaikh	pass
256	Sitara	19	Saleh Kodan	Fail
257	Samina	22	Saleh Kodan	Fail
258	Samreen	18	Saleh Kodan	pass
259	Sohni	17	Saleh Kodan	pass
260	Gul Khatoon	18	Amir Bux Kalmati	pass
261	Fatima	18	Amir Bux Kalmati	pass
262	Husna	20	Amir Bux Kalmati	pass
263	Zulaikha	19	Amir Bux Kalmati	pass
264	Khadija	18	Amir Bux Kalmati	pass
265	Najma	17	Nisar Lashari	pass
266	Salmi	22	Sidho Maghnar	pass
267	Razia	23	Sidho Maghnar	Fail
268	Naz Bano	16	Nisar Lashari	pass
269	Shahida	16	Nisar Lashari	Fail
270	Aamina	20	Nisar Lashari	Fail
271	Rani	22	Amir Bux Kalmati	Fail
272	Hasina	17	Nisar Lashari	pass
273	Shabira	18	Amir Bux Kalmati	pass
274	Sakina	18	Amir Bux Kalmati	Fail
275	Farzana	18	Amir Bux Kalmati	Fail
276	Najma	19	Amir Bux Kalmati	pass
277	Bakhtawar	18	Amir Bux Kalmati	pass
278	Saima	20	Amir Bux Kalmati	pass
279	Fareeda	22	Abdullah Denyo	Fail
280	Mariyat	18	Abdullah Denyo	Fail

281	Chhatal	22	Abdullah Denyo	pass
282	Amira	17	Murad Khaskheli	pass
283	Bhan Bhai	22	Abdullah Denyo	pass
284	Ishrat Fatima	18	Talib Khan Bolch	pass
285	Imam Zadi	17	Talib Khan Bolch	pass
286	Khursheen	17	Talib Khan Bolch	pass
287	Parveen	18	Talib Khan Bolch	pass
288	Zahida	18	Talib Khan Bolch	pass
289	Sabira	18	Talib Khan Bolch	pass
290	Banazir	18	Talib Khan Bolch	pass
291	Saima	18	Talib Khan Bolch	pass
292	Bakhtawar	18	Talib Khan Bolch	pass
293	Aisha	18	Gul Mohammad Shoro	pass
294	Saira	20	Gul Mohammad Shoro	Fail
295	Farzana	19	Gul Mohammad Shoro	pass
296	Safra	21	Gul Mohammad Shoro	pass
297	Hasina	19	Gul Mohammad Shoro	pass
298	Kahira	18	Aachar Shoro	Fail
299	Khato	19	Gul Mohammad Shoro	pass
300	Marvi	19	Gul Mohammad Shoro	pass
301	Saleha	19	Aachar Shoro	pass
302	Kari	21	Haji Mir Khan Lashari	Fail
303	Bachai	18	Haji Mir Khan Lashari	Fail
304	Hawa	23	Haji Mir Khan Lashari	pass
305	Nagina	19	Haji Mir Khan Lashari	pass

Appendix III

List of Interviewers

S.#	Name Of Enumerators	Age	Qualification	Experience	Forms Filled	Covered Villages
1	Gull Khatoon	25	B.A	2 years Marlin project health and NRSP Trainer HHEP project and Nursing course	23	5
2	Gull Pari	24	B.A	5years Agha Khan Health project NRSP Trainer under HHEP project and Nursing course	14	4
3	Gulshan	28	Inter	1 years Agha Khan Health project Safcow and Marlin health project	46	10
4	Rehana	24	M.A	6 month agha khan center as a nurse and 5 year Teaching Experience	48	5
5	Saima	21	Inter	Agha khan , safcow and Marlin health and nutration and NRSP trainer Under HHEP project	56	12
6	Zarina	28	metric	Agha khan , safcow and Marlin health and nutration and NRSP trainer Under HHEP project	52	11
7	Zahida	21	B.A	Agha khan , safcow and Marlin health and nutration and NRSP trainer Under HHEP project	12	1