

**Baseline Survey Report**  
**For**  
**Home Health Education Program for Pre-Marital Girls in**  
**Pakistan**



**Union Council Sukhpur District Thatta, Sindh Pakistan**

**November, 2014**

**National Rural Support Programme**

**46 Agha Khan Road F-6/4 Islamabad Pakistan**

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## Executive Summary

The Project Home Health Education-Pakistan for Premarital Girls is being executed by National Rural Support Programme with the support of Association of Medical Doctors for Asia and Chigasaki Chou Rotary Club (CCRC)- Japan. The project aims to lead a programme of community development through a series of training of young unmarried girls regarding different components of health including; Personal Hygiene, First Aid, Immunization, Polio, Maternal and Child health, Nutrition and Birth Spacing methods in union council Sukh pur of District Thatta of the province of Sindh in Pakistan. Through this project NRSP will test and develop models for successful community engagement in innovative and sustainable ways to educate communities regarding health issues.

NRSP conducted a baseline survey in the target union council with specific objectives to:

- Assess the current need and state of knowledge and behaviors related to different health areas to be focused in training of young girls of the target communities;
- Identify key social determinants of behaviors and assess the health seeking behaviors in terms of accessibility and community preferences for different services.

Baseline survey was conducted in one union council selected for this project and target group was young unmarried girls of 17-22 years of age. Sample size was calculated and 304 girls were randomly selected from 34 villages of Sukh pur Union Council. 100% of the respondents were Muslims between the age of 17 – 22 years, and 76% were from the age of 18-20 years. 88% of the respondents were illiterate. Generally the respondents had good knowledge about hand washing but none of them was aware of the importance of using soap. 58% had the information about the diseases transmitted through open defecation and 29% had the knowledge about brushing teeth. 44% had latrines available at their homes and 98% used hand pumps as source for drinking water. 27% had the information about diarrhea but only 5% knew about the preparation of ORS. 95% had the information about immunization and Polio vaccination but none of them had the knowledge about the immunization schedule for children. 42% had the information about signs and symptoms of Measles but only 11% knew about its vaccination. 77% responded that the vaccination services are received from private facilities. 25% had the information about Antenatal care, contraceptives and birth preparedness but specific information regarding these topics and nutrition were lacking. Knowledge about first aid was markedly low as only 6% knew about first aid. 50% preferred home for delivery. 46% mentioned limited mobility as the main issue for young girls as they cannot go alone and 91% responded that they have a source of information regarding health and hygiene which was mainly family members (68%).

Regarding health seeking behaviors 41% respondents mentioned for minor ailments they seek traditional practitioners and for major ailment 63% responded to seek care from private health facilities. 31% of the respondents showed satisfaction for the quality of BHUs and 49% for private facilities. 20% of respondents said that LHWs have visited once during the last three months and 11% said thrice. When they were interviewed about the community support 86% agreed community supports during EmOC services and 55% said the communities support them through provision of transport services.

## **Project Introduction**

### **Demography & Indicators of Sindh**

Sindh Province has a population of approximately 43 million, with nearly twenty million living in Karachi. 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 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.

### **Situation Analysis and Geographical Area:**

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.

Sr.#	Indicators	PDHS 2012-13 (Pre. Report)	MDGs 2015
1	Infant Mortality Rate (Out of 1000 Live Births)	74	40
2	Child Mortality Rate < 5 years (Out of 1000 Live Births )	93	45
3	Neonatal Mortality rate (Out of 1000 Live Births)	54	25
4	Maternal Mortality Ratio (Out of 100,000 Live Births (LB))	200?	140
5	Births by skilled birth attendant	61%	>90%

6	Institutional Deliveries	58.60%	100%
7	Proportion of Antenatal care	79%	100%
8	Proportion of Postnatal care	64%	100%
9	Total Fertility Rate	3.8	2.1
10	Contraceptive Prevalence Rate	29.50%	55%
11	Full Immunization	29.1%	>90%

## Health Indicators – Sindh (Urban vs Rural)

Indicators	Sindh			Pakistan
	Overall	Urban	Rural	
Neonatal Mortality Rate	54	42	62	55
Post Neonatal Mortality Rate	20	14	24	19
Infant Mortality Rate	74	56	86	74
Child Mortality Rate	20	14	25	17
Under 5 Mortality Rate	93	68	109	89
Perinatal Mortality Rate	78			75
All vaccination by 12 month	29	52	14	43
BCG	79	93	69	83
DPT1	65	86	51	77
DPT2	57	84	39	71
DPT3	39	67	20	63
Polio 0	69	84	59	68
Polio 1	87	93	84	90

Indicators	Sindh			Pakistan
	Overall	Urban	Rural	
Polio 2	82	85	80	86
Polio 3	78	80	76	82
Hepatitis 1	55	77	39	61
Hepatitis 2	46	73	28	55
Hepatitis 3	32	59	14	48
Measles	45	71	26	50
No Vaccination	9	3	12	7
Skilled Birth Attendance	61	79	49	52
Postnatal Check-up with 24 hr	64	70	61	59
Postnatal Check-up for new born with 24 hr	38	45	31	39
ANC (1 Visit)	79	93	69	76
TT Shots	54	75	38	64
% of delivery at Public Sector	14	18	12	15
% of delivery at Private Sector	45	60	35	34
% of delivery at Home	4	22	54	52

## Purpose

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

## Proposed Strategy

NRSP will prepare a screening test to select lecturers. NRSP will identify and select **18** lecturers (LHWs/CHWs). NRSP will work in both covered and uncovered areas. In targeted UC there are only 6 LHWs so according to the need in non LHW areas; CHWs will be identified having health background (midwives, TBAs or trained in health related trainings).LHWs/CHWs will take the test and those who pass can be the lecturer. Separate test will be prepared for LHWs and Community Health Workers. Preference will be given to those having experience in Health Initiatives and good communication skills. NRSP Head Office staff will facilitate the trainings of these lecturers regarding community education through sessions and communication skills related to Immunization, Hygiene, Nutrition, Antenatal care, First Aid, MNCH and Family Planning services.

Preferably 40 trainees will be trained in a month. 1440 people (40 trainees x 36 months) will be trained in three years. Trainees take a pretest and a posttest to see the progress of their knowledge. In Sindh; literacy level is quite low so NRSP will train both literate and illiterate pre-marital girls. For literate group there would be criteria of at least primary pass (up to Grade 5) girls will be selected. Test will be separate for both groups. For literate girls it would be reading, oral or written and for illiterate group it would be only oral or pictorial. Trainees who pass the posttest will receive a training certificate and a commemorative gift. The one who passes the posttest with excellent result will have a chance to be a training lecturer of the project. Project targets literate women at initial stage and from 2<sup>nd</sup> year of the project, illiterate women will be trained by visual aid and role-play method. Illiterate women will have interviews to see the progress of their knowledge. Three lecturers (LHW/CHWs or graduates) will conduct 6 training courses in 6 months. In total 240 women will be trained in 6 months (40 women x 6 trainings). During 36 months, 18 lecturer and 1440 trainees will be trained by the project.

### Proposed Location

This activity will be undertaken in a Sukhpur union council; Tehsil Mir Pur Sakro of District Thatta. According to poverty scorecard results (conducted by NRSP in 2008), about 85 % of the population is living below poverty line. This is the category of vulnerable who are living permanently and working on the other's fields. Children and women of the bottom poor community are more vulnerable to health risks. In target union council there is one Rural Health Centre (RHC) and one dispensary established by the Government. However proper medicine availability and doctor's presence is seldom, community depends mostly on health facilities available in Thatta hospital. Family planning facilities are available in few villages of the whole Union Council and providing unsatisfactory health awareness. Health education for community and specifically unmarried women to address myths and misconception regarding health issues is out of question. Traditional Birth Attendants (TBAs) are mostly available in all the villages and all are untrained. High risk is involved to the mother and child during the delivery time.

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

S.#	Descriptions	Achievement
7	Total Members in COs	1311
8	Men	927
9	Women	384

Estimated Total Population will be  $4399 \times 7 = 30793$

### Proposed Duration

The preparation time will be six months from July 2014 to December 2014 (including development of training materials, and training for LHWs). The training will be imparted for women in the community from January 2015 to December 2017 (for three years).

### Expected number of Beneficiaries

NRSP will identify and select **18** lecturers (LHWs/CHWs). 1440 people (40 trainees x 36 months) will be trained in three years.

### Proposed Interventions:

- Identification of UC in consultation with DOH and NRPS Core Team avoiding overlap of programs / projects and identifying the area which have low health indicators and also fall in our programme area
- Baseline data collection
- Development of training modules and outreach materials for awareness raising programmes
- Identification of Lecturers -VHWs / LHW (If present and functional)
- Preparation of list of Premarital women
- TOT of the LHWs / VHWs
- Four Day weekly session-Training of Premarital girls/ WRAs through LHWs / Lecturers
- Linkages with line departments
- Coordination with Department of health/ service providers etc
- Reporting
- Evaluation

### Key Output / Performance Indicators

- Modules developed
- No of Lecturers trained
- No of Premarital women trained
- Knowledge of women increased about:
  - Awareness about risks associated with early age marriage
  - Three danger signs of pregnancy
  - Importance of Immunization
  - Use of contraceptives
  - First Aid
  - Personal hygiene

## **Methodology**

For the project interventions, the target population is 1,440 unmarried girls. A sample of 304 unmarried girls (95% confidence level with Margin of error of 5%) were selected randomly and interviewed from 34 villages of the Union councils. The number of respondents varied in each village depending on the total number of households in each village, ranging from 2 – 23. The survey questionnaire was designed by NRSP and finalized in consultation with the inputs of AMDA team. Questionnaire was first tested then the field staff was trained by the NRSP Head office staff. Data collection was carried out by the coordinator and surveyors. On an average 18 interviews were conducted per day with a duration of 30 minutes/questionnaire.

## Baseline findings:

The Union council SukhPur in Taluka Mirpur Sakro of District Thatta was selected for the project interventions. A baseline survey was conducted during the month of October 2014. Data collection was completed in October, 2014 and data punching in November, 2014.

## Analysis of Baseline Survey

### Demographic Profile of Respondents

100% of the respondents were Muslims.

All respondents were between the age of 17 and 22 years.

Following was the age wise breakup of respondents.

Age	Number of Respondent	Percent Respondents
17	6	2%
18	123	40%
19	61	20%
20	50	16%
21	17	6%
22	47	15%
Grand Total	304	<b>100%</b>

**76% of the respondents were of 18-20 years of age.**

Education (number of years)

Years of education	Number of Respondents	Count of Respondent
0 (illiterate)	269	88%
2	4	1%
5	16	5%
6	1	0%
7	1	0%
8	6	2%
10	2	1%
12	5	2%
Grand Total	<b>304</b>	100%

**88% of the respondents were illiterate.**

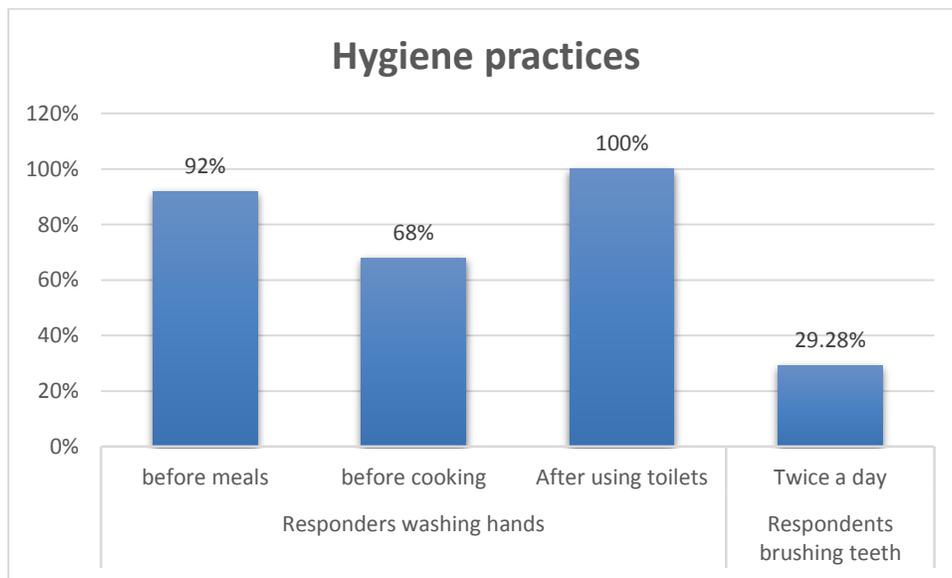
Years of education	Number of Respondents	Count of Respondent
0 (illiterate)	269	88%
Upto primary level (5 <sup>th</sup> grade)	20	7%
Upto middle level (8 <sup>th</sup> grade)	8	3%
Matric (upto 10 <sup>th</sup> grade)	2	1%
Intermediate (upto 12 <sup>th</sup> grade)	5	2%
Grand Total	<b>304</b>	100%

## Knowledge about different Components of Health

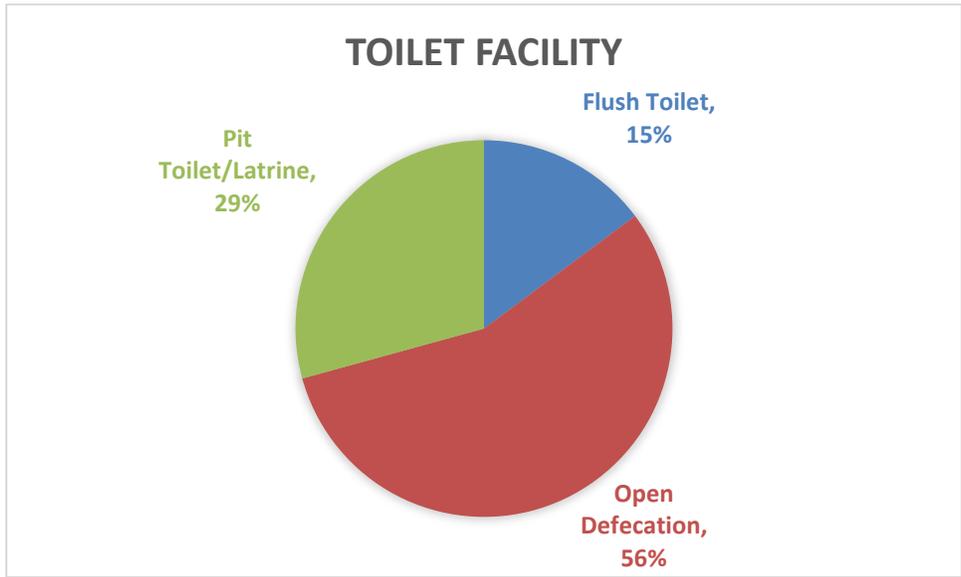
The knowledge of target group regarding different components of health was assessed according to their responses to the questions mentioned in the baseline questionnaire.

### Personal Hygiene

Regarding personal hygiene 92% of the respondents agreed to hand washing before eating meals, 68% responded for washing hands before cooking and 100% agreed to washing hands after using toilets but **all the respondents agreed to hand washing with only water** none of them had the information about the benefits of soap. 58% had the information that open defecation leads to Diarrhea and Typhoid, however, 32% had no information about the diseases caused by open Defecation. Regarding brushing teeth 29% agreed to brush teeth twice a day, however, 2% suggested once a week, 23% said need based tooth brushing should be done and 45% did not know about the frequency of brushing teeth.

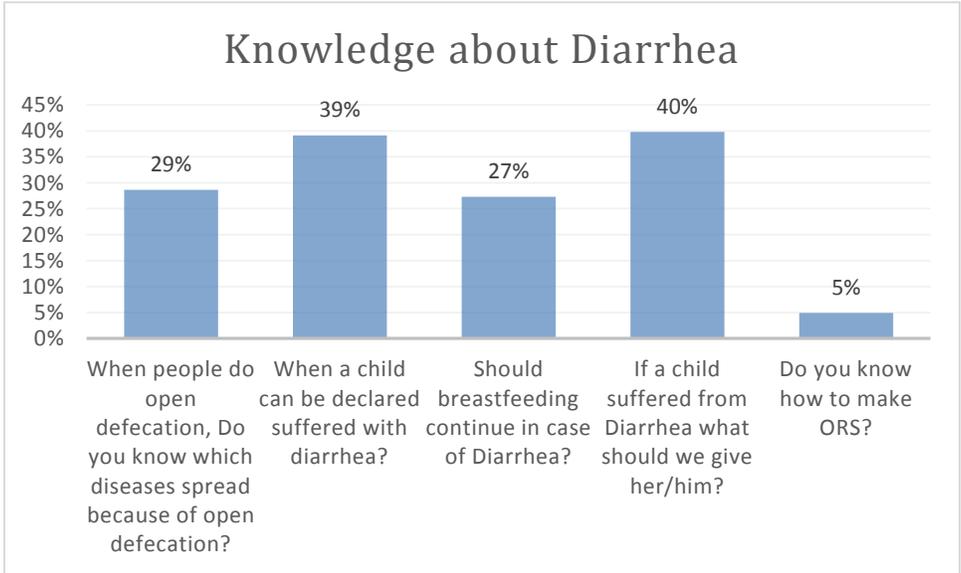


Regarding the availability of latrines it was found 44% had the latrines available with 15% Flush and 29% Pit Latrines. 47% had no latrines at their homes and 9% go for open defecation. 98% had hand pump as a source for drinking water.



**Knowledge about Diarrhea**

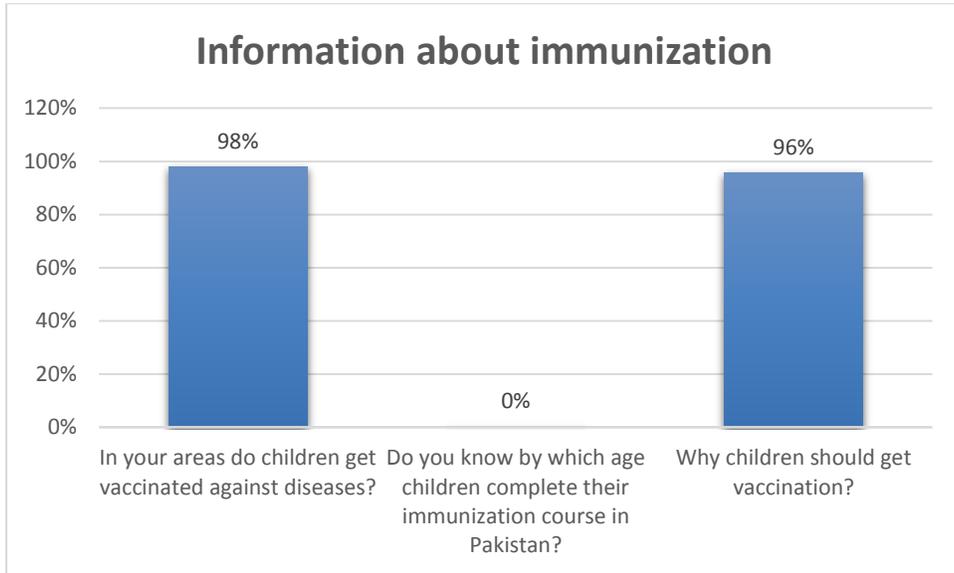
29% respondents knew about diseases caused by open defecation. 29% knew about the signs and symptoms of diarrhea and 40% knew that ORS should be given to the child suffering from diarrhea. 27% knew that breast feeding should be continued during diarrhea but only 5% knew about the preparation of ORS.



**Knowledge about Immunization**

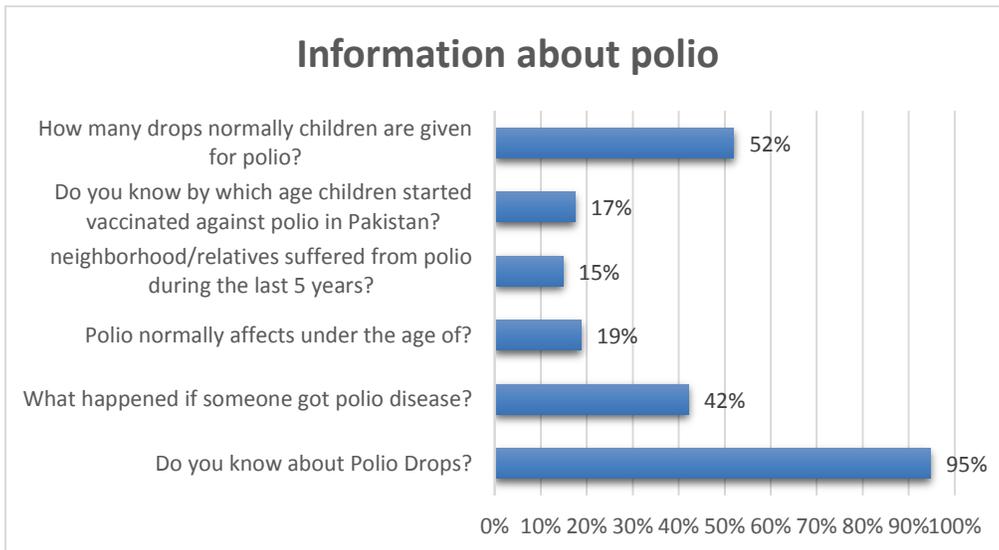
Among the respondents high knowledge about immunization was available as 96% respondents knew the importance of immunization and 98% said that the children in their communities were receiving

vaccination services. But none of the respondents knew about the age at which the vaccination schedule is completed.



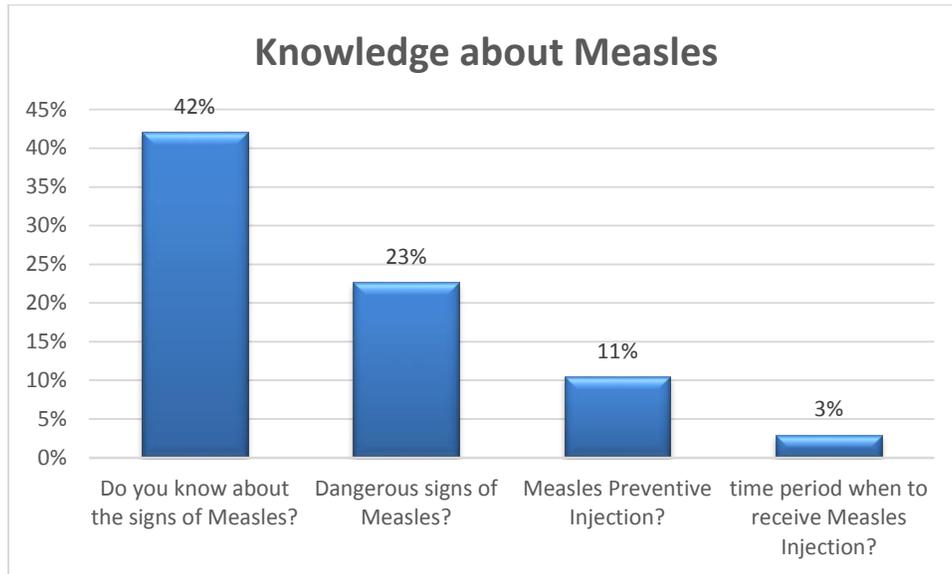
### Knowledge about Polio

95% of the respondents had the knowledge about Polio drops and 52% knew about the dose of Polio drops and 42% knew about the signs and symptoms of Polio. 15% responded that the Polio cases were identified in their families or neighborhood.



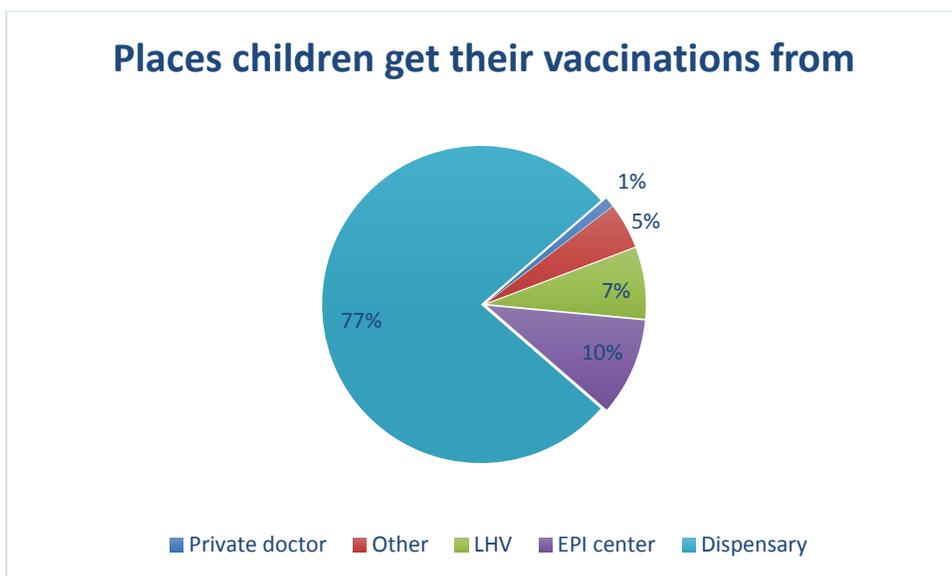
### Knowledge about Measles

42% knew about the signs of measles and 23% had information about the danger signs of measles. But only 11% had the information about the vaccination against Measles; however there was very less information about the time of vaccination as only 3% knew about it.



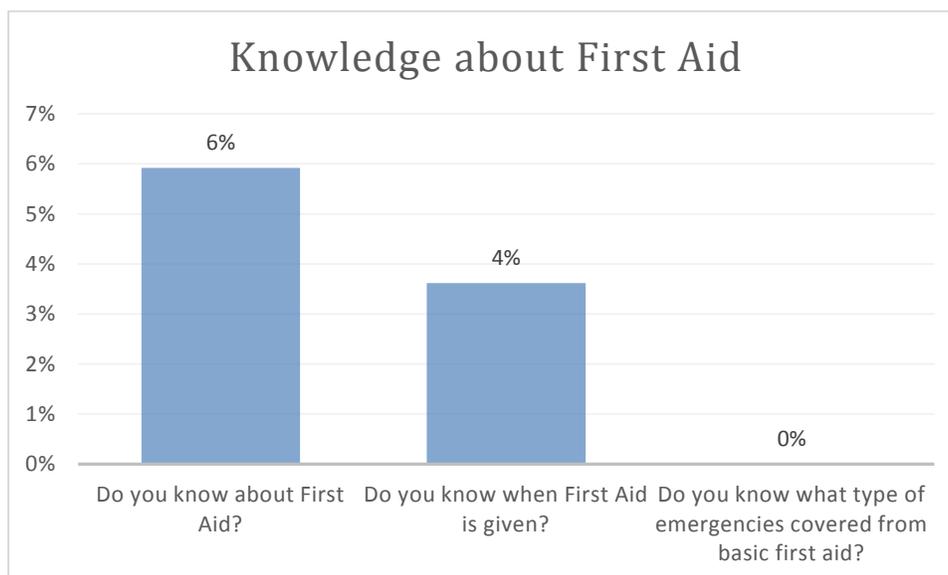
### Place of Services for Immunization

According to the survey, 77% said the vaccination services are received from private facilities, 10% from EPI centers 7% from LHV and 6% from dispensaries or other facilities.



## Knowledge about 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.

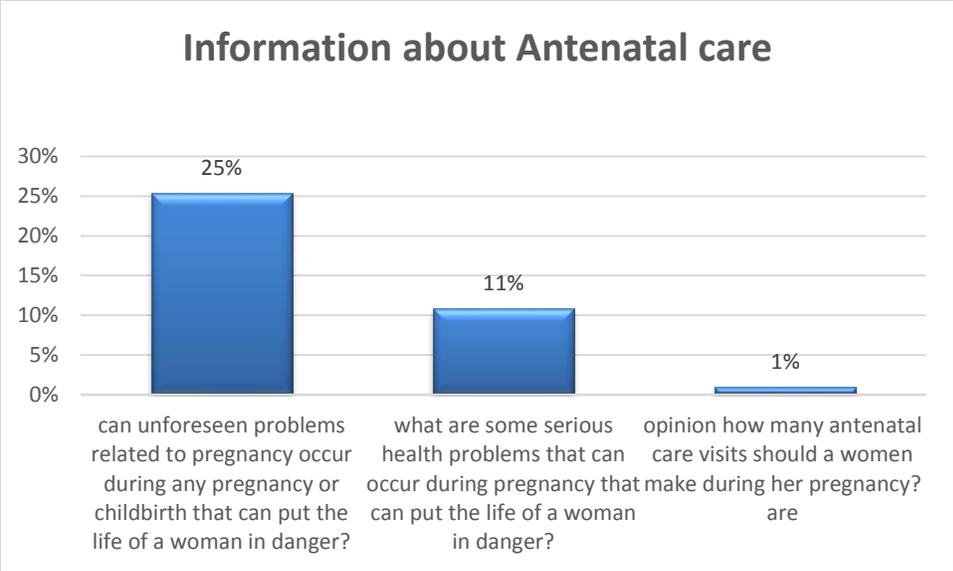


## Knowledge about Contraceptives, Antenatal Care and Birth Preparedness

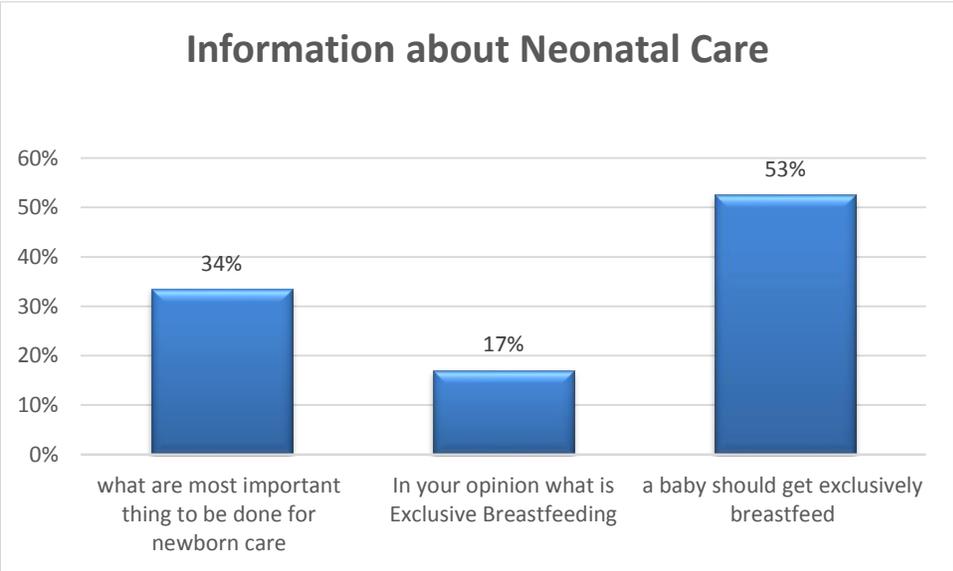
According to the respondents, 28% knew about contraceptives but none of them had the information about the reason for using contraceptives. Although the respondents were able to name few types of contraceptives mainly Oral Pills (51%), 3% knew about IUCD and 2% mentioned condoms as a method for contraception.

Types Of Contraceptive Methods	% Respondents Who Knew
Condom	2%
Don't Know	40%
IUCD	3%
Pills	51%

Regarding Antenatal care, 25% of the respondents had the information that unforeseen problems can occur during pregnancy and child birth 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.



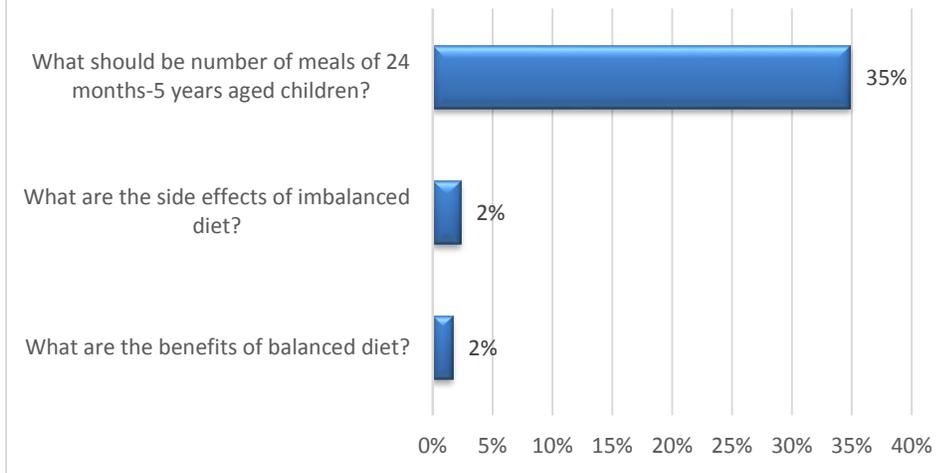
For Neonatal care, 34% responded that the child should be covered properly immediately after birth. 17% had the information about breast feeding and 53% knew about the duration of exclusive breast feeding.



**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.

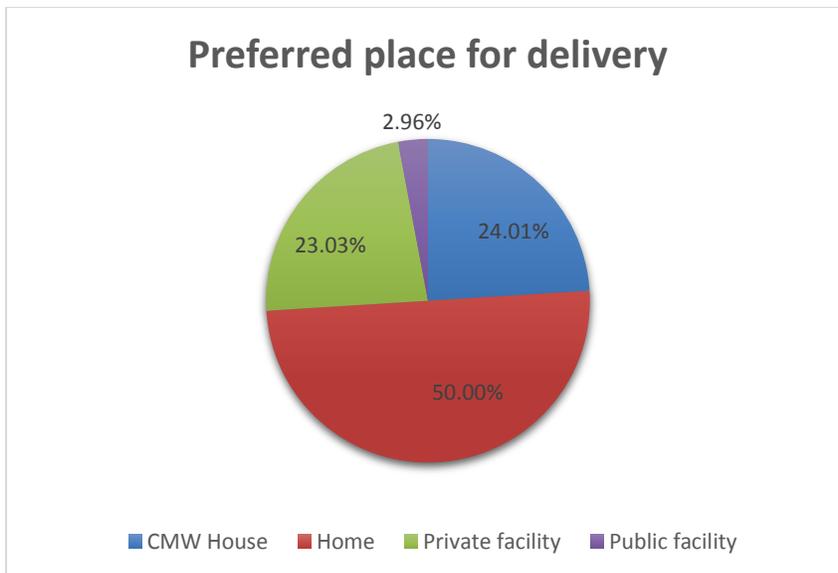
### Knowledge about balanced diet



### Knowledge about Birth Preparedness

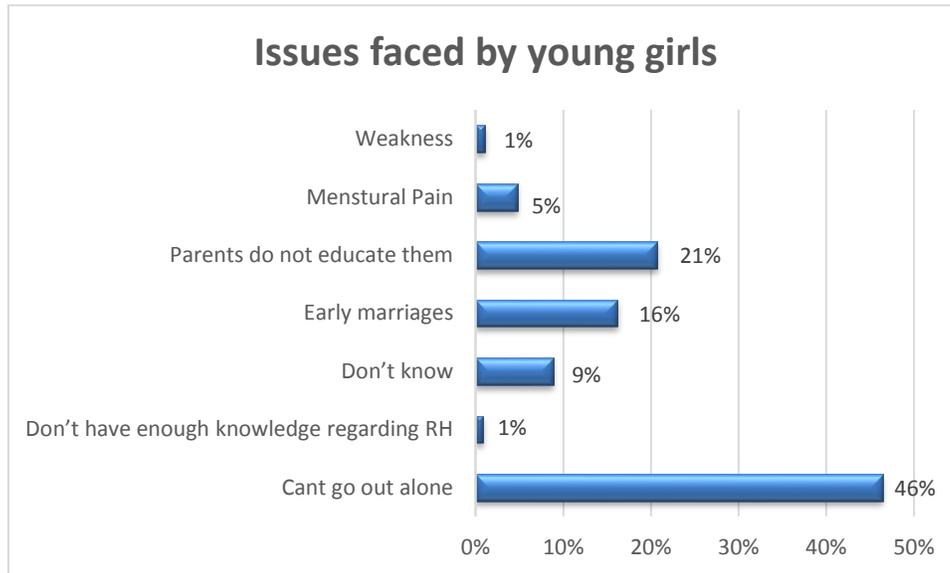
25% had the knowledge about birth preparedness and only 1% had the idea about identification of skilled birth attendant and place of delivery before the child birth. Regarding the preferred place for delivery 50% preferred home, 23% private facility, 24% CMW house and only 3% preferred Public facility for delivery.

### Preferred place for delivery

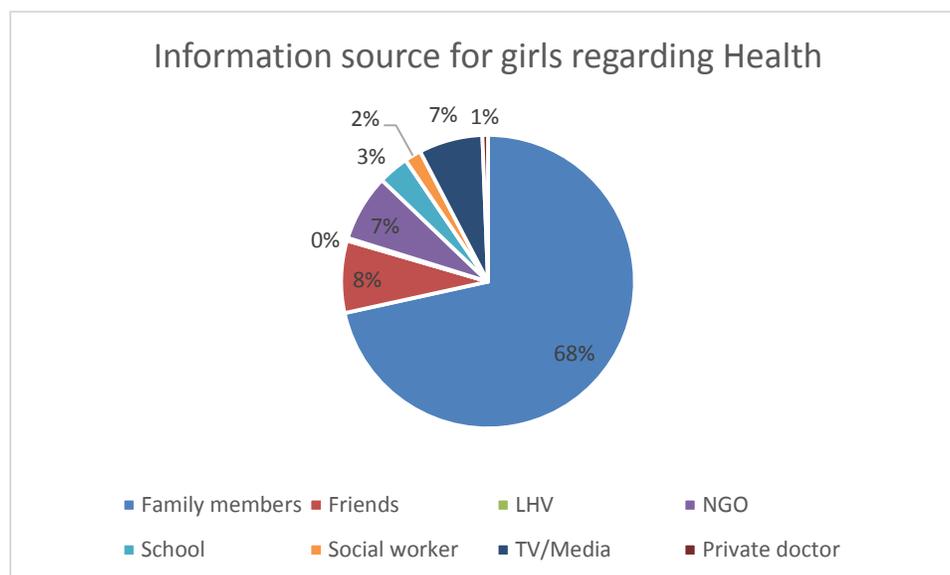


## Common Issues of Unmarried Girls

The girls were interviewed about the common issues faced by the young girls and 46% responded about limited mobility as they were not allowed to go alone. 21% responded that their parents do not educate them and 16% stated early marriages and 5% considered menstrual pain as an issue.

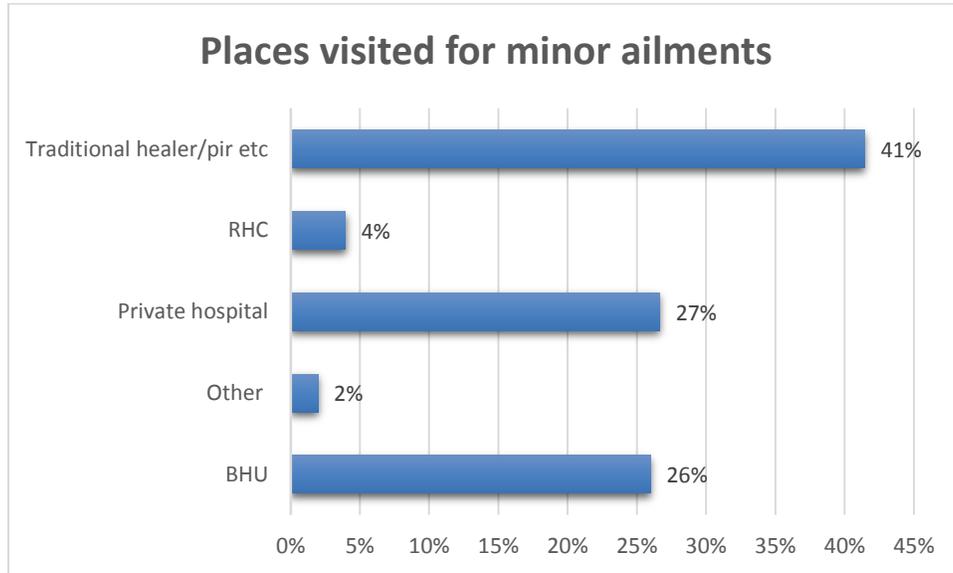


91% responded that they have a source of information regarding health and hygiene. Sources of information include mainly family members (68%) and 8% from friend and 7% from media and television etc.

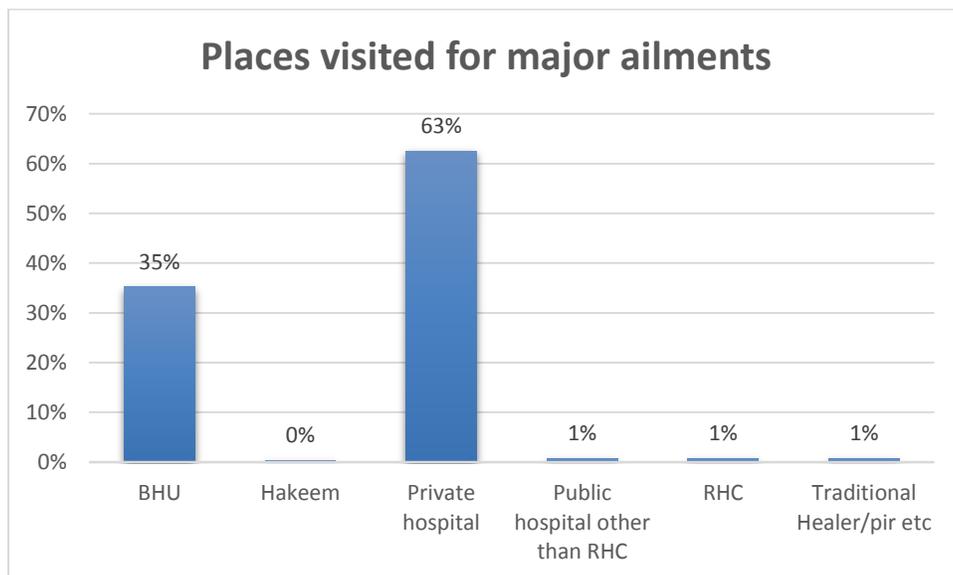


## Health Services

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.

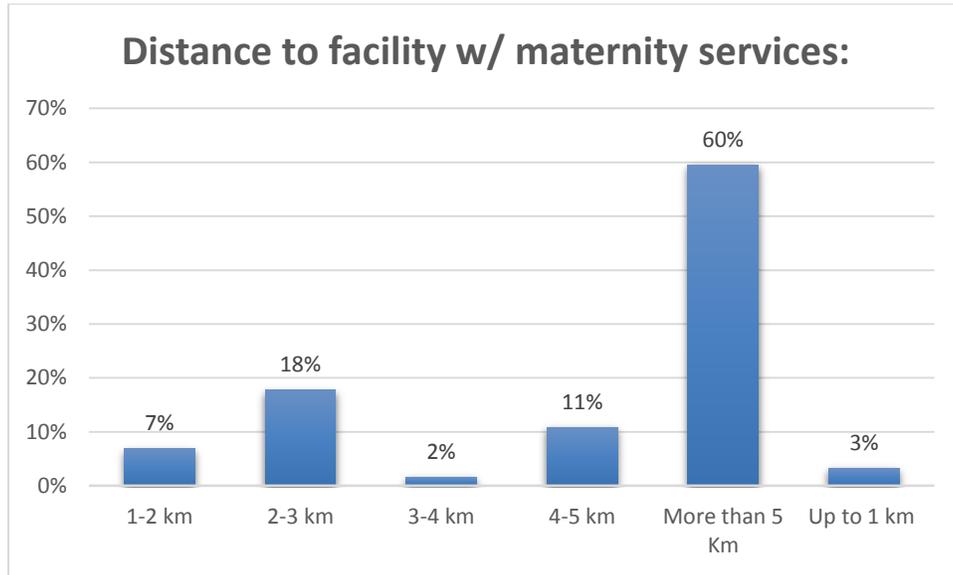


For major ailments 63% of the respondents preferred to go to private hospital and 36% to Public Health facilities 35% to Basic Health Center and 1% to Rural Health center.

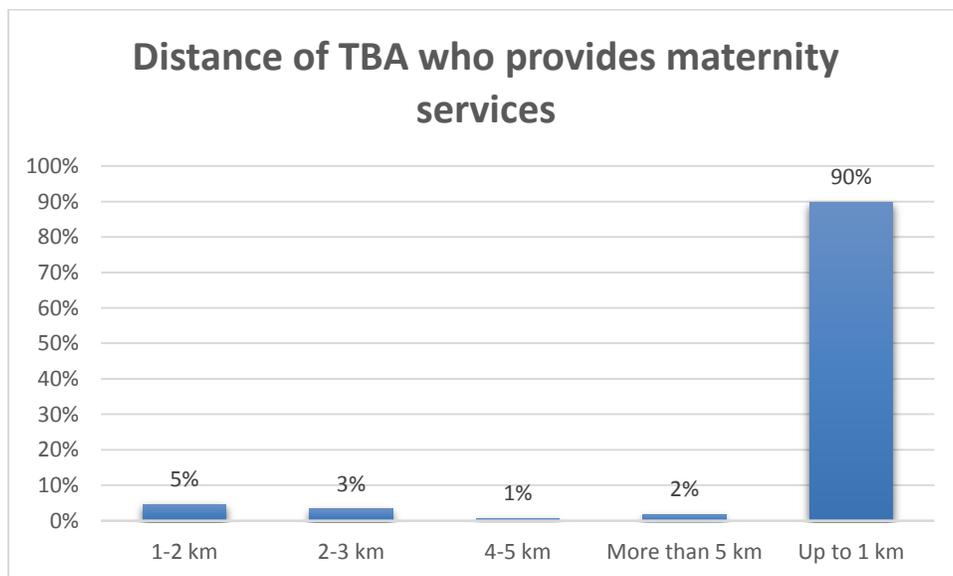


## Accessibility

Regarding the accessibility for seeking maternal care 60% responded that the health facility having maternal care was at a distance of more than 5km, 18% said the facility was 2-3 km far and 11% said that it was at a distance of 2-3km. The distances mentioned might vary according to the public or private facilities available in the target areas.



Keeping in view the high preference for home deliveries, the target group was asked about the distance of Traditional Birth Attendant providing services and 90% responded that the TBA was available within one kilometer distance, due to which she was quite accessible and probably that was the reason for preferring home deliveries and seeking care from traditional health providers for minor ailments.



### Community Satisfaction for Services and Community Support

Regarding satisfaction of community for different services, 59% are satisfied by Private facility services and 31% are satisfied by the services available at BHUs.

According to the respondents 20% said that LHWs visited once in the last three months and 12% responded three times during the last three months.

86% of the respondents said that community has a role in supporting them for health services, however 55% responded that transport facility is provided by the community.

Response	Funds for transport	Funds for treatment	other	Transport facility	Total
yes	24%	5%	2%	55%	86%
No					11%
Don't Know					3%
<b>Total</b>					100%

## Annexure-Questionnaire:

### Women's Questionnaire

#### Section 1: Data Entry Information:

1.	District:	2.	Tehsil/Taulka:
3.	Village:	4.	Date:
5.	Household address:		
6.	Name of Respondent:	7.	Religion:
8.	Age in years:	9.	Educational Level: (Number of years of education)
10.	Language spoken in this household (select only one most appropriate option)	1. Sindhi 2. Suraiki 3. Balochi 4. Punjabi 4. Urdu. 5. Other	
11.	Name of Interviewer:		
12.	Start Time		
13.	End Time		
14.	Result Code		
15.	Result code:	1. complete interview 2. incomplete interview 3. no one was home 4. declined interview	

## Section 2: Health & Hygiene

1.	Do you think we should wash our hands before eating meals?	1. Yes 2. No
2.	If Yes, with?	1. Water and soap 2. Only water
3.	Do you think we should wash our hands before cooking?	1. Yes 2. No need
4.	Do you think we should wash our hands after toilet usage?	1. Yes 2. No need
5.	If yes, with?	1. Only water 2. Water and soap 3. With clean cloth
6.	What type of toilet facility you use?	1. Flush Toilet 2. Pit Toilet/Latrine 3. No Latrine at all 4. Open Defecation 5. Other (Specify-----)
7.	When people do open defecation, Do you know which diseases spread because of open defecation?	1. Diarrhea 2. Cancer 3. Typhoid 4. Other, specify.... 5. Don't know
8.	What is source of drinking water at your home?	1. Tap water 2. Hand Pump 3. Well 4. Canal water 5. Other, specify _____
9.	When a child can be declared suffered with diarrhea?	1. Child having 3 or more watery motion in 24 hours 2. Child having 5 or more watery motion in 24 hours 3. Child having 3 or more watery motion in an hour 4. Don't know
10.	Should breastfeeding continue in case of Diarrhea?	1. Yes 2. No 3. Don't know
11.	If a child suffered from Diarrhea what should we give her/him?	1. Give him/her ORS 2. Stop breast feeding 3. Give him tea 4. Don't know
12.	Do you know how to make ORS?	1. Yes 2. No
13.	For how many times essentially we should brush our teeth in a day?	1. 2 times in a day 2. Once in a week

		<ul style="list-style-type: none"> <li>3. On need based</li> <li>4. Don't know</li> </ul>
14.	Do you know about First Aid?	<ul style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> </ul>
15.	Do you know when First Aid is given?	<ul style="list-style-type: none"> <li>1. In case of Emergency</li> <li>2. In accidental cases</li> <li>3. Don't know</li> </ul>
16.	Do you know what type of emergencies covered from basic first aid?	<ul style="list-style-type: none"> <li>1. Choking</li> <li>2. Fractures</li> <li>3. Heart Attack</li> <li>4. Basic first aid for wounds</li> <li>5. Dressing and bandages</li> <li>6. Amputation</li> <li>7. Checking for spinal injuries</li> <li>8. Stroke (Brain Attack)</li> <li>9. Bites and stings</li> <li>10. Burns</li> <li>11. All of the above</li> <li>12. Don't know</li> </ul>

### **Section 3. Immunization**

17.	In your areas do children get vaccinated against diseases?	<ul style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> </ul>
18.	If No, why people don't get vaccinated their children?	<ul style="list-style-type: none"> <li>1. Fear of vaccine</li> <li>2. Lack of knowledge</li> <li>3. Other myths</li> <li>4. Don't know</li> </ul>
19.	Do you know by which age children complete their immunization course in Pakistan?	<ul style="list-style-type: none"> <li>1. Till 5 years</li> <li>2. Up to 23 months</li> <li>3. Up to 3 years</li> <li>4. Don't know</li> </ul>
20.	From where children in your area get vaccinated?	<ul style="list-style-type: none"> <li>1. Dispensary</li> <li>2. EPI Centre</li> <li>3. DHQ</li> <li>4. LHV</li> <li>5. Private doctor</li> <li>6. From any other source , please specify</li> </ul>
21.	Why children should get vaccination?	<ul style="list-style-type: none"> <li>1. To protect them against diseases</li> <li>2. To make them healthy and strong</li> <li>3. Government recommend</li> <li>4. LHV recommend</li> <li>5. Any other reason, specify.....</li> </ul>

22.	Do you know by which age children started vaccinated against polio in Pakistan?	<ol style="list-style-type: none"> <li>1. From birth</li> <li>2. 2 to 5 years of age</li> <li>3. 2 to 12 years of age</li> <li>4. Any age</li> <li>5. Don't know</li> </ol>
23.	Do you know about Polio Drops?	<ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> </ol>
24.	Polio normally affects under the age of?	<ol style="list-style-type: none"> <li>1. 2</li> <li>2. 5</li> <li>3. 12</li> <li>4. Any age</li> <li>5. Don't know</li> </ol>
25.	Have any one of children age (2-5) in your home or neighborhood/relatives suffered from polio during the last 5 years?	<ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> </ol>
23.	How many drops normally children are given for polio?	<ol style="list-style-type: none"> <li>1. 5</li> <li>2. 2</li> <li>3. 3</li> <li>4. Many</li> <li>5. Don't know</li> </ol>
24.	What happened if someone got polio disease?	<ol style="list-style-type: none"> <li>1. Organs become disabled</li> <li>2. Fits started</li> <li>3. Eyes become affected</li> <li>4. All</li> <li>5. Don't know</li> </ol>
25.	Do you know about the signs of Measles?	<ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> </ol>
26.	If Yes, can you explain dangerous signs of Measles?	<ol style="list-style-type: none"> <li>1. Face Rashes/ Measles</li> <li>2. Face rashes/ Measles and Temperature</li> <li>3. Any other</li> </ol>

27.	Do you know about Measles Preventive Injection?	<ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> </ol>
28.	If Yes, can you explain the time period when to receive Measles Injection?	<ol style="list-style-type: none"> <li>1. After three months</li> <li>2. After Six months</li> <li>3. After nine months</li> <li>4. Any other</li> </ol>

#### **Section 4: Nutrition & Youth Health**

29.	What are the benefits of balanced diet?	<ol style="list-style-type: none"> <li>1. Feel strong</li> <li>2. Enhance Physical and Mental growth</li> <li>3. Both above</li> <li>4. Don't know</li> </ol>
30.	What are the side effects of imbalanced diet?	<ol style="list-style-type: none"> <li>1. Anemia</li> <li>2. Weakness</li> <li>3. Mental weakness</li> <li>4. All above</li> <li>5. Others, specify.....</li> <li>6. Don't know</li> </ol>
31.	What should be number of meals of 24 months-5 years aged children?	<ol style="list-style-type: none"> <li>1. Once in a day</li> <li>2. Two times in a day</li> <li>3. 3 or more times</li> </ol>
32.	In your opinion what are the problems of young girls' issues in your area?	<ol style="list-style-type: none"> <li>1. Can't go out alone</li> <li>2. Menstrual pain</li> <li>3. Weakness</li> <li>4. Parents do not educate them</li> <li>5. Less food as compared to son</li> <li>6. Early marriages</li> <li>7. Don't have enough knowledge regarding RH</li> <li>8. Other, specify.....</li> <li>9. Do not know</li> </ol>
33.	In your area young girls have any source of information regarding health and hygiene?	<ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> <li>3. Do not know</li> </ol>
34.	If they are getting facilities/information regarding Health, what is the source?	<ol style="list-style-type: none"> <li>1. NGO</li> <li>2. LHV</li> <li>3. Private doctor</li> <li>4. School</li> <li>5. Social worker</li> <li>6. Molvi</li> </ol>

		<ul style="list-style-type: none"> <li>7. Family members</li> <li>8. Friends</li> <li>9. TV/media</li> <li>10. Any other</li> </ul>
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**Section 5: Contraceptive Methods, Birth Preparedness and Antenatal care**

35.	Do you know what are contraceptive methods ?	<ul style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> </ul>
36.	Do you know why contraceptive methods should be used?	<ul style="list-style-type: none"> <li>1. For spacing in pregnancy</li> <li>2. To improve mother Health</li> <li>3. For Health children</li> <li>4. To improve economic condition of family</li> <li>5. All above</li> <li>6. Don't Know</li> </ul>
37.	Do you know which type of contraceptive methods used?	<ul style="list-style-type: none"> <li>1. Condom</li> <li>2. Pills</li> <li>3. Tablets</li> <li>4. IUCD</li> <li>5. LAM</li> <li>6. Emergency contraceptive</li> <li>7. Surgical contraception</li> <li>8. Withdrawal</li> <li>9. All above</li> <li>10. Don't know</li> </ul>
38.	In your opinion, can unforeseen problems related to pregnancy occur during any pregnancy or childbirth that can put the life of a woman in danger?	<ul style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> <li>3. Don't Know</li> </ul>
39.	In your opinion, what are some serious health problems that can occur during pregnancy that can put the life of a woman in danger?	<ul style="list-style-type: none"> <li>1. None</li> <li>2. Bleeding</li> <li>3. Severe headache</li> <li>4. Blurred vision</li> <li>5. Convulsions</li> <li>6. Swollen hands/face/feet</li> <li>7. High fever</li> <li>8. Loss of consciousness</li> <li>9. Difficulty breathing</li> <li>10. Severe weakness</li> <li>11. Severe abdominal pain</li> <li>12. Accelerated/ reduced fetal movement</li> <li>13. Water breaks without labor</li> <li>14. Other (specify)-----</li> <li>----</li> <li>15. Don't know</li> </ul>
40.	In your opinion how many antenatal care visits should a women make during her pregnancy? are	<ul style="list-style-type: none"> <li>1. Every month</li> <li>2. At least two</li> <li>3. At least three</li> <li>4. At least four</li> </ul>

		5. Other (Specify-----) 6. Do not know
41.	Have your heard about birth preparedness	1. Yes 2. No
42.	In your opinion, what a woman should do to prepare for birth?	1. Do shopping for newborn 2. Select names 3. Identify skilled provider and place of delivery 4. Should leave everything when time will come 9. Other (Specify _____)
43.	During pregnancy, where women go for delivery in your area mostly? Specify one.	1. Home (Including home of relative/TBA etc.) 2. Private facility 3. Public facility 4. CMW house 5. Other ( specify-----)

**Section 6: Neonatal Care**

44.	In your opinion what are most common danger sign that a newborn can experience during neonates period	1. Not Breathing 2. Not feeding 3. Excessive Crying 4. Not Moving 5. Other (specify)----- - 6. Don't know.
45..	In your opinion can these danger sign risk the life of child	1. Yes 2. No 3. Don't Know
46.	In your opinion what are most important thing to be done for newborn care (bathing, exclusive breastfeeding, Vaccination)	1. Bathing 2. Covering with blanket or chadar 3. Cleaning 4. Showing to family 5. Feeding with food or medicine 6. Vaccination 7. Exclusive Breastfeeding 8. Other (Specify-----)
47.	In your opinion what is Exclusive Breastfeeding	1. Breastfeeding with other milk when mother's milk is short 2. Breastfeeding with other foods when mother's milk is short 3. Breastfeeding with water 4. Only breastfeeding for a period of six moths 5. Other(Specify-----)
48.	How many months a baby should get exclusively breastfeed	1. None 2. Less than six months 3. Six months 4. Don't know

**Section 7. Health Facilities**

49.	Where do members of the family go for the treatment of minor ailments (flu/cold/accidental burns) please specify only one appropriate answer.	<ol style="list-style-type: none"> <li>1. BHU</li> <li>2. RHC</li> <li>3. Public hospital other than RHC</li> <li>4. Private Hospital</li> <li>5. Hakeem</li> <li>6. Traditional Healer/pir etc</li> <li>7. Any other, please specify</li> </ol>
50.	Where do members of the family go for the treatment of major ailments?	<ol style="list-style-type: none"> <li>1. BHU</li> <li>2. RHC</li> <li>3. Public hospital other than RHC</li> <li>4. Private Hospital</li> <li>5. Hakeem</li> <li>6. Traditional Healer/pir etc</li> <li>7. Any other, please specify</li> </ol>
51.	What prompted a woman to seek treatment? (e.g. what symptoms) (mark all that apply)	<ol style="list-style-type: none"> <li>1. Vomiting</li> <li>2. Shortness of breath</li> <li>3. Severe headache</li> <li>4. Swelling of face</li> <li>5. Severe lower abdominal pain</li> <li>6. Heavy menstrual bleeding</li> <li>7. High blood pressure</li> <li>8. Immunization</li> <li>9. Fits or convulsions</li> <li>10. Anemia/ pale color of body</li> <li>11. Jaundice/ yellow color of body or eyes</li> <li>12. Other (Specify-----)</li> <li>13. Don't know</li> </ol>
52.	In your opinion what is the quality of nearest health facility (BHU/RHC et) Give your opinion on scale 1-5, with 5 being the best.	
53.	How many times LHW visit at you household to discuss health issues in last three months.	

**Section 8: Community support for emergency services**

54.	In your opinion is there any mechanism in the community to provide support/guidance for eligible families for EmOC services	<ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> <li>3. Don't Know</li> </ol>
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55.	If yes, what support women received from community for services in case of emergency	<ol style="list-style-type: none"> <li>1. Fund for transport</li> <li>2. Transport facility</li> <li>3. Fund for treatment</li> <li>4. Referral advise</li> <li>5. Other (Specify-----)</li> <li>6. Don't know</li> </ol>
56.	Distance to facility w/ maternity services:	<ol style="list-style-type: none"> <li>1. Up to 1 Km</li> <li>2. 1-2 km</li> <li>3. 2-3 km</li> <li>4. 3-4 km</li> <li>5. 4-5 km</li> <li>6. More than 5 km</li> </ol>
57.	Distance of TBA who provides maternity services:	<ol style="list-style-type: none"> <li>1. Up to 1 km</li> <li>2. 1-2 km</li> <li>3. 2-3 km</li> <li>4. 3-4 km</li> <li>5. 4-5 km</li> <li>6. More than 5 km</li> </ol>