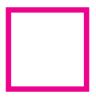
D1

Individual Needs



How did the project address your needs?



D2

Assisted Persons



Who has received assistance in your community from this project?



Managing Situation



Did the assistance you receive help you cope with your situation better?



Personal Story



Tell us ONE story about how this project has affected your life



D5

Life Changes



How do you do things differently now, as a result of this project?



D6

Recommendation



Share with us ONE recommendation for this project



T1



What was the best part of this training for you?



T2

Training



What was the most challenging aspect of this training for you?





What was the most useful part of this training for you?





How did you use the knowledge gained for yourself and/or in your community?





Did you face any challenges in applying what you learned in the training?



T6

Training



Share with us ONE recommendation for this training.



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m H1}$



What type of health problems are most widespread in your community?



H2

Health



Do you or your family know what to do to address these health issues?



H3



Who is affected by these health issues?



H4

Health



Have you received assistance for your health problems?



H5

Health



What can you do to prevent future health problem(s)?



H6



Share with us ONE recommendation for this project/programme?



W1

Who?



Who is the story about?



Questions

W۶

Where?



Where did this take place?



Questions

W3

When?



When did this take place?



Questions

W4

What?



What is the issue being discussed?



Questions

W5

Why?



Why is this important to you?



Questions