



SAVING 9

SEEDS FOR CHANGE GRANT
ANNUAL REPORT

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Background

20 miles from the capital city of Islamabad lies Pind Begwal, a rural community surrounded by agricultural land and low hills.

Despite being home to some farms and large mansions of affluent residents from Islamabad, the extent of infrastructure and facilities remains extremely limited. The average monthly income ranges between \$150-200, most people only own motorcycles prone to accidents and snake bites are common. In the event of a medical emergency there is no proper hospital/ comprehensive healthcare facility within half an hour's drive, or an ambulance system to transport the critical patients on the broken unpaved roads. Additionally, the local rural health center is in a dilapidated condition with severe doctor absenteeism. The union council lacks any significant authority or discretionary funding necessary to initiate or finance development of any sort, demonstrated by the fact that after tedious negotiation spanning months, it required around half a fiscal year to release funds for something as rudimentary as fixing a dilapidated road.

This community was identified as the target demographic for Saving 9's Community Aid and Response in Emergencies (C.A.R.E) project, which has been launched with support from Harvard University's Lakshmi Mittal South Asia Institute. Due to the international bank and tax procedures involved, the funds were received in September 2018. The project entered implementation phase in mid-September.

Community Aid and Response in Emergencies (C.A.R.E)

The vision behind the project was to establish an effective system for pre-hospital treatment within the target area capable of handling emergencies. This system would be supported by a well connected community of care, comprising of trained bystanders and scouts¹.

The project was designed with 3 major phases. The first phase being the launch of an ambulance system, operated by Emergency Medical Personnel trained by Saving 9, capable of responding to various emergencies and providing first aid. This also includes Pakistan's first fully female operated ambulance system.

The second phase would consist of training adults from different neighborhoods of the community, capable of responding to emergencies as well as assisting the ambulance system in handling incidents efficiently.

The third and final phase would consist of a comprehensive scouts system incorporating students from schools across Pind begwal, who would be trained in not just first aid, but also be given personal development workshops to assist them in their future careers.

¹ Similar to the Boy Scouts of America, and meant for students in middle and high school

Our Team



Faizan Tirmizi

Director Development Operation



Abdullah Bin Abbas

Project Director

Faizan Tirmizi is the Director of Development Operations at Saving 9. He is a political science graduate from LUMS and is engaged in community mobilization in Islamabad's rural area. He is involved in project oversight for CARE.

Mr. Abdullah Bin Abbas is a public policy graduate from NUST Technology who is committed to social service and sustainable development. As project lead, he was responsible for strategizing, recruitment, coordination, oversight and operational management of all project CARE phases



Nameer Aurangzeb



Raissa Chughtai



Raiha Ahmed

Assistant Project Directors

Raissa is a current Harvard undergraduate student who was part of the team that came Runners Up at the Seeds for Change competition. She has assisted through providing policy insights and guidance.

Nameer Aurangzeb is a teacher of French language who is passionate about learning, and about teaching first aid.

Raiha Ahmed is a graduate in Computer Science and a UX designer who believes in giving back to the community.

Nameer has headed the female ambulance system since its inception. While Raiha is responsible for the strategizing, execution and trainings for the S9 scouts system. They were both part of the outreach to schools in the community as well as teaching/evaluating the scouts, along with assisting EMP and bystander trainings.



Moin Akhter



Jameel Ahmed



Arshad Mehmood

Emergency Medical Personnel

Our Emergency Medical Personnel (EMPs) were handpicked from a pool of 16 applicants and further shortlisted after a rigorous training phase spanning 3 months. Moin Athal and Arshad Mehmood are experienced ambulance drivers, while Jameel Ahmed is a retired army driver who has seen combat and was part of the 2005 earthquake relief effort. The EMPs in addition to operating the emergency transport system are an integral part of the bystander trainings and community mobilization.



Sanish Bibi



Shahreen Bibi



Sobia Parveen



Nazia Tanveer



Nazia Sajid



Nayyer Bibi

Female Emergency Medical Personnel

Our female EMPs were handpicked from an incredible group of 15 women that outshone the men in discipline, consistency, brilliance and hard work.

Coming from a diverse set of backgrounds, most of these ladies were employed as school teachers but some had past experience in medical fields. Nazia Tanveer is an experienced midwife, Sobia Bibi apprenticed under a doctor as a nurse.

Regardless of their background or past knowledge, all the women were extremely dedicated, with only the very best being selected from the pool.

Trainers



Saima Sayyed

Our Head of Trainings, Saima Sayyed was responsible for curriculum design, teaching and evaluation throughout the project for the EMPs and S9 scouts.



Usama Javed Mirza

A Fulbright Alumni from Columbia University, our CEO Usama Javed Mirza was actively involved in securing the grant as well as strategy, management and fundraising for project C.A.R.E. He was also part of the EMP and bystander trainings.



Aminah Tirmizi

A trained psychologist, and head of Saving 9 operations in Islamabad; Aminah Tirmizi is responsible for managing the bystander and mental health training for women in Pind Begwal.

Project Progress Till Now

Emergency Transport System

Considering the lack of healthcare infrastructure in the area, an effective transport system for patients was necessary to transfer patients from Pind Begwal to hospitals in Islamabad capable of handling advanced trauma and medical emergencies. The 40-minute drive across uneven country roads is perilous for any critical patient. Therefore, the transport system needed to be operated by personnel who were adequately trained to administer first aid and stabilize patients on the way.

Interviews were conducted in Pind Begwal on September 10th to recruit trainee Emergency Medical Personnel who would be extensively trained as Medical First Responders to later become full time ambulance drivers for the rural community- a pivotal component of project C.A.R.E.

Eight potential candidates were shortlisted and began their training with Saving 9, along the same format and extensive curriculum used for Saving 9 certification. The number of trainees was intentionally kept high in anticipation of any candidates dropping out and discontinuing their training for any reason.

The 3 final trainees completed their certification in November, after undergoing extensive practical and theoretical evaluation. The ambulance was procured, services were launched in Pind Begwal on 5th January 2019. The funding from Seeds for Change was used to provide the trainees with stipends to make it feasible for them to undergo the Medical First Responder training, without yet being fully employed by Saving 9.

MILESTONES AND EVALUATION

Milestone 1: Training and enrollment of EMPs from community

Time: 13th September 2018 onwards

Status: Completed

Project active: 4 months

Activities:

- Enrollment into the certification program through applications and selection of best candidates
- Training of individuals
- Certification of 3 individuals (top of the class)

Evaluation criteria

- The number of trainees certified as Medical First Responders (MFR's) to respond to emergencies in the community

Evaluation of outcome

- 16 applicants for the program
- 8 trained
- 3 certified as MFRs

Learning and outcomes

- The community trained EMPs brought their local knowledge and expertise, leading to optimization of training content according to local contexts
- Availability of willing candidates was initially limited to weekends due to current employment.
- The trained EMPs felt a sense of pride in being able to teach others in their community and proved to be a dependable resource for mentoring other community members
- The trained EMPs have become an asset and play a vital role in training others within the community.
- The EMPs and their success in dealing with emergency helps build rapport and trust among the local community
- As the ambulance service and EMPs become popular, people become more aware of Saving 9 trainings within the area and are encouraged to join.

Future considerations:

- Due to cultural boundaries there is a need for female EMPs to deal with emergencies involving women like childbirth.
- Future trainings need to be optimized to incorporate knowledge dealing with context specific emergencies like snake and dog bites.
- Emphasis must be made during trainings to discourage local hacks and practices used to deal with emergencies that are ineffective or end up causing harm.

Milestone 2: Ambulance emergency services

Time: 1st January onwards

Status: In progress

Project active: 1 month

Activities:

- Preparation of emergency transport vehicle, complete with equipment
- Mapping of Pind Begwal area for the Ambulance route
- Awareness of the service enabled
- Service becomes operational

Evaluation criteria

- Successful preparation of vehicle
- Mapping of Pind Begwal
- Number of emergencies responded to and percentage successfully dealt with
- Amount of revenue generated from ambulance operations in the area. Required to evaluate and ensure financial viability/ sustainability of ambulance
- Data regarding the most visited locations and type of emergencies for better service delivery
- Provision of facilities for decontamination and personal hygiene for EMPs

Evaluation of Output:

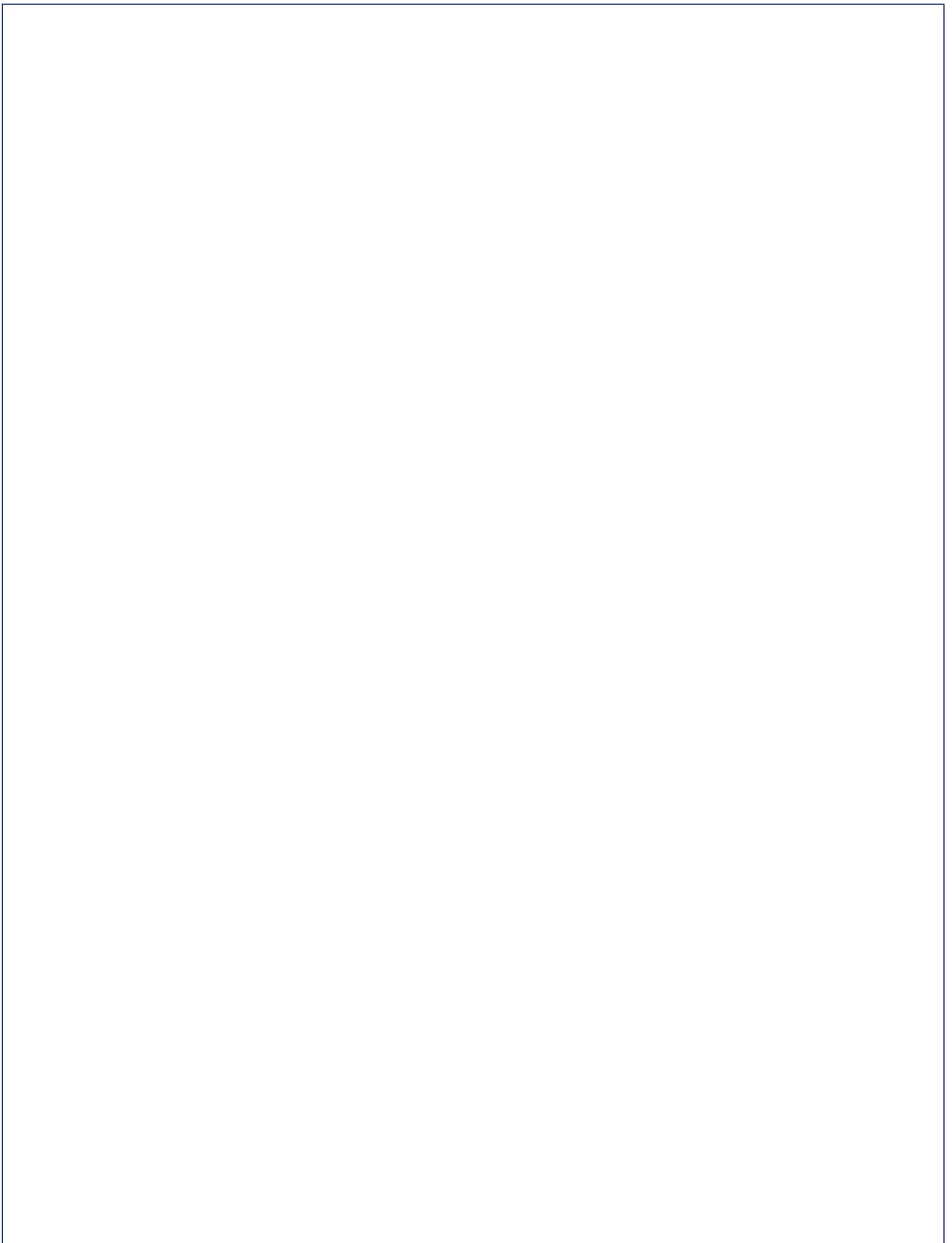
- Vehicle and equipment ready
- Maseeha ambulance has dealt with more than **110 emergencies** since January till July 5th 2019
- More than **36,000 PKR** generated in revenue till June 30th 2019
- Ambulance route mapped
- EMPs have been provided with Personal Protective Equipment (PPE), a shower, multiple sets of uniforms, disinfectants and a washing machine to cleanse themselves and their equipment after transporting potentially contagious patients

Learning and outcomes

- The roads are rough and uneven therefore there is need for extreme stabilization of patient and a robust vehicle
- Streets/ addresses have no formal mapping or designations.
- Travel time to the nearest hospitals ranges from 20-40 minutes depending upon traffic.
- Many patients demand transport to hospitals in the main city which takes additional time, during which other emergencies can require attention.
- Multiple ambulances are required to deal with simultaneous emergencies.
- There is a need for a qualified medical officer to supervise and establish standing orders for ambulance operations
- EMPs are sometimes careless about personal protection and precautions to avoid cross contamination while transporting patients.

Future considerations/objectives

- Developing time effective routes and need for formal urban signage
- Provision of medical treatment and equipment highly needed in the community
- Addition and change in training material according to findings of the most frequent emergencies
- Getting EMPs technologically capable.
- Ensuring financial sustainability of the project through community mobilization





Project Director Abdullah Bin Abbas addressing and interviewing local candidates for the position of Trainee Emergency Medical Personnel in Pind Begwal



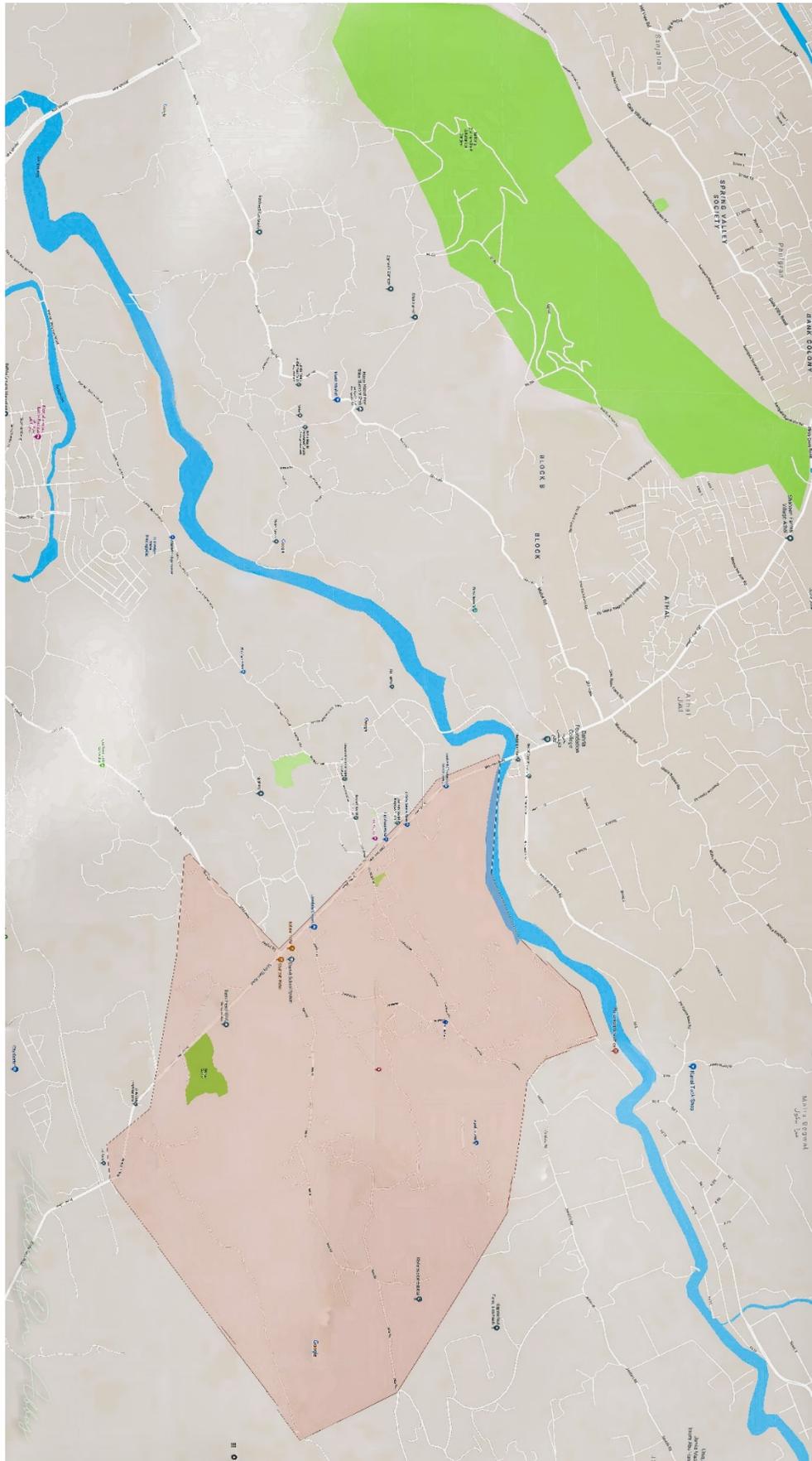
EMPs undergoing training in Pind Begwal



EMPs undergoing training in Pind Begwal



Maseeha Ambulance System inauguration by Member National Assembly Raja Khurram Nawaz and Union Council Chairman Raja Qaiser Ghaffar



Detailed high resolution map of Pind Begwal for facilitating ambulance operations

In red is the village of Pind Begwal (population of approx. 18,500). It is part of the larger Union Council – 7 administrative region, which also has the same name 'Pind Begwal', and has a population of over 45,000. Maseeha Ambulance primarily operates in Pind Begwal village, but also often gets calls and responds to emergencies in the surrounding regions in the Union Council as well.

Female Ambulance System

Once the Emergency transport system commenced operations, the gender restrictions quickly became apparent. Due to cultural and religious restraints, the local population was hesitant to allow male emergency medical personnel to get into close contact with women involved in emergencies. This was further highlighted in a late-night childbirth emergency where our EMP could not effectively communicate or treat with the women and a female doctor had to be put on call.

Therefore, the Saving 9 team decided to expedite the launch of a second ambulance service, run entirely by local women, including driving, which is completely unprecedented within the area. This ensured equitable access to medical help to all women within the region without any inhibitions or cultural barriers, as well as social/financial empowerment of local women.

Comprehensive interviews were conducted for nearly 20 local women. 15 women were shortlisted and their training was expedited to be completed in one month. The training module was similar as to the one followed the first time around. The trainees also included women who had extensive experience as mid-wives, and therefore could handle childbirth emergencies with great efficiency.

In addition to the physical and medical healthcare model, Saving 9 saw the need to make the EMPs aware of mental health practices in public health. S9 conducted training in psychological first aid interventions for all their EMPs and trained them in communication strategies that help people cope with trauma and stress that they feel while suffering from a medical, physical or psychological emergency.

MILESTONES AND EVALUATION

Milestone 3: Training and enrollment of Female EMPs from community

Time: 10th February 2019 onwards

First Training: 15th February 2019

Final Training: 29th April 2019

Status: Completed

Project active: 1 month

Activities:

- Enrollment and selection of candidates for MFR training
- Accelerated training of candidates
- Certification of 6 trainees (top of the class)
- Mental health/therapeutic communication training of certified trainees
- Commencement of operations and response to emergencies

Evaluation criteria

- The number of trainees certified as MFRs and selected for service

Evaluation of outcome

- 20 applicants for the program
- 15 trained
- 6 certified as MFRs

Milestone 4: Responding to Emergencies

Time: 8th May 2019 and onwards

Status: Ongoing

Activities:

- Preparation of second emergency transport vehicle, complete with equipment
- Awareness of the service enabled throughout the area
- Service becomes operational

Evaluation criteria

- Number of female related emergencies effectively responded to

Evaluation of outcome

- 5 childbirth/gynecological emergencies handled within a month

Learning and outcomes

- Women are very appreciative of the service
- The female EMPs are extremely enthusiastic, and effective in fundraising
- Inclusion of female EMPs has really increased the awareness about the ambulance service in the area.
- Several female EMPs are very deserving and being employed allows them to support their families better

Future considerations/objectives

- Provision of comprehensive childbirth/gynecological training to all the women
- Driving training for all women
- Workshops for women on community mobilization and fundraising for the service
- Training other women within the community



Female EMP Trainees undergoing training



Female EMPs with the S9 Team

Emergencies



Throughout the 5 months of operations, medical and minor trauma emergencies have been most frequent, that emphasizes the need of a local doctor or healthcare facility.

It also highlights the desperate need of the community to resort to an emergency service for even minor emergencies due to the absence of nearby affordable hospitals or an effective transport system that demonstrates and evidences the necessity of the ambulance system.

Scout system

The Scout System is a world-renowned system based on volunteer ship that provides its students with skills to advance in life by inculcating leadership qualities. The Scout system in Pind Begwal is an earnest effort intended towards building a strong and closely-knit network of school students trained in first aid - which instills the primary quality of taking control of a chaotic or life-and-death situation, mostly by improvising.

The S9 Scout is aiming to engage multiple schools in Pind Begwal to create a community of care. It is intended to be a self-sustaining system where trained students will rise through S9 ranks, earning more responsibilities in terms of mentoring future S9 Scouts in their respective schools and community at large. Hence, through a domino effect, first aid awareness is spreading among the youth at an exponential rate from our initial campaign at the House of Light School.

The S9 Scout System is intended as an effort to spread first aid literacy in the community while working on the personal growth and development of brilliant students within Union Council-7.

The Scout System is designed by educationists to inculcate values of empathy, discipline, effective leadership and teamwork among the students, giving them a skillset to hone their personal talents through effective communication, collaborative action and a meritocratic division of labor. This ethos is oriented in a manner as to unleash the full potential of every individual by providing creative freedom and safe spaces.

The Scouts System, in addition to the training of bystanders from the general community, will help create a network of first responders who can be mobilized in the case of an emergency until an ambulance can arrive

The students would be trained and then give theoretical/practical exams to qualify as S9 troops that make up the core body of the scout system. From there, they would be given advanced trainings after assessment through qualifying criteria. This includes community service, handling emergencies and leadership initiatives, which further lead up to promotions to higher ranks such as Lieutenants and Captains.

The S9 Scouts System was initiated in November and initially comprised of 35 students from grades 9 and 10 of House of Light School in Pind Begwal. The trained students gave their qualifying exams on December 18th and the first batch of 18 troops (9 boys and 9 girls) has been initiated on January 29th after the winter break. The scout system is scheduled to expand to other schools in Pind Begwal by March 2019.

(Detailed concept notes for S9 Scouts is in the appendix)

MILESTONES AND EVALUATION

Milestone: recruitment and training of scouts as pilot

Time: 20th November 2018 onwards

Status: Complete

Project active: 3 months

Activities:

- Weekly trainings of 30 students in House of light school in Pind Begwal
- Examination to become a S9 troop

Evaluation criteria

Phase 1: Number of students who completed the training

Phase 2: Number of students certified to be a S9 troop

Phase 3: Number of S9 Scout system activities per month after joining S9 troops

Evaluation of Outcome

- 35 students trained in basic Medical First Aid
- 18 passed and enrolled as S9 Scouts Troops

Learning and outcomes:

- Gender proves to be a challenge in teaching and practice of first aid for girls
- There is a need for confidence building in students to act on their first aid knowledge, hence introduction of personal development badges in the Scouts System. Students are quick to learn and excited about the approach to teaching.
- Student availability was limited to 1 hour per week. Often practical demonstrations were left out to be undertaken next week. This lag in training sessions inhibited the flow of teaching.
- The Maseeha Ambulance (when not responding to an emergency) is now used to pick and drop the students to weekly meetings, as that proves to be more efficient than relying on the school to coordinate activities, especially during the school holidays.

Future considerations:

- Giving school responsibilities to scouts and making them active in the community gives them confidence and gives encouragement to the girls to become an active part of their school and community
- Expanding to multiple schools in Pind Begwal to create a sense of healthy competition and a strong network of scout system in community



S9 scouts undergoing training at House of Light School



S9 scouts giving their practical exam to qualify and taking oath as Troops

Bystander Trainings

The CARE project also included training bystanders across all major neighborhoods of Pind Begwal. The trainings consisted of separate sessions for men and women, imparting practical knowledge on how to deal with common household emergencies. The sessions were conducted in different neighborhoods, with up to 20 attendees from the locality every week. A continuous effort is made to conduct these trainings on an ongoing basis with new participants every weekend.

The attendees were trained how to deal with emergencies like choking, snakebites, burns, sprains, basic bleeding control and minor fractures along with fundamental procedures/precautions to be followed in any incident, like initial assessment, maintaining airways and personal safety.

The intention behind these trainings was to create a well-connected community of care that was capable of handling medical incidents as well as assist the ambulance system in responding to emergencies.

So far (as of June 2019) **more than 100** community members have been trained under the umbrella of bystander trainings (i.e. have attended a 3 hour basic trauma first aid course) and **5 fully trained MFRs** (i.e. have voluntarily completed the 52 hour rigorous course) have been trained by the EMPs as well.

MILESTONES AND EVALUATION

Milestone: Engaging the community and increasing awareness first-aid literacy in Pind Begwal.

Time: 25th November onwards

Status: In progress

Project active: 3 months, then put on hold for 2 month due to channeling of resources to other complementary projects, and now active again

Activities:

- Weekly gathering of community people to receive basic understanding and awareness of First-Aid.
- Creating a self-sustaining system of care for the community by providing MFR certification for community members
- Integrate ambulance system with network of trained bystanders.

Evaluation criteria

First 3 months

- Strength (no of attendees) in each bystander training
- Medical information collected from the community and changes made into the training curriculum for better relatability and localization

After 3 months

- Number of bystanders attendees enrolled in a medical first responder course
- Number of advanced training sessions conducted
- Number of MFRs certified from Community (to be evaluated every 3 months)
- Demographic data collection (people in community, people trained, emergencies reported, dealt with etc.)

Evaluation of Output

- 5 standard trainings for bystanders held
- 3 advanced training sessions conducted
- 5 fully certified MFRs trained
- 90+ individuals (Men/Women) trained
- Data will be collected once ambulance system has become integrated with trained bystander network.

Learning and outcomes:

- Bystander training was well received in the community
- Many attendees asked for further advanced trainings
- The trained EMPs have become an asset and play a vital role in training others within the community.
- The EMPs and their success in dealing with emergency helps build rapport and trust among the local community
- As the ambulance service and EMPs become popular, people become more aware of Saving 9 trainings within the area and are encouraged to join.
- Information on a lot of traditional ways to treat emergencies were actually harmful

Future considerations

- Arrangement of a permanent place for trainings for ease of the bystanders
- Introduction of advanced courses and certification MFR courses for community

Heatstroke (لو لگنا)



- لو لگ جانے کی صورت میں مریض کو چھاؤں یا کسی ٹھنڈی جگہ پر لے جائیں، مریض کے تمام فالتو کپڑے اتار دیں، اور اس پر پانی ڈال کر جسم کو ٹھنڈا کریں۔
- مریض کی دونوں ٹانگیں تقریباً 1 فٹ اونچی اٹھا کر رکھیں
- اگر مریض بیہوش ہو تو اسے کوئی چیز کھانے یا پینے کے لیے نہ دیں کیونکہ اس سے مریض کی جان خطرے میں پڑنے کا اندیشہ ہو سکتا ہے۔

Nosebleed (نکسیر پھوٹنا)



- نکسیر پھوٹنے کی صورت میں مریض کا سر آگے کی طرف جھکائیں اور انگلیوں کی مدد سے ناک کی بڈی کے نیچے کے نرم حصے کو 10 منٹ تک دونوں طرف سے دبا کر رکھیں۔



Choking (اچھو لگنا)



- حلق میں کوئی بھی چیز پھنس جانے کی صورت میں مریض کو ایک بازو سے مضبوطی سے سہارا دے کر آگے کی طرف جھکائیں اور پیچھے سے دونوں کندھوں کے درمیان کھلی ہتھیلی سے اوپر کی طرف 5 ضربیں لگائیں۔

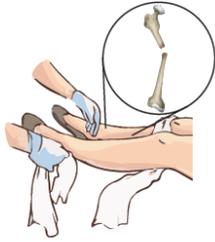
- اگر پھنسی ہوئی چیز باہر نہ نکلے تو ایک ہاتھ کی مٹھی بنا لیں، مریض کی ناف سے تھوڑا سا اوپر رکھیں اور دوسرے ہاتھ سے مضبوطی سے پکڑ لیں پھر دونوں ہاتھوں سے 5 مرتبہ ایسے دباویں جیسے کسی چمچ سے کچھ نکال رہے ہوں (اندر اور اوپر کی طرف دباویں)



- جب تک پھنسی ہوئی چیز حلق سے باہر نہ نکلے تب تک کندھوں کے درمیان ضربوں اور پیٹ دبانے کے عمل کو جاری رکھیں۔

Fractures (بڈی ٹوٹنا)

- بڈی ٹوٹنے یا فریکچر ہونے کی صورت میں متاثرہ حصے کو ہلانے سے گریز کریں۔



- متاثرہ حصے کو لکڑی کی پھٹی یا کسی غیر لچکدار چیز کی مدد سے ایسے باندھیں کہ بڈی ٹوٹی ہوئی جگہ سے بالکل ہلنے نہ پائے



- فریکچر کو باندھنے سے پہلے اور باندھنے کے بعد متاثرہ بازو/ٹانگ کی نبض، حرکت اور چھونے کا احساس ضرور چیک کریں۔



Burns (جل جانا)

- اگر جسم کا کوئی حصہ جھلس جائے تو اسے 10 منٹ تک کھلے پانی سے دھوئیں۔
- اس کے بعد زخم کو صاف کپڑے یا پٹی سے ڈھک کر مریض کو ڈاکٹر کے پاس لے جائیں۔
- اگر زخم بہت زیادہ گہرا ہو تو دھوئے بغیر اس کو کسی صاف پلاسٹک/شاہر سے ڈھک کر مریض کو فوری ہسپتال منتقل کریں



Snakebite (سانپ کا ڈسنا)

- سانپ کاٹ لینے کی صورت میں سب سے پہلے اپنی ذاتی حفاظت کا خاص خیال رکھیں اور سانپ کو مار دیں۔
- مردہ سانپ یا اس کی تصویر ڈاکٹروں کو سانپ کی پہچان اور صحیح تریاق دینے میں مدد کرے گی، ورنہ کسی صاف کپڑے پر زخم سے تھوڑا سا خون جمع کر کے اسے محفوظ کر لیں اور ہسپتال ساتھ لے جائیں



- زخم کو پانی اور صابن سے دھویں اور اس پر خوب کس کے اس طرح سے گرم پٹی لپٹیں کہ وہ زخم سے اوپر کی جانب لے جا کر باندھی جائے۔ مریض کو جلد از جلد ہسپتال پہنچائیں۔



Bystander Trainings in different neighbourhoods of Pind begwal



Bystander training for women (facial pictures could not be taken due to cultural restrictions)

Key Insights and Areas for Further Exploration

The progress made in project CARE has opened new avenues for research and development in the community. We believe there is huge potential for future community uplift through work in education and healthcare in Pind Begwal.

Insights

- Access to government bodies and bureaucratic authorities in the local socio-political context is extremely difficult. A rift exists between the public and private development sector. Governments and nonprofits operate in isolation without interacting. Any private entity embarking on a development initiative is highly apprehensive of approaching the authorities due to absence of efficient channels, red-tape and lack of interest from officials.
- Partnering with the local government was essential towards the success of project CARE. Approaching the higher government bodies and bureaucratic authorities to gain authorizations would not have been possible without the cooperation of the union council. It also instrumental in the facilitation of the project by means of community mobilization, provision of venues and general facilitation. This was only possible due to personal contacts.
- Emergencies due to snake bites are a common occurrence in community. There is no local source that possess relevant anti-venoms. The closest hospital with anti-venom stocked is 40 minutes away and is privately run, therefore unaffordable for the locals.
- A poisonous species of spiders exists in the community that is yet to be fully identified. There is need for identification and cataloguing of these species to spread awareness about precautions and treatment.
- The community holds a strong belief in using religious healing/natural herbs for treatment for certain injuries and diseases. This holds a potential anthropological research opportunity of how religious institutions impact individual beliefs, especially with reference to health and education.
- The gender separation poses challenges in training and practice of first-aid knowledge and needs to be explored to overcome the barrier to allow both genders to be able to learn and implement their knowledge. Saving 9 is working with a private school which is co-education to disseminate gender neutral narratives focused towards a meritocratic understanding of society.
- Deeper in the village are hilly areas where rabid dogs are common. Locals suffer from bites and are unable to get access to rabies shots. Rabies vaccine is difficult to find even in the main city and very expensive in private hospitals that keep it.

Topics for Further Potential Research

After working extensively in the region of Pind Begwal over the course of a year, Saving 9 has identified potential areas of research and development that can be put into effect to create impactful community growth.

It was observed that there was a lack of record keeping of official demographics and statistics in the area. This opens up an avenue for intervention that could potentially lead to consistency and coherence in the development. We identified that there is an immense potential for research in the area that is underutilized, based on qualitative assessments and from consultations with stakeholders in Pind Begwal, due to unavailability of funds. Saving 9 is under consultation with local development organizations, the local Union Council and the local community to collaborate and propose viable measures to research and implement low-cost solutions for the following issues:

- The impact of medical first aid awareness on the death rate due to inappropriate or no emergency response.
- Training female MFRs and impact on local health/ mother/child mortality rates can be used to gauge the transmission of learning to the local community.
- Vocational training etc. and its economic impact on rural community development is yet to be explored and assessed as there has been no consistent offering of vocational trainings. Potential areas of research have opened up due to this inconsistency in the local employment structure and its impact the development of tax systems; how individual and social motives interact in tax evasion; and, how availability of third-party information trails can improve tax capacity and accountability.
- Local government financial empowerment and impact on community development has emerged as a problem which requires empirical research into understanding how to improve safety net systems, reduce bureaucratic absenteeism and reduce corruption.
- Adult education impact on health and wellbeing
- Female entrepreneurship/ microfinance child education/health is surfacing as the primary concern in the community to sustain and increase household income. This research necessitates extensive fieldwork, rigorous empirical analysis, and microeconomic theory to answer questions that are motivated by and engage with national and local policy.
- Networked Approach to Strengthening Emergency Response Capacity (disaster resilience)
- Mental health/childhood trauma/ therapy and impact on school performance
- Factors contributing to overpopulation and irrational family economics have opened potential avenues for researching on how institutions - ranging from electoral to financial

- can be redesigned to empower historically disadvantaged groups; how low-cost improvements in information collection and dissemination can enable flexible regulation and more efficient outcomes in areas as diverse as environmental protection and elections; and how biased social norms, unless challenged by public policy, can worsen individual well-being and reduce economic efficiency.

- The impact of spreading digital and internet literacy is beginning to result in efficient exchange of information through mediums such as WhatsApp and Facebook. The technological approach towards solving problems of coordination and logistics is well received within the community. This is beginning to show a significant impact of the of digital media with regards to efficient communication and progress in literacy for the community.
- The community is prone to type 2 diabetes based on their current consumption patterns and lifestyle choices. Hence there is great potential for treating the diabetics through telemedicine. Currently Saving 9 is engaged with up to 50 patients whose diabetes is being treated through a community mobilization model where revolutionary practices in diet and exercise are being introduced through telemedicine curb the growth of the disease

Appendix

Budget usage

The 5000\$ grant after taxes translated to roughly 518,000 Pakistani Rupees

Following is the percentage breakdown of expenses drawn from the grant money

SR#	Expense	Percentage of budget used
1	First-Aid equipment	7%
2	Fuel costs	5%
3	Graphics designer compensation	1%
4	HR Compensations Project Director Salary (6 months) 23% + Assistant Project Directors Salary (5 Months) 39%	62%
5	Printing costs	5%
6	Scouts badges/sashes	1%
7	Stipend for EMP Trainees	7%
8	Trainers compensation	12%
	Total percentage of budget used	100%

Saving 9 Scouts

The Scout System is a world-renowned system based on volunteer ship that provides its students with skills to advance in life and instills leadership qualities. The Scout system in Pind Begwal is an effort, intended towards building a strong and closely-knit network of school students trained in not just first aid but also leadership and taking initiatives that benefit not only their community but also themselves through personal and professional development.

The S9 Scout is aiming to engage multiple schools in Pind Begwal to create a community of care. It is intended to be a self-sustaining system where trained students will rise through S9 ranks, earning more responsibilities and become mentors for future S9 Scouts in their respective schools and community at large.

The S9 Scout System is intended as an effort to spread first aid literacy in the community while working on the personal growth and development of brilliant students within UC-7.

The Scout System will inculcate values of discipline, leadership, excellence and teamwork among the students, giving them a platform to exercise their personal talents and learned skills

At S9 Scouts, every student earns their rank, through extensive training, and subsequent evaluation in real life simulations and testing. The difficulty level in evaluation and testing increases along the ranks, to ensure only those who can handle the responsibilities and have shown real promise through distinction, are able to pass through to the next level.

As such, the First- Aid training itself has been divided amongst the ranks, the S9 Troops (level 1) will be learning set of basic First-Aid skills, while S9 Lieutenant (level 2) will be learning more advanced skills unit along with appropriate personal development skills such as taking initiatives and community mobilization. S9 Captains (Level 3) will also receive advanced trainings to make them beneficial and active members of their community. We intend for S9 Troops to stand out in community as respectable, honorable and well-groomed leaders, proud of their excellence, dedication and ability.

The students will be given badges to wear to their schools, plaques for the S9-Captains for their houses to let the community know they are certified Medical First Responder and can be called upon in emergencies. Along with this, the S9 Scouts will enjoy different fun activities such as certification ceremonies, fun events and in-house trainings for personal development by Saving 9 team that consist of graduates from prestigious universities of Pakistan. S9 Scouts will also be able to call upon the S9 Scout network, spanning across schools and regions, for help when needed.

Rank system

Troops- Level 1 S9 Scouts

Description:

Once students have learned the necessary first-Aid skills and passed the scenario based test they will become part of the S9 Scout community. As part of S9 Scout community students will have different opportunities within and outside their community, enjoy fun activities and even trips. S9 scout system will span across multiple schools and eventually regions. Troops will also be able to receive guidance and mentoring from S9 Scout Captains and leaders.

How to become one?

To become an S9 Troop students will have to learn the skills required (mentioned in the table below) in form of badges. There will be 4 hours refresher course on 3rd week of every month and in the last week of every month there will be a scenario based test for the skills they have learned. S9 team will observe their performance and award badges for the skills they believe the scouts have performed well and passed the criteria.

Time Frame:

The general time frame for S9 Troops training is anticipated to be two months subject to student availability and participation.

Lieutenant- Level 2 S9 Scouts

Description:

After becoming an S9 Troop, S9 Lieutenants will begin their training to learn the remaining skills and earn the badges (as mentioned in table below). As an S9 Lieutenant students will be engaged in training and mentoring troops. S9 Lieutenant can put forth ideas for new initiatives, and if accepted, they will even receive funding to execute them. S9 Lieutenants will become part of S9 development team and enjoy the same privileges

How to become one?

To become an S9 Lieutenant, students need to have gained the required badges and request to give trainings or become part of them to earn the educator badge. S9 Troop scouts have to pass the S9 Lieutenant's exam to receive the rank.

Time Frame:

The general time frame for Lieutenant training is anticipated to be two months subject to student availability and participation.

Captain- Level 3 S9 Scouts

Description:

After becoming a S9 Lieutenant, scouts will have the opportunity to become a S9 Captain. A Captain will be actively engaging the community, gain real experience and would have learned adequate skills to be called for actual emergencies in the community.

How to become one?

To become an S9 Captain, you need to have gained the required badges and shown proof of at-least 3 real life (non-critical) patients dealt with (example: fractures, sprains, small wounds etc) to be able to apply for Captain's exam.

*Disclaimer: Time frames have been designed for groups of 5-10 students per class.

Badges

Generic Skill based(Medical)	Personal development
Bleeding control	Action
Fractures	Community Engagement
Poison Control	Leadership
Basic (Vital signs, Head-tilt-chin lift...etc)	Initiative
CPR	Teamwork
Lifting	Educator
Diabetes	
Shock	
Burns	
Internal Medical emergencies	

*The bolded skills are personal development skill

Level	Skills	Incentives	Assessments
<p>Troops</p> <p><u>Responsibilities:</u> Trying to apply their skills in community. Sharing and helping each other. Be a good example for community</p>	<p>Initial Assessment + Recovery Position</p> <p>Vital Signs</p> <p>Basic Bleeding Control*</p> <p>Sprains/Strains + Simple Fractures</p> <p>Simple Burns</p> <p>Teamwork</p>	<p>Part of S9 Community</p> <p>Badge to wear</p> <p>Access to fun activities and events</p>	<p>Scenario Based test at the end of month.</p> <p><u>Exam to give:</u> S9 basic Scouts exam</p> <p>A scenario based evaluation exam</p> <p><u>Monthly assessment:</u> Responsibility taken every month in school and application of basic first aid</p>
<p>Lieutenant</p> <p><u>Responsibilities:</u> Train troops Recruit New troops Engage community through different initiatives</p>	<p>Physical Exam</p> <p>Advance Bleeding Control*</p> <p>Advance Fractures*</p> <p>Advance Burns*</p> <p>Poison Control</p> <p>Moving and Lifting I</p> <p>Medical Emergencies I*</p>	<p>Be able to submit ideas and receive execution help</p> <p>Access to in-house public speaking and proposal writing trainings</p>	<p><u>Exam to give:</u> S9- Lieutenant exam</p> <p>An unassisted training performance evaluation</p> <p>Proposal submission for community engagement initiative</p> <p><u>Monthly Assessment:</u> No of Trainings given per month</p> <p>New initiatives per 3 months</p>

	BLS (Choking + CPR)		New recruits per 3 months
	Initiative		
	Educator		
Captains:	Triage	Certified MFR	<u>Exam to give:</u> A full individual MFR test
<u>Responsibilities:</u> Practicing in community by dealing with real patients	Moving and Lifting II	Plaque for their house to declare to the community that they are certified to help people	A practical exam through ride-in in one of the S9 Ambulances with a certified MFR present for evaluation
	Medical Emergencies II*		
	Medical Emergencies III*		<u>Monthly Assessment:</u>
	Action	Guest speakers for S9 Scouts trainings	Patients dealt treated/ per month or is working in S9 Ambulance)
	Leadership		

***Basic Bleeding Control:** Pressure bandaging, Tourniquet, Nasal and Dental bleeds

***Bleeding Control Advance:** Impaled Objects, Occlusive Bandaging

***Advance Fractures:** Bent Elbow/Knee, Femur Fracture, Pelvis Fracture

***Advance Burns:** Large Burns (surface area), 3rd Degree Burns

***Medical Emergencies I:** Seizures, Stroke, Heart Attack

***Medical Emergencies II:** Heat Cramps + Heat Exhaustion + Heat Stroke, Respiratory Distress

***Medical Emergencies III:** Glycemic Emergencies, Poisoning, Anaphylaxis

Proposed Timings for House of Light Schools

For S9-Troop level:

1 class, 1 hour each each week- Classes being targeted: 7,8, 9

Quick refresher course (will cover everything once again) for the following:

Unit	No of Classes required	Estimated Time/ Weeks
Bleeding Control	2	2
Fractures	2	2
Poison Control	1	1
Basic	1	1
Teamwork	part of each class	
Total for Refresher course		6 weeks

At the end of the refresher course, we will hold a scenario based test which will be ONLY for the interested students. If passed, those students will immediately become part of S9 Troops through a ceremony. At the ceremony , Troops will be divided in groups of 3-4, to create Squads. Squads will compete with each other to earn points.

After the initiation of S9 Troops, first Saturday of every month will be a check-in with S9 Troops to see their progress and guide them to increase their responsibility and participations.

After evaluation of time spent on training and output of S9 Troops, we will create similar class plan for S9- Lieutenants and Captains. These rank trainings will be highly dependent on number of students that sign up for trainings and their availability.

