

Sindh Union Council and Community Economic Strengthening Support (SUCCESS) Programme



Research Framework with a focus on Household Poverty Dynamics (2015-2021)











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February 2015

Acknowledgements

Several individuals contributed during the development of this research framework. In particular, the research framework drew its strength from the SUCCESS grant proposal and Approaches and Methodologies for Socio-economic surveys prepared for the SUCCESS programme by Dr. Andreas Landmann from University of Mannnhim, Germany, Mr. Fazal Ali Khan, Mr. Khuramm Shahzad and Ms. Marvi Ahmed from RSPN. Mr. Khaleel Ahmad Tetlay, Chief Operating Officer RSPN provided useful feedback and also gave the idea of developing detailed profiles of research union councils. Dr. Andreas Landmann also provided technical input in developing the methodology for Randomised Control and Treatment (RCT) and methodology for the sampling which is part of the research framework. The questionnaire for the socio-economic survey is adopted from the PSLM with some refinement according to the need of this research. Feedback from field discussions and visits with National Rural Support Programme Hyderabad staff and communities are also appreciated.

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1. BACKGROUND

The European Union (EU) has launched the 'Sindh Union Council and Community Economic Strengthening Support' (SUCCESS) Programme in province of Sindh. The overall objective of the SUCCESS Programme is to enable the Government of Sindh from 2018 to support and sustain local Community Driven Development (CDD) initiatives throughout the province, through the provincial budget in partnership with community institutions fostered by Rural Support Programmes. The specific objective is to stimulate local CDD initiatives to reduce poverty in rural areas of eight districts of Sindh, paying particular attention to empowering women. The eight districts are Tando Muhammad Khan, Sujawal, Matiari, Tando Allahyar, Larkana, Qambar Shahdadakot, Dadu and Jamshoro. The SUCCESS Programme will lead to increased levels and diversified sources of income for the targeted communities and households. The households will also be actively mobilised, especially via their female members, through formation of Community Organisations (COs), Village Organisations (VOs) and Local Support Organisations (LSOs). The socio-economic service delivery will encompass support through Community Investment Fund, Income Generating Grants, Community Social Physical Infrastructure, vocational skills training, Health Micro Insurance, awareness raising about social sectors (education, health, hygiene, and nutrition), capacity building of the networks of CO, VO, LSOs, and building linkages with local government line departments and other service providers.

The programme is funded by the European Union and will be implemented by Rural Support Programme Network (RSPN) and three of its member Rural Support Programmes (NRSP, SRSO and TRDP). The role of RSPN in the SUCCESS Programme is to complement implementation of the programme by partner RSPs, by ensuring effective quality control, standardization, documentation and responsiveness to lessons learnt, by fostering and maintaining a component of research and knowledge management, and by providing value-added strategic support such as development of common implementation methodologies and processes. RSPN aims at wider dissemination of the lessons learnt through undertaking evidence-based advocacy with stakeholders, and in the media, to scale up successful development approaches.

2. INTRODUCTION

Under the research component the focus is on exploring household poverty dynamics. A number of research studies will be conducted in SUCCESS Programme, the research component will provide an in-depth understanding about the causes of chronic poverty, escape from chronic poverty and an analysis and policy and practical guidelines on programme interventions for reducing chronic poverty. Particular attention will be given to track the transformational changes in the lives of the poor over the programme life and trace its linkages with the programme interventions and other socio- economic changes that occur in the programme area. This research component will also look into issues of social cohesion, gender empowerment, community leadership and effectiveness of different programme interventions.

This concept note for the research component sets out the framework and methodology for conducting a number of the action research studies on household poverty dynamics. This will include: (i) rational of the research component, (ii) the conceptual framework, followed by (iii) the range of study methods to be employed in different studies and finally a plan for dissemination of the results obtained from different studies.

3. RATIONAL OF THE RESEARCH COMPONENT

South Asia is one of the most poverty stricken regions of the world. According to the World Bank (2015), about 399 million people—40 percent of the world's poor—live on less than \$1.25 a day. More than 200 million have low quality of life living in slums. In terms of energy poverty, half a billion people go without electricity. With increasing gap between the have and have nots, many South Asian countries suffer from extreme forms of social exclusion and huge infrastructure gaps. This high level of poverty is despite the South Asian region experiencing one of the highest economic growth rates in the world with projection of increased economic growth rate of 7.6% in 2017 from 7% in 2015.

To address extreme poverty and reduce inequality in developing and developed countries, not just growth but inclusive growth is essential. Number 8 of the 17 proposed Sustainable Development Goals is "promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all" (UN, 2016). Economic growth is inclusive when it creates opportunities for all segments of society (OECD, 2014). Poverty is multi-dimensional. To address poverty, multi-dimensional development policies are required.

Inclusive development cannot be achieved unless development policy and practice addresses poverty through the household level. According to Duran (2015), the development strategies must target "the sectors in which the poor work (e.g. agriculture); occurs in places where the poor live (e.g. undeveloped areas with few resources); uses the factors of production that the poor possess (e.g. unskilled labour); and reduces the prices of consumption items that the poor consume (e.g. food, fuel and clothing)." On the one hand, Cournède, Oliver & Peter (2015) argue that economic growth is not only exclusive but it also slows down when more credit is given to businesses. On the other hand, when more credit is given to households, it not only promotes inclusive economic growth is inclusive than the households. This study was conducted for the members of OECD. For emerging and growing economies, similar results are found by Tridico (2010). Tridico took data for 50 emerging economies and transition economies including Pakistan and found that economic growth did not reduce poverty. The author further argues that only those countries could achieve reduction in poverty who invested in strategic dimensions of human capital such as education and health. A higher economic growth and reduction in poverty could be achieved with creating equal opportunities which increase individual capabilities with consequent positive effects on individuals' income.

Pakistan has a poor development record. The country could not achieve most of the 40 indicators of the eight Millennium Development Goals and it's not likely to achieve 169 indicators of the 17 Sustainable Development Goals, argued Dr Ashfaque Hasan Khan (DAWN News, 2015), ex-Special Secretary Finance, Ministry of Finance Pakistan. Pakistan performs poorly in terms of school primary enrollment standing at 92 % against 111% of the South Asia region (World Bank, 2014-15). Within Pakistan, 40% of the Sindhi (Government of Pakistan, 2013) population remains illiterate and half of the children in the province do not get enrolled in primary education. Of those who are enrolled, almost half of them drop out with only 53% to complete five years of primary education. In term of health, access to basic sanitation is fundamental to reduce the risk of different diseases such as typhoid, diarrhoea, intestinal worms and hepatitis. Poor drinking water supply combined with poor access to sanitation leads to high Infant and maternal mortality rates. Large differences exist between access to flush toilet between urban and rural areas of Pakistan. Among urban population (Government of Pakistan, 2013), 97% have access to flush toilet whereas only 58% of the rural households have access to flush toilets. In the Sindh province, only 61% of the population has access to proper sanitation. Only 26% of the population in rural Sindh has

flush toilets and 8 % of households are connected with public sewer (Government of Sindh, 2014).

As a global development issue, poverty is mainly understood as deprivation from a minimum level of consumption, called extreme poverty (World Bank, 2010). This dimension of poverty only takes into account the economic aspect of poverty to draw a line between the poor and non-poor. It does not provide the human dimension of poverty such as lack of opportunities, powerlessness and isolation.

While there are several macro causes of poverty such as slow economic growth, corruption and inadequate public investment in health and education, poverty is the outcome of several social, political, economic and geographic factors at the household level. From a study in Uganda, Bjorkman and Svensson (2009) show that once people are involved and empowered to hold public service providers' accountable, the quality of the public service improves. In this study, trough community based organisations, local people were involved in monitoring which lead to better utilisation of public health service and reduced child mortality and increase child weight. Similarly, Rumbewas (2006) argues that in-depth and contextual knowledge is obtained with research at the household level, and this knowledge is more appropriate to design poverty alleviation bottom up interventions. Household level poverty studies are important since the probability of a household being poor largely depends on the particular socio-economic context, ownership of assets and other household data (Farah, 2015).

In the context of Pakistan, unavailability of up-to-date data at the household level has been a major hurdle in undertaking poverty studies. Pakistan is one of the top 10 countries (World Bank, 2015) who have outdated census, the last one held in 1998. In a study on poverty in Pakistan at the household level (Naveed & Ali, 2012), lack of asset ownership, lack of access to healthcare and low child enrolment are the three top drivers of poverty in rural Sindh. However, authors had to rely on 2008-09 data of Pakistan Standards of Living Measurement Data. To reduce this gap to examine different drivers of poverty in different contexts, Balagamwala, Gazdar and Mallah (2015) undertook a study on prevalent under nutrition in Pakistan, especially among women involved in agriculture work. The study found that household decisions of nutrition are strongly mediated through gendered norms in agriculture work and vary between different socio-economic groups. Such household level poverty analysis is essential to inform development policy and practice to customise poverty alleviation programmes as no one size fits all.

Through this research component in SUCCESS Programme, a number of studies will look into the causes of chronic poverty by examining household poverty dynamics and thus endeavour to reduce this research gap. Also, as the project proceeds, the changes in the lives of project beneficiaries will be documented to find what works and what does not work and why. In this way, these studies will not only inform mid-course project correction but will also inform other development organisation, the federal government, academia, civil society and the government of Sindh to design and implement effective poverty reduction strategies.

4. CONCEPTUAL FRAMEWORK

This research component seeks to answer three primary questions of household poverty dynamics through the window of two union councils in Sindh. One, what are the causes of chronic poverty? To answer this question, some of the secondary research questions will be; what are the socio-economic and political causes of poverty? What are the gendered causes of poverty? What are the missing institutional linkages, for example provision and access to quality health and education and basic infrastructure, responsible for chronic poverty.

Second, what are the pathways and practical guidelines to inform programme interventions, development organizations, civil society, academia, and the federal and provincial and local governments for reducing chronic poverty? Particular attention will be given to track the transformational changes in the lives of the poor and especially poor women and marginalized communities over the programme life and trace its linkages with the programme interventions and other socio- economic changes that occur in the programme area. This research component will also look into issues of social cohesion, gender empowerment, community leadership and effectiveness of different programme interventions.

Three, how far people's institutions (Cos, VOs, LSOs) fostered by RSPs are effective in reducing poverty? This question will lead to continuous tracking of changes in the lives those households not joining social mobilization process in comparison to those who choose to join Cos, VOs and subsequently LSOs. Using institutional maturity index, these institutions will be evaluated in terms of their role of creating linkages with other service providers to communities. In addition, in view of the transfer of power to the local representatives as a result of local bodies elections in Sindh, questions will also asked regarding the utility, viability and legitimacy of people's institutions in the long run.

Going beyond the income and consumption criteria of measuring poverty, this study conceptualizes poverty as a deprivation of several capabilities at the household level that the poor face simultaneously. Therefore, this research draws much of its theoretical strength from the recent work of Sabina Alikre and James Foster (2011), (2015) of Oxford Poverty and Human Development Institute on multi-dimensional poverty index. The United Nations' Human Development report of 2011 also adopted a version of this index and provided ranking of countries in the form of Multiple Poverty Index.

The study also draws strength from sustainable livelihood approaches (Scoones, 2009) which emphasizes focusing on individual's strengths' in term of human, financial, physical, social and natural capital on the one hand, as shown in Annex A. On the other hand, poverty reduction approaches must be people-cantered, responsive and participatory, multi-level with micro-macro connections, conducted in partnership, sustainable, and dynamic. Many of the recently accepted Sustainable Development Goals (SDGs) 2030, such as SDG No. 5, 10 and 17 on gender equality, reduced inequality and partnerships for the goals respectively, espouse all of these principles of sustainable livelihood approaches. Responding to the critique (Haan, 2012) on sustainable livelihoods framework, the research will also take into account the role of power relations in alleviating poverty of the households in their context. Using quantitative and qualitative methods, this research is framed around a number of variables such as access to education, access to health, access and control over income, asset ownership (land and livestock) and its access and control, number of children, and quality of housing determining poverty of a household. Going beyond project interventions, the study also takes into account the concurrent and future government investments and incentives for the poor. In addition, the research also focuses on the understanding of poverty as an intergenerational process and thus the notion of chronic poverty. By digging

into oral histories of respondents, different research studies will explore what the level of development of the previous generation.

Researching at the base level of the government administration, union council, this research aims to unpack different factors causing poverty at the basic household level. In the words of Andrew Jackson (7th President of the USA), "we should measure the health of our society not at its apex, but at its base (Washington Post, 2007)". Not only at the household level, some of the studies also look into the intra-household dynamics of poverty. Not one size fits all, while many characteristics of the poor are similar, each household is different and what works for one may not work for the other. This research framework argues that poverty must be understood as the household level. Appropriate social, economic, and political interventions need to be designed in a way that yield premium for the poor (Norris, Kochhar, Suphaphiphat, Ricka, & Tsounta, 2015).

5. STUDY METHODS AND IMPLEMENTATION PLAN

Using quantitative and qualitative methodology, the study will track randomly selected households over five years to explore the household poverty dynamics. It will include an annual socio-economic panel survey as well as an ethnographic and life history study. The selected Union Councils as case study sites are Dad Khan Jarwar and Massoo Bozdar from district Tando Allahyar. The detailed criteria for the selection of these UCs is given in Annex B.

Briefly, Tando Allah Yar has high poverty incidence (SDPI 2012), easily accessible and less prone to climatic vulnerability (Khan and Ali Salman 2012). The poverty indicators are important as the key research question is around the chronic poverty and the programme interventions are targeted on poor households. Access is important given time and cost efficiency, similarly the climatic vulnerability is important for such a long term research to reduce the risk of distorted results due to unfavorable climatic events such as floods and cyclone. Another criterion was to select the district where the implementing partner has experience of dealing with and understanding of action research projects in the past.

The research will be organized through a formal research experiment design. Through randomly selected households in village organization clusters, one cluster will be offered programme interventions and the other cluster would be controlled for approximately two years. With socio-economic survey in the end of first, second, third and fourth year, we will analyze data and make quantitative comparisons to see causality between beneficiaries and non-beneficiaries/late starters. It will inform us on the dynamic growth path caused by our activities.

As the study will use a mix of quantitative and qualitative methods and will include the following phases:

5.1 Phase 1: Union Council Profile

Detailed profile of the two selected UCs will be developed. Following are some of the details to be included in the union council profile based on primary and secondary data. The primary data will be collected through key informant interviews and focus group discussions. The aim of this data is to provide a context to the different research studies to be carried in five years' time. It will serve as a reference to situate, correlate, contrast and compare the findings of different research studies in these union councils.

5.1.1 Outcome of the Phase 1:

Phase one will result into preparation of detailed and thorough profile of the selected UCs. This profiling will be useful to contextualise the analysis and findings of socio-economic and poverty score card survey.

5.2 Phase 2: Poverty Scorecard Survey (PSC)

A poverty scorecard of all the households in the union council will be done. The scorecard data will provide a complete correct list of the villages and households in the UC with their poverty status. NRSP will be requested to conduct the PSC survey in the selected districts on priority basis. For this survey the World Bank developed Poverty Score Card survey, used by the Benazir Income Support Programme, will be used. The sample scorecard is attached as Annex C.

5.2.1 Outcome of the Phase 2:

The Poverty Scorecard Survey data will be analysed to find the characteristics of the poor and the extreme poor. Separate report will be produced for each of the two UCs. These reports will be used as:

- Benchmark for measuring poverty scores overtime and assess graduation of poverty
- A complete list of households with their status of poverty and will be used as sampling frame for the socioeconomic survey
- The analysis will guide targeted project interventions keeping in view the specific needs of the households in the area.

5.3 Phase 3: Socio Economic Surveys

A detailed socio-economic baseline survey will be conducted in the selected union council. This baseline survey will be followed up annually to create a penal data for five years to track the changes in the socio-economic characteristics of the sample households. The first baseline survey will have three distinct modules:

Module I:

Structured questionnaires will be used containing information on socio-economic characteristics of the sample households. The formats of the general questionnaire and female questionnaire are attached as Annex D and Annex E. The questionnaires will be reviewed every year before the next round of survey and necessary amendments will be added.

This module of the questionnaire will include the following content:

- i. Age, education, profession of respondent
- ii. Demographic composition of household (age and gender distribution)
- iii. Work status of household members (by age and gender i.e. women, girls, boys and men and including status of productive and reproductive work
- iv. Who makes and participates in financial decisions, intra-household decision making at different levels, girls and boys education at different levels, health, expenditure (gender empowerment related questions, may be consult national surveys from Pakistan)
- v. Educational achievement of adults (by age and gender) including any technical/vocational skills training
- vi. Schooling of children (by age and gender)
- vii. No of children (boys and girls) from member households of the COs have received birth registration
- viii. Health status of household members (by age and gender)
- ix. Family members exposure to different kinds of violence especially women and girls (Physical, Physiological, verbal, emotional etc)
- x. Available mechanism for prevention from violence
- xi. No of pregnant women from households/ member COs have Ante Natal Care visits
- xii. No of women from member households/COs delivered through skilled birth attendant or at health facility (public or private)
- xiii. No of pregnant women / women of reproductive age from households/ member COs have received the full doses of TT Vaccination (Vaccination cards available)
- xiv. No of children (girls and boys) (0-23 months) from households/ member COs have received routine vaccination (Vaccination cards available)

- xv. No of married women of reproductive age from member households/ member COs are practicing birth spacing
- xvi. No of acute malnourished children (boys and girls) from households/ member COs identified and referred to health facilities for treatment
- xvii. No of households/ member COs are familiar with at least three preventive measure against HIV & AIDS
- xviii. No of the households/ member COs have latrine in their home, use it and properly maintain it
- xix. No of the households/ member COs purify the water before use it for drinking purpose
- xx. No of school age children (5-12 years) from households/ member COs are enrolled in school
- xxi. No of households/ member COs are aware of what they need to do before, during and after disaster
- xxii. Household income with sources of income
- xxiii. Household expenditure on different needs i.e. including gender strategic (such as education and career) and practical needs (such as fetching water and collecting biofuels)
- xxiv. Number and value of household assets (consumer durables, productive, and housing) and who owns and who have access and control?
- xxv. Value of loans taken from informal and formal sources use of loans for different purposes (production, consumption, etc.) and access and control over loan?
- xxvi. Household debt (loans outstanding at present)
- xxvii. Membership in any existing CO (duration, savings, etc.) and its benefits
- xxviii. Poverty scorecard indicators
- xxix. Household usage of Community Investment Fund after the first year of the project
- xxx. Access to post-natal (Naveed & Ali, 2012) health care (in case of female)
- xxxi. Girl child mortality and reasons

Module II:

The following contents will be included in this module titled "Availability, accessibility and use of public sector social and economic services".

- i Food consumption (by major commodities on a weekly basis)
- ii Housing facilities (safe drinking water and sources, drainage, electricity, fuel, etc.)
- iii Housing quality (Naveed & Ali, 2012)
- iv Availability, access and use of irrigation water
- v Availability, access and use of education facilities
- vi Availability, access and use of health facilities
- vii Availability, access and use agriculture extension services
- viii Availability, access and use of civil act registration services (such as birth, death, marriage, CNIC, and voter registrations)
- ix Perceptions of men and women about problems at the household and village levels
- x Formal social protection available, for example Baitul Maal payments, BISP cash payments (who have access to it and who utilizes it)
- xi Informal social protection available, for example grants and loans from family, friends and relatives, or religious institution or caste
- xii Politically active or inactive voted on local, provincial or national elections? Member or activist of any political party
- xiii No of the households/ women member COs are aware of at least their four basic rights

- xiv No of eligible (above 18 years) women and men from member households/ member COs have received their CNIC
- xv No of married couples from households/ member COs have received registration of their Nikkah
- xvi No of deaths from households/ member COs have been registered
- xvii Trust items trust in local elected representatives and their effectiveness
- xviii Conflict resolution (what type of.. we need to see conflict resolution at three levels, family disputes i.e. between husband and wife, extended family dispute i.e. between siblings or in laws, or at community level i.e. land, water, violence, etc) in the community, formal or informal or both
- xix No of plants planted by households/ member COs

Module III: Nutrition

To measure the stunting rate of under-5 year's old children, within the sample households all the children' height will be measured.

5.3.1 Sampling Strategy for the Socioeconomic Baseline Survey

The following strategy will be used to select the sample households and size of sample:

- **Step 1**: Analysis of the poverty scorecard conducted in phase 2.
- **Step 2**: Develop list of all villages with their corresponding number of households in the two UCs.
- **Step 3**: Determine the sample size based on power calculation the indicators for power calculation will be decided after the poverty scorecard data analysis.
- **Step 4**:Based on the sample size, number of households from each village will be selected in proportion to its population. Inclusion of all villages is important for the purpose of variation and comparisons.

5.3.2 Implementation of the Socioeconomic Survey

The implementation of the socio-economic survey will be carried in the following four steps.

(a) Hiring and Training of Data Collection Team

In the first stage, data enumerators will be hired and trained how to fill questionnaire and about ethics to protect the rights of the respondents. Pilot testing of the questionnaire will be done by the field teams and appropriate changes will be made in the questionnaire.

(b) Data Collection

Once enumerators are trained, the process of data collection will start. The data collection will be done through Tablets with customized software. (See Annex F for the format)

(c) Data Analysis

Data analysis will be done through Excel. In addition to excel, SPSS will be used to analyse data.

(d) Report Writing

After data analysis, the process of report writing will start.

5.3.3 Outcome of Phase 3:

The socio-economic survey analysis and report will serve as:

- Benchmark to track changes in the socio-economic characteristics of the sample households annually
- Data will be used to draw research papers/briefs on each of the research questions identified in conceptual framework section
- The data will also be used to identify cases and themes for further in-depth qualitative case studies

5.4 Phase 4: Qualitative Studies

One of the key objectives of the research is to track the transformational changes in the lives of the poor and especially poor women over the programme life and trace its linkages with the programme interventions and other socio- economic changes that occur in the programme area. This research will also look into issues of social cohesion, community leadership and effectiveness of different programme interventions. To achieve this purpose a qualitative methods of case study design will be used. A case study is a story about something unique, special, or interesting (Yin, 2003). Cases are usually selected in accordance with the study purpose and may range from an individual, organization, program and processes to a group of individuals sharing a common characteristic or experience. A case study design allows for in-depth investigation of varying and unique experiences. However, the in-depth nature of study mandates that the proper identification and case selection should be done after careful examination of the available information and field realities. Therefore the cases for an in-depth study will be identified after the socio-economic baseline survey. Tentatively these case studies can fall in two broad categories:

5.4.1 Individual Household Life Histories

Some examples of individual household life histories will include:

- i. Micro-sectoral social mobilization studies to see what is the profile of people with different levels PSC in terms of their involvement in Social Mobilization (CO members)? How far social mobilization is driven by RSPs or community? Whether people are taking a genuine interest in joining Cos/VOs/LSOs? Is there any peer pressure to join it? Who did not join social mobilization and why they did not join? Whether there is genuine social capital formation? How far people have trust and belief on these social networks and appreciate/discount their utility? In what issues i.e. (sharing and caring women issues) these forums are involved? Does it act as security and safety net for women?
- ii. Intra-household CIF studies who made a decision to take CIF, who used it, what was the plan at the start and how it was finally utilized? How does it impact on personal relationships?? Does it affect status of women HH members and HOW? What effect on welfare of whole family?
- iii. Micro-sectoral study on labour time utilization by women and men. Find our labour utilization seasonal calendar of both women and men and compare it with PSC/income levels.
- iv. Whether PSC or Baseline survey, a comparative analysis of poverty estimates using different tools.
- v. Compare households in "early" (joining VOs) vs. "late" VOs regarding their poverty outcomes.
- vi. Women violence and girl child infanticide issues will also be taken up with due care to contextual factors during FGDs.

5.4.2 Implementation Strategy of Qualitative Studies

Here is the implementation strategy for undertaking qualitative studies.

(a) Hiring and Training of Qualitative Study Teams

An advisory committee will be set up to oversee the qualitative research studies. Possible collaborations will be made with the educational institutions in Sindh like Habib, Jamshoro and Aga Khan Universities from Sindh and Sindhi students from Quaid-i-Azam University Islamabad. Reputed academics will be requested to render their services to oversee the qualitative research studies on honorary basis to ensure robustness and quality of results. In addition, graduates from development studies, economics, anthropology, and sociology disciplines will be recruited to carry out different qualitative research studies. Once recruited, they will be given orientation and training on the use of qualitative research tools.

(b) Data Collection

Data collection process will be start after training of the qualitative research teams and will be overseen by the Team Leader Research. Ethical consideration regarding protection of respondents' rights will be ensured. Gender sensitivity would be ensured during data collection and also need to facilitate (security and mobility issues/ i.e. no late night data collection) women enumerators during their field work.

(c) Data Analysis

In qualitative research, data analysis is carried out side by side data collection. The collected data from interviews and focus group discussions (separate men and women FDGs) is gleaned to categories emerging themes. The research teams will be trained to record their field observation in field journals. Later these filed journals will be computerised to serve as a back up to complement any missing information.

(d) Report Writing

After data analysis, the process of report writing will start. The report will synthesise key findings from the data and suggest actions for improving the quality of life of the poor and vulnerable groups.

5.4.3 Outcome of Phase 4

Different case studies will illuminate different aspects of household poverty. Once read together, the analysis will inform project interventions to have course correction. With evidence based interventions, better poverty reduction outcomes will be achieved in future.

6. RESEARCH COMMUNICATION, DISSIMINATION AND WORK PLAN

For dissemination of the knowledge produced, different means such as publication of policy briefs and research reports will be arranged. Articles will be written for publishing in national daily newspapers. In addition, workshops will be held at the district level and provincial level to share the findings with key stakeholders from the government and community. Annually, the research findings will be shared at the national level through national conferences arranged by RSPN. Also, research and conference papers will be prepared and published in national and international journals.

Detailed dissemination plan mentioning about each knowledge product and intended audience is as below:

Sr. No	Type of knowledge product	Mode of dissemination activity	Target audience
1	Union Council Profiles	Posting the profiles in hard copies and on the SUCCESS website	Union councillors, District Nazims, EDO health and education departments, partner RSPs, concerned COs and VOs, NGOs working in the study districts, EU
2	PSC Report	District level workshop, Posting the profiles in hard copies and on the SUCCESS website, press release and article in newspaper	Union councillors, District Nazims, DCO, EDO health and education departments, Sindh Local Government (LG) officials, partner RSPs, concerned COs and VOs, NGOs working in the study districts, reputed local journalists, partner academics from partner universities, EU
3	Socio-economic Baseline Report	District level workshop, Posting the profiles in hard copies and on the SUCCESS website, press release and article in newspaper	Union councillors, District Nazims, DCO, EDO health and education departments, , Sindh LG officials, partner RSPs, concerned COs and VOs, NGOs working in the study districts, reputed local journalists, partner academics from partner universities, EU
4	Different studies on PSC and socio-economic baseline	Posting hard copies and on the SUCCESS website, LSO Convention	Partner RSPs, concerned District Nazims, concerned presidents of COs and VOs, NGOs working in the study districts, Chief Secretary Sindh Local Government and other senior officials, partner academics from partner universities, EU
5	Different Qualitative Studies	Posting hard copies and on the SUCCESS	Partner RSPs, concerned District Nazims, concerned presidents of

		website, LSO Convention	COs and VOs, NGOs working in the study districts, Chief Secretary Sindh Local Government and other LG senior officials, partner academics from partner universities, EU
6	Policy briefs	Posting hard copies and on the SUCCESS website, LSO convention	, ,
7	Research papers	National and international conferences	Policy makers, academics, international development organisations
8	TV Programme	To showcase the work RSPs	Masses both national and international

The following timeline will be followed to carry out the research component of the SUCCESS Programme in year 2016.

No	Activity	Timeline
1	Finalisation of the research concept note	January 2016
2	Phase 1 – UC profiles	February - March
		2016
3	Phase 2 – PSC	April 2016
4	Phase 3 – Socio-economic survey	May 2016
5	Phase 4 – Qualitative Research Studies	June – December
		2016

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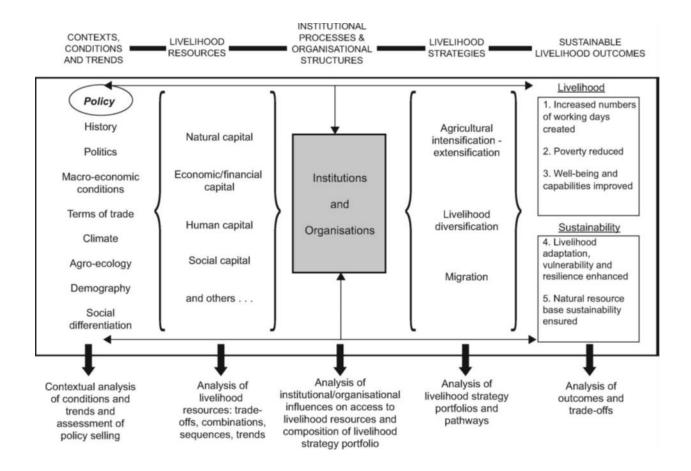
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ANNEX A: SUSTAINABLE LIVELIHOOD FRAMEWORK



ANNEX B: CRITERIA FOR SELECTION OF RESEARCH DISTRICT AND THE TWO UCS

The selection criteria for the selection of research districts mainly relies on the Sustainable Development Policy Institute study titled "Clustered Deprivation: District Profile of Poverty in Pakistan" (Naveed & Ali, 2012). Going beyond the income and consumption criteria of measuring poverty, this study conceptualizes poverty as a deprivation of several capabilities that the poor face simultaneously. This conceptualization is based on the multi-dimensional index (MPI) of poverty by Sabina Alikre and James Foster of Oxford Poverty and Human Development Institute. The United Nations' Human Development report of 2011 also adopted a version of this index and provided ranking of countries in the form of Multiple Poverty Index. Using this index, Naveed and Nazim (2012) used Pakistan Social and Living Standards Measurement Survey Data 2008-09 to build a MPI for Pakistan.

As an alternative to traditional income/consumption based poverty approaches. Poverty estimates are based on four dimensions:

- 1. Education (household members attainment of primary education, child enrolment status)
- 2. Health (access to health care service within 30 minutes, access to post-natal care in six weeks after birth)
- 3. Living standards (access to safe drinking water, sanitation, and fuel used for cooking, quality of housing, quality of housing, electrification)
- 4. Wealth (household assets, landholding)

MPI is based on a matrix that takes into account all dimensions of poverty and decides the cut-off point. Here are brief details of the five measures of poverty employed by the study.

- 1. The study uses headcount ratio. Headcount ratio captures the total number of poor falling below the poverty line regardless of their level of deprivation.
- 'Intensity of poverty' or 'average poverty' is thus the average of the weighted sum of dimensions in which multidimensional poor households are deprived. It shows the level of deprivation experienced by the poor. Higher the level of deprivation, larger amount of resources will be required to take these people out of poverty. This measure of poverty captures depth of poverty.
- 3. Headcount ratio gives only the ratio of households falling below the poverty line without informing about the extent of deprivation faced by them. The intensity of poverty, on the other hand, tells only about the extent of deprivation faced by poor households regardless of their number in a particular region. As a product of headcount ratio and the intensity of poverty, multiple poverty Index captures both the depth and breadth of poverty.
- 4. Poverty line is 0.40 that implies all the households deprived of 40 per cent or more of the weighted dimensions are poor. To identify poorest of the poor, the 'severe/poorest of the poor poverty line' is 0.50. This implies that households deprived in 50 per cent or more of the weighted dimensions are 'severe poor' or 'poorest of the poor'.
- 5. Vulnerability is defined as the level of deprivation, which is slightly lower than the poverty line. However, a small increase in the level of deprivation can push the households below the poverty line. For the purpose of this study, the vulnerability is

defined as a deprivation of weighted dimensions ranging from 30-39 per cent. Households in this band of deprivations, though non poor, are considered vulnerable.

Based on this report, the following table shows the status of each programme district in terms of head count ratio, intensity of poverty, multi-dimensional poverty, poorest of the poor and the most vulnerable.

Table 1: Poverty Status of Programme districts

RSP Names	District	Total No. of Rural Union Council	Head Count Ratio	Intensity of poverty	multi- dimensional poverty index	Poorest of the poor	Most Vulnerable
	Matiari	30	0.29	0.51	0.15	0.15	0.19
	Sujawal ¹	37	0.40	0.52	0.21	0.24	0.18
NRSP	Tando Allahyar	25	0.32	0.51	0.17	0.17	0.17
	Tando M. Khan	29	0.41	0.51	0.21	0.20	0.17
	Sub Total	121					
	Larkana	47	0.38	0.49	0.19	0.16	0.18
SRSO	Kumber- Shadad Kot	43	0.38	0.51	0.19	0.17	0.21
	Sub Total	102					
	Dadu	66	0.29	0.51	0.15	0.14	0.23
TRDP	Jamshoro	30	0.39	0.54	0.21	0.23	0.16
	Sub Total	96					
0	Grand Total	319					

Source: Based on Naveed & Nazim (2012)

The report argued that poverty is clustered in southern regions all across the country. Therefore one logical choice could be to select one district from the north and one from the south of the province to have more opportunities of comparison. Keeping in view of the Table 1, Sujawal stands out to be the poorest among the programme districts of southern Sindh as shown in Figure 1. Among the northern Sindh programme districts, Kumber-Shahdad Kot is the poorest district. Given the geographical spread of the programme districts, time period of study, resources and diversity of partners involved in this programme, following inclusion and exclusion criteria are adopted to select the districts.

For inclusion, following six indicators are considered.

- 1. Location in Southern Sindh
- 2. No of the poor based on head count ratio
- 3. Intensity of poverty
- 4. Multi-dimensional poverty index
- 5. Poorest of the poor

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¹ Sujawal was separated from Thatta to be another district in 2013 after the study; the estimates of Thatta have been used to represent Sujawal.

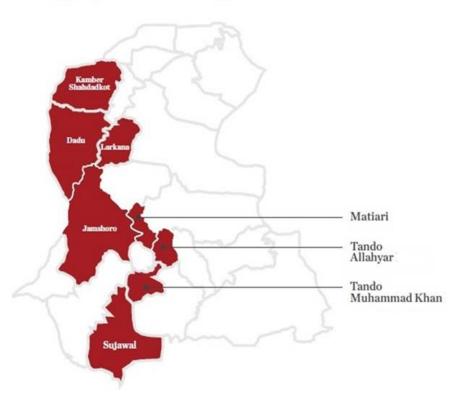
6. Most vulnerable

Two exclusion parameters are used to further finalise the selection.

- 1. Experience of the concerned RSP in dealing with research
- 2. Human Vulnerability Index²

Many parts of the country including that of the Sindh province have been affected with flooding in the past years. This index is included to keep in view the climatic hazards that can affect program districts. The Human Vulnerability Index is a summary measure of human vulnerability in five basic dimensions of human vulnerability or resilience that are essential to enable communities to cope with extreme climatic conditions such as flooding. These dimensions include population density, lack of knowledge, lack of decent housing, lack of decent standard of living, and livestock and farm households.

Figure 1: Programme Districts of Sindh Geographic Coverage of SUCCESS



Source: RSPN (2015)

Based on this criteria, the two southern districts "Tando Allahyar and Tando Muhammad Khan" were selected. There were three reasons for this selection based on the above criteria for selection. Firstly, both the districts are high in all the indicators for inclusion. Although, Sujawal³ is even higher in poverty indicators in the Sothern region, however, it's the most vulnerable district in whole of the Sindh province as per Human Vulnerability Index (2012). Sujawal (then Thatta) was badly affected due to super floods of 2010. Therefore, inclusion of Sujawal in the research district can risk the very aim of action research on poverty to investigate the dimensions of chronic poverty in normal circumstances.

² A Simple Human Vulnerability Index to Climate Change Hazards for Pakistan by Fazal Ali Khan & Adil Salman (2012), International Journal of Disaster Risk Science, 3(2).

³ Since Sujawal was made district in 2013, the figure for Thatta is used in Human Vulnerability Index and the same is used to represents district Sujawal here.

In terms of research experience of respective RSPs, NRSP is already working with the University of Mannheim. In the past, NRSP has worked with similar research studies conducted by experts from World Bank. In comparison to NRSP, other partner RSPs do not have sufficient experience of research studies. The proposed districts were, Tando Allahyar and Tando Muhammad Khan, in the project area of NRSP.

In order to finalize the selection of the two union councils as a part of the research component of the SUCCESS Programme, Dr Abdur Rehman Cheema, Team Leader Research, Dr Andreas Landmann from University of Mannheim (Germany) and Mr Khurram Shahzad, Specialist M&E had a field visit to Hyderabad, Tando Allah Yar and Tando Mhuhammad Khan from 26th to 28th January, 2016.

In consultation with SUCCESS Programme team at RSPN and senior colleagues of NRSP, it was decided to visit the SUCCESS Programme districts shortlisted objectively through draft research framework. Therefore, the team visited the Tando Allah Yar and Tando Muhammad Khan as possible candidates for research.

After visiting the two districts and having detailed discussion among ourselves (me, Andreas and Khurram), we suggest that the two union councils for research should be selected from one district, Tando Allah Yar. The selected UCs should be Dad Khan Jarwar and Massoo Bozdar on the basis of following facts:

- 1. The UCs are similar in the way that there are no activities by NRSP and from other NGOs
- 2. As per the information of the NRSP Hyderabad office, we can expect high level of cooperation from communities in these UCs. This is important because we will be frequently interacting with these people during the SUCCESS Programme timeframe.
- 3. These UCs are have no social mobilization so far. So, there will be more chances for demonstrating the impact of SUCCESS Programme.
- 4. These UCs are sufficiently large in terms of formation of village organization clusters which is important for our research rollout design.
- 5. Moreover, these UCS are not too far in in terms of distance from the district Headquarter at Tando Allah Yar and NRSP's regional office of Hyderabad.

Why not to select any UC from Tando Muhammad Khan?

The team agreed that we need similar UCs in order to increase the interpretative power of data analysis. In terms of socio-economic development, both the districts are similar. As we need similar UCs, choosing two similar UCs from two districts does not add any value to the robustness of our research results. On the contrary, selecting a UC from another district would add difficulty of operation of the field teams and also to the cost of data collection.

ANNEX C: POVERTY SCORE CARD HOUSEHOLD QUESTIONNAIRE

Date 	of enumeration:	Name of Respondent:	Contact
HHH ID	CNIC#	Enumerators Name:	HH-
Union Name ₋	Council	Name	Village

Household Demographic Information

	101	102	103	104	105	106	107	108	109	110	111	112	113	114
#	Name of household members including respondent	Relationship with household head	Sex (1=M, 2=F)	Age (Years)	Marital status	Does member have CNIC	Education Status	Highest completed/current education level	Main disability	Health Status	Work Status	Occupational category	Annual non-farm income (Rs)	Caste of the respondent
1														
2														
3														
4														
5														
6														
7														

Codes:

Q102: head =1, spouse=2, son/daughter=3, father/mother=4, brother/sister=5, grandchild=6, grandfather/mother=7, nephew/niece=8, son/daughter in law=9, father/mother in law=10, brother/sister in law=11, uncle/aunt=12, other =13

Q105:Married =1, Never Married =2, Windowed=3, Divorced =4, Separated =5

Q106:Has CNIC=1, Applied for CNIC=2, No CNIC=3, Not applicable =4

Q107: Never attended School =1, currently attending School=2, Stopped attending school=3

Q108: Kachi/nursery=0, class1=1, class2=2, class3=3.....class 12=12, Graduation=13, Masters 14, above=15, Not applicable =99

Q109: Disablity: hearing =1, speech=2, visual=3, mental=4, limb=5, other =6, none=7

Q110: Good=1, Fair=2, Poor=3

Q111: Own Farming = 1; Farm Labour =2; Off-farm skilled labour =3; Off-farm

unskilled labour = 4, Not applicable =99

Govt. Job = 5; Pvt. Job = 6; Business = 7; Student = 8; other work = 9; Unemployed = 10
Old/handicap =11; Not working =12, Household work=13, Not applicable =99
Q112: Service/Job: 1. Army/Police; 2. Health; 3. Education; 4. Administration; 5. Manufacturing;
6. Trading; 7. Tourism; 8. Development; 9. Religious Institution; 10. Other services.

Skilled Labor: 11. Tailor; 1 2. Mason; 13. Metal work; 14. Carpenter; 15.plumber; 16. Electrician;
17. Mechanic; 18. Driver; 1 9. Cook; 20 others labour; Not Applicable;99

QN	Indicators		one option from row one and write the orresponding score in row at the score column				
1	How many people in the household are under the age of 18 or over the age of 65?	0-2 🗌	3-4 🗌	5-6 5	7 or more 0		
2	What is the highest educational level of the household (completed)?	Never attended school 0	Less than class 1 to class 5 included	Class 6 to class 10 included	Class 11, college or beyond 10		
3	How many children in the household between 5 and 16 years old are currently attending school?	There are no children between 5 and 16 years old in the household	All the children between 5 and 16 years old are attending school 4	Only some of the children between 5 and 16 years old are attending school 3	None of the children between 5 and 16 years old are attending school \[\] 0		
4	How many rooms per person does the household owns? (calculate the room per person ratio by dividing the number of rooms by the	>=0 - <=0.2	> 0.2 - <=0.3	> 0.3 - <=0.4 4	> 0.4		

	household members)					
5	What kind of toilet is used by the household?	public sewe	ected to a rage, to a open drain	Dry raised latrine or dry pit latrine 2	There is no toilet in the household \(\square 0 \)	
6	Does the household own at least one refrigerator, freezer or washing machine?	Yes 3		No		
7	Does the household own at least one air conditioner, air cooler, geyser or heater?	Yes 9		No		
8	Does the household own at least one cooking stove, cooking range or microwave oven?	Yes 5		0 O		
9	Does the household own the following engine driven vehicles?	At least one car / tractor and at least one motorcycle / scooter	At least one car / tractor but no motorcycle / scooter	No car / tractor but at least one motorcycle / scooter	Neither car / tractor NOR motorcycle / scooter 0	
10	Does the household own at least one TV?	Yes 2		No		
11	Does the household own the following livestock?	At least one buffalo / bullock AND at least one cow / goat / sheep 6	At least one buffalo / bullock BUT NO cow / goat / sheep 6	No buffalo / bullock BUT at least one cow / goat / sheep	Neither buffalo / bullock NOR cow / goat / sheep 0	
12	How much cultivable	0 🗌	>0 - <=	> 12.5		

	agricultural land does the	0	12.5	7	
	household own? (converted				
	into <u>acres</u>)		4		
Tota	l Score	_	_		

Sindh Union Council and Community Economic Strengthening Support (SUCCESS) Programme

Socio-Economic Survey (SES) (Baseline – 2016)

RESEARCH UNION COUNCILS HOUSEHOLD QUESTIONNAIRE⁴

UNION COUNCILS DAD KHAN JARWAR AND MASSU BOZDAR, DISTRICT TANDO ALLAHYAR, SINDH

28

⁴ The Questionnaire is being adopted from the PSLM 2007-8 questionnaires and amended according to the needs of this survey.

Consent Form

My name is [name of enumerator] and I am representing Rural Support Programmes Network. We are conducting a survey about socio-economic conditions of households and their access to public services [e.g.: drinking water, education, health facilities] in your area. The information we collect will help the National Rural Support Programme better understand the current socio-economic conditions of households and how access to public services affects the economic situation of households living in Sindh. There are no direct benefits to you for participating in this survey. However, the results of this survey will help the [name of RSP], government and other development organisation to develop programmes and policies for socio-economic empowerment of women and poor in Sindh.

Your household has been randomly selected for the survey, like many other households in this area. We will be asking questions about your household members, age, education, health, income and assets. We think that the whole discussion will not pose any risk to you and your household members. The interview usually takes about 45 minutes. Your answers will remain confidential and will be used anonymously in the survey report. The survey results will not mention any names of you or your household members. Your views are important and will help to improve the work and knowledge of National Rural Support Programmes and other organisations working for the development of Sindh.

We understand that sometimes some people choose not to participate in the survey for many reasons. You are free to choose whether or not to participate in this survey. If you do choose to participate, you are free to withdraw from the survey at any time. If you choose not to participate or you choose to withdraw, your decision will not adversely affect your position in community or relationship with National Rural Support Programmes working in your area.

Authorization

I have understood the consent form and decided that I will voluntarily participate in the study described above. Its general purposes, the procedures, and possible risks and benefits have been explained to me.

	consen		•	Name):		S	ignature	(if	literate):
The	conse	ent taken	by	(Name, _Date:	illetrate):				-
Conse	ent	verified	by	(Name):_ Date:	 			S	Signature

Note: If the respondent is not literate the enumerator will take verbal consent and the Field Supervisor verifies that a verbal consent was obtained, by signing this document. How signing will occur in case of electronically tablet.

A. Household Identification

1	Name of the Interviewer	*[select from drop down]
2	Name of the Supervisor	*[select from drop down]
3	Union Council	*[select from drop down] – pre-feed from Sample
4	Revenue Village /Deh	*[select from drop down]
5	Village (Settlement)	*[select from drop down]
6	Sample Rank	*[select from drop down]
7	Name of Household Head	*Pre-feed from sampling
8	Household Address	Open to write
9	Name of Respondent	Open to write

B. Household Demography and Political Participation

[Read]

Next, I would like to talk with you about your household and household member. A household corresponds to a person or a group of persons (either related or not) who habitually live in one house—whether it is fully or partially occupied, share expenditure and who cook in one cooking pot. One household might be composed of one or more families. I would like to talk about all the household members that are currently present or left for short period of time (less than 6 months).

Number of household members (Please do not list guests or visitors):

Now please give the names of all members of your household. Start with head of the household.

ID	Names	1.	2.	3.	4.	5.	6.	7.	8.	9.
С	of those	[Name]	[Name's]	[Name's] Relationship with the	[Name's]	[Name's]	[Name's]	What was	[Name's] If	Disability
	househol	sex?	Residential	Household head?	Age in	CNIC (if =.>	Marital	[name's]	Married,	
	d		Status?		complete	18yrs) or Birth	Status?	age at the	Marriage	
	members				years	Certificate, (if		time of	registration	
	who				and	<18yrs)? Pre-		marriage in	status?	
	usually				months?	feed not to		complete		
	reside					offer CNIC if		years?		
	together				(Complet	age <18				

and eat	1= Male	1= Present	1=Head	8=Spouse	e year of	1=Has Birth	1=	1= Nikkah	1=Hearing
together	2= Female	2=Not	2=Son/daughter	9=Father/mothe	age	Certificate/CNI	Unmarried	Nama	2=Speech
(Write		present	3=Brother/sister	r	means	С	2= Married	available	3=Visual
househol		(temporaril	4=Grandfather/moth	10=Grandchild	12	2=Applied for	3=	2=Nikkah	4=Mental
d head's		y)	er	11=Nephew/nie	months.	Birth	Divorced	Nama	5=Limb
name			5=Son/daughter in	ce	If year is	Certificate/CNI	4= Widow	registered	6= Multiple
first)			law	12=uncle/aunt	not	С	5=	with	disability
			6=Father/mother in	13=other	compete,	3=No Birth	Separated	UC/Registr	7=Polio
			law	relative	count	Certificate/CNI		ar	8=Other
			7=Brother/sister in	14 Not related	previous	С		3=None	9=None
					Years				

IDC	10. Is [Name] active member of any political party?	11. If above 18 is [Name] a registered Voter? 1=Yes 2=No		13. If , No, main reason: 1=Was not available 2= Not interested 3=CNIC not available 4=No Use			
	1=Yes 2=No		a. National Assembly (2013)	b. Provincial Assembly (2013)	c. Union Council Councilor/chairm	(2015-2016): d. District Council Member	5=Other

C. Household Educational Status

IDC	1.	2.	3.	4.	5.	6.	7.	8.
1.50	Can [Name]	Was [Name]	What is the highest	Is [name]	In which class [name]	In which type of	Is [name] facing	What are the reasons for not
	write & read in	ever	level of education	studying in	is currently studying?	educational	any problems in	going to school at present/never
	any language	admitted in	completed?	any		institution,	that institution?	admitted in school?
	with	any school or	•	institution at		[name] is		
	understanding?	educational		present?		studying?	(Select two main	(Select maximum two main
		institution?					reasons)	reasons)

2 3 a	1= Yes 2= No 3=Not applicable if age <5 years	1=Yes 2=No (If no then go to Q#8)	0= < Class-I 1= Class-I 2= Class-II 3= Class-III 4= Class-IV 5= Class-V 6= Class-VI 7= Class-VII 8= Class-VIII 9=Class-IX 10= Class-X 11= FA/F.Sc. 12= BA/B.Sc. 13= Degree in Engineering 14= MBBS 15= Degree in	1= Yes 2= No If no then go to Q. No. 8	0= < Class-I 1= Class-I 2= Class-II 3= Class-III 4= Class-IV 5= Class-V 6= Class-VI 7= Class-VII 8= Class-VIII 9=Class-IX 10= Class-X 11= FA/F.Sc. 12= BA/B.Sc. 13= Degree in Engineering 14= MBBS 15= Degree in	1= Govt. 2=Private 3= Madrasah 4= Other	1= Satisfi 2= Shorta of tead 3= Shorta of boo 4=Substa educa 5= Far av 6= Educa costly 7=Latrine available 8=other (age chers age oks andard tion way attion is	1= Minor/aged 2= Education Completed 3= Education is costly 4= Far away 5= Household chores 6= Helping in work	7= Not useful 8=Ill/incapacitated 9= Marriage/pregnancy 10= Employment/Work 11= Substandard school 12= Shortage of male/female teachers 13= Parents do not permit 14= Child is not ready 15= Poverty 16= Other (please
			14= MBBS 15= Degree in Computer 16=Degree in Agriculture 17=MA/MSC 18=M.Phil/Ph.D 19=Other		14= MBBS 15= Degree in Computer 16=Degree in Agri 17=MA/MSC 18=M.Phil/Ph.D 19=Other		Reason 1	Reason 2	Reason 1	15= Poverty 16= Other (please specify) Reason 2

D. Household Health

IDC	0. What is the current health status of [Name]?	1. Had [Name] been ill or injured during the last 12 months?	2. Was anyone consulted during the illness for treatment?	3. Who did [Name] consulted for treatment?	4. How many times [Name] received such facilities during the last 12 months as mentioned in Q3?	5. Has [Name any probler visiting the facility? (Select max two answer	n in health ximum	6. Why [Name] did medicines/medic last 12 months? (Select maximur answers)	cal facilities during the
	1=Good Health 2=Fair Health 3=Bad Health	1= Yes 2= No (If no then ask for next person)	1= Yes 2= No (Ask Q. No. 6)	1= LHW/LHV 2=Govt. Dispensary 3= Govt. Basic Health Unit (BHU) 4=Rural Health Centre 5= Govt. Hospital (Taluka/District level) 6= Private Clinic/Hospital/chemist 7= Hakeem 8= Homoeopath 9= One who performs 'Dum' (spiritualism) 10= Other		1= Satisfied 2= Doctor r present 3= Staff nor cooperative 4= Lady sta present 5= Lack of cleanliness 6= Long wa 7= Costly tr 8= Staff und 9= Medicine available 10= Unsucd Treatment 11= Other (Problem	not not aff not ait reatment trained es not cessful (specify) Problem	1= Not required 2= Costly treatm 3= Far away 4= Unsatisfactor 5= Doctor not pr 6= Staff non-coo 7= Lady staff no 8= No cleanlines 9= Long wait 10= Staff untrain 11= Medicines n 12= Other	y esent perative t present ss
						1	2		

E. Household Work Status and Non-farm Income

IDC	1. What is the current work status of [Name]?	2. If [Name] not working, give primary reason?	3. For how many weeks [Name] have been looking for work?	4. What is the primary work status of [Name]?	5. What is type?	the skill labor	6. What is th	ne Job/service type?
	1= Working (Ask Q No. 4) 2= Not working (ask Q No. 2)	1= Student (ask Q 12) 2=Old/ minor (ask Q 12) 3=Handicapped/incapable(ask Q 12) 4= Pregnancy/ Temporary illness/injury (ask Q 12) 5= Retired(ask Q 12) 6=Idle (not willing to work) (ask Q 12) 7= Looking for work (ask Q No3) 8=Learning to work (ask Q 12) 9= Off season (ask Q 12) 10=Calamity Stricken (ask Q 12) 11=Other (ask Q 12)		1=Unskilled labor/mazdoor 2= Farm labor (cultivation/harvesting on contract/wages) 3= Cultivation on partnership/share cropper 4= Skilled labor (ask Q No. 5) 5= Business/ trade 6= Self-cultivator/own farm 7= Livestock only 8= Govt Job (ask Q No.6) 9=Private Job (ask Q No.6) 10= Family helper without monetary payment 11=Household chores/work 12=Begging 13=Other	11= Hai 12=Bea	on al work benter ber rician nanic k bile repair ndicraft butician/barber ers labour	5= Agricultui 6= Manuf 7= Touris 8=Develo 9=Religio	ration/revenue/police re/fisheries/livestock facturing
						-, 200		

Household Work Status and Non-farm Income (continue)

	onora mont otatao ana mon la		,				
IDC	7. Did [name] perform any work for salary, profit or monetary benefit during the last month? 1= Yes 2= No → Q-12	8. If [Name] worked, then how many days s/he worked in the last month?	9. How much money [name] earned during the last month? (in Rs.)	10 How many months [Name] worked during the last 12 months?	11. How much money did [Name] earn in the last 12 months (Multiply Col 9 with Col10 for filling up this Col)	12. Did [Name] perform any work during the last 12 months for monetary benefit? 1= Yes 2= No → Q-14	13. How much money [Name] earned in total during the last 12 months? (In Rs.)

Household Work Status and Non-farm Income (continue)

		ALL 10 YEA	RS OF AGE	AND OLDE	R - SECON	DARY OCC	UPATION	AND INCOME					Total Non-Farm
IDC		SECONDARY OC	CUPATION				SOUF	RCES OF OTHE	R INC	OME/BE	NEFITS		Income
	14.	15.	16.	17.	18.	19.							20.
	14. In addition to the primary occupation, did [name] do any other work or hold other jobs for pay, profit or family gain during the last 12 months? Yes=1 No=2 → Q-19	15. What was the nature of work (Occupation) that [name] did? 1= Daily wages labor 2= Skilled labor 3= Personal business (non-agriculture) 4= Self-cultivator/own farm 5= Cultivation on contract 6= Cultivation on partnership/share cropper 7= Family helper Without charges 8= Employer/business 9= Livestock only 10= Other	16. How much money in cash, did [name] earn from these other activities during the last 12 months? (Rs)	17. Have sold, any income received in kind for wages and salaries during the last 12 months? Yes=1 No=2→ Q-19	18. How much money was obtained by selling the "kind" received in wages & salaries during the last 12 months? (Rs.)			cash, did [naming the last 12 r				G. Other (gifts, grant from family, friends and religious institutions)	Add up for total of 11+13+16+18+19A to 19G

F. Social Protection Mechanism

	What are the principal shocks and recurring risks aced by the household? (Select three major risks)	What are the possible events which could cause you financial disaster and ultimately disturb your household? Is there anything you are afraid of that could happen unexpectedly and negatively affect the way you live your everyday life? (Select three major risks)	asked in Q 1, what a mechanism/measure	possible financial shocks as the social protection as available to the household? major mechanisms)
2= p 2= c 3=lo 4=lo 5=dr 6= c 7= n 8= c 9= tl 10= 11= 12fa 13=r 14=r	loss of employment price rises/spikes for necessities etc), crop failure/bad harvest/low production oss of livestock osing land/having forced to return land death in family disease malnutrition disability theft = flooding = robbery tamily enmity =drought/shortage of water =murder =other (please specify)	1= loss of employment 2= price rises/spikes for necessities etc), 2= crop failure/bad harvest/low production 3=loss of livestock 4=losing land/having forced to return land 5=death in family 6= disease 7= malnutrition 8= disability 9= theft 10= flooding 11= robbery 12family enmity 13=drought/shortage of water 14=murder 15=other (please specify)	1= pension 2= unemployment insurance, disability insurance 3= health insurance 4= natural disaster insurance 5= bisp - cash transfers (conditional, unconditional) 6= in-kind transfers (food, school food program, agricultural inputs)	7= micro-finance 8= borrowing from banks 9= gifts, charity, zakat, loans from family 10= tied labor, labor contracts with landlord ensuring assistance when needed 11= selling assets 12= sending children to work 13= seasonal/temporary migration 14= permanent migration 15=bait-ul-maal 16=remittances 17=rental income 18=other (please specify)

Risk 1	Risk 2	Risk 3	Other	Risk 1	Risk 1	Risk 2	Risk 3	Other	Mechanism 2	Mechanism 3	Other

G. Household Farm Income

1. During the last 12 months did any of the HH members, alone or with the members of other HH, **actively operate** land for crop production (irrespective of the size, location or ownership of the land, Haris will be included)? Yes = 1 → (G1 Agri.) No =2

G1. AGRICULTURE - LAND UTILISATION AND CROP HARVESTING

_	. Do you own any agriculture land? Yes=1 No=2 (→6) 2. How much land do you own? Acres													
3. H	lad you rented	out some of the	owned la	and during last	Rabbi & Kha	arif? Yes=1	No=2 (→6)		low many acre	s do you ren	t out? Acres]	
5. W	hat was the to	tal net value of re	ent/share	e (in cash or in	kind) receive	ed during the	last Rabi & K	harif seas						
6. H	ad you rented	in any agriculture	e land on	cash basis in	the last Rabl	oi and Kharif	season? Yes	= 1, No=2 (-	→ 8)					
7. H	ow much mone	ey did you pay to	your lan	dlord in cash a	s a rent for t	hat land dur	ing the last Ra	bbi and Kharif	f season?	F	Rs			
8. W	hat was the va	alue (Rs) of the a	gricultura	al land (include	farm buildin	gs and tube	wells) during t	he last 12 mo	nths that was:	(Cross the b	ox if no amoun	t mentioned)?		
a-Solo	3. What was the value (Rs) of the agricultural land (include farm buildings and tube wells) during the last 12 months that was: (Cross the box if no amount mentioned)? a-Sold b-Received gift, inheritence etc. c-Purchased d-Given away, lost etc.													
0 0	f th: - total		(^	h a		a				\ abaua aua	. h :			
	previously reported													
10. To	otal Acres of la	and in this farm?		Acres	(Code 9a+9	9b+9c+9d)								
11. O	1. Of this total under operation land (Acres), how much was a- Irrigated cultivate b- Barani (non-irrigated) cultiva c- Uncultivated land such as													
fo	forest/ wasteland/homestea													
12. H	2. How much land was under cultivation during the last Rabbi and Kharif seasons? Acres (Code 11a+11b)													
13. N	3. NOTE: If any crop was harvested from the agricultural land during the last Rabi and Kharif seasons, complete the table given below otherwise write 0 in the column A.													
Code	Crop name	Land			Primary	/ Production			By-Pr	oducts of the	Primary Produ	uction	Total Value	
	-	devoted	Harves	sted	Value of	Given to	Kept by	Sold by	Value of	Given to	Kept by the	Sold by	(Rs.)	
		(Acres)	Produc	ction	total	Landlord	the	the	total Prod.	Landlord	Household	the	L	
		If 0 (\rightarrow next	(Kg=1	40 Kg =2)	Product	(Rupees)	Household	Household	(Rupees)	(Rupees)	(Rupees)	Household		
		row)			(Rupees)		(Rupees)	(Rupees)				(Rupees)		
		Α	Unit B	Quantity C	D	E	F	G	Н	I	J	К	L=F+G+J+K	
14.	Wheat													
15.	Cotton													
16.	Sugarcane													
17.	Rice													
18.	Maize													
19.	Pulses													
20.	Fruits													
21.	Vegetables													

22.	Fodder													
23.	Any other													
24.	TOTAL													
	Section)													
26. \	26. What had you received if any agricultural equipment (Tube well, Tractor, Plough, Thresher, Harvester, Truck, etc.) rented out during the last 12 months? Rs													
27. \	What was the va	alue of any agricu	ıltural eqi	uipment (Tube	e well, Tracto	or, Plough, Th	resher, Harve	ester, Truck, et	tc.) (If there is	no amount w	rite zero in tha	t box)		
a)-So	27. What was the value of any agricultural equipment (Tube well, Tractor, Plough, Thresher, Harvester, Truck, etc.) (If there is no amount write zero in that box) a)-Sold b)-Received as gift/ inheritance c)- Purchased d)-Given away/lost or destroyed etc.													
28.														

2. During the last 12 months did the HH keep any livestock poultry birds or fish farm?

Yes = 1 (For Household purpose only) Yes = 2 (For commercial purpose only) Yes = 3 (For Household/Commercial purpose) No =4 \rightarrow (H)

G2. Livestock

					Lľ	VE STOCK,	POULTRY, FIS	H, FORES	TRY, HON	ΕY	BEE ET	C.					
NOT	E: If the HH ha	ad animals (Ca	attle, Buffalo	, Camel, she	ep, Goats, Pou	ıltry, Fish etc)	during the last	1 year, co	mplete the	tab							
Code	Animal	Number of a	animals	Expected Value of	Expected Value of		of the animals d months	3			NOTE: 12 mor		ne followir	ng items prod	uced for hor	me use/ sale dur	ing the last
				Presently owned animals	Owned animals During the	Sold/ slaughter ed	Received as gift, inheritance	Purcha sed	Given away, Lost								
				animale	last 12 months	home consume d	etc.		Stolen etc.		Code	Item	Unit	Market Price/unit	Average Quantity/ Month	No. of Months produced	Total Value
		A (Owned)	B (shared)	C (Rs.)	D (Rs.)	E (Rs.)	F (Rs.)	G (Rs.)	H (Rs.)					А	В	С	D=A*B*C
1.	Cow										2.	Eggs	Doze n				
3.	Buffalo										4.	Milk/yo gurt	Kg				
5.	Camel										6.	Butter/ Ghee	Kg				
7.	Sheep										8.	Honey	Kg				
9.	Goat										10.	Forest Product ion	Maun d				
11.	Horses										12.	Fish catch	Kg				
13.	Donkeys										14.	Dung cakes	Lump sum				
15.	Mules										16.	Wool	Kg				
17.	Others										18.	All other	lumps um				
19.	TOTAL									1	20.	TOTAL					
21.	Total Income	from Livesto	ock Rs. (19	E+20 D)													

H. Household Expenditure (Rs. in last 12 months)

- 1: "PAID AND CONSUMED" (Col. 1 & 2) shall cover goods and services actually consumed by the household and distinguished from total household purchases. Goods and services received on credit and in barter transactions and actually consumed as well as goods and services, paid for in cash, should also be included. Business related consumption of the household should be excluded.
- 2: "UNPAID AND CONSUMED" shall cover goods and services consumed which are received as wages and salaries in kind (col. 3 & 4). Own produced goods and services, which were consumed shall also be entered under UNPAID AND CONSUMED (col. 5 & 6). Business related consumption should be excluded. Received in the form of gifts, assistance, inheritances or other sources should be entered in (Col. 7 or 8)

HOUSEHOLD EXPENDITURE PART-A	household members consume any of the following items during						Consumption Expenditure of the Household on food items.						
Did household members consume any of the following ite last 14 days?	ms du	iring	the	1 -	aid and onsumed			Unpaid a	and Consum	ed		Total Value	
(Cross the None box if the item was not consumed and n item)	noved	to ne	ext		ort value in e rupees)	Salar In Kir			Produced consumed	assist gift, d inheri	ipt from tance, lowry, tance ner sources	2+4+6+8	
ITEMS	Non	Uni	Co	1.	2.	3.	4.	5.	6.	7.	8.	9.	
	е	t	de	Qty	Value (Rs.)	Qty	Value (Rs.)	Qty	Value (Rs.)	Qty	Value (Rs.)	Value (Rs.)	
Milk/Yogurt		Kg	1.										
Beef		Kg	2.										
Mutton		Kg	3.										
Chicken Meat / Other poultry birds (ducks, quail, turkey etc.)		Kg	4.										
Eggs		No	5.									ļ	
Fish (fresh, frozen, dried)/ Prawns, Shrimps or Crabs (fresh, frozen, canned		Kg	6.										
Fresh Fruits Dry Fruits & Nuts (Raisin, Dates, Apricot (dried), Other (Almond, Walnut, Chilgoza,		Kg Gm	7. 8.							1		 	
Pistachio, Peanuts, Aniseed, Cashew, Coconut, Sesame seeds, etc.)		GIII	0.									1	
Vegetables (potato, Onion, Tomato other vegs)		Kg	9.										
Salt		Kg	10.										
Sugar		Kg	11.										
Honey (fresh or processed)		Gm	12.										
Barfi, Jaleebi, Halwa & other sweets		Kg	13.										
Carbonated beverages		Ltr	14.										
Sugarcane juices, Other fresh juices, Fruit juices (packed), Mineral water etc.		Ltr	15.										
Readymade meals, snacks, tea, ice cream, drinks, Instant foods - Lump Sum (LM)		LS	16.										
TOTAL PART A			17.										
ANNUAL TOTAL PART- A (VALUE OF TOTAL PART A x 26)			18.						_				
HOUSEHOLD EXPENDITURE PART-B									E OF THE H	OUSEH	IOLD ON FO	ODS	
Did household members consume any of the following items during the last 1 Month? (Cross the None box if the item was not consumed and moved to next item)													
ITEM	Co	1.	2.	3.	4.	5.	6.	7.	8.	9.			
t .	Non	Uni		1	l	1 -	1		-	1	_		

	е	t	de	Qty	Value	Qty	Value	Qty	Value	Qty	Value	Value
					(Rs.)		(Rs.)		(Rs.)		(Rs.)	(Rs.)
Wheat and Wheat flour		Kg	19.									
Rice and rice flour		Kg	20.									
Maize, Barley, Jawar and Millet (Whole and Flour)		Kg	21.									
Suii. Maida. Besan		Ka	22.									
Other cereals products (Vermicellies, Corn flakes, Noodles, Macronis,		Gm	23.									
Pulses		Kg	24.									
Edible Oils and Fats		Kg	25.									
Tea and Coffee Green Tea		Kg	26.									
Jams. Marmalades/ Tomato Ketchup/pulp/ Pudding. Jellv. Pickles. Chatni.		LS										
Biscuits, bread, bun, nan other baked or fried products eg. Pakora somsa,		LS	27.									
Food and Grain milling/grinding charges		LS	28.									
Total PART – B			29.									
ANNUAL TOTAL PART-B (VALUE OF TOTAL PART B X 12)			30.									

HOUSEHOLD EXPENDITURE PART-C MONTHLY CO	NSUMPTI	ON EX	PEND	ITURE	OF THE	HOUSEHO	LD ON N	ON-DUF	RABLE	GOODS	AND SERVICES	
Did household members consume any of the following	items du	ring	the		id and			Unpaid a				Total
last 1 month?					nsumed				e in Who	ole rupee		
(Cross the None box if the item was not consumed and	moved	to ne	xt	١,	ort value	Wages a	nd	Own	1	Receip		Value
item)				in Wi		Salaries In Kind		Produ- and	cea	assista	ance, owry, inheritance	2+Value 4+Value
itom)				Tupe	53)	Consum	ed	consu	med		er sources	8=9
ITEMS	Non	Uni	С	Qty	Value	Qty 3	Value	Qty	Valu	Qty	Value 8	0_0
	е	t	od	1	2		4	5	e 6	7		
			е									
FUEL AND LIGHTING (32+38)			31.									
Fire wood		Kg	32.									
Kerosene oil		Ltr	33.									
Dung cake (dry)		Kg	34.									
			L	V	alue 2	Valu	ue 4	Val	ue 6		Value 8	
Gas (pipe), (Gas (cylinder)			35.									
Electricity			36.									
Match box, Candles, Mantle etc.			37.									
Others	th t	0	38.									
Personal Care and hygiene (Bath /Toilet soap, Shampoo, hair oil cream, T			39. 40.									
Household laundry Cleaning (Laundry soap, bleaching and other laundry art	icles, Washing		40.									
Paper napkins, wax papers and other paper articles etc. Tobacco and Chewing Products (Cigarettes and lighters, Pan etc)			41.									
Recreation (Tickets for cinemas, musical concerts, spectacular sports, Lott	ony tickoto	Pont	43.									
of TV/VCR/Video cassettes, CD's etc. Newspapers, magazines, novels, boo			43.									
purchased, not for education))	no (iciileu	1										
purchaseu, not for education))												
Personal Transport and Travelling (Not for commercial use) (45++4	3)		44.									
Petrol/ Diesel charges, lubricants & oils, punctures	-		45.									
Expenses on travelling by road (bus, taxi, rickshaw etc.)			46.									

Expenses on travelling by train	47.		
Other travelling charges like tongas, camels, donkeys, ferries, bicycles, Garage rent etc.	48.		
Other Miscellaneous Household Expenses on Goods and Services (50++54)	49.		
Wages & salaries paid to servants, gardeners, sweepers, chowkidar, aya, drivers, cleaners,	50.		
Telephone, cell phone internet etc. charges	51.		
Pocket money to children	52.		
Expenses on maintenance of pets, poultry and fish - for home use only	53.		
Other expenditures not elsewhere classified	54.		
Total PART – C (31+39+40+41+42+43+44+49)			
ANNUAL TOTAL PART- C (VALUE OF TOTAL PART C x 12)	56.		

HOUSEHOLD EXPENDITURE PART-D YEARLY CONSUMPTION	N EXP	ENDIT	URE OF THE HO	DUSEHOLD ON NO	N-DURABLE G	OODS AND SERVICES		
Did household members consume any of the following items during the	e last							
months?			Consumed	1 -1	ort value in Wh			
(Cross the None box if the item was not consumed and moved to ne	kt item)	(Report value	Wages and	Own	Receipt from	1+2+3+4	
Items included under fortnightly / monthly expenditure should not be included in the	nis part.	•	in Whole	Salaries	Produced	assistance,	=5	
			rupees)	In Kind Consumed	and	gift, dowry, inheritance or other sources		
ITEMS	No	С	Value 1	Value 2	consumed Value 3	Value 4		
TEMO	ne	od	value i	value 2	value 3	value 4		
	110	e						
Apparel Textile, Footwear & Personal Effects (58++64)		57.						
Clothing (cloths, sweaters, socks and garments), Clothing material and services		58.						
(Tailoring, embroidery, alterations etc. charges, Clothing supplies (threads, needles,								
pins, buttons, zipper, hangers etc.)								
Footwear and repair charges		59.						
Personal effects and service and repair charges (62+64)		60.						
Brief cases, hand bags, watch straps, belts etc. (leather or plastic)		61.						
Imitation and Jewellery & ornaments (bangles, necklaces and earings, tie		62.						
pins, cuff links, etc.)								
Gloves, handkerchief, scarfs, hats, muffs, ties, etc.								
Repair charges of personal effects (watches, clocks, glasses, etc.)		63.						
Housing rent, repairs/maintenance etc		64.						
Chinaware, Earthenware, Plastic ware etc. for daily use and other household		65.						
effects (Crockery & Cutlery for daily use, (ghara, sorahi etc.), Glassware,								
Plasticware), Woodware and lacquer, (bulbs, tubes, switches, battery cells, lamp shades etc.)								
Stidues etc.)								
Health Care (Doctor consultations, medicines, hospitalization, ambulance, Hakim,		66.						
dai etc costs)								
Educational and Professional Stationary Supplies expenditure (68+71)		67.						
School/college fees and private tuition fees		68.						
Books and exercise note books / copies, stationary, pen, pencils, stapling		69.						
machine, pin etc. Other education expenses (bags, professional society								
membership, transportation etc.)								

Hostel expenses	70.		
Social and religious functions expenditures (travelling, events, accommodation etc) (74++77)	71.		
Marriages including (dowry, gifts etc, given (in cash/kind)	72.		
Death	73.		
Births	74.		
Pilgrimage to religious places (Haj, Ziarat, Mazars etc)	75.		
Other events	76.		
Transfers (Zakat, fitra etc, remittances paid, gifits paid, insurance etc)	77.		
Taxes & Fines and all other Miscellaneous expenditure	78.		
Total PART – D	79.		

HOUSEHOLD EXPENDITURE PART-E YEARLY CONS	UMPTIO	N EXPENDI	TURE OF THE H	OUSEHOLD ON D	URABLE GOOD	S AND SERVICES	
Did household members consume any of the following items d	uring th	e last 12	Paid and		Unpaid and Cor		Total
months?			Consumed	,	eport value in Wh		
(Cross the None box if the item was not consumed and move			(Report value	Wages and	Own	Receipt from	Value
Expenditure in this part should cover the last 12 months preceding the date of			in Whole rupees)	Salaries In Kind	Produced and	assistance, gift, dowry, inheritance	1+2+3+4 =5
Expenditure reported on Fortnightly, Monthly and Yearly durable goods and s	ervices s	hould be	Tupees)	Consumed	consumed	or other sources	=5
excluded from this part.	1						4
ITEMS	Non e	Code	Value 1	Value 2	Value 3	Value 4	
Furniture, Fixture and Furnishing		80.					
Other Household Effects (83++87)		81.					
Electric/ oil fans (table, pedestal, ceiling, exhaust), Air conditioners, Air		82.					
coolers, Refrigerators, Freezers etc.							
Heater, Boiler, Geyser (electric, gas, oil), Table lamp		83.					
Sewing machine, knitting machine (electric / hand)		84.					
Other(trunks, suitcase etc.), Wall / table clock, water pipes (rubber, nylon, plastic), thermos bottle etc.		85.					
Service and repair charges of household effects, etc. mentioned above		86.					
Miscellaneous Expenditures (89+93)		87.					
Laundry/cleaning equipment (washer / dryer, vacuum cleaner, iron, iron board, etc.)		88.					
Calculators, Personal Computers, mobiles, watch etc.		89.					
Radio and musical instruments (Tape recorder, Gramophone, TV, VCR, VCP, Cassettes, Piano, Violin etc.)		90.					
Recreational equipment (Cameras, Projector, Shot gun, Angling kit, Bats, Balls etc.)		91.					
Transport and travelling vehicles (Bicycle, Motorcycle, Scooter, Car, horses, camels, tongas etc.)		92.					
TOTAL PART " E '	'	93.					

I. Household Assets

PART 1 Selected Durable Assets Items Owned / Sold by The Household

NOTE: 1. Enter number of the following items if owned by the household during the last 12 months in Col. A and give the number of items presently owned by the household in Col. B.

2. Write the amount received (in cash or in kind), in Col. C, by selling the item during the last 12 months and fill the next columns accordingly.

Refrigerator	Were/Are any of the following items owned by during the last 12 months? If yes, → Col. A to cross none box.	this HH			ems owned Presently	If Sold (Give Amount in Rs)	What is the total present estimated Market value of all the possessed items	In which year the present item was purchased or received (if more than one item than asked about the last bought item purchased or got)	How much money have you spent to buy this item (if more than one, then ask about last bought item)?
Freezer	Item	None	Code	Α	В	С	D		
Air cooler 3. Fan (Ceiling, Table, Pedestal, Exhaust) 5. Geyser (Gas, Electric) 6. Washing machine/dryer 7. Camera 8. Cooking stove 9. Cooking Range, Microwave oven 10. Heater 11. Cart/Trolley 12. Bicycle 13. Rickshow 14. Motorcycle/scooter 15. Car / Vehicle 16. Tractor 17. TV 18. VCR, VCP, Receiver, De-coder 19. Radio / cassette player 20. Compact disk player 21. Vacuum cleaner 22. Sewing/Knitting Machine 23. Personal Computer/Taptop 24.	Refrigerator		1.						
Air cooler 3. Fan (Ceiling, Table, Pedestal, Exhaust) 5. Geyser (Gas, Electric) 6. Washing machine/dryer 7. Camera 8. Cooking stove 9. Cooking Range, Microwave oven 10. Heater 11. Cart/Trolley 12. Bicycle 13. Rickshow 14. Motorcycle/scooter 15. Car / Vehicle 16. Tractor 17. TV 18. VCR, VCP, Receiver, De-coder 19. Radio / cassette player 20. Compact disk player 21. Vacuum cleaner 22. Sewing/Knitting Machine 23. Personal Computer/laptop 24.	Freezer		2.						
Fan (Ceiling, Table, Pedestal, Exhaust) 5. 6. 6.			3.						
Geyser (Gas, Electric) 6. Washing machine/dryer 7. Camera 8. Cooking stove 9. Cooking Range, Microwave oven 10. Heater 11. Cart/Trolley 12. Bicycle 13. Rickshow 14. Motorcycle/scooter 15. Car / Vehicle 16. Tractor 17. TV 18. VCR, VCP, Receiver, De-coder 19. Radio / cassette player 20. Compact disk player 21. Vacuum cleaner 22. Sewing/Knitting Machine 23. Personal Computer/laptop 24.	Air cooler		4.						
Washing machine/dryer 7. Camera 8. Cooking stove 9. Cooking Range, Microwave oven 10. Heater 11. Cart/Trolley 12. Bicycle 13. Rickshow 14. Motorcycle/scooter 15. Car / Vehicle 16. Tractor 17. TV 18. VCR, VCP, Receiver, De-coder 19. Radio / cassette player 20. Compact disk player 21. Vacuum cleaner 22. Sewing/Knitting Machine 23. Personal Computer/laptop 24.	Fan (Ceiling, Table, Pedestal, Exhaust)		5.						
Camera 8. Cooking stove 9. Cooking Range, Microwave oven 10. Heater 11. Cart/Trolley 12. Bicycle 13. Rickshow 14. Motorcycle/scooter 15. Car / Vehicle 16. Tractor 17. TV 18. VCR, VCP, Receiver, De-coder 19. Radio / cassette player 20. Compact disk player 21. Vacuum cleaner 22. Sewing/Knitting Machine 23. Personal Computer/laptop 24.	Geyser (Gas, Electric)		6.						
Cooking stove 9. Cooking Range, Microwave oven 10. Heater 11. Cart/Trolley 12. Bicycle 13. Rickshow 14. Motorcycle/scooter 15. Car / Vehicle 16. Tractor 17. TV 18. VCR, VCP, Receiver, De-coder 19. Radio / cassette player 20. Compact disk player 21. Vacuum cleaner 22. Sewing/Knitting Machine 23. Personal Computer/laptop 24.	Washing machine/dryer		7.						
Cooking Range, Microwave oven 10. Heater 11. Cart/Trolley 12. Bicycle 13. Rickshow 14. Motorcycle/scooter 15. Car / Vehicle 16. Tractor 17. TV 18. VCR, VCP, Receiver, De-coder 19. Radio / cassette player 20. Compact disk player 21. Vacuum cleaner 22. Sewing/Knitting Machine 23. Personal Computer/laptop 24.	Camera		8.						
Heater	Cooking stove		9.						
Cart/Trolley 12. Bicycle 13. Rickshow 14. Motorcycle/scooter 15. Car / Vehicle 16. Tractor 17. TV 18. VCR, VCP, Receiver, De-coder 19. Radio / cassette player 20. Compact disk player 21. Vacuum cleaner 22. Sewing/Knitting Machine 23. Personal Computer/laptop 24.	Cooking Range, Microwave oven		10.						
Bicycle 13. Rickshow 14. Motorcycle/scooter 15. Car / Vehicle 16. Tractor 17. TV 18. VCR, VCP, Receiver, De-coder 19. Radio / cassette player 20. Compact disk player 21. Vacuum cleaner 22. Sewing/Knitting Machine 23. Personal Computer/laptop 24.	Heater		11.						
Rickshow 14. Motorcycle/scooter 15. Car / Vehicle 16. Tractor 17. TV 18. VCR, VCP, Receiver, De-coder 19. Radio / cassette player 20. Compact disk player 21. Vacuum cleaner 22. Sewing/Knitting Machine 23. Personal Computer/laptop 24.	Cart/Trolley								
Motorcycle/scooter 15. Car / Vehicle 16. Tractor 17. TV 18. VCR, VCP, Receiver, De-coder 19. Radio / cassette player 20. Compact disk player 21. Vacuum cleaner 22. Sewing/Knitting Machine 23. Personal Computer/laptop 24.									
Car / Vehicle 16. Tractor 17. TV 18. VCR, VCP, Receiver, De-coder 19. Radio / cassette player 20. Compact disk player 21. Vacuum cleaner 22. Sewing/Knitting Machine 23. Personal Computer/laptop 24.	Rickshow								
Tractor 17. TV 18. VCR, VCP, Receiver, De-coder 19. Radio / cassette player 20. Compact disk player 21. Vacuum cleaner 22. Sewing/Knitting Machine 23. Personal Computer/laptop 24.									
TV 18. VCR, VCP, Receiver, De-coder 19. Radio / cassette player 20. Compact disk player 21. Vacuum cleaner 22. Sewing/Knitting Machine 23. Personal Computer/laptop 24.	Car / Vehicle								
VCR, VCP, Receiver, De-coder 19. Radio / cassette player 20. Compact disk player 21. Vacuum cleaner 22. Sewing/Knitting Machine 23. Personal Computer/laptop 24.									
Radio / cassette player 20. Compact disk player 21. Vacuum cleaner 22. Sewing/Knitting Machine 23. Personal Computer/laptop 24.	• •								
Compact disk player 21. Vacuum cleaner 22. Sewing/Knitting Machine 23. Personal Computer/laptop 24.	VCR, VCP, Receiver, De-coder		19.						
Vacuum cleaner 22. Sewing/Knitting Machine 23. Personal Computer/laptop 24.									
Sewing/Knitting Machine 23. Personal Computer/laptop 24.									
Personal Computer/laptop 24.									
Mobile Phones (specify commonly used network) 25.)	25.						
Other 26.		<u>′ </u>	26						
TOTAL 27.		+							

PART-2 BUILDINGS AN	ID LAND	O OWN	ED BY N	MEMBERS OF	THIS I	HOUSE	HOLD	(Do not	report buildings and land	d already reported in the	work sheet)
Q-1. Did any of the HH members own or had	owned d	luring	Q-2 . Is	Vhat wa	as the	value	Q-4. If rented out, what	Q-5. What was the	Q-6. If you		
the last 12 months any of the following prope	he last 12 months any of the following property?				of the property during the			ng the	was the total net rent	value of major	wanted to sell
Yes = 1 No = 2 (If No for all, \rightarrow Next Part)		owned	now?	last 12	2 month	ns whic	h was?	received, in cash / kind,	improvements,	[Name prop]	
		Yes = 1 No = 2			during the last 12	renovation and new	how much do				
									months?	construction made	you expect to
Property	Property Code Y/N			Acres	Sold	Rec	Pur	Given	Rs	during the last 12	receive (Rs)?
, ,										months?	
Non-Agricultural Land	28.										

Residential Building(Completed / under	29.					
construction)						
Commercial Building(Completed./under	30.					
construction)						
TOTAL	31.					

Cross the None box i	f amount	(RS) is	"0".			None	Code	Rs.	Cross the None	box if amount (RS) is	s "0".		None	Code	Rs.
What are the total ne	t savings	of your	Househo	old at pre	sent?		32.			ent total value of gold Jewelry, stones etc.		recious		33.	
What were the net sa months?	vings of	your Ho	usehold	during th	e last 12		34.		stones sold duri	alue of total gold, silv	s?	<i>3</i> ,		35.	
How much profit did the last 12 months?	•			ŭ			36.			alue of total gold, silved during the last 12		ng jewelry,		37.	
How much did you w				onsumpt	tion		38.								
expenditure during th												_			
Cross the None box i											None	Code		Rs.	
How much loans are												39.			
How much loan was	borrowed	d in the la	ast 12 m	onths? (N	Note: If no then (go to Q	49)					40.			
Source	Code	Currently Borrowed Amount (F	Amount Borrowed last yr(Rs) 3. Loan Repaid of months (Rs.) s)					ırıng last 12	4. Interest p		ng last 12	<u>'</u>			
Friends/relatives			41.												
Shopkeepers	Shopkeepers 42.														
Banks				43.											
NGOs				44.											
Community Organiza	tions			45.											
Others				46.											
How much amount of the loan was	None	Code	1.Land	I (Rs)	2.Livestock (R	ls)	3.Machin (Rs)	nery	4.Bussiness (Rs)	5.Farm Input (Rs)	6.Housing (Rs)	7.Consump (Rs)		3.Educat (Rs)	ion
used for each of		47.													
the corresponding?	integral int									12.Cash Available (Rs)	13. Other Uses (Rs)	14.Total loa	an use (F	Rs)	
Cross the I											None	Code 48.		Rs.	
	ow much was loaned out in the last 12 months? (Note: If not then go to Q 52)														
	w much was received back (including profits) during the last 12 months?											49.			
<u>'</u>	www.much profit was received on this loan during the last 12 months? www.much.money.was.received.from.group.insurance/.benevolent.by.any.member.of.this.HH.during.the.last 12 months?											50.			
How much money wa	as receiv	ed from (group ins	surance/	benevolent by a	ny men	nber of thi	is HH o	luring the last 12 r	months?		51.			

J. BALANCE SHEET FOR INCOME AND EXPENDITURE

ID CODE	Non-Farm Income (Rs)	Expenditure Items	Expenditur es (Rs.)					
		5. ANNUAL HOUSEHOLD EXPENDITURE ON FOOD – SECTION H: PART- A (18-Col9)						
		6. ANNUAL HOUSEHOLD EXPENDITURE ON FOOD – SECTION H: PART- B (30-Col9)						
ANNUAL HOUSEHOLD NONFARM INCOME		7. ANNUAL HOUSEHOLD EXPENDITURE ON NON-DURABLE GOODS/ SERVICES –						
(E-20: 1+N)		SECTION H: PART-C (56-Col9)						
2. ANNUAL HOUSEHOLD AGRI INCOME (G1-		8. ANNUAL HOUSEHOLD EXPENDITRUE ON NON-DURABLE GOODS/ SERVICES –						
28)		SECTION H: PART-D (80-Col5)						
3. ANNUAL HOUSEHOLD LIVESTOCK INCOME		9. ANNUAL HOUSEHOLD EXPENDITURE ON DURABLE GOODS/ SERVICES -						
(G2-21)		SECTION H: PART-E (94-Col5)						
4. TOTAL ANNUAL HOUSEHOLD INCOME		10. ANNUAL TOTAL HOUSEHOLD EXPENDITURE (5+6+7+8+9)						
(1+2+3)								
		Validation Check						
First level check: Ratio (4/10)	Is the ratio	Is the ratio > 0.85? Yes (Balance complete) No (Go to further balancing second level check)						
11. Assets Sold (Sec I):=(27 col C + 32Q3(sold)+	12.	Savings and loans taken (Sec I)=(36+37+39+41)						
32Q4)								
Second level check: Ratio (4+11+12)/10		Is the ratio > 0.85? Yes (Balance complete) No (Verify from the HH, why the expenditures are so higher than income and make necessary corrections)						

K. Household Facilities (availability and access)

	-y wii w w w w w w w w w w w w w w w w w										
1. What is the residential status at present? 1=Personal re-	sidence, 2= On rent, 3=On subsidized re	ent, 4=Without rent									
2. How many rooms does your household occupy, include	bed rooms and living rooms? (Do not co	unt storage rooms, bath rooms, toilets, kitchen or rooms for business)									
3. Which material is used to lay roof of this building? 1= RC	CC/RBC; 2=Wood/Bamboo; 3= Iron/Cem	nent sheets; 4=Other									
4. Which type of Structure the house has? Pucca=1; Katch	a=2; P&K=3										
5. What is the main source of drinking water for the	Protected Well(include dug well)=6	Surface Water (river or stream or dam or lake or pond or canal or									
household? Unprotected well (include dug irrigation channel)=12											
Piped Water piped into property =1 well)=7 Filtration Plan/Unit=13											
Hand Pump in the dwelling =2	Protected Spring=8	Tanker Truck=14									
Public tap / standpipe =3	Rainwater collection =9	Underground Water Tube well=15									
Private Borehole (with motor pump)=4	Bottled water=10	Piped into dwelling=16									
Public Borehole (with motor pump)=5	Cart with small tank/drum=11	Other=17									
6. How many hours each day is water normally available in	the tap? (If less than one, put zero)										
7. Who installed the water delivery system?											
Govt., PHED, LG & RD, Municipality, District / Union c	ouncil etc. =1 Community=2 househ	nold itself = 3 NGO, Private etc. =4 RSP=5 Landlord=6 Don't									
know=7											
8. Who look after this water delivery system?											
Govt., PHED, LG & RD, Municipality, District / Union co	uncil etc. =1 Community=2 househ	nold itself = 3 NGO, Private etc. =4 RSP=5 None = 6									
9. How much time is consumed on a round trip to fetch the	drinking water? $1 - 15$ Minutes = 1	16 – 30 Min. = 2 31 – 45 Min. = 3 46 – 60 Min. = 4 60+ Min. =									
5	G										
10. Do you normally pay for water used by your household	? Yes =1 No =2 (→ Q - 12)										
11. How much do you normally pay for one month water su	, ,										
12. Are you willing to pay for an improved water supply sys		=3									
13. What type of toilet is used by your household? Flush of		Flush connected to pit = 2 Flush connected to open drain = 3 Dry									
71, 71	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1										

raised latrine = 4 Dry pit latrine = 5 No toilet in the household = 6 (For codes $1 - 5 \rightarrow Q-15$)	
14. Where do the household members go for their necessities? Fields / open places = 1 Communal latrine = 2 Others = 3 (specify)	
15. Is your house connected with drainage / sewerage system? Yes, underground drains = 1 Yes, to covered drains = 2 Yes, to open drain = 3 No system = 4	
16. How is the garbage collected from your household and neighborhood? Municipality = 1 Privately = 2 No formal system =3	
17. How much do you pay (Rs.) per month for garbage collection from your HH and from the neighborhood? (Write 0 if nothing is being paid)	
18. How many hours per day you have electricity? No connection=1 1-4 hours =2 >4-8 hours =3 >8-12 hours =4 >12-16=5 >16-20=6 >20-24=7	
19. Do you use any alternative sources of energy/electricity? UPS=1 Generator=2 Solar panels=3 Biogas=4 None =5	
20. What is the main source of fuel/energy? Gas=1; Wood =2; Kerosene oil=3; Saw dust=4; Other= 5 (Specify)	
21. What is the main source of water for irrigation? River=1, Canal=2, Tube well=3 Barani =4; other =5 (Specify)	

Llow m	ich time is spent in reach	ina to	4ha na	oroot	nlaaa	of foo	ilit. (2									
now mu	ich time is spent in reach	ing to	trie ne	arest	piace	oi fac	iiity ?									
		- 1		me in m			B.	Normal mod	le of transport			A.	Time in minutes		B. Norma	I mode of
		0-14	15-29	30-44	45-59	60+	On foot		Mechanical			0-14 15-29 30-	44 45-59 60+		transp	
		1	2	3	4	5		mechanical				1 2 3	3 4 5	On foot	Non-	Mechanical
							1	2	3						Mechanical	
														1	2	3
22.	Medical Store									23.	Middle school Girls					
24.	Retail (Kiryana) store									25.	High school Boys					
26.	Public transport									27.	High School Girls					
28.	Primary school Boys									29.	Health clinic/Hospital					
30.	Primary school Girls									31.	Population Welfare					
	•									Unit	•					
32.	Middle School Boys									33.	Main Road					

L. Access and use of services and facilities

				Enter rep	olies al	oout e	veryone	in the follov	ving, in the	releva	nt box	Κ.					
							If it is 1	or 2 in A th	nen ask B				If it is 2,	3 or 4 i	in A the	n ask C&D	
Services		Α						В				C D					
and Facilities		nany times service	usually		,,				are satisfied of this service		What type of change you found in the service during the last 12 months			2 months			
	Not at all	Once in a	Often	Always		,		Lack of	No	Other			Satisfied			Better than	Don't
		while			Away	costly	not suit	tools/staff	enough Facility			Satisfied			before	before	know
	1	2	3	4	1	2	3	4	5	6	7	1	2	1	2	3	4
Lady Health Worker																	
Basic Health Unit																	
Family Planning Unit																	
Vaccinator																	
School																	
Veterinary Clinic																	
Agriculture (extension)																	
Police																	
Bank																	

ь .	1	1	1									
Road												
Drinking water												
Bus												
Railway												
Post Office												
NADRA Office												
Union council office												
Local magistrate												
Court												
District Education Department												
District Health Department					·		·					
District Local Government Office												
Office Electricity and Gas					·		·	·	·			

M. Major Conflicts/disputes and their resolution mechanism

,	Have you experienced ar	ny conflict/disput	e in your household or in	your villa	ge? 1= Yes, 2=No				
IDC	What are the main types of conflicts/disputes you exper household or village?		3. What are the most common causes of such conflicts/disputes?		4. How often main common disputes/conflicts occur in your village or household?	5. Whom do you refer to most of the time for conflicts/dispute resolution?			
	1= Intra-household/husband and wife/within children 2= Inter household /Family disputes 3=Communal/tribal 4= Other (Please specify)		1=Land 2=Money loan/return 3=Rishtay (asking hand of a boy/girl for marriage) 4= Other (Please specify)		1= Once in while 2= Often 3= More often 4= Always	1= Any formal local Conflict Resolution Committee/Rajooni/Jirga/Panchait 2= Any informal local Conflict Resolution Committee/ Rajooni/Jirga/Panchait 3=Police 4=Court 5= Other (Please specify)			
	Multiple choice	Other	Multiple choice	Other		Multiple Choice	Other		

N. Trust at community and local government institutions

IDC	1. Generally speaking do people in your neighborhood help each other when needed?	2. Generally speaking, would you say that most people can be trusted or you need to be very careful in dealing with people in your village?	3. In your opinion how much do people in this village trust each other in matters of lending and borrowing?	4. How far you think that the working of the local government is transparent and corruption free?	5. Do you trust in local elected representatives to address your local problems?	6. Since the formation of local governments earlier this year in 2016, how many times you have visited/contacted any local representative in person or in office for the solution of any problem?	7. What do you think if there has been any improvement in the provision of public services because of local governments?
	1= People are always busy and don't help so much 2= People help first of all their family and friends when help is needed 3= People help only those people they know will also help them 4= People help each other whenever somebody needs help 9= Don't know	1=Fully trust 2=Some trust 3=Neutral 4=Not Trust 9=Don't know	1=Fully Trust 2=Some trust 3=Neutral 4=Not Trust 9=Don't know	1=Totally transparent and corruption free 2=Somewhat transparent and corruption free 3=Neutral 4= Non transparent and corrupt	1=Fully trust 2=Some trust 3=Neutral 4=Not Trust 9=Don't know	1=Not at all 2=Once 3=Twice 4=More than three times	1=A lot of improvement 2=Little improvement 3=No change 4=Worse than before 9=Don't know

O. Environment and climate change

IDC 1. What is the most striking change in weather and climate that you could observe over the last five years? 2. What impact did it have on you, your family, livestock and agriculture? 3. What are you already doing or planning to do to be preparticularly incidences/changes in the future?	red for such
---	--------------

1= Nothing (→ P) 2=More Rainfall 3=Less Rainfall 4=More Floods 5=Dry season much longer 6=Other (please specify)	1=Loss of human life 2=Loss of livestock 3=Loss of agriculture o 4=Loss/damage of pers 5=Deterioration of heal water borne diseases 6= Migration 7=Other (please specif	sonal property/ house th conditions due to	1=Adapting house construction conditions 2=Adapting crops to withstand ext 3=Control of open grazing 4=Planting of trees 5=Avoiding deforestation 6=Adopting water efficient/saving from the second se	reme weather conditions technology gement e energy/recycling	4. Name the organisations helping you to prepare against abrupt changes in the environment
	Impact (Multiple choice)	Other	Preparation (Multiple Choice)	Other (please specify)	

P. Major Constraints/Problems (Perceptions)

Problems	Response	Problems	Response	Problems	Response	Problems	Response	Problems	Response
1.Education:		2.Health care:		3.Water Supply:		4.Drainage:		5.Street Pavement:	
6.Transport:		7.Fuel Supply:		8.Electricity:		9.Income (Poverty):		10. Jobs/Employment:	
11.Savings:		12Access to Credit:		13.Social Cohesion:		14.Organisation:			

Rank each problem from 1 to 4, where 1=no problem; 2=slight problem; 3=serious problem; 4=very serious problem and 9= not sure.

Q. Household Miscellaneous Information

		, ,	•	, , ,	, .	ene (boiling your drinking wate	er, washing ha	nds before		
eating and after	er using toilet	etc.) or about dise	eases you car	n catch from unclean wate	r? Yes	=1 No =2 (\rightarrow Q-3)				
				y other Govt. health worke Organisation =7 RSP Sta		other NGO / private health wor = 9	rker = 3 Media	=4		
3. During the last 30	days has this	household been	visited by a vil	lage based family plannin	g worker? Y	es =1 No = 2				
4. Is there any existing	ng Community	y Organisation in y	our area? Ye	s =1 No = 2 (\rightarrow next	section)					
5. If yes is any one fi	rom your hous	sehold member of	that Commun	nity Organisation? Yes =1	No = 2 (→ next section)				
6. If yes since when	,									
7. Have you got any		ember in the CO?	Yes=1 No=	2						
8. Savings in CO (Rs										
Benefits of Comm	unity Organis	ation (Perceptions	5)							
Benefits	Response	Benefits	Response	Benefits	Response	Benefits	Response	Benefits		Response
Social Cohesion		2. Skills		3. Village Infrastructure		4. Personal Empowerment		Conflict		
								Resolution	on	
6. Access to loans		7. Access to		8. Access to		9. Access to Market		10. Improved	d Natural	
		public		technology				Resource	es	
		services								

Note: Rank each benefit from 0 to 3, where 0=no benefit (or not sure); 1=slight benefit; 2=significant benefit; and 3=very significant benefit.

R. Overall Assessment (to be filled by the interviewer)

	1	Result	1. Completed with selecte	d household		2. Completed with replacement		
Ī	2	Behavior of the respondent	Co-operative	2. Normal	3. reluctant/hesitant	4. non serious/talkative		

ANNEX E: FEMALE QUESTIONNAIRE

Both enumerators and respondents have to be female.

Sindh Union Council and Community Economic Strengthening Support (SUCCESS) Programme

Socio-Economic Survey (SES) (Baseline – 2016)

RESEARCH UNION COUNCILS HOUSEHOLD QUESTIONNAIRE⁵

UNION COUNCILS DAD KHAN JARWAR AND MASSOO BOZDAR, DISTRICT TANDO ALLAHYAR, SINDH

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⁵ The Questionnaire is being adopted from the PSLM 2007-8 questionnaires and amended according to the needs of this survey.

Consent Form

My name is [name of enumerator] and I am representing Rural Support Programmes Network. We are conducting a survey about socio-economic conditions of households and their access to public services [e.g.: drinking water, education, health facilities] in your area on behalf of [name of RSP]. The information we collect will help the [name of RSP] better understand the current socio-economic conditions of households and how access to public services affects the economic situation of households living in Sindh. There are no direct benefits to you for participating in this survey. However, the results of this survey will help the [name of RSP], government and other development organisation to develop programmes and policies for socio-economic empowerment of women and poor in Sindh.

Your household has been randomly selected for the survey, like many other households in this area. We will be asking questions about your household members, age, education, health, income and assets. We think that the whole discussion will not pose any risk to you and your household members. The interview usually takes about __ minutes. Your answers will remain confidential and will be used anonymously in the survey report. The survey results will not mention any names of you or your household members. Your views are important and will help to improve the work and knowledge of [RSP] and other organisations working for the development of Sindh.

We understand that sometimes some people choose not to participate in the survey for many reasons. You are free to choose whether or not to participate in this survey. If you do choose to participate, you are free to withdraw from the survey at any time. If you choose not to participate or you choose to withdraw, your decision will not adversely affect your position in community or relationship with [name of National Rural Support Programme working in your area.

Authorization

I have understood the consent form and decided that I will voluntarily participate in the study described above. Its general purposes, the procedures, and possible risks and benefits have been explained to me.

The	consent taken fr Date:	om (Name)	:		Signature	(if	literate)
The	consent	taken Date:	by	(Name):			
	nt verified by (Name):			Signature:			
NT - 4	IC 41 1 1: 1:-	4 4 - 4 1			T: -1.4 C		.: C: 41 4

Note: If the respondent is not literate the enumerator will take verbal consent and the Field Supervisor verifies that a verbal consent was obtained, by signing this document.

a. Household Identification

1.	Union Council	[select from drop down] pre-feed only two UCs -
2.	Revenue Village /Deh	[select from drop down]
3.	Village (Settlement)	[select from drop down]
4.	Household Address	
5.	Name of Household Head	Pre-feed from sampling
6.	Household Head CNIC	Pre-feed from sampling
7.	Name of Respondent	Only Currently Married women age 15-49 years in the household
8.	Age of the respondent	
9.	What was your age at the time of	
	marriage?	
10.	Education level of the respondent	
11.	CNIC	
12.	Name of the Interviewer	[select from drop down]
13.	Name of the Supervisor	[select from drop down]

b. Birth Spacing

DESCRIPTION OF BIRTH SPACIN METHODS:

- 1. CONDOM: A man can use a rubber covering during sexual intercourse.
- 2. IUCD: A woman can have a loop or coil placed inside her uterus by a doctor or nurse. Its provides protection for 5-12 years
- 3. PILLS: A woman can take a pill every day.
- 4. INJECTABLES: A woman can have an injection by a trained health care providers which provides protection from being pregnant from one to three months.
- 5. IMPLANT: A doctor can place into a woman's arm small rods which provides protection for becoming pregnant up to five years. This method is also known as NORPLANT.
- 6. TUBAL LIGATIONFEMALE STERILIZATION: A woman can have an operation to avoid having any more children.
- 7. VASECTOMY (MALE STERILIZATION): A man can have an operation to avoid having any more children.
- 8. STANDARD DAYS METHOD (RHYTHM): A couple can avoid having sexual intercourse on certain days of the month when the woman is more likely to become pregnant.
- 9. WITHDRAWL: A man can be careful and pull out before ejaculation.
- 10. OTHERS: Have you heard of any other ways or methods that a woman or a man can use to avoid pregnancy

Now I would like to ask you about Birth Spacing, various ways or methods that a couple can use to delay or avoid pregnancy?

#	Questions	Response							
1.	Have you ever heard about any contraceptive methods?	Yes, spontaneously= 1	es, pi	robed= 2 No= 3					
2.	If yes please Name as many as you know? (select all relevant options)	1. Condom		2. IUCD		3. Pills	4. Injection	5. Implant	
		6. Female Sterilisation		7. Male Sterilisation		8. Rhythm	9. Withdrawal	10. Others	
3.	Have you ever used any of the methods? (select all relevant options)	Yes $=1$, No $=2$		If No (Q→9)					
4.	If Yes, please name as many as you have ever you used?	1. Condom		2. IUCD		3. Pills	4. Injection	5. Implant	
		6. Sterilisation (Female) Go		7. Sterilisation (Male)		8. Rhythm	9. Withdrawal	10. Others	
		to Q 7		Go to Q 7					
5.	Are you currently using any method?	Yes $=1$, No $=2$		If No (Q→9)					
6.	If Yes, which methods are you currently using?	1. Condom		2. IUCD		3. Pills	4. Injection	5. Implant	
		6. Sterilisation (Female)		7. Sterilisation (Male)		8. Rhythm	9. Withdrawal	10. Others	
7.	In your opinion what should be the minimum spacing between two	1=One year, 2= Two Ye	ears,	3=Three years, 4=four year	rs, 5=f	ive years, 6= D	o not know		
	pregnancies?								
8.	From where do you normally obtain the method, you are using now?	1. Spouse				2. Hakim			
		3. Friend /relative			4. Homeopath				
		Govt. Family Planning Ce	nter			Chemist			

		7. NGO Family Planning C	Center	8	3. Store	
		9. Private hospital / Practit	ioner	1	0. Dai	
		11. Govt. Hospital /Dispense	ary/ Practitioner	1	2. Reproductive health	Service unit
		13. BHU/RHC		1	4. Mobile service unit	
		15. Lady Health Worker		1	6. Other	
9.	If never used or not using currently please give reasons?	Wants More Children	2. Not Effective	3	Husband away	4. Hysterectomy
	(select all relevant reasons)	5. Costs Too Much	6. Religious Reasons	7	. Lactating	8. Menopausal
		Not Available	10. Self-Opposed	1	1. Lack of	12. Pregnant
					knowledge	
		13. Irregular Supply	Husband Oppose	1	Infertility	16. Adverse Side
						Effects
		Relatives Opposed	18. Other			

c. PRE, Natal and POST-NATAL CARE (Mother have child up to 12 months of age)

#	Questions	Response
1.	Is there any women in the household who have child up to 12 months of age?	Yes = 1 No = 2 (\rightarrow next section)
2.	If Yes, Name of Woman	
3.	Child's age in months	
Pre	natal Care	
4.	Do you know about any problems or complications a woman can have during pregnancy?	Yes= 1 No= 2
5.	Can you name some of complications or problems a woman can face during pregnancy?	Vomiting=1Convulsions=5Severe abdominal pain=10Bleeding=2Swollen hands/face/feet=6Accelerated/ reduced fetal movement =11Severe headache=3High fever=7Water breaks without labor=12Blurred vision=4Loss of consciousness=8Others (please specify)=13Difficulty breathing=9
6.	Do you know that a pregnant woman should go to doctor for checkup during pregnancy?	Yes= 1 No= 2
7.	Do you know that how many Antenatal Checks a pregnant woman should have during pregnancy?	1=1 2=2 3=3 4=4 More than four =5 Don't know=6
8.	Do you know what are the important components of Antenatal care?	Checking for Immunization (Tetanus injection)=4 Urine test=7 Anemia=1 Counseling about food and rest requirement=5 Others =8 (please specify) Measure Blood=2 Check the position and movement of the Don't know=9 Pressure Weighing=3 fetus=6
9.	While you were pregnant with your last child, did you have any prenatal consultations?	$Yes = 1, \qquad No = 2 (Q \rightarrow 17)$
10.	During your last pregnancy, how many times you had Antenatal Care visits	1=1 2=2 3=3 4=4 More than four =5 Don't know=6
11.	Where did you normally receive prenatal care?	Home TBA = 1 Home Doctor = 4 Family Welfare Center = 07 Home LHW = 2 Govt. Hosp/Clinic = 5 Reproductive Health Service unit = 08 Home LHV = 3 Private Hosp / Clinic = 06 Mobile service unit = 09 Other = 10
12.	At what month of pregnancy did you go for your first consultation?	
13.	During this pregnancy were you given tetanus toxoid (TT) injections?	Yes = 1 No = 2 ($Q \rightarrow 15$)
14.	How many injections were given?	
15.	Were you given (TT) injections during previous pregnancies?	Yes = 1, No = 2, No previous pregnancy=3, If code is 2 or 3 (Q→17) 16. If yes, how many injections were given?
17.	Did you took Iron, folic acid and calcium tablets during the pregnancy	Yes= 1 No= 2
Nat	tal Care	

18.	In your opinion what is the best place to deliver the baby?	Home -1 Dai/TRA hor	ne=2, CMW home=3, LHV Facility=4	RHII/RHC-5 THO/DHO-6 Pa	ivate Facility-7 Other (please		
10.	in your opinion what is the best place to deriver the baby:	specify)=8	iic-2, Civi vv iioiiic-3, Eri v i aciiity-4	, bito/kite=3, fit@/bitq=0, fit	ivate racinty=7, Other (please		
19.	Where did you deliver your last baby?	Home = 1, Govt. Hospital / Clinic = 2, Private Hospital / Clinic = 3, Other = 4					
20.	Why did you deliver there?	Convenience=1 Confidence in provider's ability=3 As per advice from family=5 Cost issue=2 As per advice from provider=4 Others =6(Specify please)					
21.	Who assisted you with this delivery?		/Neighbors=1, Midwife=2, TBA=3, Trai				
22.	What was outcome of last delivery?	Normal Healthy child=1,	Still birth=2, Child with congenital abnorn	nality=3, Other=4 (specify please), D	on't know=9		
23.	What was the cost of your last delivery?	Rs, D	on't know=9				
Post	Natal						
24.	Did anyone examine you within first 24 hours after you gave b						
25.	If yes, where you were examined	Home TBA Home LHW Home LHV	= 2 Govt. I	Hosp/Clinic =5 Reproducti	elfare Center =07 ive Health Service unit=08 vice unit =09 = 10		
26.	How many Post Natal Care visits you had after your last deliv	ery 1=1 2=2	3=3 4=4 More tha	n four =5 Don't know=6			
Neo	natal Health						
27.	In your opinion what are most important things to be done for	health of newborn?	Bathing=1 Covering with blanket or Chadar=2 Cleaning=3	Showing to family=4 Feeding with food or medicine=5 Vaccination=6	Exclusive Breastfeeding=7 Other =8(Specify)		
28.	Did you feed your child with the colostrum (Colostrum is thafter delivery)		No=2				
29.	Did your child was given first vaccination (polio drops (Mandatory Question)	and BCG) soon after birt	n Yes=1 No=2				
30.	How long after birth was the newborn given bath?		 Immediately after birth 1 to 2 hours after birth 2 to 3 hours after birth 3 to 6 hours after birth 6 hours after birth Do not remember 				
31.	In your opinion what is Exclusive Breastfeeding?		 Breastfeeding with other milk when mother's milk is short Breastfeeding with other foods when mother's milk is short Breastfeeding and feeding water Only breastfeeding for a period of six moths Others (Specify please) 				
32.	How long after birth did you first put your child to the breast?		1. Immediately after birth (within minutes) 2. Hours 3. Day 4. Did not breastfeed				
33.	How many months did you exclusively breastfeed your child?		 None Less than six months Six months Other (specify) Don't remember 				
34.	At what stage(from which month) complimentary feeding for	a child should be initiated?	Months: Don't	Know			

d. WOMEN IN DECISION MAKING

427 11 0.	THE THE DECEMBER 1	721222170							
1. Who in your household	2. Who in your	3. Why are you not	4. Who in your HH decides	Ask if she is currently m	arried	7. Who	o in your house	hold usually 1	makes decisions about
decides who can start or continue to get education? (see FN for codes)	household decides whether who can seek or remain in paid employment? (see Foot Notes for	work? (see FN for codes)	where and when one should be married? (see FN for codes)	5. Who in your family decides whether you can use birth control methods? (see FN for codes)	-	1 *	e of following cor	sumption items	;?
	codes) If code = 8 or 9, \rightarrow Q.4					Food A	Clothing and footwear B	Medical treatment C	Recreation and travel D
		•							

Codes for Q.1, Q.2, Q.4 and Q.7:		Codes for Q.3:		Codes for Q.5 and Q.6
Woman herself = 1	Head/Father and other male members decide = 6	Not permitted by husband or father	Too busy doing domestic work = 5	Husband alone = 1
Head/Father of the household decides alone =	Other combination of persons decide = 7	to work outside home $= 1$	Too Old / Retired / Sick /	Woman herself = 2
2		Don't want to work outside home =	Handicapped = 6	Husband & woman jointly =3
Head/Father in consultation with his/her	Only for Q.1 and Q.2:	2	Don't know whether there	Mother of woman or husband $= 4$
spouse = 3	Too old to study or work $= 8$	Not enough job opportunities in the	exists an opportunity $= 7$	Menopausal/infertile =5
Head/Father in consultation with the woman	Woman concerned has no interest in study/work =	region = 3	student $= 8$	It is in the hands of God = $6 \text{ Nobody} = 7$
concerned = 4	9	Pay too low $= 4$	other =9	Other $= 8$ (please specify)
Head/Father and spouse of the head in				
consultation with the woman concerned = 5				

8. Did any LHW come to this Household during the last 30 days?	9. Did any male/female of the household visit a health unit during the last 30 days?	10. Has respondent heard of HIV/AIDS?	11. Is respondent familiar with at least three preventive measures against HIV & AIDS?
1= Yes 2= No	1= Yes 2= No	1= Yes 2= No	1= Yes 2= No
			(Note: better to list here possible preventive methods for the respondent to choose)

e. Number of Deaths in the household (during the last 12 months) (record reason and birth certificate status of the most recent death)

Age Bracket	Male (No)	Female (No)	Death Certificate (Yes=1, No=2)	Reason of death
Up to 5 years				
6-18 years				
19-24 years				
25-55 years				
> 55 years				
Total				

f. Major Constraints/Problems (Perceptions)

Problems	Response	Problems	Response	Problems	Response	Problems	Response	Problems	Response
1.Education:		2.Health care:		3.Water Supply:		4.Drainage:		5.Street Pavement:	
6.Transport:		7.Fuel Supply:		8.Electricity:		9.Income (Poverty):		10. Jobs/Employment:	

Rank each problem from 1 to 4, where 1=no problem; 2=sight problem; 3=serious problem; 4=very serious problem and 9= not sure. g. Benefits of Community Organisation (Perceptions) fits Response Benefits Response Benefits access to Banks Response Benefits Skills Response Benefits Skills Response Benefits Access to Willage Infrastructure Personal Empowerment Ingroved Natural Scalar Orders of Skills Response Benefits Note: Rank each benefit from 0 to 3, where 0=no benefit (or not sure); 1=slight benefit; 2=significant benefit; 2-significant benefit. h. Household Miscellaneous Information 11. In the last twelve months, has anybody talked to you, or have you heard any messages about hygiene (boiling your drinking water, washing hands before eating and after using toilet etc.) or about tisseases you can catch from unclean water? Yes =1 No = 2 (→ 0-3) 12. From whom did you hear about 1t? Lady health visitor = 1 Any other Coxt. health worker = 2 Any other NGO/ private health worker = 3 Media =4 School children = 5 Other family members = 6 Contaminally Organisation = 7 RSP Staff = 8 Other = 9 13. During the last 30 days has this household been visited by a village based family planning worker? Yes =1 No = 2 14. Is there any existing Community Organisation in your area? Yes =1 No = 2 15. Is anyone from your household member of that Community Organisation? Yes =1 No = 2 16. Is since when (DD/MMYY) 17. Have you got any training as member in the Community Organisation? Yes =1 No = 2 18. Savings in Community Organisation (Rs.) 19. Mother's Name 20. Name of Child 21. Sex (1=loy 2-Grit) Birth 23. Age (kg) 24. Weight (cm) 25. Height (Certificate Conducted (1=Yes substances) 25. Height (Certificate Conducted (1=Yes substances) 25. Height (Certificate Conducted (1=Yes substances) 25. Height (1=Yes) 25. Height	avings:		12Access to Credit:		13.Social Cohesion:		14	4.Organisation:					
g. Benefits of Community Organisation (Perceptions) fits Response Benefits Response	Rank each problem	from 1 to 4, wher		light problem: 3=s		n: 4=verv serious	s problem and 9	= not sure.				I	
Response Benefits Response Benefits Response Benefits Response Benefits Response Benefits Skills Village Infrastructure Personal Empowement Conflict Resolution Skills Village Infrastructure Response Benefits Response Respons						,	F						
Cohesion Skills Village Infrastructure Personal Empowement Conflict Resolution Set to loans Access to public Access to technology Access to Market Improved Natural Resources							Response	Benefits		Response	Benefits		Respon
Access to public Access to public Access to technology Access to Market Improved Resources	al Cohesion	1			Village Infra	astructure	1	Personal Emp	owerment	1	Conflict Resolution	1	
Note: Rank each benefit from 0 to 3, where 0=no benefit (or not sure); I=slight benefit; 2=significant benefit; and 3=very significant benefit. 11. In the last twelve months, has anybody talked to you, or have you heard any messages about hygiene (boiling your drinking water, washing hands before eating and after using toilet etc.) or about diseases you can cache from unclean water? Yes = 1 No = 2 (→ Q-3) 12. From whom did you hear about it? Lady health visitor = 1 Any other Govt, health worker = 2 Any other NGO / private health worker = 3 Media = 4 School children = 5 Other family members = 6 Community Organisation = 7 RSP Staff = 8 Other = 9 13. During the last 30 days has this household been visited by a village based family planning worker? Yes = 1 No = 2 14. Is there any existing Community Organisation in your area? Yes = 1 No = 2 15. Is anyone from your household member of that Community Organisation? Yes = 1 No = 2 16. Is since when (DD/MM/YY) 17. Have you got any training as member in the Community Organisation? Yes = 1 No = 2 18. Savings in Community Organisation (Rs.) 19. Mother's Name 20. Name of Child 21. Sex (1=Boy 2=Girt) 22. Date of (1=Yes 2=No) 22. Date of (1=Yes 2=No) 23. Age (Years) 24. Weight (cm) 25. Height Certificate (1=Yes 2=No) 27. Delivery Conducted by: Dai/Traditional Birth Attendant (TBA)=1, Lady Health Visitor/Worker=2, Doctor=3, Nurses=4, Others=5 (Albers=5 (Please explain if Others) 29. Other (1=Yes 2=No) 30. Has the child been vaccinated including polic? Yes=1 30. Do you have Vaccination & Diarrhoea (for under 5 years children) 31. BCG 32. Do you have Vaccination Card of your children with you? Yes=1 33. Do you have Vaccination Card of your children with you? Yes=1 34. Poeta 2 35. POLIO ZERO DOZE 36. POLIO 1 37. POLIO 2 38. POLIO 3 38. POLIO 3 38. POLIO 3 38. POLIO 3 39. POLIO 2 39. POLIO 5 39. POLIO 6 30. POLIO 5 30. POLIO 5 30. Polior find a fare using the fill worker and any messages about	ss to loans		Access to pu	ıblic				Access to Ma	rket		Improved	Natural	
11. In the last twelve months, has anybody talked to you, or have you heard any messages about hygiene (boiling your drinking water, washing hands before eating and after using toilet etc.) or about diseases you can catch from unclean water? 12. From whom did you hear about it? Lady health visitor = 1 Any other GNA, thealth worker = 2 Any other NGO / private health worker = 3 Media = 4 School children = 5 Other 13. During the last 30 days has this household been visited by a village based family planning worker? Yes = 1 No = 2 (If no end the survey) 15. Is anyone from your household member of that Community Organisation? Yes = 1 No = 2 (If no end the survey) 17. Have you got any training as member in the Community Organisation? Yes = 1 No = 2 18. Sarvings in Community Organisation (Rs.) 19. Mother's Name 20. Name of Child 20. Name of Child 21. Seg. 22. Date of (1-BB) (1-BB) (Years) 21. Seg. 21. Seg. 22. Date of (1-BB) (1-BB) (Years) 21. Seg. 23. Age (Years) 24. Weight (xg) 25. Height (Certificate (1-Yes) (1-Yes) 27. Delivery Conducted by: Dai/Traditional Birth Attendant (TBA)=1, Lady Health Visitor/Worker=2, Doctor=3, Nurses=4, Others=5 (also provide explanation if Others) 30. Has the child been given anyone of the following along with breast feeding? Ghutti=1, Goat Milk=2, Bottle Feed = 3, Water=4, Others=5 (flease explain if Others) 31. Do you have Vaccination & Diarrhoea (for under 5 years children) 32. Do you have Vaccination Card of your children with you? Yes=1 No=2 33. Do you have Vaccination Card of your children with you? Yes=1 No=2 34. Pollo 2 ERO DOZE 44. Penta 3 44. Penta 3 44. Penta 3 45. Penta 3 45. Penta 3 46. Penta 3 47. Penta 3 47. Penta 3 47. Penta 3 48. Penta 3 48. Penta 3 48. Penta 3 48. Penta 3 49. Pollo 2 ERO DOZE 49. Penta 3 49. Pollo 2 ERO DOZE 40. Penta 3 49. Pollo 3 40. Penta 3 49. Pollo 3 49. Penta 3 49. Pollo 3 49. Penta 3 49. Pollo 3 49.			services			<i></i>					Resources		
11. In the last twelve months, has anybody talked to you, or have you heard any messages about hygiene (boiling your drinking water, washing hands before eating and after using toilet etc.) 12. From whom did you hear about it? Lady health visitor = 1 Any other Good. Health worker = 2 Any other NGO / private health worker = 3 Media = 4 School children = 5 Other family members = 6 Community Organisation = 7 KSP Staff = 8 Other = 9 13. During the last 30 days has this household been visited by a village based family planning worker? Yes = 1 No = 2 14. Is there any existing Community Organisation in your area? Yes = 1 No = 2 (if no end the survey) 15. Is anyone from your household member of that Community Organisation? Yes = 1 No = 2 16. Is since when (DD/MM/YY) 17. Have you got any training as member in the Community Organisation? Yes = 1 No = 2 18. Savings in Community Organisation (RS) 19. Mother's Name Code 20. Name of Child 20. Name of Child 21. Sex (1-Boy 2-Girl) 22. Date of Birth (1-Boy 2-Girl) 23. Age (Years) (4. Weight (xg)) (5. Height (xg)) (1-Yes 2-No) 25. Height (Certificate Conducted by Dai/Traditional Birth Attendant (TBA)=1, Lady Health Visitor/Worker=2, Doctor=3, Nurses=4, Others=5 (also provide explanation if Others) (19! Has the child been given anyone of the following along with breast feeding? Ghutti=1, Goat Milk=2, Bottle Fed=3, Water=4, Others=5 (Please explain if Others) 30. Has the child been vaccinated including polic? Yes=1 No=2 31. Do you have Vaccination Card of your children with you? Yes=1 No=2 32. Did the child vaccinated/administered the following drops (1-Yes, according to Card, 2-Yes, according to memory, 3. yes, during polic campaign, No=4) 5. POLIO ZERO DOZE 6. POLIO 1 7. POLIO 2 8. POLIO 3	Note: Rank each ber	nefit from 0 to 3,	where 0=no benefit (or not sure); 1=slig	ht benefit; 2=	significant benef	it; and 3=very s	ignificant benef	it.				
11. In the last twelve months, has anybody talked to you, or have you heard any messages about hygiene (boiling your drinking water, washing hands before eating and after using toilet etc.) 12. From whom did you hear about it? Lady health visitor = 1 Any other Govt. health worker = 2 Any other NGO / private health worker = 3 Media = 4 School children = 5 Other family members = 6 Community Organisation = 7 RSP Staff = 8 Other = 9 13. During the last 30 days has this household been visited by a village based family planning worker? Yes = 1 No = 2 14. Is there any existing Community Organisation in your area? Yes = 1 No = 2 (if no end the survey) 15. Is anyone from your household member of that Community Organisation? Yes = 1 No = 2 16. Is since when (IDD/MM/Y) 17. Have you got any training as member in the Community Organisation? Yes = 1 No = 2 18. Savings in Community Organisation (Rs) 19. Mother's Name Code 19. Mother's Name 20. Name of Child 20. Name of Child 21. Sex (1-Boy 2-Girlt) 22. Date of (1-Boy 2-Girlt) 31. Each (Years) 32. Age (Years) 42. Weight (xg) 43. Age (Years) 44. Weight (xg) 45. Height (Cirt Sex 2-No) 25. Height (Cirt Sex 2-No) 26. Birth (TeX) 27. Delivery Conducted by by* (1-Yes 2-No) 28. Breastfed (1-Yes 2-No) 29. Other substances (1-Yes 2-No) 29. Other substances (1-Yes 2-No) 30. Has the child been given anyone of the following along with breast feeding? Ghutti=1, Goat Milk=2, Bottle Fed=3, Water=4, Others=5 (Also provide explanation if Others) 30. Has the child been vaccinated uncluding policy Yes=1 No=2 32. Did the child been vaccinated administered the following drops (1-Yes, execording to memory, 3. yes, during polic campaign, No=4) 5. POLIO ZERO DOZE 6. POLIO 1 7. POLIO 2 8. POLIO 3													
12. From whom did you hear about it? Lady health visitor = 1 Any other GoV. health worker = 2 Any other NGO / private health worker = 3 Media = 4 School children = 5 Other	h. H	ousehold Mis	scellaneous Info	rmation									
12. From whom did you hear about it? Lady health visitor = 1 Any other Govt, health worker = 2 Any other NGO / private health worker = 3 Media = 4 School children = 5 Other family members = 6 Community Organisation = 7 RSP Staff = 8 Other = 9 13. During the last 30 days has this household been visited by a village based family planning worker? Yes = 1 No = 2 14. Is there any existing Community Organisation in your area? Yes = 1 No = 2 15. Is anyone from your household member of that Community Organisation? Yes = 1 No = 2 16. Is since when (DD/MM/YY) 17. Have you got any training as member in the Community Organisation? Yes = 1 No = 2 18. Savings in Community Organisation (Rs.) 19. Mother's Name Code 20. Name of Child 21. Sex (1-Boy 2-Girl) 22. Date of Birth (Ryan) 23. Age (Years) 24. Weight (Ryan) 25. Height (Certificate (Ciny) 28. Breastfed (1-Yes 2-No) 29-No) **Codes: Q17: Delivery conducted by: Dai/Traditional Birth Attendant (TBA)=1, Lady Health Visitor/Worker=2, Doctor=3, Nurses=4, Others=5 (also provide explanation if Others) 19. Has the child been given anyone of the following along with breast feeding? Ghutti=1, Goat Milk=2, Bottle Fed=3, Water=4, Others=5 (Please explain if Others) 30. Has the child been vaccinated including polio? Yes=1 No=2 31. Do you have Vaccination Card of your children with you? Yes=1 No=2 32. Did the child been vaccinated administered the following drops. (I.Yes, according to memory, 3, yes, during polio campaign, No=4) 5. POLIO ZERO DOZE 6. POLIO 1 7. POLIO 2 8. POLIO 3	11. In the last twelve	months, has any	body talked to you, o	r have you heard a	ny messages a	bout hygiene (bo	oiling your drink	cing water, wash	ing hands before e	ating and after usi	ng toilet etc.)		
Samply members = 6 Community Organisation = 7 RSP Staff = 8 Other = 9								_		_			
3. During the last 30 days has this household been visited by a village based family planning worker? Yes = 1 No = 2 (if no end the survey) 14. Is there any existing Community Organisation in your area? Yes = 1 No = 2 (if no end the survey) 15. Is anyone from your household member of that Community Organisation? Yes = 1 No = 2 15. Is anyone from your household member of that Community Organisation? Yes = 1 No = 2 15. Is anyone from your household member of that Community Organisation? Yes = 1 No = 2 15. Is anyone from your household member in the Community Organisation? Yes = 1 No = 2 15. Is anyone from your household member of that Community Organisation? Yes = 1 No = 2 15. Is anyone from your household member of the Community Organisation? Yes = 1 No = 2 15. Is anyone from your household member of that Community Organisation? Yes = 1 No = 2 15. Is anyone from your household member of the Community Organisation? Yes = 1 No = 2 15. Is anyone from your household member of that Community Organisation? Yes = 1 No = 2 15. Is anyone from your household member of the Community Organisation? Yes = 1 No = 2 15. Is anyone from your household member of that Community Organisation? Yes = 1 No = 2 15. Is anyone from your household member of the Community Organisation? Yes = 1 No = 2 15. Is anyone from your household member of the Community Organisation? Yes = 1 No = 2 15. Is anyone from your household member of the Community Organisation? Yes = 1 No = 2 15. Is anyone from your household member of the Community Organisation? Yes = 1 No = 2 15. Is anyone from your household member of the Community Organisation? Yes = 1 No = 2 15. Is anyone from your household member of the Community Organisation? Yes = 1 No = 2 15. Is anyone from your household member of the Community Organisation? Yes = 1 No = 2 15. Is anyone from your household member of the Community Organisation? Yes = 1 No = 2 15. Is anyone from your household member of the Community Organisation? Yes = 1 No = 2 15. Is anyon	12. From whom did	you hear about it	? Lady health visitor	= 1 Any other G	ovt. health wo	orker = 2 Any	other NGO / pri	vate health wor	ter = 3 Media =4	School children =	5 Other		
14. Is there any existing Community Organisation in your area? Yes = 1 No = 2 (if no end the survey) 15. Is anyone from your household member of that Community Organisation? Yes = 1 No = 2 16. Is since when (DD/MM/YY) 17. Have you got any training as member in the Community Organisation? Yes = 1 No = 2 18. Savings in Community Organisation (Rs.) 18. Savings in Community Organisation (Rs.) 19. Mother's Name 20. Name of Child 21. Sex (1-Boy 2-Girl) 22. Date of Birth 23. Age (Years) 24. Weight (Kg) 25. Height (Certificate (1-Yes 2-No) 29. Other substances' (1-Yes 2-No)													
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2-Girl) Birth (Years) (kg) (cm) (1-Yes 2-No) (1-Yes 2-No	Code	20			22. Date of	23. Age	24. Weight	25. Height	Certificate	Conducted	(1=Yes	subs	stances*
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*Codes: Q17: Delivery conducted by: Dai/Traditional Birth Attendant (TBA)=1, Lady Health Visitor/Worker=2, Doctor=3, Nurses=4, Others=5 (also provide explanation if Others) Q19: Has the child been given anyone of the following along with breast feeding? Ghutti=1, Goat Milk=2, Bottle Fed=3, Water=4, Others=5 (Please explain if Others) **Toda: None of the following along with breast feeding? Ghutti=1, Goat Milk=2, Bottle Fed=3, Water=4, Others=5 (Please explain if Others) **Toda: None of the following of the following displays the child been vaccinated including polio? Yes=1				2=GIII)					2=No)	-			
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13. Measles 1 14. Measles 2 15. 16.			10	O. Pneumo	1	11			12.	Pneumo 3			

⁶ Stunting - Moderate and severe - below minus two standard deviations from median *height for age* of reference population [http://www.unicef.org/infobycountry/stats_popup2.html].

⁷ Wasting - Moderate and severe - below minus two standard deviations from median *weight for height* of reference population [http://www.unicef.org/infobycountry/stats_popup2.html].

33. Where / who and on what date the most recent vaccination was given?	Date:
Govt. Hospital /dispensary doctor = 01 Basic Health Unit = 02 Rural Health Centre = 03 MCHC= 04 NGO, Health worker = 05 Lady Health Worker= 06	Code:
Vaccination team/campaign = 07 Private Practitioner / facility = 08 Other = 09 Don't know = 10	
34. How many days after birth, did the child get first injection of BCG? If Don't know = 9	
35. Did the child suffer from any of the following disease in spite of vaccination? Can use maximum of three options.	Option1:
Polio = 1 Whooping Cough = 2 Measles = 3 Tetanus = 4 Tuberculosis (TB) = 5 Diphtheria = 6 No = 7 (maximum of three option code can be used)	Option2:
	Option3:
36. How far did you travel (round trip) to get your child vaccinated? 0 - 2 Km = 1 > 2-5 Km = 2 > 5-10 Km = 3 > 10-20 Km = 4 > 20 Km = 5 Don't Know=9	
37. How much did you pay for it (including transport)? if nothing Write zero →Next Child	
38. Why was the child not vaccinated? Cannot afford it = 1 No team has visited = 2 Facility too far away = 3 Don't know about vaccination=4 Child will get sick = 5 No female	
staff = 6 No answer= 7 Unnecessary= 8 Other= 9	
39. Did the child face diarrhoea during the last 30 days? Yes=1 No=2 (If no, then ask from the next child)	
40. Did you consult anyone for the treatment of diarrhoea? Yes=1 No=2 (If no, then ask Q. No. 23)	
41. Who was the person you consulted first of all?	
Private Dispensary/Hospital=1 Government Hospital=2 RHC/BHU=3 LHW=4 Nurse/LHV=5 Chemist/Pharmacy=6 Hakeem, Homoeopath, Waid =7 Other=8	
42. Did you give Nimkol (ORS) to him/her? Yes, readymade =1 Yes, Prepared at home=2 No=3	

k. Overall Assessment (to be filled by the interviewer)

	Result		3. Co	ompleted with selected	l household		4. Completed with replacement	
1	Behaviour of the	respondent	5.	Co-operative	6. Normal	7. reluctant/hesitant	8. non serious/talkative	

ANNEX F: DATA COLLECTION TOOLS AND CHECKLIST FOR UNION COUNCIL PROFILING

Two field researchers will be hired and they will be based in the selected districts. The researchers will collect and compile primary and secondary data. For primary data, key informant interviews and focus group discussions need to be held in each revenue village and Got of the selected UCs. Participant observation will be separately recorded in the field journal during data collection. Hand written notes will be converted into MS Word document and will be part of the UC dossier as annex.

With prior consent, photographs may be taken and short videos may be made about different activities/chores undertaken by villagers. The researchers are expected to undertake following activities in order to accomplish the task of union council profiling:

Tasks	Mode
Read the available secondary literature about the history, culture, traditions, religious practices and ways of living in the rural part of the Sindh Province.	Review of the literature
To find this literature, in addition to online material, useful reports and	
magazines may be available in local libraries of local universities close to our	
selected districts.	5
Read the available secondary literature about the history, culture and cultural	Review of the
festivals, traditions, religious practices and ways of living in the two selected districts.	literature
One map of UC showing UC and its revenue villages	MIS enocialist
One map of revenue villages showing settlements (called "Gots" in Sindhi)	MIS specialist MIS specialist
Geographical information – location, coordinates.	MIS specialist
Find if available from the secondary literature, any distinguishing feature,	Review of the
custom, cultural event being celebrated in the selected union councils. For	literature
this, different studies or reports of district government or by the students of	incrature
nearby universities may be useful.	
Demography –occupation, common diseases, common diseases and	Review of the
ailments, prevalent infections in the area.	literature
Physical infrastructure - what infrastructure exists such as schools, hospitals,	Visit to the
historic places, mosques?	concerned line
	departments
	and Review of
	the literature
What are the climatic conditions? Hot, cold, seasons, any history of floods	Visit to the
and heat waves?	concerned
	agriculture extension
	offices and
	Review of the
	literature
Agriculture: Which are major and minor crops in the area?	Visit to the
	concerned
	agriculture
	extension
	offices and
	Review of the
	literature and
	grey
	(unpublished)

	literature
What are different types of agriculture labour/haris? For example, bonded	Review of the
labour, short term tenancy - single crop haris or permanent haris? Task	literature and
based labour for only harvesting or sowing of crops?	FGDs in
	villages
Which are the major families in UCS? It could be Pirs/political/religious	Review of the
leaders.	literature and
	FGDs in
	villages
What are the major religions in the UC and within a UC, which are the major	Review of the
sects and sub-sects?	literature and
Scots and sub scots:	FGDs in
	villages
Mhat is the condition of general road infrastructure?	
What is the condition of general road infrastructure?	Observation
	through visit
Which are the major industries in UCs?	Review of the
	literature and
	FGDs in
	villages and
	observation
Livelihood sources: which are the main livelihood sources of the people?	Review of the
	literature and
	FGDs in
	villages and
	observation
What is the status of public convices in the area? For example, educations	
What is the status of public services in the area? For example; educations,	
health and roads? How many staff is working for vaccination? What is status	literature and
of birth, marriage and death registration in the area?	FGDs in
	villages and
	observation,
	meeting with
	the staff of
	Union Council
What is the status of alignment/working relationship of different government	FGDs in
line departments with UCs?	villages and
·	observation,
	meeting with
	the staff of
	other NGOs
	working in the
	area
What is the history of social mobilization in the area? Are there any	Review of the
community organizations, village Organisations, local support organisations	literature and
established/working in the union council? If active, which activities have been	FGDs in
undertaken by these originations? Whether Community Investment Fund has	villages and
been mobilized? If yes, what is the size of the loan availed by the community	observation
so far?	
Which other development actors like other NGOS have worked in the UC	Review of the
and which projects have been undertaken recently?	literature and
•	FGDs in
	villages and
	observation
Political environment: in view of local government elections, which people	Review of the
have been elected in the UC and which political party is popular in the UC?	literature and
have been elected in the GO and willon political party is popular in the GO:	morature and

Are there any political factions in the UC? Who won and lost in the local	FGDs in
government elections 2015? Which are the main political parties active in the	villages and
area in terms of their seats in the provincial and national assemblies? Who	observation
are the popular local leaders people follow?	
What is the condition of general road infrastructure?	Review of the
	literature and
	FGDs in
	villages and
	observation
Which are the major industries in UCs?	Review of the
	literature and
	FGDs in
	villages and
	observation

SUCCESS Programme is based on the Rural Support Programmes' (RSPs) social mobilisation approach to Community-Driven Development (CDD). Social Mobilisation centers around the belief that poor people have an innate potential to help themselves; that they can better manage their limited resources if they organise and are provided technical and financial support. The RSPs under the SUCCESS Programme provide social guidance, as well as technical and financial assistance to the rural poor in Sindh.

SUCCESS is a six-year long (2015-2021) programme funded by the European Union (EU) and implemented by Rural Support Programmes Network (RSPN), National Rural Support Programme (NRSP), Sindh Rural Support Organisation (SRSO), and Thardeep Rural Development Programme (TRDP) in eight districts of Sindh, namely: Kambar Shahdadkot, Larkana, Dadu, Jamshoro, Matiari, Sujawal, Tando Allahyar, and Tando Muhammad Khan.





"This publication has been produced with the assistance of the European Union. The contents of this publication are the sole responsibility of Rural Support Programmes Network (RSPN) and can in no way be taken to reflect the views of the European Union."

More information about the European Union is available on: Web: http://eeas.europa.eu/delegations/pakistan/

Twitter: @EUPakistan

Facebook: European-Union-in-Pakistan-269745043207452



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