

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



Socio Economic Baseline Survey under Research Component of SUCCESS





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

Socio-economic Baseline Survey Report under Research Component of SUCCESS

April 2017

Acknowledgement

We would like to thank Mr. Kahleel Tetly, Chief Operating Officer, Rural Support Programmes Network (RSPN) for his overall support. We are grateful to Mr. Fazal Ali Saadi, Programme Manager, Sindh Union Council and Community Economic Support (SUCCESS) Programme (RSPN), for his guidance to prepare this report. Thanks are due to the consultant, Mr Javed Iqbal, engaged as data analyst for preparing most of the tables used in this report. We are indebted to the other members of RSPN, in particular Mr Khurram Shehzad, Specialist Monitoring and Evaluation. Sampling for this baseline was carried out by Dr Andreas Landmann, University of Mannheim. Last but not the least, we are also thankful communities living in the Union Council of Dad Khan Jarwar for their time, hospitality, support and cooperation during the course of this research. We would also like to acknowledge the drivers who drove us to different places.

www.rspn.org www.success.org.pk www.facebook.com/successprogramme

PROJECT MANAGEMENT

Fazal Ali Khan, Programme Manager, SUCCESS, RSPN

AUTHORS

Dr. Abdur Rehman Cheema, Team Leader Research, SUCCESS, RSPN

Nadir Ali Shah and Sultana Kori, Field Researchers, SUCCESS, RSPN



© 2016 Rural Support Programmes Network (RSPN). All Rights Reserved.

EUROPEAN UNION

"This document is made possible with the financial support of the European Union under the Sindh Union Council and Community Economic Strengthening Support (SUCCESS) Programme. The contents are the sole responsibility of the Rural Support Programmes Network (RSPN) and do not necessarily reflect the views of European Union."

More information about European Union is available on:

Web:	http://eeas.europa.eu/delegations/pakistan/
Twitter:	@EUPakistan
Facebook:	European-Union-in-Pakistan/269745043207452

TABLE OF CONTENTS

LIS	t of a	BBRE	VIATIONS	10
EXE	ECUTIN	/E SU	MMARY	11
1.	INTR	RODU	ICTION TO SUCCESS PROGRAM	14
1	l.1	Prog	gram background	14
2	L.2	Intro	oduction to the research component	14
2	L.3	Ratio	onale of the annual socio-economic baseline survey	14
2	L.4	Scop	be of the survey	15
2.	MET	HOD	OLOGY	15
2	2.1 Bas	seline	e survey questionnaire	16
2	2.2 Hir	ing a	nd training of female field enumerators	17
2	2.3 Lim	nitatio	ons of the survey	17
3.	BASI	ELINE	SURVEY RESULTS	19
3	3.1.	Soci	o-economic profile of households	19
	3.1.2	1.	Demographic structure of households and work status of household members	19
	3.1.2	2.	Adult literacy and schooling of children	23
	3.1.3	3.	State of health and physical environment	24
	3.1.4	1.	Household consumption and expenditure as proxy for income	27
	3.1.5 and	5. reaso	Use of public services, status of public satisfaction, change in the quality of service on for not using these services	s 29
	3.1.6	5 .	Perceptions of problems	70
	3.1.7	7.	Trust at community and local government institutions	73
	3.1.8	3.	Most striking change in weather and climate observed over last five years	75
	3.2.	Resu	ults of the women only questionnaire	75
	3.2.1	1.	Birth spacing: Knowledge about contraceptive methods	76
	3.2.2	2.	Birth spacing: Overall use of contraceptive methods	77
	3.2.3	3.	Birth spacing: Currently using contraceptive method	78
	3.2.4	1.	Birth spacing: Perception about gap in consecutive pregnancies	78
	3.2.5	5.	Birth spacing: Sources of obtaining current contraceptive methods	79
	3.2.6	5.	Birth spacing: Reason for not using a method	80
	3.2.7	7.	Preliminary question about prenatal and postnatal care: Women in households ha	ving
	a chi	ild up	to 12 months of age	80
	3.2.8	3.	Prenatal care: Knowledge about complications during pregnancy	81

3.2.9.	Prenatal care: Women view about having a check-up during pregnancy	82
3.2.10. compone	Prenatal care: Women view about having a check-up during pregnancy and importa nts of antenatal care check-ups	nt 83
3.2.11.	Prenatal care: Prenatal consultation visits during pregnancy	84
3.2.12.	Prenatal care: Right time for first consultation for pregnancy	85
3.2.13.	Prenatal care: Tetanus Toxic (TT) injections during pregnancy	86
3.2.14.	Prenatal care: Iron folic acid and calcium tablets during pregnancy	87
3.2.15.	Natal care: Cost approximation on last delivery	87
3.2.16.	Natal care: Opinion about best place to deliver the baby	88
3.2.17.	Natal care: Delivery assisted by whom and reason of delivering there	89
3.2.18.	Post natal care: Number of required care check-ups	90
3.2.19.	Post natal care: Post natal visits	91
3.2.20.	Neonatal care: Opinion about most important measures for health of new-born	91
3.2.21.	Neonatal care: Feeding child with the colostrums	92
3.2.22.	Neonatal care: First vaccination, BCG and polio dosage (soon after birth)	93
3.2.23.	Neonatal care: Bathing a new-born baby after birth	93
3.2.24.	Neonatal care: Opinion about exclusive breastfeeding	94
3.2.25.	Neonatal care: Duration of exclusively breastfeeding to a child	95
3.2.26.	Neonatal care: Initiation time for starting complimentary feeding to a child	95
3.2.27.	Women in decision making: Decision to start or continue education	96
3.2.28.	Women in decision making: Decision to seek or remain in paid employment	97
3.2.29.	Women in decision making: Reasons of not actively seeking paid work	98
3.2.30.	Women in decision making: Decision about marrying someone in household	99
3.2.31.	Women in decision making: Decision about using birth control methods1	.00
3.2.32.	Women in decision making: Decision about having more children1	.00
3.2.33. treatmen	Decision making: Decision about purchase of food items, clothing, footwear, medica t and travel and recreation1	эl .01
3.2.35. He	ousehold visited by a lady health worker during 30 days1	.05
3.2.36.	Male/female of household visited a health unit during the last 30 days1	.05
3.2.37.	Knowledge about HIV/AIDS1	.05
3.2.38.	Number of deaths in household during last 12 months1	.06
3.2.39.	Benefits of community organisation1	.07
3.2.40.	Knowledge about hygiene and diseases1	.09
3.2.41.	Visit by a village based family planning worker in the last 30 days1	.10

	3.2.42.	Community organisation in the area1	11
	3.2.43.	Stunting1	11
	3.2.44.	Wasting1	12
	3.2.45.	Vaccination status of children1	13
	3.2.46.	Status of children vaccinated to BCG, Panta and Polio drops1	14
	3.2.47.	Status of children vaccinated to Pneumo and Measles drops1	16
	3.2.48.	Place or source of getting most recent vaccination1	18
	3.2.49.	Status of first injection of BCG given to children1	19
	3.2.50.	Round trip distance to get a child vaccinated1	19
	3.2.51.	Cost of getting a child vaccinated including the cost of travel1	20
	3.2.52.	Reasons of not getting the child vaccinated1	20
	3.2.53.	Diarrhoea, its consultation and treatment1	21
4.	CONCLUS	5ION	23
5.	ANNEXU	RES1	24
5.1.	Criteria fo	or selection of research district and the two UCs1	24
5.2.	Control a	nd treatment villages1	29
5.3.	Technica	notes on definitions and calculations1	33
5.4.	General a	and female only questionnaire1	35

List of Figures

igure 1: SUCCESS Programme Districts of Sindh12

List of Tables

15
20
21
22
23
24
25
26
28
29
29
30

Table 13: Basic Health Unit in Control Villages	.31
Table 14: Basic Health Unit in Treatment Villages	. 32
Table 15: Family Planning Unit in Control Villages	. 33
Table 16: Family Planning Unit in Treatment Villages	.34
Table 17: Service of Vaccinator in Control Villages	. 35
Table 18: Service of Vaccinator in Treatment Villages	.36
Table 19: Service of School in Control Villages	. 37
Table 20: Service of School in Treatment Villages	. 38
Table 21: Service of Agriculture in Control Villages	. 39
Table 22: Service of Agriculture in Treatment Villages	.40
Table 23: Service of Police in Control Villages	.41
Table 24: Service of Police in Treatment Villages	.42
Table 25: Service of Bank in Contol Villages	.43
Table 26: Service of Bank in Treatment Villages	.44
Table 27: Service of Road in Control Villages	.45
Table 28: Service of Road in Treatment Villages	.46
Table 29: Service of Drinking Water in Control Villages	.47
Table 30: Service of Drinking Water in Treatment Villages	.48
Table 31: Service of Bus in Control Villages	.49
Table 32: Service of Bus in Treatment Villages	. 50
Table 33: Service of Railway in Control Villages	.51
Table 34: Service of Railway in Treatment Villages	.51
Table 35: Service of Post Office in Control Villages	. 52
Table 36: Service of Post Office in Treatment Villages	.53
Table 37: Service of NADRA Office in Control Villages	.54
Table 38: Service of NADRA Office in Treatment Villages	. 55
Table 39: Service of Union Council Office in Control Villages	. 56
Table 40: Service of Union Council Office in Treatment Villages	. 57
Table 41: Service of Local Magistrate in Control Villages	. 58
Table 42: Service of Local Magistrate in Treatment Villages	. 59
Table 43: Service of Court in Control Villages	. 60
Table 44: Service of Court in Treatment Villages	.61
Table 45: Service of District Education Department in Control Villages	. 62
Table 46: Service of District Education Department in Treatment Villages	. 63
Table 47: Service of District Health Department in Control Villages	. 64
Table 48: Service of District Health Department in Treatment Villages	. 65
Table 49: Service of Local Government in Control Villages	.66
Table 50: Service of Local Government in Treatment Villages	. 67
Table 51: Service of Electricity and Gas Department in Control Villages	. 68
Table 52: Service of Electricity and Gas Department in Treatment Villages	. 69
Table 53: Perceptions of Problems	. 70
Table 54: Opinion about trust at people and trust in the matter of lending and borrowing in village	73
Table 55: trust on local government and improvement in public services because of local	
government	.74

Table 56: What is the most striking change in weather and climate that you could observe over the	ē
last five years?	.75
Table 57: Marital status and number of children	.76
Table 58: Knowledge about contraceptive methods	.76
Table 59: Birth spacing: Use of contraceptive methods	.77
Table 60: Currently using contraceptive method	.78
Table 61: Perception about gap in consecutive pregnancies	.79
Table 62: Sources of obtaining current contraceptive	.79
Table 63: If never used or not currently using give reasons	.80
Table 64: Women in HH having a child up to 12 months of age	.81
Table 65: Knowledge about complications during pregnancy	.81
Table 66: Prenatal care: What women think of having a check-up during pregnancy?	.82
Table 67: Antenatal care: Antenatal check-ups during pregnancy	.83
Table 68: Prenatal care: Prenatal consultation visits during pregnancy	.84
Table 69: Prenatal care: At what month of pregnancy did you go for your first consultation?	.85
Table 70: Prenatal care: Tetanus Toxoid (TT) injections during pregnancy	.86
Table 71: Prenatal care: Iron folic acid and calcium tablets during pregnancy	.87
Table 72 Natal care: Cost approximation on last delivery	.88
Table 73: Natal care: In your opinion what is the best place to deliver the baby?	.88
Table 74: Natal care: Delivery assisted by whom and reason of delivering there?	.89
Table 75: Post natal care: Post natal care check-ups	.90
Table 76: Post natal care: How many Post natal care visits a woman had after last delivery?	.91
Table 77 Neonatal care: Opinion about most important measures for health of new-born? (Multip	le
response)	.92
Table 78: Neonatal care: Were children fed with the colostrums?	.92
Table 79: Neonatal care: Did children given first vaccination (BCG and Polio dosage) (soon after	
birth)?	.93
Table 80: Neonatal care: How long after birth was the new-born given bath?	.93
Table 81 Neonatal care: In your opinion what is exclusive breastfeeding?	.94
Table 82: Neonatal care: How many months did you exclusively breastfeed your child?	.95
Table 83: Neonatal care: At what stage (from which month) complimentary feeding for a child sho	uld
be initiated?	.95
Table 84: Women in decision making: Who in your household decides who can start or continue to)
get education?	.96
Table 85: Women in decision making: Who in your household decides whether a woman can seek	or
remain in paid employment?	.97
Table 86: Women in decision making: Off those who are interested, what holds them from working	g?
	.98
Table 87: Women in decision making: Who in your household decides where and when one should	ł
be married?	.99
Table 88: Women in decision making: Off those who are married, who decides the use of birth	
control methods?1	100
Table 89: Who in your family decides whether you should have more children?	101
Table 90: Who in your household decides about the purchase of food items? (Part -I)	101

Table 91: Who in your household usually makes decisions about purchase of clothing and for	otwear
(Part -II)	102
Table 92: Who in your household usually makes decisions about purchase of medical treatm	ent?
(Part III)	103
Table 93: Who in your household usually makes decisions about purchase of recreation and	travel?
(Part IV)	104
Table 94: Did any LHW visit your Household during the last 30 days?	105
Table 95: Did any male/female of the household visit a health unit during the last 30 days?	105
Table 96: Knowledge about HIV/AIDS	105
Table 97: Number of deaths in household during last 12 months	106
Table 98: Benefits of community organisation	107
Table 99: Knowledge about hygiene and diseases	109
Table 100: Visit by a village based family planning worker in the last 30 days	110
Table 101: Community organisation in the area	111
Table 102: Stunting	112
Table 103: Stunting within age groups	112
Table 104: Wasting	112
Table 105: Wasting within age groups	113
Table 106: Vaccination status of children	113
Table 107: Status of children vaccinated to BCG, Panta and Polio drops	114
Table 108: Status of children vaccinated to Pneumo and Measles drops	117
Table 109: Place or source of getting most recent vaccination	118
Table 110: When the child was given first injection of BCG	119
Table 111: Round trip distance to get a child vaccinated	119
Table 112: Cost of getting a child vaccinated including the cost of travel	120
Table 113: Reasons of not getting the child vaccinated	120
Table 114: Diarrhoea, its consultation and treatment	121
Table 115: Poverty Status of Programme districts	125
Table 116: Details of control and treatment villages and settlement	129
Table 117: Agricultural measurement scales	134

LIST OF ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
BCG	Bacille Calmette Guerin
BHU	Basic Health Unit
CDD	Community Driven Development
Cos	Community Organizations
CPI	Consumer Price Index
Govt.	Government
HHs	Households
HIV	Human Immunodeficiency Virus
IUCD	Intrauterine Contraceptive Device
LHV	Lady Health Visitor
LHW	Lady Health Worker
LSOs	Local Support Organizations
M&E	Monitoring and Evaluation
NGOs	Non-Governmental Organization
NRSP	National Rural Support Programme
ORS	Oral Rehydration Solution
PSC	Poverty Score Card
RHC	Rural Health Centre
RSPN	Rural Support Programme Network
RSPs	Rural Support Programmes
SRSO	Sindh Rural Support Organization
SUCCESS	Sindh Union Council and Community Economic Strengthening Support
ТВА	Traditional Birth Attendant
TRDP	Thardeep Rural Development Programme
UCBPRP	Union Council Based Poverty Reduction Program
UCs	Union Councils
Vos	Village Organizations

EXECUTIVE SUMMARY

This report comprised findings of the socio-economic baseline survey undertaken in the two rural union councils (UCs) namely Dad Khan Jarwar and Masoo Bozdar, tehsil Chamber, district Tando Allahyar. The survey was undertaken with a sample of 2298 households spread in the two UCs. One fifth (20%) of sampled households had PSC 0-23 while 80% households were randomly sampled. As part of the research component under the SUCCESS programme, a randomised control trial has been set up in these UCs, where some settlements will receive the intervention early and others with a delay of 2 years calculated from the date of the first intervention in treatment villages. The objective of this baseline survey is to measure the status quo in all those settlements before any intervention has taken place. It includes data on income, sources of income, asset ownership, incidence, depth and severity of poverty, stunting and wasting of children and women's role and involvement in household matters.

The survey comprised two questionnaires asked from one household; one general questionnaire from male or female member about household profession, income, expenditure, health and education and the other questionnaire to the female member particularly about her role in household decisions making. The data analysis has been carried out by dividing the population in control (late intervention) and treatment villages in order to test whether both groups are similar in terms of baseline characteristics, which is the goal of a randomised experiment. Therefore, results have been reported in three categories of villages; control, treatment and overall. However, since this was the first baseline survey, no significant differences have been seen in control and treatment groups.

The survey covered a population of 14, 822 individuals including 7667 males, 7155 females. This population also includes 4749 male and female children aged 5-14 years, 32% of the population. The average household size is 6.4 while the household size is slightly larger for the poor households. The official poverty line has been adjusted for current Consumer Price Index and used in this survey to categorise the poor and non-poor households. In the age group above 10 years, almost half of the female (50.5%) and male (52.4%) works. Given the high share of younger people, the dependency ratio is extremely high with every 100 persons supporting 92 persons.

Majority of the working persons (55.2%) are unskilled and nearly one fifth (19%) of them work on farms. Literacy rate is extremely low at 23%. Without much hope for this rate to improve, more than three fourth (77%) of children aged 4-17 years are out of school. Despite lack of adequate health services, 98.8% people find themselves in good and fair health conditions. This finding corresponds well with 53% not using Basic Health Unit when asked about the use of health facilities. Also, only 4% of the monthly expenditure share is spent on health. Only 13% of households have pacca houses while 59% have katcha houses. Computed on the basis of household expenditure and using the adjusted official poverty line, 26% households fall in poverty. This reduced poverty finding is in line with the argument that poverty has reduced globally, in South Asia (falling from 50.6pc in 1991 to only 12.7pc in 2012¹) and Pakistan. What is considered as poverty happens to be inequality in many cases and inequality has increased despite decrease in poverty. The average per capita expenditure per month

¹ https://www.dawn.com/news/1310296 accessed January 31, 2017.

amounts to RS. 7610. Almost three fourth of the expenditure share (71%) is on food items.

Nearly half of the peole (nearly 50%) or more are not satisfied with the provison of 21 basic public services such as lady health worke, vaccinator, basic health unit, family planning unit, school, agriculture, police, bank, road, drinking water, bus, railway, post office, NADRA, Union Council and electricity and gas department.

Aware of lack of education and health services, 71% and 79% of the sampled households consider lack of education and health services as a serious or very serious problem, respectively. Regarding perception about government functioning, almost half (49%) of the households think the government working is somewhat transparent and corruption free. However, less than one fifth (16.5%) are willing to fully trust their local government to address their problems.

Regarding women's perspective about their family and social aspects, in both, control and treatment villages and in both groups, PSC 23 and above, more than half of the sample households (58.4%) do not have any knowledge about contraceptive methods. Among those who have knowledge about contraceptive method, any method, injection is the most commonly (39.1%) used method followed by the female sterilisation method (32.8%) in both control and treatment villages and in both groups, PSC 23 and above. Among those who are currently using contraceptive method, half of the sample households in both control and treatment and in both groups, PSC 23 and above, use the injection (51.0%) method followed by pills' (26.0%) method.

More than two third of the sample households (69.6%) have knowledge about pregnancy complications. In both, control and treatment villages and in both groups, PSC 23 and above, nearly two third (61.1%) of the sample households had visits for prenatal consultation during their last pregnancy. Overall, 67.0% women were given Tetanus Toxic (TT) injections during pregnancy. Regarding the cost of delivery, in both, control and treatment villages and in both groups, PSC 0-23 and PSC 24 and above, most of the sample households (85.4%) spent Rs. 10,000 on the last delivery followed by one tenth (9.9%) who spent Rs. 20,000 for last delivery. Due to general lack of public health facilities, in both, control and treatment villages and in both groups, PSC 23 and above, almost half of the sample households (45.9%) delivered their last baby at a private hospital/clinic, one third (35.9%) at home followed by one fifth (18.2%) who delivered their last baby at a govt. hospital/facility.

In both, control and treatment villages and in both groups, PSC 23 and above, more than half of the sample households (65.8%) breast fed the children for a period of six months. On the whole, two fifth of the sample households (42.0%) expressed that decision making role lies the head/father of the household alone and one third of the sample households informed that spouse/wife is also involved in household decision making. Irrespective of the poverty status and without much difference in control and treatment groups, nearly half (46.3%) of the sample households, father as head of the household decides the time and appropriate match regarding the marriage of a woman. Only 2.9% households consult the woman concerned in her marriage decision. Overall, two fifth of the sample households (42.1%) responded that husband and woman jointly takes decision of using of birth control methods and nearly one fourth of the sample households (23.5%) responded that husband alone can decide to use birth control method.

On the whole, nearly two third (64.7%) of the sample children are severely stunted while 78.8% are moderately stunted. Unlike popular view in rural settings that boys are preferred over girls and thus fed better, more boys, 67.2%, are severely stunted than girls, 62.3%. Similarly, more boys (81.9%) are moderately stunted than girls (75.8%). Analysis shows that likelihood of being poor does not relate to the stunting status of sample households. Almost same percentage of children (nearly two third), boys and girls, are stunted among households having PSC 0-23 and PSC 24 and above.

On the whole, 7.5% of the children in the sample households are severely wasted while 15.5% are moderately wasted. Like stunting, more boys (10.4%) are severely wasted than girls (4.3%) in both control and treatment groups. In terms of moderate wasting, boys (20.7%) are two times more moderately wasted than girls (10%).

Looking within age brackets, the severely wasted children (17.3%), both boys and girls are in the age bracket from 0-5 months. Within this age bracket, six times more boys (26.7%) are severely wasted than girls (4.5%). This difference counters the popular view that males among siblings have better food than their female siblings.

It is encouraging to note that 84% of children are vaccinated to BCG, 79.9% to Penta 1, 77.1% to Penta 2, 74% to Penta 3 doses under five years of age. However, nearly half of the children (44.9%) miss the Polio zero dose. Most of the households (98%) spend up to 500 on vaccination of a child including the cost of transport and nearly one-third (31%) have to travel up to 2 KM to get their child vaccinated. Those who miss on vaccination, majority of female respondents (43.4%) reported that no vaccination team has visited their household. Regarding the sources of getting vaccination, majority of children (82%) are vaccinated by an NGO, a health worker and only 3% children are vaccinated at Basic Health Unit (BHU) in both groups PSC 23 and above and in both control and in treatment villages.

1. INTRODUCTION TO SUCCESS PROGRAM

1.1 Program background

The Sindh government launched the Union Council Based Poverty Reduction Program (UCBPRP) in four districts in 2008. Implemented by the Rural Support Programs (RSPs), the program was aimed at mitigating extreme/chronic poverty rates in rural Sindh. Encouraged by positive outcomes produced by UCBPRP in terms of community development, the Sindh government planned to scale up the program.

Subsequently in 2015, after an agreement with the Sindh government, the European Union launched the Sindh Union Council and Community Economic Strengthening Support Program (SUCCESS), in partnership with the Rural Support Programmes Network (RSPN), National Rural Support Programme (NRSP), Sindh Rural Support Organisation (SRSO) and Thardeep Rural Development Programme (TRDP). The overall objective of the SUCCESS Program is to support the Sindh government to develop a local development policy with emphasis on community-driven development with corresponding budgetary allocation for implementation from 2018. The purpose of the SUCCESS program is to stimulate community-driven local development to reduce poverty in eight poor rural districts of Sindh, with particular emphasis on empowering women. Under various SUCCESS initiatives, living conditions are expected to improve by building the local social capital for better access to basic social and economic services, and, by diversifying income generating activities.

The SUCCESS program is based on community-driven development through social mobilization approach. Working in eight districts, the SUCCESS program will mobilize 770,000 rural poor households into 32,400 Community Organizations (COs), 3,240 Village Organizations (VOs) and 307 Local Support Organizations (LSOs). The SUCCESS program districts are Sujawal, Matiari, Tando Muhammad Khan, Tando Allahyar (with NRSP), Larkana, Kambar-Shahdadkot (with SRSO), and Dadu and Jamshoro (with TRDP).

1.2 Introduction to the research component

Under the research component the focus is on exploring household poverty dynamics. A number of research studies will be conducted in SUCCESS, 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 also looks into issues of social cohesion, gender empowerment, community leadership and effectiveness of different programme interventions.

1.3 Rationale of the annual socio-economic baseline survey

As part of the research component, randomised control trials have been set up through a formal research experiment design. Through randomly selected households in village organisation clusters, one cluster has been identified to 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 analyse data and make quantitative comparisons to see causality between beneficiaries and non-beneficiaries/late starters. Details of the control and treatment

villages have been provided in the Annex 5.2. With the analysis of annual socio-economic baseline surveys, the dynamic growth path caused by the programme interventions will be identified and lessons would be drawn for improving further development interventions by the stakeholders.

1.4 Scope of the survey

The main purpose of the assignment was to conduct a household socio-economic baseline survey covering 2300 households before rolling out the SUCCESS program. With the technical support of the University of Mannheim, RSPN has designed the sampling strategy and survey instruments.

The purpose of the baseline survey was to:

- Collect baseline data on income, sources of income, asset ownership, incidence, depth and severity of poverty and associated social characteristic of the households in the target union councils (UCs);
- Collect baseline data from targeted poor and non-poor households on access to and use of public services, such as water and sanitation, education, health, civil acts registration, etc.; and
- 3. Collect baseline data on the stunting rate of children less than five years of age in the two targeted UCs.
- 4. Collect data regarding the role of women in matters of their day to day life such as when and where to marry, birth control and family planning and decision making in household matters.

2. METHODOLOGY

The research project intends to measure the change of the Poverty Score over time precisely enough to detect differences in changes between treatment and control village organisations (VOs). As a minimum, to be able to detect differences in average Poverty Scores of at least 25% of standard deviation at baseline. The Poverty Score Card (PSC) survey conducted in the UCs Dad Jarwar and Masoo Bozdar provided the following estimates:

Average PSC value:	26.17
Standard deviation of PSC value:	12.78
Fraction of variance due to VO random effects (Rho).	0.047

Therefore, using these numbers for clustered sample size / power calculation. However, observations can be expected to be correlated over time and that differencing out these common error components over time could result in lower standard errors. Combining clustering and auto-correlation in power calculations is not trivial, so a more conservative option of ignoring auto-correlation was adopted. We believe that in our setting effective power might be larger than estimated in the Table below.

Table 1: Power calculations

Power	49.2 %	59.5 %	63.8 %	66.1 %	67.6 %	68.6 %
-------	--------	--------	--------	--------	--------	--------

Note: Numbers based on Stata command clsampsi, average poverty score 26.17, standard deviation 12.78, rho 0.047, minimum detectable effect size 25% of a standard deviation, level of significance 5%.

The power calculation presented in Table 1 suggests that above 100 observations per VO, gains in power become relatively small keeping in mind that the power is estimated at a conservative level. To simulate a slight gain in efficiency of the estimation, the calculation was repeated with rho = 0.03 (about one third decrease in intra-cluster correlation). The estimated power was then 81.4 % which satisfied the usual standards.

The overall sample size needed in 23 VOs was determined to be N=2300. This number was to allow analyses in different subgroups. Within each VO, 80 households were sampled completely at random. Furthermore, within each VO, 20 households were additionally sampled in the PSC range 0-23. This was in view of the SUCCESS programme interventions focussing on households having PSC 0-23. So this sample has a 20% oversampling bias to include those who were likely to be poor.

For each of those samples, 30% additional replacement households were sampled to make up any deficiency in the original sample households. During the survey, replacements were made only when original sampled households could not be reached due to migration or they refused to be interviewed.

This baseline covered 2298 households located in the two union councils namely Dad Khan Jarwar and Masoo Bozdar, Tehsil Chambar, district Tando Allahyar. On the basis of prospective CO formation, control and treatment villages were determined. Treatment and control settlements and villages are located in both the UCs. During the analysis, sample households are divided in control and treatment groups.

With control and treatment, the households have been bifurcated by the Poverty Scorecard (PSC) measure, specifically using the score ranges of 0-23 and 24-100 to categorise households. In the PSC measure, households with the score of 0 are likely to be the poorest, and those with the score of 100 are likely to be the least poor. This serves the purpose of being able to establish the socio-economic baseline status of households within the 0-23 range at the onset of the Programme, and track the changes in their socio-economic indicators at the end of the Programme. This is pertinent as the households within the 0-23 range are being specifically targeted for household level interventions in the SUCCESS Programme.

At this point in time being the first baseline, no difference is expected in the control and treatment groups. Therefore, most of the results interpretation is carried out at the sample level while data is reported separately for PSC 0-23 and PSC 24 and above.

2.1 Baseline survey questionnaire

The baseline survey questionnaire was adopted from Pakistan Standards and Living Measurement Survey 2007-8. Two questionnaires were developed; one targeted to household head that could be answered by a male or female, called General Questionnaire. The other questionnaire comprised female information and therefore was asked to female member of the household, referred to as Female Questionnaire. Since all enumerators were female, they preferred to have female respondent who could answer both the questionnaires. Later, this customised General Questionnaire was used by for the overall SUCCESS programme baseline.

Each questionnaire took from 45 minutes to 1.5 hours depending upon the family size and

interruptions in the survey. Respondents were not offered any gift as a compensation of their time. There were few cases where respondents refused to participate and in all such cases, their choices were respected.

Several steps were taken for data cleaning purposes including:

- Missing values were replaced/incorporated using the nearest value rule. For example, if one cow has been mentioned but its value has not been added. In data cleaning, the value of this cow was added using the nearest extreme value calculation. This extreme value was calculated by averaging the three values located above and below the missing value. Such instances were in about 15% of values mainly in income and expenditure sections of the survey.
- 2. In multiple response options, a number of response options appeared in addition to actual options as per questionnaire. Such options were removed from data.
- 3. In certain instances, columns labels were replaced. For example, quantity was labelled as value and value was labelled as quantity, so this was corrected.
- 4. Typo errors such as to the question of finding the household were corrected.
- 5. Marriage age was recoded under five years in certain instances, about 10%. So this was corrected through nearest value.
- 6. Wrong relationship code with household head was entered. So this was corrected.
- 7. Under the impression of expecting some kind of benefit, most of the respondents underreported their income with many reporting their income levels as zero. Therefore, expenditure was used a proxy for calculating poverty and other income related indicators.

2.2 Hiring and training of female field enumerators

Local females were hired as enumerators. The enumerators were provided with three to five days training of the questionnaire. The questionnaire was in English language. The enumerators were also trained to collect data using computer assisted devices, tablets. Field supervisors supervised enumeration teams. Enumerators were also given training by a qualified doctor on collecting anthropometric data of height and weight of the children under five years of age. The enumerators were provided with a tool kit in a bag containing digital children weight scale and a measuring tape.

2.3 Limitations of the survey

The two selected union councils are located in the rural area of the district Tando Allahyar. Within these two UCs, the sample had 20% bias to include households having PSC 0-23, likely to be poor. Without complete random sampling, the findings of this survey cannot fully represent the whole population of the two UCs.

The questionnaire was in English language and most of the enumerators found it difficult to understand fully. The survey enumeration lasted from June 26 to September 2, 2016 with a 10 days break for Eid days. The months of June, July and August are usually the hottest months of the year all across the country. The recruitment, training, test launch occurred in the month of fasting, Ramadan, starting first week of June 2016. Though most of the respondents and enumerators did not fast, there were some enumerators and respondents who fasted and felt difficult to participate in the survey. Such responses might have been influenced due to the physical hardship of the respondents and the enumerators.

Initially only native Sindhi speaking females were recruited for enumeration. However, due to extreme hot weather, there was a high turnover of the enumerators. Therefore, enumeration rates were revised upwards and the condition of native Sindhi speaker was removed to attract more female enumerators. Surely, this strategy helped to enrol more enumerators but some of the them did not know Sindhi language and just spoke Urdu. This language barrier might have affected data quality as most of respondents had limited ability to understand any language other than pure Sindhi, if any.

Since the complete questionnaire took over an hour to complete and this resulted in respondents' boredom and enumerators' fatigue, certain sections of the questionnaire were returned unfilled and thus treated in "No Response" category in the analysis. In particular, the section about household assets, savings and loans was returned unfilled and therefore excluded from the analysis.

Written consent could not be obtained due to prevalent illiteracy in the area. However, respondents' oral consent and willingness was obtained in each case by explaining to them the objective of this baseline survey.

3. BASELINE SURVEY RESULTS

This chapter presents the socio-economic baseline divided in two major sub-sections. Section 3.1 comprises results of the general questionnaire while Section 3.2 reports the results of the guestionnaire that was asked to one of the female member of the sample household.

3.1. Socio-economic profile of households

This section presents the survey findings regarding demographic structure of the sample households, occupation types, literacy levels, expenditure and access to public services.

3.1.1. Demographic structure of households and work status of household members

Table 2 shows data on household demographic structure of the sample household members. The sample includes a total of 2298 households, with a population of 14, 822 including two age groups; 43.9% from 18-60 years and 32.0% from 5-14 years. The sex ratio (male: female) is 107:100. In comparison to other districts in the SUCCESS programme, Jamshoro sex ratio is 112:100 and Larkana's sex ratio is 103:100. Three per cent of the population of sample households fall in above 60 years of age.

The average household size is 6.4 persons with slightly lower (6.4) for treatment villages than the control villages (6.5). In line with popular view that larger household size is responsible for poverty, the household size for the poor households is larger (6.7) than the non-poor households (6.4). Within SUCCESS districts, the highest household size is that of Matiari (6.9). The numbers of Poor households are 589 with a population of 3,960 individuals. The poverty has been calculated using the adjusted national poverty line and its detailed calculation is provided in the technical notes to this report.





Table 2: Demographic structure of household

	Coi	ntrol Village	5	Treat	tment Villa	ages	All Villages			
Sex and Age	PSC 0-23	PSC 24 & above	Total	PSC 0- 23	PSC 24 & above	Total	PSC 0- 23	PSC 24 & above	Total	
Household	644	455	1099	702	497	1199	1346	952	2298	
Total population	4456	2736	7192	4782	2848	7630	9238	5584	14822	
Male	2317	1400	3717	2481	1469	3950	4798	2869	7667	
Female	2139	1336	3475	2301	1379	3680	4440	2715	7155	
Male: Female	108	105	107	108	107	107	108	106	107	
Children (5. 14)	1465	858	2323	1543	883	2426	3008	1741	4749	
Children (5 -14)	32.9%	31.4%	32.3%	32.3%	31%	31.8%	32.6%	31.2%	32%	
Male	787	435	1222	822	484	1306	1609	919	2528	
Female	678	423	1101	721	399	1120	1399	822	2221	
	1937	1219	3156	2080	1267	3347	4017	2486	6503	
Adults (18-60 Years)	43.5	44.6	43.9	43.5	44.5	43.9	43.5	44.5	43.9	
Male	977	627	1604	1048	644	1692	2025	1271	3296	
Female	960	592	1552	1032	623	1655	1992	1215	3207	
	128	84	212	148	100	248	276	184	460	
Elders (60+)	2.9	3.1	2.9	3.1	3.5	3.3	3.0	3.3	3.1	
Male	73	41	114	77	50	127	150	91	241	
Female	55	43	98	71	50	121	126	93	219	
Average size of the household	6.9	6.0	6.5	6.8	5.7	6.4	6.9	5.9	6.4	
Non poor household										
Number of household	463	391	854	465	390	855	928	781	1709	
Total Population	3203	2353	5556	3130	2176	5306	6333	4529	10862	
Average size of the household	6.9	6.0	6.5	6.7	5.6	6.2	6.8	5.8	6.4	





Poor household									
Number of household	181	64	245	237	107	344	418	171	589
Total Population	1253	383	1636	1652	672	2324	2905	1055	3960
Average size of the household	6.9	6.0	6.7	7.0	6.3	6.8	6.9	6.2	6.7

Although, under article 25-A of the constitution of Pakistan, every child from 5-16 years must be in school, in reality, children start earning and begin to work in early age. In Pakistan, among 25 million school children, 15 million earn for their families through various forms of manual labour in Pakistan. According to the National Child Labour Survey Report 1996, about half a million of these children belong to the Sindh province. No child labour survey has been conducted in the country in 20 years². Due to 18th amendment to the constitution in 2010, Employment of Children Act 1991 was abolished and child labour is a provincial subject now. Table 3 presents data on work status of household. In this table, household population of over 10 years has been considered. The population is classified in three categories: working, not working, and no response. Work status has also been reported by four age groups: 0 to 10 years, 11 to 18 years, 19 to 55 years and 55 years' age and above. No response category indicates those entries that were not recorded by the enumerator or the respondent chose not to answer.

It is worth noting that in both, control and treatment villages and in both groups, PSC 23 and above, only one third (32.6%) of the overall sample population is working and nearly one third (30.7%) of the overall sample population is not working. However, almost one third of the overall sample population (36.7%) did not respond. Among working males (52.9%) and females (52.6%), almost half of each sex do not work in both, control and treatment villages and in both groups, PSC 23 and above. The dependency ratio is extremely high at 92.59% that is later reflected in the work status table showing working and non-working population segments.

		Contr	ol Villages (%	%)	Treatn	nent Village	es (%)		All Villages (%	5)
Cate	gory	PSC 0- 23	PSC 24 & above	Total	PSC 0- 23	PSC 24 & above	Total	PSC 0- 23	PSC 24 & above	Total
	Working	33.5	31.3	32.7	32.5	32.7	32.6	33.0	32.0	32.6
Overall >10	Not Working	30.3	30.9	30.5	30.7	31.4	30.9	30.5	31.1	30.7
years	No Response	36.2	37.8	36.8	36.8	35.9	36.5	36.6	36.9	36.7
	Total	100	100	100	100	100	100	100	100	100
Male >10 years	Working	52.9	54.6	53.5	52.6	49.5	51.4	52.7	52.0	52.4
Female >10	Working	52.2	45.8	49.8	50.2	52.8	51.2	51.1	49.4	50.5

Table 3: Work status of household

² <u>http://www.dawn.com/news/1287147/no-child-labour-survey-conducted-in-20-years accessed December</u> <u>15</u>, 2016



years										
Work status o	of household b	y age								
	Working	32.3	32.0	32.2	32.6	33.5	32.9	32.5	32.8	32.6
0.10 years	Not Working	30.8	32.0	31.3	31.5	31.8	31.6	31.2	31.9	31.4
0-10 years	No response	36.9	36.0	36.5	35.9	34.7	35.5	36.3	35.3	36.0
	Total	100	100	100	100	100	100	100	100	100
	Working	33.0	29.6	31.7	32.0	30.5	31.4	32.4	30.1	31.6
11-18 years	Not Working	29.4	31.9	30.3	32.3	32.5	32.4	30.9	32.2	31.3
11-18 years	No Response	37.6	38.5	38.0	35.7	37.0	36.2	36.7	37.7	37.1
	Total	100	100	100	100	100	100	100	100	100
	Working	33.7	32.3	33.2	33.1	33.8	33.3	33.4	33.1	33.2
10 EE voors	Not Working	31.0	30.2	30.7	30.4	30.6	30.5	30.7	30.4	30.6
19-55 years	No Response	35.3	37.5	36.1	36.5	35.6	36.2	35.9	36.5	36.2
	Total	100	100	100	100	100	100	100	100	100
	Working	34.3	29.9	32.5	29.4	33.4	31.0	31.7	31.7	31.7
EE+ voors	Not Working	27.5	32.0	29.4	26.4	32.0	28.6	26.9	32.0	29.0
JJT years	No Response	38.2	38.1	38.1	44.2	34.6	40.4	41.4	36.3	39.3
	Total	100	100	100	100	100	100	100	100	100

As shown in Table 4, among those who are working, a majority of the population (55.2%) is engaged in unskilled labour and almost one fifth of the household members (19.0%) are engaged in farm labour in both, control and treatment villages and in both groups, PSC 23 and above. However, 3.8% of household members are engaged in livestock followed by 3.2% engaged in cultivation on partnership/share basis. Only 2.2% of the household members are doing government jobs and 2.6% of the household members are in private jobs.

	C	ontrol Village	s	Trea	atment Villages		All Villages			
Category	PSC 0-23	PSC 24 & above	Total	PSC 0-23	PSC 24 & above	Total	PSC 0- 23	PSC 24 & above	Total	
Unskilled	53.9	54.6	54.2	56.8	55.3	56.2	55.4	54.9	55.2	
Farm Labour	20.0	19.5	19.8	18.4	18.0	18.2	19.2	18.7	19.0	
Cultivation on partnership/Share	3.5	4.3	3.8	2.8	2.4	2.7	3.1	3.3	3.2	
Skilled Labour	3.5	3.9	3.7	4.2	4.6	4.4	3.9	4.3	4.0	
Business/trade	2.0	1.9	1.9	1.4	1.5	1.4	1.7	1.7	1.7	

Table 4: Types of occupation







Self- Cultivation/Own farm	1.3	0.8	1.2	1.0	1.1	1.0	1.2	0.9	1.1
Livestock only	3.5	3.8	3.6	3.8	4.3	4.0	3.6	4.0	3.8
Govt. Job	2.2	1.7	2.1	2.4	1.9	2.2	2.3	1.8	2.2
Private Job	3.1	2.0	2.7	2.5	2.8	2.6	2.8	2.4	2.6
Family helper without monetary payment	2.0	1.9	1.9	1.6	2.1	1.8	1.8	2.0	1.9
Household chore	2.5	2.9	2.7	2.6	3.7	3.0	2.6	3.3	2.9
Begging	1.0	1.2	1.0	0.8	1.0	0.9	0.9	1.1	1.0
Other	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.6	1.5
Total	100	100	100	100	100	100	100	100	100

3.1.2. Adult literacy and schooling of children

Table 5 shows literacy status among adults in the sample households. In both, control and treatment villages and in both groups, PSC 23 and above, the total number of adults is 6963, out of which 1649 are literate adults. One fifth of the sample households (23.8%) are literate male adults and (23.5%) are literate female adults.

Among the literate adults, almost two third has completed primary level (63.6%) followed by middle school (14.9%) and intermediate education (7.8%). Only 0.7% has master level education and 1.8% has completed graduation level education in both control and treatment and in both groups, PSC 23 and above.

	Con	trol Villag	es	Trea	tment Villag	jes	All Villages			
Literacy level	PSC 0-23	PSC 24 & Above	Total	PSC 0-23	PSC 24 & above	Total	PSC 0-23	PSC 24 & above	Total	
Total Adults	2141	1260	3401	2218	1344	3562	4359	2604	6963	
Literate Adults 18 years and above	533	295	828	522	299	821	1055	594	1649	
Male adults	285	145	430	261	164	425	546	309	855	
Female adults	248	150	398	261	135	396	509	285	794	
Percent of adult lite	erate									
% Overall	24.9	23.4	24.4	23.6	22.3	23.1	24.2	22.8	23.7	
% Male	25.4	23.0	24.5	22.7	23.8	23.1	24.1	23.4	23.8	
% Female	24.3	23.8	24.1	24.4	20.6	23.0	24.4	22.2	23.5	
Percent of maximu	m educatio	n level ach	ieved							
Primary School	62.9	58.6	61.4	63.6	69.6	65.8	63.2	64.1	63.6	
Middle	13.5	19.3	15.6	15.3	12.0	14.1	14.4	15.7	14.9	
High school	13.1	10.8	12.3	10.9	9.0	10.2	12.0	9.9	11.3	
FS/F.SC	6.8	9.5	7.7	7.7	8.4	7.9	7.2	8.9	7.8	

Table 5: Adult literacy in households





BA/BSC	3.0	1.4	2.4	1.5	0.3	1.1	2.3	0.8	1.8
MA/M.SC	0.8	0.3	0.6	1.0	0.7	0.9	0.9	0.5	0.7

Data in Table 6 presents the status of schooling of children in households. In both, control and treatment villages and in both groups, PSC 23 and above, the total number of school age children is up to 6284, out of which 4825 children are not going to school. More than three fourth of the sample households' children (76.8%) are not in school. Among them are 76.7% male children and 77.0% female children. Among those going to school majority (86.7%) of them are at primary level followed by middle level (7.6%) and high school level (3.7%).

Table 6: Schooling of children

	Control Villages			Treatn	nent Villag	ges	All Villages		
Children in school	PSC 0-23	PSC 24 & Above	Total	PSC 0-23	PSC 24 & above	Total	PSC 0-23	PSC 24 & above	Total
All children (4-17)	1843	1168	3011	2044	1229	3273	3887	2397	6284
Children not in school	1397	901	2298	1584	943	2527	2981	1844	4825
% of all children not in school	75.8	77.1	76.3	77.5	76.7	77.2	76.7	76.9	76.8
No. of male children not in school	717	480	1197	824	494	1318	1541	974	2515
% of male children not in school	74.8	78.8	76.4	76.9	76.7	76.8	75.9	77.7	76.6
No. of female children not in school	680	421	1101	760	449	1209	1440	870	2310
% of female children not in school	76.8	75.3	76.2	78.2	76.8	77.6	77.5	76.0	77.0
Percent of children	at different l	evels							
Primary school	87.7	89.1	88.2	86.7	82.9	85.2	87.2	85.9	86.7
Middle school	6.3	5.2	5.9	8.3	10.8	9.3	7.3	8.1	7.6
High school	4.0	3.7	3.9	3.1	4.2	3.5	3.5	4.0	3.7
FS/F.SC	1.8	1.5	1.7	2.0	1.4	1.7	1.9	1.4	1.7
BA/BSC	0.2	0.4	0.3	0.0	0.7	0.3	0.1	0.5	0.3

3.1.3. State of health and physical environment

The survey indicates (Table 7) that, despite lack of adequate health services, all people (98.8%) consider themselves in good and fair health conditions. 50% of the sample households consider themselves to be in a good health state, out of which there are 51.9% males and 48.1% females. There are 44.3% adults and 55.7% children in good health state. 48.8% of the population considers itself to be in a fair health state, out of which there are 51.5% males and 48.5% females. There are 44.1% adults





and 55.9% children in fair health state. While only 0.7% of the population considers itself to be in a bad health state, out of which there are 52.8% males and 47.2% females. There are 37.7% adults and 62.3% children in fair health state.

Linelth Ctetus of	Control Villages			Treatment	t Villages		All Villages			
Health Status of HH Members	PSC 0-23	PSC 24 & above	Total	PSC 0-23	PSC 24 & above	Total	PSC 0-23	PSC 24 & above	Total	
Households	644	455	1099	702	497	1199	1346	952	2298	
Total Population	4456	2736	7192	4782	2848	7630	9238	5584	1482 2	
Percent in Good Health	50	49	50	54	45	51	52	47	50	
Male	51.6	52.3	51.9	52.4	51.0	52.0	52.0	51.7	51.9	
Female	48.4	47.7	48.1	47.6	49.0	48.0	48.0	48.3	48.1	
Adults	43.9	43.4	43.7	44.4	45.6	44.8	44.1	44.5	44.3	
Children	56.1	56.6	56.3	55.6	54.4	55.2	55.9	55.5	55.7	
Percent in Fair Health	49.1	49.8	49.4	44.9	53.8	48.2	46.9	51.8	48.8	
Male	52.0	49.4	51.0	51.6	52.4	51.9	51.8	51.0	51.5	
Female	48.0	50.6	49.0	48.4	47.6	48.1	48.2	49.0	48.5	
Adults	43.8	44.2	44.0	45.1	43.0	44.2	44.4	43.6	44.1	
Children	56.2	55.8	56.0	54.9	57.0	55.8	55.6	56.4	55.9	
Percent in Bad Health	0.8	0.5	0.7	0.7	0.7	0.7	0.8	0.6	0.7	
Male	63.9	28.6	54.0	54.3	47.6	51.8	59.2	40.0	52.8	
Female	36.1	71.4	46.0	45.7	52.4	48.2	40.8	60.0	47.2	
Adults	33.3	64.3	42.0	31.4	38.1	33.9	32.4	48.6	37.7	
Children	66.7	35.7	58.0	68.6	61.9	66.1	67.6	51.4	62.3	
Percent No Response	0.4	0.3	0.3	0.6	0.4	0.5	0.5	0.3	0.4	
Male	55.6	57.1	56.0	63.3	50.0	60.0	60.4	52.9	58.5	
Female	44.4	42.9	44.0	36.7	50.0	40.0	39.6	47.1	41.5	
Adults	61.1	57.1	60.0	40.0	60.0	45.0	47.9	58.8	50.8	
Children	38.9	42.9	40.0	60.0	40.0	55.0	52.1	41.2	49.2	

Table 7: Household health status

Due to prevalent poverty conditions, more than two third of the households (70%) having PSC 0-23 live in Katcha structures in both control and treatment villages, shown in Table 8. However, less than half (44%) of the households having PSC 24 and above live in Katcha structures. Two third (67%) of the households in the control villages having PSC 0-23 have Katcha houses whereas 73% of the households in their comparable group in the treatment group live in Katcha houses. Regarding room ownership, 91% of the sample households have just two rooms. Only 3% of the households having PSC 0-23 have three to four rooms while the same percentage is more than double (7%) for the households having PSC 24 and above. Regarding homeless, 1% of the sample population does not have any room to live in. These people have been seen living in shabby tents.





More than two third (69%) of the households in the sample do not have access to piped water and depend on hand pump for all of their water needs available in their dwellings. Households with PSC 0-23 in the treatment group are better off with 7% of them having access to piped water than their counterparts in the control group where only 2% have access to the piped water. Canal water is hardly available in the area with only 1% accessing canal water.

The area has insufficient hygiene situation with half the sample households not having a latrine (53%). Poverty status is directly related with the capacity of the household to have a latrine. About one third (39%) of the sample households having PSC 0-23 have a latrine in the treatment and control villages. Whereas, both in control and treatment groups of PSC 24 and above, 62% and 55% of households have latrine, respectively.

Only 39% of the overall sample households have proper drainage facilities while the remaining population (61%) do not have proper drainage. More than two third (68%) of the households with PSC 0-23 in control and treatment groups do not have drainage facilities whereas little over half of their counterparts (51%) having PSC 24 and above do not have drainage facility.

Majority of the sample households have access to electricity (only 28% have no access). However, among the households having PSC 0-23 in treatment and control a higher share has no access to electricity(30% and 39% respectively).

A majority of the sample households (67%) burn wood as fuel for cooking and heating purposes. Both in control and treatment groups, three fourth of the households having PSC 0-23, 76% and 75%, rely on wood for fuel purpose.

	Co	ontrol Villages	5	Trea	tment Villag	es		All Villages	
Housing Facilities	PSC 0-23	PSC 24 & above	Total	PSC 0-23	PSC 24 & above	Total	PSC 0- 23	PSC 24 & above	Total
All household	644	455	1099	702	497	1199	1346	952	2298
Total population	4456	2736	7192	4782	2848	7630	9238	5584	14822
% Pacca structure	8	23	14	7	18	12	8	20	13
% Katcha structure	67	40	55	73	48	63	70	44	59
% Pacca + Katcha structure	25	38	31	20	33	25	23	36	28
No. of rooms	807	760	1567	875	750	1625	1567	1625	3192
Avg. No of rooms per HH	1.3	1.7	1.4	1.2	1.5	1.4	1.2	1.7	1.4
Avg. No of rooms per person	0.2	0.3	0.2	0.2	0.3	0.2	0.2	0.3	0.2
% Household with:									
No room	2	1	2	3	1	2	3	2	1
up to 2 rooms	94	85	90	94	88	92	94	86	91
3-4 rooms	4.0	12.0	7.0	3.0	10.0	6.0	3.0	11.0	7.0
5 or more rooms	0.0	2.0	1.0	0.0	1.0	0.0	0.0	1.0	1.0
Water Supply:									

Table 8: Facilities for household members





% Piped	2	5	3	4	7	5	3	6	4
% Canal	1	1	1	0	0	0	1	1	1
% Well	0.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
% Hand in	76	62	70	72	62	68	74	62	60
dwelling	70	02	70	12	02	08	74	02	09
Latrine:									
% Have latrine	39.0	62.0	49.0	39.0	55.0	45.0	39.0	58.0	47.0
% Not have	61	20	51	61	45	55	61	12	52
latrine	01	50	51	01	45	55	01	42	55
Drainage:									
% Yes	31.0	52.0	40.0	33.0	46.0	38.0	32.0	49.0	39.0
% No	69	48	60	67	54	62	68	51	61
Electricity:		·	·		·				·
% Yes	70	85	76	61	78	68	65	81	72
% No	30	15	24	39	22	32	35	19	28
Fuel Used:									
% Wood	76	50	65	75	61	69	75	55	67
% Other	24	50	35	25	39	31	25	45	33

3.1.4. Household consumption and expenditure as proxy for income

This sub-section serves the purpose of gaining an understanding of poverty in the control and treatment groups in the research union councils' so as to track the changes in poverty over the course of the five years' programme through annual baselines. Poverty is being measured using the concept of the official income poverty line with reference to the consumption based basic needs approach. In addition to this the, depth and severity of poverty and inequality are also being measured to provide a holistic analysis of poverty in the programme districts.

Since income data was grossly under reported due to expectations of getting some kind of cash rewards during the socio-economic baseline survey, the expenditure data was used as proxy for income. This was despite the fact that respondents were not offered any monetary or in-kind compensation for their participation in the survey.

It is evident that average expenditure per capita per month of the sample households having PSC 0-23 is 6217, 38% less than that of the sample households having PSC 24 and above (9916). Regarding share of different heads in the overall expenditure, all the sample households, both in control and treatment groups and households having PSC 0-23 (68%) and PSC 24 and above (73%), more than two third of their expenditure on food. After food, the next highest head of expenditure is fuel that takes 11% of the overall expenditure share.





Table 9: Household Expenditures

	Co	ontrol Villag	ges	Trea	atment Vill	ages	All Villages			
Expenditures	PSC 0-	PSC 24		PSC 0-	PSC 24			PSC 24		
	23	& above	Total	23	& above	Total	PSC 0-23	& above	Total	
Average										
expenditures per HH										
per annum (00)	5122.08	7441.87	6075.73	5118.39	6561.90	5716.74	5120.15	6974.65	589098.83	
Average	42684	62016	50631	42653	54682	47640	42668	58122	49092	
expenditures per HH										
per month										
Average expenditure	74026	123668	92894	75138	114511	89835	74602	118994	91319	
per capita per										
annum										
Average expenditure	6169	10306	7741	6262	9543	7486	6217	9916	7610	
per capita per month										
% Share of household	expenditu	res per mo	nth	•				-		
Food expense	67	73	70	70	73	71	68	73	71	
Fuel	12	8	10	13	11	12	12	9	11	
Transport	3	3	3	2	2	2	2	3	3	
Clothing	3	2	2	2	2	2	3	2	2	
Housing	1	1	1	1	1	1	1	1	1	
Health	5	5	5	4	4	4	5	4	4	
Education	1	1	1	1	1	1	1	1	1	
Social	2	2	2	1	2	1	2	2	2	
Durables	0	0	0	0	0	0	0	0	0	
Other	6	5	5	6	4	5	6	5	5	
Total	100	100	100	100	100	100	100	100	100	

Computed on the basis of adjusted official poverty line, the total number of poor household in the sample households are 588 using the head count method as shown in Table 10. Three poverty measures have been used in this baseline; head count ratio, poverty gap ratio and severity of poverty. The Head count ratio (HCR) is a simple measure of poverty that shows the proportion of a population that lives below the defined poverty line. In the sample, 26% households live below the official poverty line. Out of these total poor, 418 (71%) have PSC 0-23. Head count method does not show the depth of poverty, how poor are the poor and does not change if people below the poverty line become poorer.

Poverty Gap Ratio or Poverty Gap Index (PGI) is another poverty measure that shows the mean shortfall of the total population from the poverty line, expressed as a percentage of the poverty line³. Overall, PGI for our sample is 33% with PSC 0-23 having 35% and PSC 24 and above only 8% PGIs respectively. However, this method does not inform about the inequality among the poor.

To find out the inequality among the poor, the Squared Poverty Gap or Severity of Poverty index is obtained by squaring the Poverty Gap Index. The overall Severity of Poverty among the poor is 15%.

³ <u>https://mdgs.un.org/unsd/mdg/Metadata.aspx?IndicatorId=2</u> accessed on March 10, 2017





Households having PSC 0-23 have higher severity of poverty (17%) than those having PSC 24 and above who have just 3% Severity of Poverty.

This reduced poverty finding is in line with the argument that poverty has reduced globally, in South Asia (falling from 50.6pc in 1991 to only 12.7pc in 2012⁴) and Pakistan. What is considered as poverty happens to be inequality in many cases and inequality has increased despite decrease in poverty. According to the World Bank, the decline in poverty has been inclusive to some extent with "consumption of the poorest growing faster than mean consumption"⁵. By using the revised poverty line of the Govt. of Pakistan and head count method, about 29.5 percent people were below the poverty line in the fiscal year 2013-14.

Table 10: Poverty incidence, gap ratio and its severity

		All Villages	
Poverty Status and Indicators	PSC 0-23	PSC 24 and above	Total
Poverty Gap Ratio (%)	35	8	33
Severity of Poverty (%)	17	3	15
% of HH in Poverty – Head Count Method	31	18	26
No of poor HH within each PSC category	418	170	588
% of poor HH within each PSC category	71	29	100

3.1.5. Use of public services, status of public satisfaction, change in the quality of services and reason for not using these services

This section presents the results of the use, status of satisfaction and change in the quality and reason for not using about of 21 public services. Although no difference is expected at this stage, the analysis is provided separately for the control and treatment groups and PSC wise.

Regarding the public service of Lady Health Worker in Table 11, in control villages and in both groups, PSC 23 and above combining all categories together, one third (33.1%) of the households are satisfied with the access and use of this service. For the same group of households, nearly one fifth (16.6%) think that the quality of service has improved during the last one year.

Table 11: Lady Health Worker in Control Villages

		Control										
				PSC (0-23		PSC 24 and above					
Cate	ogerv	A. How many times do you use this						A. How many times do you use this				
	0 /			service	usualiy		service usually					
		Not	Once				Not	Once				
		at	in a			No	at	in a			No	
		all	while	Often	Always	response	all	while	Often	Always	response	
	No.	120	63	261	192	8	101	58	159	124	13	
То	Not	0.0	1.5	4.9	3.8	0.0	0.0	1.1	2.9	1.7	0.0	
which	satisfied											
extent	(%)											
you are	Satisfied	0.0	2.1	10.0	7.2	0.0	0.0	2.2	6.2	5.4	0.0	
satisfied	(%)											

⁴ <u>https://www.dawn.com/news/1310296 accessed January 31</u>, 2017.

⁵ http://www.worldbank.org/en/country/pakistan/overview accessed March 1, 2017





of this service	Total (%)	0.0	3.6	14.9	11.0	0.0	0.0	3.3	9.1	7.1	0.0
What	Worst (%)	0.0	.9	3.4	2.7	0.0	0.0	.9	1.7	1.2	0.0
type of change vou	Like before (%)	0.0	.9	4.1	2.9	0.0	0.0	1.0	3.3	1.8	0.0
found in the service	Better than before (%)	0.0	1.1	4.9	3.5	0.0	0.0	1.1	3.1	2.9	0.0
during the last 12	Don't know (%)	0.0	.7	2.5	1.8	0.0	0.0	.4	1.0	1.2	0.0
months	Total (%)	0.0	3.6	14.9	11.0	0.0	0.0	3.3	9.1	7.1	0.0
Any particular	Far away (%)	1.1	0.0	0.0	0.0	0.0	1.1	.1	0.0	0.0	0.0
reason for not	Very costly (%)	.3	0.0	0.0	0.0	0.0	.8	0.0	0.0	0.0	0.0
using/ or using _.	Does not suit (%)	5.1	1.1	0.0	0.0	0.0	3.3	1.5	0.0	0.0	0.0
once in a while	Lack of tools/staffs (%)	.4	.4	0.0	0.0	0.0	.3	.1	0.0	0.0	0.0
	No enough facility (%)	.3	1.9	0.0	0.0	0.0	.1	1.2	0.0	0.0	0.0
	Other (%)	7.8	1.4	0.0	0.0	0.0	6.3	2.2	0.0	0.0	0.0
	Not applicable (%)	1.5	3.9	0.0	0.0	0.0	1.9	2.8	0.0	0.0	0.0
	Total (%)	16.5	8.7	0.0	0.0	0.0	13.9	8.0	0.0	0.0	0.0

Regarding the public service of Lady Health Worker in Table 12, in treatment villages and in both groups, PSC 23 and above combining all categories together, one third (33.8%) of the households are satisfied with the access and use of this service. For the same group of households, almost one fifth (18.6%) think that the quality of service has improved during the last one year.

Table 12: Lady Health Worker in Treatment Villages

					Treatment								
				PSC	0-23		PSC 24 and above						
Cat	2000	A.	. How m	nany tim service	es do you e usually	u use this	A. How many times do you use this service usually						
Call	Jgery		Onc e in					Onc e in					
		Not	а			NO	Not	а			NO		
		at	whil	Ofte	Alway	RESPONS	at	whil	Ofte	Alway	RESPONS		
		all	е	n	S	E	all	е	n	S	E		
	No	141	84	197	235	45	101	58	149	172	17		
То	Not	0.0	1.7	4.3	4.5	0.0	0.0	1.4	2.7	3.2	0.0		
which	satisfied												
extent	(%)												
you are	Satisfied	0.0	3.1	7.0	9.0	0.0	0.0	1.9	5.8	6.6	0.0		
satisfied	(%)												
of this	Total (%)	0.0	4.8	11.2	13.4	0.0	0.0	3.3	8.5	9.8	0.0		
service													
What	Worst	0.0	.9	2.3	3.1	0.0	0.0	.9	1.9	1.8	0.0		
type of	(%)												



change you found in	Like before (%)	0.0	1.3	3.8	3.2	0.0	0.0	1.0	2.9	2.4	0.0
the service during the last	Better than before (%)	0.0	2.1	3.3	5.1	0.0	0.0	1.0	2.8	4.3	0.0
12 months	Don't know (%)	0.0	.5	1.9	2.1	0.0	0.0	.5	1.0	1.3	0.0
	Total (%)	0.0	4.8	11.2	13.4	0.0	0.0	3.3	8.5	9.8	0.0
Any particul	Far away (%)	2.5	.3	0.0	0.0	.1	2.5	0.0	0.0	0.0	0.0
ar reason for not	Very costly (%)	.7	0.0	0.0	0.0	0.0	.3	.1	0.0	0.0	0.0
using/ or using	Does not suit (%)	8.0	1.5	0.0	0.0	0.0	3.0	1.1	0.0	0.0	0.0
once in a while	Lack of tools/staf fs (%)	.7	.7	0.0	0.0	0.0	.1	.4	0.0	0.0	0.0
	No enough facility (%)	1.1	3.0	0.0	0.0	0.0	.3	1.2	0.0	0.0	0.0
	Other (%)	5.2	2.3	0.0	0.0	0.0	6.6	2.5	0.0	0.0	0.0
	Not applicabl e (%)	1.2	3.7	0.0	0.0	0.0	1.1	2.6	0.0	0.0	0.0
	Total (%)	19. 4	11.6	0.0	0.0	.1	13. 9	8.0	0.0	0.0	0.0

Regarding the public service of Basic Health Unit in Table 13, in control villages and in both groups, PSC 23 and above combining all categories together, nearly two fifth (39.7%) of the households are satisfied with the access and use of this service. For the same group of households, one fifth (21.1%) think that the quality of service has been the same as before during the last one year.

			Control										
				PSC	0-23		PSC 24 and above						
C	atagany	A. How many times do you use this service usually						A. How many times do you use this service usually					
	atogery		Onc e in					Onc e in					
		Not	а			NO	Not	а			NO		
		at	whil	Ofte	Alwa	RESPON	at	whil	Ofte	Alwa	RESPON		
		all	е	n	ys	SE	all	е	n	ys	SE		
		21	129	158	115	24	15	88	108	86	20		
	No.	8					3						
To which	Not satisfied (%)	0.0	2.8	2.5	1.2	0.0	0.0	1.5	1.5	.7	0.0		
extent you are	Satisfied (%)	0.0	6.6	9.0	7.2	0.0	0.0	4.9	6.4	5.5	0.0		
satisfie	Total (%)	0.0	9.4	11.5	8.4	.1	0.0	6.4	7.8	6.3	0.0		







d of this service											
What	Worst (%)	0.0	2.7	1.7	1.0	0.0	0.0	2.0	1.5	.6	0.0
type of change	Like before (%)	0.0	3.8	5.7	3.4	0.0	0.0	2.6	3.2	2.4	0.0
found in the	Better than before (%)	0.0	1.5	2.5	2.0	0.0	0.0	.9	1.7	1.7	0.0
service during the last	Don't know (%)	0.0	1.5	1.6	1.9	0.0	0.0	.9	1.5	1.5	0.0
12 months	Total (%)	0.0	9.4	11.5	8.4	.1	0.0	6.4	7.8	6.3	0.0
Any	Far away (%)	1.7	.2	0.0	0.0	0.0	1.6	.2	0.0	0.0	0.0
particul ar	Very costly (%)	.1	0.0	0.0	0.0	0.0	.2	.1	0.0	0.0	0.0
for not	Does not suit (%)	4.0	2.2	0.0	0.0	0.0	3.0	2.0	0.0	0.0	0.0
or using	Lack of tools/staffs (%)	1.1	.2	0.0	0.0	0.0	.6	.2	0.0	0.0	0.0
a while	No enough facility (%)	2.1	6.5	0.0	0.0	0.0	.7	4.2	0.0	0.0	0.0
	Other (%)	6.0	.4	0.0	0.0	0.0	4.8	.1	0.0	0.0	0.0
	Not applicable (%)	3.2	1.1	0.0	0.0	0.0	1.8	.6	0.0	0.0	0.0
	Total (%)	18. 0	10.7	0.0	0.0	.1	12. 7	7.3	0.0	0.0	0.0

Regarding the public service of Basic Health Unit in Table 14, in treatment villages and in both groups, PSC 23 and above combining all categories together, nearly two fifth (38.4%) of the households are satisfied with the access and use of this service. For the same group of households, almost one fourth (22.2%) think that the quality of service has been the same as before during the last one year.

Table 14: Basic Health Unit in Treatment Villages

			Treatment										
				PSC	0-23		PSC 24 and above						
C	atagany	Α.	How m	any tim service	es do yo usually	u use this	A. How many times do you use this service usually						
	atogery		Onc e in					Onc e in					
		Not	а			NO	Not	а			NO		
		at	whil	Ofte	Alwa	RESPON	at	whil	Ofte	Alwa	RESPON		
		all	е	n	ys	SE	all	е	n	ys	SE		
		25	116	132	139	61	17	79	114	111	23		
	No.	4					0						
To which	Not satisfied (%)	0.0	2.5	2.0	2.7	0.0	0.0	1.7	1.4	1.6	0.0		
extent you are	Satisfied (%)	0.0	6.0	7.6	7.4	0.0	0.0	4.1	6.9	6.5	0.0		
satisfie d of this service	Total (%)	0.0	8.4	9.6	10.1	0.0	0.0	5.7	8.3	8.1	0.0		





What	Worst (%)	0.0	1.3	1.9	2.2	0.0	0.0	.9	1.3	1.6	0.0
type of change	Like before (%)	0.0	3.6	3.1	4.7	0.0	0.0	2.4	3.7	2.8	0.0
found in the	Better than before (%)	0.0	1.9	2.8	2.0	0.0	0.0	1.4	2.1	1.7	0.0
service during the last	Don't know (%)	0.0	1.6	1.8	1.2	0.0	0.0	1.1	1.2	2.0	0.0
12 months	Total (%)	0.0	8.4	9.6	10.1	0.0	0.0	5.7	8.3	8.1	0.0
Any	Far away (%)	4.2	.7	0.0	0.0	0.0	2.6	.2	0.0	0.0	0.0
particul ar	Very costly (%)	.5	0.0	0.0	0.0	0.0	.4	0.0	0.0	0.0	0.0
for not	Does not suit (%)	4.6	1.7	0.0	0.0	0.0	2.2	1.3	0.0	0.0	0.0
or using	Lack of tools/staffs (%)	2.2	.4	0.0	0.0	0.0	.4	.2	0.0	0.0	0.0
a while	No enough facility (%)	2.2	5.4	0.0	0.0	0.0	1.4	4.1	0.0	0.0	0.0
	Other (%)	4.6	.1	0.0	0.0	0.0	4.6	.2	0.0	0.0	0.0
	Not applicable (%)	2.9	1.3	0.0	0.0	0.0	2.5	.5	0.0	0.0	0.0
	Total (%)	21. 0	9.6	0.0	0.0	0.0	14. 1	6.5	0.0	0.0	0.0

Regarding the public service of Family Planning Unit in Table 15, in control villages and in both groups, PSC 23 and above combining all categories together, 38.9% of the households are satisfied with the access and use of this service. For the same group of households, nearly one fourth (23.6%) think that the quality of service has been the same as before during the last one year.

Table 15: Family Planning Unit in Control Villages

		Control											
Catogery				PSC	0-23			PSC 24 and above					
		A	. How m	any tim service	es do you e usually	u use this	A. How many times do you use this service usually						
			Onc					Onc					
		Not	a			NO	Not	a			NO		
		at	whil	Ofte	Alway	RESPONS	at	whil	Ofte	Alway	RESPONS		
		all	е	n	S	E	all	е	n	S	E		
	No.	342	78	132	62	30	244	58	85	42	26		
То	Not	0.0	3.9	1.9	.8	0.0	0.0	2.4	1.4	.2	0.0		
which	satisfied												
extent	(%)												
you are	Satisfied	0.0	4.5	12.3	6.0	0.0	0.0	3.9	7.8	4.3	0.0		
satisfied	(%)												
of this	Total (%)	0.0	8.4	14.3	6.7	0.0	0.0	6.3	9.2	4.5	0.0		
service													
What	Worst	0.0	2.3	1.6	.1	0.0	0.0	1.7	.9	.4	0.0		
type of	(%)												



change you found in the service during the last 12 months	Like before (%)	0.0	4.4	7.7	3.1	0.0	0.0	2.4	4.9	1.1	0.0
	Better than before (%)	0.0	1.2	3.4	2.5	0.0	0.0	1.5	2.7	2.3	0.0
	Don't know (%)	0.0	.5	1.6	1.0	0.0	0.0	.6	.8	.8	0.0
	Total (%)	0.0	8.4	14.3	6.7	0.0	0.0	6.3	9.2	4.5	0.0
Any particul	Far away (%)	1.6	.2	.5	.1	.3	1.1	.3	.3	.3	.1
ar reason for not	Very costly (%)	.5	.1	.4	.3	.1	.7	0.0	0.0	.1	.1
using/ or using	Does not suit (%)	5.5	.6	2.0	.5	.7	3.9	.8	1.5	.6	.4
a while	Lack of tools/staf fs (%)	.1	.1	.2	0.0	0.0	.3	.1	.1	0.0	0.0
	No enough facility (%)	.9	.6	.6	.2	.1	1.1	.1	.7	.2	.1
	Other (%)	.7	.3	.2	.2	.1	.5	.2	.2	0.0	.1
	Not applicabl e (%)	5.2	1.7	1.9	1.3	.3	3.9	1.1	.9	.5	.4
	Total (%)	14. 5	3.5	5.8	2.6	1.5	11. 4	2.6	3.7	1.7	1.1

Regarding the public service of Family Planning Unit in Table 16, in treatment villages and in both groups, PSC 23 and above combining all categories together, almost two fifth (38.7%) of the households are satisfied with the access and use of this service. For the same group of households, more than one fifth (21.3%) think that the quality of service has been the same as before during the last one year.

Table 16: Family Planning Unit in Treatment Villages

		Treatment											
Catogery				PSC	0-23			PSC 24 and above					
		A.	. How m	nany tim service	es do you e usually	u use this	A. How many times do you use this service usually						
			Onc					Onc					
			e in					e in					
		Not	а			NO	Not	а			NO		
		at	whil	Ofte	Alway	RESPONS	at	whil	Ofte	Alway	RESPONS		
		all	е	n	S	E	all	е	n	S	E		
	No.	365	96	96	74	71	259	62	80	59	37		
То	Not	0.0	4.9	1.9	1.4	0.0	0.0	2.1	1.0	.5	0.0		
which	satisfied												
extent	(%)												
you are	Satisfied	0.0	5.5	8.4	6.6	0.0	0.0	4.7	7.7	5.8	0.0		
satisfied	(%)												
of this	Total (%)	0.0	10.4	10.4	8.0	0.0	0.0	6.7	8.7	6.4	0.0		
service													
What	Worst	0.0	3.5	1.2	0.0	0.0	0.0	1.3	.9	.4	0.0		
type of	(%)												

RSPN



change you found in	Like before (%)	0.0	4.4	4.3	3.6	0.0	0.0	3.0	4.2	1.7	0.0
the service during the last	Better than before (%)	0.0	1.7	3.8	3.4	0.0	0.0	1.9	2.6	3.5	0.0
12 months	Don't know (%)	0.0	.8	1.1	1.1	0.0	0.0	.4	1.0	.8	0.0
	Total (%)	0.0	10.4	10.4	8.0	0.0	0.0	6.7	8.7	6.4	0.0
Any particul	Far away (%)	.7	.3	.3	.3	.2	.5	0.0	.2	.2	.1
ar reason for not	Very costly (%)	.6	.3	.1	.1	.3	.5	0.0	.1	0.0	0.0
using/ or using	Does not suit (%)	5.9	.9	1.1	.8	.8	4.4	.9	.8	1.3	.3
a while	Lack of tools/staf fs (%)	.2	.1	.1	.1	.1	.1	0.0	.1	0.0	.1
	No enough facility (%)	1.8	.2	.5	.2	.1	.9	.5	.4	.3	.3
	Other (%)	.7	.4	.4	.4	.3	1.1	.3	.5	0.0	.1
	Not applicabl e (%)	6.1	1.5	1.7	1.4	1.3	3.7	1.0	1.1	.9	.7
	Total (%)	16. 0	3.7	4.3	3.2	3.1	11. 3	2.7	3.1	2.7	1.5

Regarding the public service of Vaccinator in Table 17, in control villages and in both groups, PSC 23 and above combining all categories together, two fifth (40.6%) of the households are satisfied with the access and use of this service. For the same group of households, almost one third (31.9%) think that the quality of service has been the same as before during the last one year.

Table 17: Service of Vaccinator in Control Villages

	Control											
	PSC 0-23						PSC 24 and above					
Catogery		A.	How ma	any time service	s do you ι usually	use this	A. How many times do you use this service usually					
		Not	Once				Not	Once				
		at	in a	~		No	at	in a	~		No	
		all	while	Often	Always	response	all	while	Often	Always	RESPONSE	
	218	78	207	109	32	165	62	136	67	25		
To which extent	Not satisfied (%)	0.0	1.6	2.3	.6	0.0	0.0	1.4	1.5	.3	0.0	
you are satisfied	Satisfied (%)	0.0	4.1	12.9	7.4	0.0	0.0	3.1	8.4	4.6	0.0	
of this service	Total (%)	0.0	5.7	15.2	8.0	0.0	0.0	4.5	10.0	4.9	0.0	
What	Worst (%)	0.0	1.3	1.3	.4	0.0	0.0	.7	.6	.3	0.0	
change	Like before (%)	0.0	2.9	10.6	5.4	0.0	0.0	2.4	7.7	2.9	0.0	







you found in the	Better than before (%)	0.0	1.0	2.4	1.7	0.0	0.0	1.0	1.2	1.3	0.0
during the last	Don't know (%)	0.0	.4	.9	.5	0.0	0.0	.4	.4	.4	0.0
12 months	Total (%)	0.0	5.6	15.2	8.0	0.0	0.0	4.5	10.0	4.9	0.0
Any particular	Far away (%)	1.5	.8	0.0	0.0	0.0	1.5	.2	0.0	0.0	0.0
reason for not	Very costly (%)	.7	.3	0.0	0.0	0.0	.3	.1	0.0	0.0	0.0
using/ or using _.	Does not suit (%)	5.7	1.2	0.0	0.0	0.0	4.4	.8	0.0	0.0	0.0
once in a while	Lack of tools/staffs (%)	.4	.4	0.0	0.0	0.0	.1	.2	0.0	0.0	0.0
	No enough facility (%)	1.6	1.1	0.0	0.0	0.0	1.0	.8	0.0	0.0	0.0
	Other (%)	1.5	1.0	0.0	0.0	0.0	1.1	.9	0.0	0.0	0.0
	Not applicable (%)	9.3	2.5	0.0	0.0	0.0	7.1	2.9	0.0	0.0	0.0
	Total (%)	20.6	7.4	0.0	0.0	0.0	15.6	5.9	0.0	0.0	0.0

Regarding the public service of Vaccinator in Table 18, in treatment villages and in both groups, PSC 23 and above combining all categories together, two fifth (40.8%) of the households are satisfied with the access and use of this service. For the same group of households, nearly one third (30.2%) think that the quality of service has been the same as before during the last one year.

Table 18: Service of Vaccinator in Treatment Villages

		Treatment										
				PSC	0-23		PSC 24 and above					
Catogery		A.	How ma	any time service	s do you usually	use this	A. How many times do you use this service usually					
		Not at all	Onc e in a while	Ofte n	Alway s	NO RESPONS E	Not at all	Onc e in a while	Ofte n	Alway s	NO RESPONS E	
	215	89	180	142	76	163	69	139	88	38		
To which extent	Not satisfied (%)	0.0	2.2	2.9	1.8	0.0	0.0	1.2	1.7	1.1	0.0	
you are satisfied	Satisfied (%)	0.0	4.3	10.2	8.6	0.0	0.0	3.8	8.5	5.3	0.0	
of this service	Total (%)	0.0	6.5	13.2	10.4	0.0	0.0	5.1	10.2	6.4	0.0	
What	Worst (%)	0.0	1.2	1.0	1.0	0.0	0.0	1.1	.6	.6	0.0	
type of change you found in the service during	Like before (%)	0.0	3.9	7.9	6.2	0.0	0.0	2.4	6.5	3.3	0.0	
	Better than before (%)	0.0	1.0	3.1	2.4	0.0	0.0	1.0	2.3	1.8	0.0	




the last 12	Don't know (%)	0.0	.4	1.2	.7	0.0	0.0	.7	.8	.8	0.0
months	Total (%)	0.0	6.5	13.2	10.4	0.0	0.0	5.1	10.2	6.5	0.0
Any particula	Far away (%)	2.3	1.3	0.0	0.0	0.0	2.1	.6	0.0	0.0	0.0
r reason for not	Very costly (%)	.9	.5	0.0	0.0	0.0	1.0	.2	0.0	0.0	0.0
using/ or using	Does not suit (%)	4.9	1.8	0.0	0.0	0.0	3.0	1.1	0.0	0.0	0.0
once in a while	Lack of tools/staff s (%)	.1	.2	0.0	0.0	0.0	.3	.5	0.0	0.0	0.0
	No enough facility (%)	.8	1.0	0.0	0.0	0.0	.6	.8	0.0	0.0	0.0
	Other (%)	.3	.9	0.0	0.0	0.0	.8	.3	0.0	0.0	0.0
	Not applicable (%)	11. 0	2.6	0.0	0.0	0.0	7.6	3.1	0.0	0.0	0.0
	Total (%)	20. 3	8.4	0.0	0.0	0.0	15. 4	6.5	0.0	0.0	0.0

Regarding the public service of School in Table 19, in control villages and in both groups, PSC 23 and above combining all categories together, nearly two fifth (38.7%) of the households are satisfied with the access and use of this service. For the same group of households, one fourth (25.2%) think that the quality of service has been the same as before during the last one year.

Table 19: Service of School in Control Villages

					Con	trol				
	PSC 0-23 PSC 24 and above A. How many times do you use this A. How many times do you use this									е
	A	. How m	nany tim	es do you	u use this	A	. How n	nany tim	nes do yo	u use this
gerv		-	service	usually			-	service	e usually	
, gery		Onc					Onc			
	NI .	e in			NO		e in			NO
	Not	a	04	A I	NO	NO	a	04	A I	NO
	at	whii	One	Alway	RESPONS	tat	whii	One	Alway	RESPONS
	327	38	107	135	27	ali 17	27	07	130	28
No.	521	50	107	155	57	3	21	51	130	20
Not	0.0	1.5	2.8	2.7	0.0	0.0	.4	1.6	3.0	0.0
satisfied										
(%)										
Satisfied	0.0	2.1	7.4	10.2	0.0	0.0	2.2	7.6	9.3	0.0
(<i>%</i>)	0.0	3.6	10.2	12.8	0.0	0.0	26	92	12.3	0.0
10(01 (70)	0.0	0.0	10.2	12.0	0.0	0.0	2.0	0.2	12.0	0.0
Worst	0.0	1.1	1.7	1.3	0.0	0.0	.2	1.4	1.4	0.0
(%)										
Like	0.0	1.6	5.8	6.3	0.0	0.0	1.5	4.4	5.7	0.0
before										
(%)	0.0	-	0.4	0.7		0.0		0.4	1.0	
Better	0.0	.7	2.1	3.7	0.0	0.0	.7	2.4	4.3	0.0
than										
Don't	0.0	2	6	15	0.0	0.0	2	1.0	q	0.0
know (%)	0.0	.2	.0	1.5	0.0	0.0	.2	1.0	.5	0.0
	No. Not satisfied (%) Satisfied (%) Total (%) Worst (%) Like before (%) Better than before (%) Don't know (%)	Perry Not at all 327 No. Not satisfied (%) Satisfied (%) Total (%) Total (%) Con (%) Total (%) Not satisfied (%) Satisfied (%) Con (%) Satisfied (%) Con (%) Satisfied (%) Con (Con (%) Con (%) Con (Con (%) Con (Con (%) Con (Con (Con (Con (Con (Con (Con (Con	A. How m a Onc e in Not at whil all e 327 38 No. 327 Not 0.0 satisfied 0.0 (%) 0.0 Satisfied 0.0 (%) 0.0 Total (%) 0.0 Like 0.0 before - (%) - Better 0.0 (%) - Don't 0.0 Jon't 0.0	PSC A. How many tim service Onc e in Not at at at whil all e Onc e in n 327 38 107 No. 327 38 107 No. 327 38 107 No. 0.0 1.5 2.8 Satisfied (%) 0.0 2.1 7.4 (%) 0.0 3.6 10.2 Worst (%) 0.0 1.1 1.7 (%) 0.0 1.6 5.8 before (%) 0.0 .7 2.1 than before (%) 0.0 .7 2.1 Don't know (%) 0.0 .2 .6	PSC 0-23 A. How many times do you service usually Onc e in Not a at whil all e model n Satisfied 0.0 (%) 0.0 Satisfied 0.0 (%) 0.0 Total (%) 0.0 Norst 0.0 (%) 1.6 Satisfied 0.0 (%) 1.1 1.7 1.3 (%) 0.0 1.6 5.8 6.3 6.3 (%) 0.0 1.6 5.8 6.3 6.3 before 1.6 (%) 1.6 5.8 6.3 before 1.1 (%) 1.2 1.6 5.8 6.3 6.3 before 1.5 1.6 1.5 1.5	Con PSC 0-23 A. How many times do you use this service usually Not NO Not a NO at whil Ofte Alway RESPONS all e n s E Not a n s E Not 327 38 107 135 37 No. 0.0 1.5 2.8 2.7 0.0 Satisfied 0.0 2.1 7.4 10.2 0.0 (%) 0.0 3.6 10.2 12.8 0.0 Worst 0.0 1.1 1.7 1.3 0.0 (%) 0.0 1.6 5.8 6.3 0.0 before - - - - - (%) - - 3.7 0.0 - (%) - - - - - <t< td=""><td>$\begin{array}{c c c c c c c c c c c c c c c c c c c$</td><td>$\begin{array}{c c c c c c c c c c c c c c c c c c c$</td><td>Control PSC 0-23 Control PSC 0-23 PSC 24 A. How many times do you use this service usually A. How many times do you use this service Service usually Service usually Not Onc NO No A. How many times do you use this service A. How many times do you use this service Not Onc e in NO NO No Onc e in A. How many times do you use this service A. How many times do you use this service A. How many times do you use this Not at Onc e in NO NO</td><td></td></t<>	$\begin{array}{c c c c c c c c c c c c c c c c c c c $	$\begin{array}{c c c c c c c c c c c c c c c c c c c $	Control PSC 0-23 Control PSC 0-23 PSC 24 A. How many times do you use this service usually A. How many times do you use this service Service usually Service usually Not Onc NO No A. How many times do you use this service A. How many times do you use this service Not Onc e in NO NO No Onc e in A. How many times do you use this service A. How many times do you use this service A. How many times do you use this Not at Onc e in NO NO	





	Total (%)	0.0	3.6	10.2	12.8	0.0	0.0	2.6	9.2	12.3	0.0
Any particul	Far away (%)	3.0	.4	.9	1.5	.1	1.5	.2	.9	1.6	.2
ar reason for not	Very costly (%)	1.1	0.0	.1	.1	0.0	.3	0.0	.2	.3	.1
using/ or using once in a while	Does not suit (%)	3.4	.1	.9	.8	.3	1.6	.2	1.2	.8	.4
	Lack of tools/staff s (%)	.9	.1	.3	.4	0.0	.3	.2	.2	.3	.1
	No enough facility (%)	1.2	.2	.7	.7	.3	.7	.3	.4	.8	0.0
	Other (%)	1.6	.1	.2	.5	.3	1.0	0.0	.3	.5	.1
	Not applicabl e (%)	3.2	.4	1.8	2.3	.4	2.6	.4	1.1	.9	.1
	Total (%)	14. 3	1.2	4.8	6.3	1.2	7.8	1.2	4.2	5.1	.9

Regarding the public service of school in Table 20, in treatment villages and in both groups, PSC 23 and above combining all categories together, one third (33.1%) of the households are satisfied with the access and use of this service. For the same group of households, one fifth (20.1%) think that the quality of service has been the same as before during the last one year.

		Treatment PSC 0.22 PSC 24 and above									
		PSC 0-23PSC 24 and aboveA. How many times do you use this service usuallyA. How many times do you use this service usually								е	
Cat		A	. How m	nany tim service	es do you e usually	u use this	A	. How n	nany tim service	nes do yo e usually	u use this
Cate	ogery	Onc Onc e in Not Not a Not a									
		Not at all	a whil e	Ofte	Alway	NO RESPONS F	No t at all	a whil e	Ofte	Alway	NO RESPONS F
	No.	305	46	86	156	109	20 1	28	66	138	64
To which extent	Not satisfied (%)	0.0	1.6	2.7	5.9	0.0	0.0	.9	1.1	4.0	0.0
you are satisfied of this service	Satisfied (%)	0.0	2.8	5.5	8.9	0.0	0.0	1.7	5.1	9.1	0.0
	Total (%)	0.0	4.4	8.2	14.8	0.0	0.0	2.7	6.3	13.1	0.0
What type of	Worst (%)	0.0	1.1	1.2	2.3	0.0	0.0	.9	.6	1.8	0.0
change you found in	Like before (%)	0.0	2.0	3.4	5.4	0.0	0.0	.9	3.8	4.6	0.0
tound in the service during the last 12 months	Better than before (%)	0.0	.9	2.4	5.5	0.0	0.0	.7	1.6	5.1	0.0
	Don't know (%)	0.0	.3	1.1	1.6	0.0	0.0	.3	.3	1.5	0.0
	Total (%)	0.0	4.4	8.2	14.8	0.0	0.0	2.7	6.3	13.1	0.0

Table 20: Service of School in Treatment Villages





Any particul ar	Far away (%)	3.7	.6	.5	1.3	.6	2.1	.5	.4	1.1	.6
ar reason for not	Very costly (%)	.4	0.0	.1	.4	.3	.5	0.0	.2	.4	.1
using/ or using	Does not suit (%)	1.8	.3	.5	1.8	.8	1.2	.1	.6	1.1	.5
a while	Lack of tools/staff s (%)	.4	0.0	.1	.8	.1	.2	.1	.1	.6	.3
	No enough facility (%)	1.7	.3	.9	.8	.4	1.2	.1	.3	.4	.5
	Other (%)	1.0	.3	.4	.6	.3	.7	0.0	.4	.3	.3
-	Not applicabl e (%)	4.5	.7	1.0	2.5	1.9	3.1	.4	.5	1.7	.8
	Total (%)	13. 5	2.1	3.4	8.1	4.3	9.1	1.1	2.5	5.6	3.1

Regarding the public service of Agriculture in Table 21, in control villages and in both groups, PSC 23 and above combining all categories together, nearly one third (30.2%) of the households are satisfied with the access and use of this service. For the same group of households, almost one fourth (22.4%) think that the quality of service has been the same as before during the last one year.

Table 21: Service of Agriculture in Control Villages

Control											
				PSC	0-23			P	SC 24 a	and above	e
Cat	a a a a a a a a a a a a a a a a a a a	A.	How m	any tim service	es do you usually	u use this	A.	How m	any tim service	es do you usually	uuse this
Call	Jgery		Onc e in					Onc e in			
		Not at	a whil	Ofte	Alway	NO RESPONS E	Not at	a whil	Ofte	Alway	NO RESPONS E
	No.	437	52	78	14	63	294	33	70	15	43
To which extent	Not satisfied (%)	.2	4.8	4.3	.7	0.0	0.0	2.2	4.3	.5	0.0
you are satisfied	0.0	4.5	9.7	1.8	0.0	0.0	3.8	8.3	2.2	0.0	
of this service	Total (%)	.2	9.3	14.0	2.5	0.0	0.0	5.9	12.6	2.7	0.0
What type of	Worst (%)	0.0	.5	.2	0.0	0.0	0.0	0.0	.4	0.0	0.0
change you found in	Like before (%)	0.0	4.0	6.5	1.4	0.0	0.0	3.4	6.8	.4	0.0
the service during the last	Better than before (%)	0.0	4.5	6.1	.9	0.0	0.0	2.2	4.5	1.8	0.0
12 months	Don't know (%)	.2	.4	1.3	.2	0.0	0.0	.4	.9	.5	0.0
	Total (%)	.2	9.4	14.0	2.5	0.0	0.0	5.9	12.6	2.7	0.0





Any particul	Far away (%)	1.8	.2	0.0	0.0	0.0	1.4	.2	0.0	0.0	0.0
ar reason for not	Very costly (%)	.7	.2	0.0	0.0	0.0	.2	.3	0.0	0.0	0.0
using/ or using	Does not suit (%)	5.7	.3	0.0	0.0	0.0	4.1	.2	0.0	0.0	0.0
a while	Lack of tools/staf fs (%)	.1	.3	0.0	0.0	0.0	.1	0.0	0.0	0.0	0.0
	No enough facility (%)	2.0	.7	0.0	0.0	0.0	1.3	.4	0.0	0.0	0.0
	Other (%)	3.5	.4	0.0	0.0	0.0	2.0	.6	0.0	0.0	0.0
	Not applicabl e (%)	13. 0	1.1	0.0	0.0	0.0	9.0	.3	0.0	0.0	0.0
	Total (%)	26. 8	3.2	0.0	0.0	0.0	18. 0	2.0	0.0	0.0	0.0

Regarding the public service of Agriculture in Table 22, in treatment villages and in both groups, PSC 23 and above combining all categories together, almost one third (32.0%) of the households are satisfied with the access and use of this service. For the same group of households, nearly one fourth (23.0%) think that the quality of service has been the same as before during the last one year.

Table 22: Service of Agriculture in Treatment Villages

		Treatment										
				PSC ()-23			PS	SC 24 ar	nd above		
Cato	ogery	Α.	How ma	any time: service (s do you ι usually	use this	Α.	How ma	any time service (s do you ι usually	ise this	
		Not at all	Onc e in a while	Ofte n	Alway s	No respons e	Not at all	Onc e in a while	Ofte n	Alway s	No respons e	
	No.	410	57	78	30	127	300	46	57	24	70	
To which extent	Not satisfied (%)	.2	6.3	3.9	1.4	0.0	.2	3.4	4.1	1.3	0.0	
you are satisfied of this service	Satisfied (%)	0.0	3.9	10.1	3.9	0.0	0.0	4.8	6.1	3.1	0.0	
	Total (%)	.2	10.2	14.0	5.4	0.0	.2	8.3	10.2	4.3	0.0	
What	Worst (%)	0.0	.5	.2	0.0	0.0	0.0	.4	0.0	0.0	0.0	
type of change you found in	Like before (%)	.2	4.5	6.8	2.2	0.0	0.0	3.4	4.9	1.1	0.0	
found in the service during the last 12 months	Better than before (%)	0.0	4.9	5.4	2.5	0.0	0.0	3.8	4.1	2.0	0.0	
	Don't know (%)	0.0	.4	1.6	.7	0.0	0.0	.7	1.3	1.3	0.0	
	Total (%)	.2	10.3	14.0	5.4	0.0	0.0	8.3	10.3	4.3	0.0	
Any particula	Far away (%)	2.8	.5	0.0	0.0	0.0	2.6	.4	0.0	0.0	0.0	





r reason for not	Very costly (%)	.6	.4	0.0	0.0	0.0	.8	.1	0.0	0.0	0.0
using/ or using _.	Does not suit (%)	6.3	.7	0.0	0.0	0.0	3.9	.3	0.0	0.0	0.0
once in a while	Lack of tools/staff s (%)	.1	.1	0.0	0.0	0.0	0.0	.3	0.0	0.0	0.0
	No enough facility (%)	3.6	.7	0.0	0.0	0.0	2.1	.6	0.0	0.0	0.0
	Other (%)	1.9	.4	0.0	0.0	0.0	1.3	.3	0.0	0.0	0.0
	Not applicable (%)	9.9	.7	0.0	0.0	0.0	7.8	.8	0.0	0.0	0.0
	Total (%)	25. 2	3.5	0.0	0.0	0.0	18. 4	2.8	0.0	0.0	0.0

Regarding the public service of Police in Table 23, in control villages and in both groups, PSC 23 and above combining all categories together, more than one fourth (29.2%) of the households are satisfied with the access and use of this service. For the same group of households, nearly one fifth (16.6%) think that the quality of service has been the same as before during the last one year.

Table 23: Service of Police in Control Villages

			Control										
		PSC 0-23 PSC 24 and above A. How many times do you use this A. How many times do you use this											
Cato	ogery	Α.	How ma	any time: service u	s do you ι usually	use this	А.	How ma	any time service u	s do you ι usually	ise this		
		Not at all	Onc e in a while	Ofte n	Alway s	No respons e	Not at all	Onc e in a while	Ofte n	Alway s	No respons e		
	No.	537	14	18	3	72	355	14	22	7	57		
To which extent	Not satisfied (%)	.6	4.2	4.2	1.2	0.0	0.0	2.4	4.8	.6	0.0		
you are Satisfied (%)		0.0	4.2	6.5	.6	0.0	0.0	6.0	8.3	3.6	0.0		
of this service	Total (%)	.6	8.3	10.7	1.8	0.0	0.0	8.3	13.1	4.2	0.0		
What	Worst (%)	0.0	1.8	1.2	0.0	0.0	0.0	1.8	1.2	.6	0.0		
type of change you found in	Like before (%)	0.0	3.0	3.6	.6	0.0	0.0	3.6	5.9	0.0	0.0		
the service during	Better than before (%)	0.0	2.4	.6	0.0	0.0	0.0	1.8	3.6	1.2	0.0		
12 months	Don't know (%)	.6	1.2	5.3	1.2	.6	0.0	1.2	2.4	2.4	0.0		
	Total (%)	.6	8.3	10.7	1.8	.6	0.0	8.3	13.0	4.1	0.0		
Any particula	Far away (%)	1.4	0.0	0.0	0.0	0.0	1.2	.2	0.0	0.0	0.0		
r reason for not	Very costly (%)	.3	0.0	0.0	0.0	0.0	.1	0.0	0.0	0.0	0.0		
using/ or using	Does not suit (%)	7.1	.1	0.0	0.0	0.0	5.1	.1	0.0	0.0	0.0		





once in a while	Lack of tools/staff s (%)	.1	.1	0.0	0.0	0.0	.1	0.0	0.0	0.0	0.0
	No enough facility (%)	2.3	.1	0.0	0.0	0.0	1.4	.1	0.0	0.0	0.0
	Other (%)	2.6	.1	0.0	0.0	0.0	1.7	.2	0.0	0.0	0.0
	Not applicable (%)	15. 5	.5	0.0	0.0	0.0	9.8	.2	0.0	0.0	0.0
	Total (%)	29. 3	.8	0.0	0.0	0.0	19. 4	.8	0.0	0.0	0.0

Regarding the public service of Police in Table 24, in treatment villages and in both groups, PSC 23 and above combining all categories together, more than one fourth (29.2%) of the households are satisfied with the access and use of this service. For the same group of households, nearly one fifth (15.4%) think that the quality of service has improved as before during the last one year.

Table 24: Service of Police in Treatment Villages

		Treatment									
				PSC ()-23			PS	SC 24 ar	nd above	
Cate	ogery	A.	How ma	any time: service (s do you ι usually	use this	A.	How ma	any time service (s do you ι usually	use this
		Not at all	Onc e in a while	Ofte n	Alway s	No respons e	Not at all	Onc e in a while	Ofte n	Alway s	No respons e
	No.	517	17	14	6	148	358	22	18	9	90
To which extent	Not satisfied (%)	.6	6.5	2.4	1.2	0.0	.6	6.5	3.6	2.4	0.0
you are satisfied	Satisfied (%)	.6	3.6	6.0	2.4	0.0	0.0	6.5	7.1	3.0	0.0
of this service	Total (%)	1.2	10.1	8.3	3.6	0.0	.6	13.1	10.7	5.4	0.0
What type of change you found in	Worst (%)	1.2	2.4	2.4	0.0	0.0	0.0	1.8	1.2	0.0	0.0
	Like before (%)	0.0	1.8	1.8	.6	0.0	0.0	1.2	2.4	1.2	0.0
the service during	Better than before (%)	0.0	3.0	1.8	.6	0.0	0.0	4.1	4.1	1.8	0.0
12 months	Don't know (%)	0.0	3.0	2.4	2.4	0.0	.6	5.9	3.0	2.4	0.0
	Total (%)	1.2	10.1	8.3	3.6	0.0	.6	13.0	10.7	5.3	0.0
Any particula	Far away (%)	2.1	.2	0.0	0.0	0.0	2.2	.2	0.0	0.0	0.0
particula r reason for not using/ or using	Very costly (%)	.2	.1	0.0	0.0	0.0	.5	.3	0.0	0.0	0.0
	Does not suit (%)	8.1	.1	0.0	0.0	0.0	4.6	.3	0.0	0.0	0.0
once in a while	Lack of tools/staff s (%)	.1	.2	0.0	0.0	0.0	.1	.1	0.0	0.0	0.0





No enough facility (%)	2.4	.1	0.0	0.0	0.0	1.0	0.0	0.0	0.0	0.0
Other (%)	1.7	.1	0.0	0.0	0.0	1.1	.1	0.0	0.0	0.0
Not applicable (%)	13. 6	.3	0.0	0.0	0.0	10. 0	.3	0.0	0.0	0.0
Total (%)	28. 2	.9	0.0	0.0	0.0	19. 5	1.2	0.0	0.0	0.0

Regarding the public service of Bank in Table 25, in control villages and in both groups, PSC 23 and above combining all categories together, more than one third (35.6%) of the households are satisfied with the access and use of this service. For the same group of households, nearly one fifth (18.9%) think that the quality of service does not suit them.

						Cor	ntrol				
				PSC ()-23			PS	SC 24 ar	nd above	
Cate	ogery	A.	How ma	any time service (s do you ι usually	use this	A.	How ma	any time service	s do you u usually	use this
		Not at all	Onc e in a while	Ofte n	Alway s	No respons e	Not at all	Onc e in a while	Ofte n	Alway s	No respons e
	No.	461	60	44	7	72	298	41	47	15	54
To which extent	Not satisfied (%)	0.0	6.0	1.6	.2	0.0	0.0	3.0	1.6	1.4	0.0
you are satisfied	Satisfied (%)	0.0	7.9	8.5	1.4	0.0	0.0	6.5	9.2	2.1	0.0
of this service	Total (%)	0.0	13.9	10.2	1.6	0.0	0.0	9.5	10.9	3.5	0.0
What	Worst (%)	0.0	5.5	1.4	0.0	0.0	0.0	4.2	1.8	.2	0.0
type of change you found in the service during the last 12	Like before (%)	0.0	4.4	3.9	.7	0.0	0.0	3.5	4.2	.9	0.0
	Better than before (%)	0.0	3.7	3.7	.7	0.0	0.0	1.4	3.9	1.6	0.0
12 months	Don't know (%)	0.0	.2	1.2	.2	0.0	0.0	.5	.9	.7	0.0
	Total (%)	0.0	13.9	10.2	1.6	0.0	0.0	9.5	10.9	3.5	0.0
Any particula	Far away (%)	1.5	.2	0.0	0.0	0.0	1.1	.1	0.0	0.0	0.0
r reason for not	Very costly (%)	.5	0.0	0.0	0.0	0.0	.3	.1	0.0	0.0	0.0
using/ or using	Does not suit (%)	10. 3	1.4	0.0	0.0	0.0	6.5	.6	0.0	0.0	0.0
once in a while	Lack of tools/staff s (%)	.3	.1	0.0	0.0	0.0	.1	.1	0.0	0.0	0.0
	No enough facility (%)	3.3	.3	0.0	0.0	0.0	1.7	.2	0.0	0.0	0.0

Table 25: Service of Bank in Contol Villages





Other (%)	2.6	.4	0.0	0.0	0.0	1.6	.4	0.0	0.0	0.0
Not applicable (%)	8.8	1.1	0.0	0.0	0.0	6.2	.8	0.0	0.0	0.0
Total (%)	27. 2	3.5	0.0	0.0	0.0	17. 6	2.4	0.0	0.0	0.0

Regarding the public service of Bank in Table 26, in treatment villages and in both groups, PSC 23 and above combining all categories together, more than one third (34.9%) of the households are satisfied with the access and use of this service. For the same group of households, one fifth (20.1%) think that the quality of service does not suit them.

Table 26: Service of Bank in Treatment Villages

						Treat	ment				
				PSC ()-23			PS	SC 24 ar	nd above	
Cate	ogery	А.	How ma	any time: service (s do you ι usually	use this	А.	How ma	any time service (s do you ι usually	use this
		Not at all	Onc e in a while	Ofte n	Alway s	No respons e	Not at all	Onc e in a while	Ofte n	Alway s	No respons e
	No.	430	60	47	12	153	301	44	40	16	96
To which extent	Not satisfied (%)	0.0	7.6	1.6	.7	0.0	0.0	4.2	.7	.9	0.0
you are satisfied	Satisfied (%)	0.0	6.2	9.2	2.1	0.0	0.0	6.0	8.5	2.8	0.0
you are satisfied of this service What type of	Total (%)	0.0	13.9	10.9	2.8	0.0	0.0	10.2	9.2	3.7	0.0
serviceWhatWorst (%		0.0	3.5	.7	.5	0.0	0.0	4.6	1.4	.7	0.0
What type of change you	Like before (%)	0.0	4.2	4.4	.5	0.0	0.0	2.5	3.2	.9	0.0
the service during	Better than before (%)	0.0	4.8	5.5	.9	0.0	0.0	2.5	4.4	1.4	0.0
12 months	Don't know (%)	0.0	1.4	.2	.9	0.0	0.0	.5	.2	.7	0.0
	Total (%)	0.0	13.9	10.9	2.8	0.0	0.0	10.2	9.2	3.7	0.0
Any particula	Far away (%)	1.8	.6	0.0	0.0	0.0	2.2	.5	0.0	0.0	0.0
r reason for not	Very costly (%)	.4	.2	0.0	0.0	0.0	.8	0.0	0.0	0.0	0.0





using/ or using once in	Does not suit (%)	11. 4	1.1	0.0	0.0	0.0	6.8	.7	0.0	0.0	0.0
once in a while	Lack of tools/staff s (%)	.1	.1	0.0	0.0	0.0	.1	.2	0.0	0.0	0.0
	No enough facility (%)	2.5	.1	0.0	0.0	0.0	1.4	.1	0.0	0.0	0.0
	Other (%)	1.7	.4	0.0	0.0	0.0	1.2	.3	0.0	0.0	0.0
_	Not applicable (%)	7.4	.9	0.0	0.0	0.0	5.3	.8	0.0	0.0	0.0
	Total (%)	25. 4	3.5	0.0	0.0	0.0	17. 8	2.6	0.0	0.0	0.0

Regarding the public service of Road in Table 27, in control villages and in both groups, PSC 23 and above combining all categories together, more than one fourth (29.6%) of the households are satisfied with the access and use of this service. For the same group of households, nearly one fifth (19.6%) think that the quality of service has been the worst during the last one year.

Table 27: Service of Road in Control Villages

						Cor	ntrol				
				PSC ()-23			PS	SC 24 ar	nd above	
Cate	ogery	Α.	How ma	any time service u	s do you ι usually	use this	A.	How ma	any time service (s do you ι usually	use this
		Not at all	Onc e in a while	Ofte n	Alway s	No respons e	Not at all	Onc e in a while	Ofte n	Alway s	No respons e
	No.	62	25	244	279	34	42	22	160	198	33
To which extent	Not satisfied (%)	0.0	.3	6.8	6.4	0.0	0.0	.4	3.9	4.1	0.0
you are satisfied	Satisfied (%)	0.0	1.1	6.7	9.1	0.0	0.0	.8	4.9	6.9	0.0
of this service	Total (%)	0.0	1.4	13.6	15.5	0.0	0.0	1.2	8.9	11.0	0.0
What type of change you found in	Worst (%)	0.0	.5	5.8	5.8	0.0	0.0	.6	3.2	3.8	0.0
	Like before (%)	0.0	.7	4.8	5.4	0.0	0.0	.5	3.8	4.4	0.0
the service during	Better than before (%)	0.0	.1	2.3	3.1	0.0	0.0	.2	1.7	2.2	0.0
12 months	Don't know (%)	0.0	.1	.6	1.2	0.0	0.0	0.0	.2	.6	0.0
	Total (%)	0.0	1.4	13.6	15.5	0.0	0.0	1.2	8.9	11.0	0.0
Any particula	Far away (%)	8.1	3.3	0.0	0.0	0.0	6.4	2.2	0.0	0.0	0.0
particula r reason for not using/ or using	Very costly (%)	.3	0.0	0.0	0.0	0.0	.8	0.0	0.0	0.0	0.0
	Does not suit (%)	.8	.8	0.0	0.0	0.0	.6	.6	0.0	0.0	0.0
once in a while	Lack of tools/staff s (%)	.3	.6	0.0	0.0	0.0	.3	1.1	0.0	0.0	0.0





No enough facility (%)	1.9	.3	0.0	0.0	0.0	.8	.8	0.0	0.0	0.0
Other (%)	1.4	.3	0.0	0.0	0.0	.6	.3	0.0	0.0	0.0
Not applicable (%)	4.5	1.7	0.0	0.0	0.0	2.2	1.1	0.0	0.0	0.0
Total (%)	17. 3	7.0	0.0	0.0	0.0	11. 7	6.1	0.0	0.0	0.0

Regarding the public service of Road in Table 28, in treatment villages and in both groups, PSC 23 and above combining all categories together, nearly one fourth (24.4%) of the households are not satisfied with the access and use of this service. For the same group of households, alomost one fifth (19.3%) think that the quality of service has been the worst during the last one year.

Table 28: Service of Road in Treatment Villages

						Treat	ment				
				PSC ()-23		PSC 24 and above A. How many times do you use this				
Cat		Α.	How ma	any time	s do you ι	use this	Α.	How ma	any time	s do you ι	use this
Cate	ogery		Onc	service l	usualiy			Onc	service	usualiy	
		Not	e in			No	Not	e in			No
		at	a	Ofte	Alway	respons	at	а	Ofte	Alway	respons
	Nia	20 79	while 35	n 136	s 343	e 109	69 69	while 25	n 111	s 222	e 70
То	NO.	0.0	5	2.5	10.0	0.0	0.0	20	2.2	7.0	0.0
which extent	satisfied (%)	0.0	.5	5.5	10.9	0.0	0.0	.4	2.2	7.0	0.0
you are satisfied	Satisfied (%)	0.0	1.4	4.1	8.2	0.0	0.0	1.0	4.0	5.3	0.0
of this service	Total (%)	0.0	1.9	7.6	19.1	0.0	0.0	1.4	6.2	12.3	0.0
What	Worst (%)	0.0	.7	3.5	7.9	0.0	0.0	.7	1.7	4.8	0.0
type of change you found in the service during the last 12	Like before (%)	0.0	1.0	2.4	5.6	0.0	0.0	.5	2.6	3.6	0.0
	Better than before (%)	0.0	.3	1.1	4.3	0.0	0.0	.1	1.4	2.7	0.0
12 months	Don't know (%)	0.0	0.0	.6	1.2	0.0	0.0	.1	.4	1.2	0.0
	Total (%)	0.0	1.9	7.6	19.1	0.0	0.0	1.4	6.2	12.3	0.0
Any particula	Far away (%)	12. 8	3.6	0.0	0.0	0.0	12. 8	3.6	0.0	0.0	0.0
r reason for not	Very costly (%)	.3	.3	0.0	0.0	0.0	.6	.3	0.0	0.0	0.0
using/ or using _.	Does not suit (%)	1.1	.8	0.0	0.0	0.0	.6	.3	0.0	0.0	0.0
using/ or using once in a while	Lack of tools/staff s (%)	.6	1.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	No enough facility (%)	3.1	1.1	0.0	0.0	0.0	1.1	1.4	0.0	0.0	0.0





Other (%)	2.5	1.4	0.0	0.0	0.0	1.7	1.1	0.0	0.0	0.0
Not applicable (%)	1.7	1.4	0.0	0.0	0.0	2.5	.3	0.0	0.0	0.0
Total (%)	22. 0	9.7	0.0	0.0	0.0	19. 2	7.0	0.0	0.0	0.0

Regarding the public service of drinking water in Table 29, in control villages and in both groups, PSC 23 and above combining all categories together, one third (33.3%) of the households are satisfied with the access and use of this service. For the same group of households, more than one fourth (26.0%) think that the quality of service has been the same as before during the last one year.

Table 29: Service of Drinking Water in Control Villages

						Cor	ntrol				
				PSC ()-23			PS	SC 24 ar	nd above	
Cat	2001	Α.	How ma	any time	s do you ι	use this	А.	How ma	any time	s do you ι	use this
Call	bgery		Onc	Service	usualiy			Onc	Service	usualiy	
		Not	e in			No	Not	e in			No
		at	a whilo	Ofte	Alway	respons	at	a whilo	Ofte	Alway	respons
	No	85	29	143	349	38	73	23	120	197	42
То	Not	0.0	.7	2.8	8.2	0.0	0.0	.3	1.9	3.8	0.0
which extent	satisfied (%)										
you are satisfied of this service What	Satisfied (%)	0.0	1.0	5.6	12.5	0.0	0.0	1.1	5.2	7.9	0.0
of this service	Total (%)	0.0	1.7	8.5	20.7	0.0	0.0	1.4	7.1	11.7	0.0
What	Worst (%)	0.0	.7	1.8	4.8	0.0	0.0	.2	1.4	3.0	0.0
Satisfied (of this I service I What I type of L change k you (found in E the t during (the last 12 months I	Like before (%)	0.0	.8	4.1	10.5	0.0	0.0	.9	4.2	5.6	0.0
	Better than before (%)	0.0	.1	1.8	3.1	0.0	0.0	.1	1.2	2.0	0.0
12 months	Don't know (%)	0.0	.2	.8	2.3	0.0	0.0	.1	.2	1.2	0.0
	Total (%)	0.0	1.7	8.5	20.7	0.0	0.0	1.4	7.1	11.7	0.0
Any particula	Far away (%)	4.7	1.8	0.0	0.0	0.0	6.0	.4	0.0	0.0	0.0
r reason for not	Very costly (%)	.2	.2	0.0	0.0	0.0	.2	.2	0.0	0.0	0.0
using/ or using	Does not suit (%)	8.5	1.3	0.0	0.0	0.0	5.3	2.4	0.0	0.0	0.0
using/ or using once in a while	Lack of tools/staff s (%)	.4	.9	0.0	0.0	0.0	1.6	.2	0.0	0.0	0.0
	No enough facility (%)	0.0	.4	0.0	0.0	0.0	0.0	.2	0.0	0.0	0.0
	Other (%)	.9	1.3	0.0	0.0	0.0	.2	.9	0.0	0.0	0.0





Not applicable (%)	4.2	.4	0.0	0.0	0.0	2.9	.7	0.0	0.0	0.0
Total (%)	18. 9	6.5	0.0	0.0	0.0	16. 3	5.1	0.0	0.0	0.0

Regarding the public service of drinking water in Table 30, in treatment villages and in both groups, PSC 23 and above combining all categories together, more than one fourth (27.6%) of the households are satisfied with the access and use of this service. For the same group of households, more than one fifth (21.0%) think that the quality of service has been the same as before during the last one year.

Table 30: Service of Drinking Water in Treatment Villages

		Treatment PSC 24 and shows									
				PSC ()-23			PS	SC 24 ar	nd above	
		Α.	How ma	any time	s do you ι	use this	Α.	How ma	any time	s do you ι	use this
Cate	ogery		0	service ι	usually				service (usually	
		Not	Onc e in			No	Not	Onc e in			No
		at	a	Ofte	Alway	respons	at	a	Ofte	Alway	respons
		all	while	n	S	е	all	while	n	S	е
	No.	89	34	92	364	123	81	35	83	221	77
To which extent	Not satisfied (%)	0.0	.7	1.6	10.4	0.0	0.0	1.1	1.4	6.4	0.0
you are satisfied	Satisfied	0.0	1.4	3.8	11.2	0.0	0.0	1.0	3.5	6.7	0.0
of this service	Total (%)	0.0	2.0	5.4	21.5	0.0	0.0	2.1	4.9	13.1	0.0
What	Worst (%)	0.0	.7	1.2	6.4	0.0	0.0	.7	.9	3.6	0.0
type of change you	Like before (%)	0.0	.8	2.8	8.6	0.0	0.0	.9	3.1	4.8	0.0
serviceFoundWhatWorstype of changeLike beforyou(%)found in the serviceBette than befor (%)during the last(%)12 monthsDon't knowAny particulaFar a particula	Better than before (%)	0.0	.3	1.1	3.6	0.0	0.0	.4	.7	2.8	0.0
12 months	Don't know (%)	0.0	.3	.3	2.8	0.0	0.0	.1	.2	2.0	0.0
	Total (%)	0.0	2.0	5.4	21.5	0.0	0.0	2.1	4.9	13.1	0.0
Any particula	Far away (%)	5.6	1.6	0.0	0.0	0.0	6.0	1.8	0.0	0.0	0.0
r reason for not	Very costly (%)	.2	.2	0.0	0.0	0.0	0.0	.4	0.0	0.0	0.0
using/ or using	Does not suit (%)	7.6	2.0	0.0	0.0	0.0	7.1	1.8	0.0	0.0	0.0
once in a while	Lack of tools/staff s (%)	2.7	1.1	0.0	0.0	0.0	.4	1.6	0.0	0.0	0.0
a while	No enough facility (%)	0.0	.7	0.0	0.0	0.0	0.0	.4	0.0	0.0	0.0
	Other (%)	.7	1.3	0.0	0.0	0.0	1.3	.7	0.0	0.0	0.0
-	Not applicable (%)	3.1	.7	0.0	0.0	0.0	3.1	1.1	0.0	0.0	0.0
	Total (%)	19. 8	7.6	0.0	0.0	0.0	18. 0	7.8	0.0	0.0	0.0





Regarding the public service of Bus in Table 31, in control villages and in both groups, PSC 23 and above combining all categories together, more than one third (34.5%) of the households are satisfied with the access and use of this service. For the same group of households, more than one tenth (12.6%) think that the quality of service has no enough facility during the last one year.

		Control									
				PSC ()-23			P	SC 24 a	nd above	
Cat	ogony	Α.	How ma	any time:	s do you ι Isually	ise this	A. How many times do you use this				
Call	Jgery		Onc		usually			Onc	Service	usually	
		Not	e in			No	No	e in			No
		at all	a while	Ofte	Alway	respons	t at all	a while	Ofte	Alway	respons
	No.	152	85	219	151	37	86	68	149	120	32
To which extent you are satisfied of this service	Not satisfied (%)	0.0	2.9	6.3	2.3	0.0	0.0	2.4	3.8	3.2	0.0
	Satisfied (%)	0.0	2.9	9.0	8.3	0.0	0.0	2.4	6.7	5.2	0.0
	Total (%)	0.0	5.9	15.4	10.6	0.0	0.0	4.8	10.4	8.4	0.0
What	Worst (%)	0.0	.9	1.4	.8	0.0	0.0	.5	1.3	.7	0.0
type of change you found in	Like before (%)	0.0	1.5	5.4	3.0	0.0	0.0	1.3	3.3	2.2	0.0
found in the service during	Better than before (%)	0.0	3.1	7.6	6.1	0.0	0.0	2.7	5.3	5.1	0.0
12 months	Don't know (%)	0.0	.5	.9	.7	0.0	0.0	.3	.6	.3	0.0
	Total (%)	0.0	5.9	15.3	10.5	0.0	0.0	4.7	10.4	8.4	0.0
Any particula	Far away (%)	1.4	.9	0.0	0.0	0.0	1.2	.8	0.0	0.0	0.0
r reason for not	Very costly (%)	0.0	.1	0.0	0.0	0.0	.2	.1	0.0	0.0	0.0
using/ or using	Does not suit (%)	4.1	1.8	0.0	0.0	0.0	2.9	1.5	0.0	0.0	0.0
once in a while	Lack of tools/staff s (%)	.8	.4	0.0	0.0	0.0	.6	.7	0.0	0.0	0.0
	No enough facility (%)	5.1	3.0	0.0	0.0	0.0	2.3	2.2	0.0	0.0	0.0
	Other (%)	.6	.7	0.0	0.0	0.0	.4	.1	0.0	0.0	0.0
	Not applicable (%)	4.9	2.5	0.0	0.0	0.0	1.9	2.1	0.0	0.0	0.0
	Total (%)	16. 8	9.4	0.0	0.0	0.0	9.5	7.5	0.0	0.0	0.0

Table 31: Service of Bus in Control Villages

Regarding the public service of Bus in Table 32, in treatment villages and in both groups, PSC 23 and above combining all categories together, more than one fourth (26.3%) of the households are satisfied





with the access and use of this service. For the same group of households, more than one tenth (14.7%) think that the quality of service has no enough facility during the last one year.

						Treat	ment				
				PSC (0-23		PSC 24 and above				
Cat	0000	Α.	How ma	any time	s do you ι	use this	A. How many times do you use this				
Call	bgery		Onc	Service	JSUAIIY			Onc	Service	JSUAIIY	
		Not	e in			No	Not	e in			No
		at all	a while	Ofte n	Alway	respons e	at all	a while	Ofte n	Alway s	respons e
	No.	206	95	136	143	122	152	63	112	91	79
То	Not	0.0	3.6	3.7	3.4	0.0	0.0	2.4	2.9	2.2	0.0
which	satisfied										
you are satisfied	(/o) Satisfied	0.0	2.9	5.8	6.7	0.0	0.0	1.8	4.9	4.2	0.0
	(%)										
of this service	Total (%)	0.0	6.6	9.5	10.0	0.0	0.0	4.1	7.9	6.4	0.0
What	Worst (%)	0.0	1.0	.3	.6	0.0	0.0	.6	.3	.1	0.0
type of change	Like	0.0	2.0	3.7	3.0	0.0	0.0	1.3	3.3	1.2	0.0
you	before (%)										
found in the	Better	0.0	3.1	4.5	5.7	0.0	0.0	2.2	3.8	4.3	0.0
service	than before										
during the last	(%)										
12	Don't	0.0	.5	1.0	.6	0.0	0.0	.3	.4	.8	0.0
months	Total (%)	0.0	6.6	9.5	10.0	0.0	0.0	11	78	64	0.0
Δον	Far away	4.0	1.7	0.0	10.0	0.0	3.5	1.0	7.0	0.4	0.0
particula	(%)	4.0	1.7	0.0	0.0	0.0	5.5	1.0	0.0	0.0	0.0
r reason for not	Very	.3	.2	0.0	0.0	0.0	.2	.2	0.0	0.0	0.0
using/ or	Does not	4.2	2.2	0.0	0.0	0.0	3.0	1.0	0.0	0.0	0.0
using	suit (%)										
a while	Lack of tools/staff	1.3	.9	0.0	0.0	0.0	1.1	.6	0.0	0.0	0.0
	s (%)										
	No	5.8	2.5	0.0	0.0	0.0	4.3	2.0	0.0	0.0	0.0
	enougn facility										
	(%)										
	Other (%)	.6	.7	0.0	0.0	0.0	.6	.3	0.0	0.0	0.0
	Not applicable	6.5	2.3	0.0	0.0	0.0	4.1	1.9	0.0	0.0	0.0
	(%)										
	Total (%)	22.	10.5	0.0	0.0	0.0	16.	6.9	0.0	0.0	0.0
		1					Ø				

Table 32: Service of Bus in Treatment Villages

Regarding the public service of Railway in Table 33, in control villages and in both groups, PSC 23 and above combining all categories together, one fourth (25.4%) of the households are not satisfied with the access and use of this service. For the same group of households, more than one tenth (11.2%) think that the quality of service has has no enough facility during the last one year.





Table 33: Service of Railway in Control Villages

		Control									
				PSC (0-23		PSC 24 and above				
6.1		Α.	How ma	any time	s do you ι	use this	A. How many times do you use this				
Cate	ogery		Onc	service i	usually			Onc	service i	usually	
		Not	e in			No	Not	e in			No
		at	a while	Ofte	Alway	respons	at	a	Ofte	Alway	respons
	No.	536	18	12	5 4	74	366	18	9	5	57
То	Not	.7	10.4	4.5	.7	0.0	0.0	3.0	3.7	2.2	0.0
which	satisfied										
you are satisfied	(%) Satisfied	.7	3.0	4.5	2.2	.7	0.0	10.4	3.0	1.5	0.0
	(%)										
of this service	Total (%)	1.5	13.4	9.0	3.0	.7	0.0	13.4	6.7	3.7	0.0
What	Worst (%)	.8	.8	0.0	0.0	0.0	0.0	1.5	.8	.8	0.0
change	Like before	.8	3.0	3.0	.8	0.0	0.0	6.8	2.3	.8	0.0
found in	(%) Pottor	0.0	6.0	2.0	0.0	0	0.0	15	0	1 5	0.0
the service during the least	than	0.0	0.0	3.0	0.0	.0	0.0	1.5	.0	1.5	0.0
	(%)										
12 months	Don't know (%)	0.0	3.8	3.0	2.3	0.0	0.0	3.8	3.0	.8	0.0
	Total (%)	1.5	13.5	9.0	3.0	.8	0.0	13.5	6.8	3.8	0.0
Any particula	Far away (%)	2.3	.1	0.0	0.0	0.0	2.2	.2	0.0	0.0	0.0
r reason for not	Very	.8	0.0	0.0	0.0	0.0	.3	.1	0.0	0.0	0.0
using/ or using	Does not suit (%)	5.8	.4	0.0	0.0	0.0	4.4	.2	0.0	0.0	0.0
once in a while	Lack of tools/staff	.1	.1	0.0	0.0	0.0	.2	.3	0.0	0.0	0.0
	No enough facility (%)	7.1	.3	0.0	0.0	0.0	3.7	.2	0.0	0.0	0.0
	Other (%)	2.0	.1	0.0	0.0	0.0	1.4	0.0	0.0	0.0	0.0
	Not applicable (%)	10. 8	0.0	0.0	0.0	0.0	7.5	.1	0.0	0.0	0.0
	Total (%)	28. 9	1.0	0.0	0.0	0.0	19. 7	1.0	0.0	0.0	0.0

Regarding the public service of Railway in Table 34, in treatment villages and in both groups, PSC 23 and above combining all categories together, more than one fourth (28.4%) of the households are not satisfied with the access and use of this service. For the same group of households, more than one tenth (13.3%) think that the quality of service has no enough facility during the last one year.

Table 34: Service of Railway in Treatment Villages



		Treatment									
				PSC ()-23			PS	SC 24 ar	nd above	
		Α.	How ma	any time	s do you ι	use this	A. How many times do you use this				
Cate	ogery		Onc	service i	usually			Onc	service i	usually	
		Not	e in			No	Not	e in			No
		at	a	Ofte	Alway	respons	at	а	Ofte	Alway	respons
	Ne	513	while 15	n 14	s 7	e 153	375	while 15	n 12	S 1	е 94
То	NO.	0.0	5.2	5.2	3.0	0.0	7	82	5.2	7	0.0
which extent	satisfied (%)	0.0	0.2	0.2	5.0	0.0	.7	0.2	5.2	.1	0.0
you are satisfied of this service	Satisfied (%)	0.0	6.0	5.2	2.2	0.0	0.0	3.0	3.7	0.0	0.0
	Total (%)	0.0	11.2	10.4	5.2	0.0	.7	11.2	9.0	.7	0.0
What	Worst (%)	0.0	2.3	.8	0.0	0.0	0.0	.8	0.0	0.0	0.0
type of change you	Like before (%)	0.0	3.8	3.0	.8	0.0	0.0	1.5	2.3	0.0	0.0
the service during	Better than before (%)	0.0	4.5	4.5	2.3	0.0	0.0	5.3	3.8	.8	0.0
12 months	Don't know (%)	0.0	.8	2.3	2.3	0.0	0.0	3.8	3.0	0.0	0.0
	Total (%)	0.0	11.3	10.5	5.3	0.0	0.0	11.3	9.0	.8	0.0
Any particula	Far away (%)	2.7	.1	0.0	0.0	0.0	3.1	.2	0.0	0.0	0.0
r reason for not	Very costly (%)	.6	.1	0.0	0.0	0.0	.9	0.0	0.0	0.0	0.0
using/ or using	Does not suit (%)	4.6	.1	0.0	0.0	0.0	3.1	.2	0.0	0.0	0.0
once in a while	Lack of tools/staff s (%)	.1	.2	0.0	0.0	0.0	.1	.3	0.0	0.0	0.0
	No enough facility (%)	8.2	0.0	0.0	0.0	0.0	5.0	.1	0.0	0.0	0.0
	Other (%)	1.1	.2	0.0	0.0	0.0	1.1	.1	0.0	0.0	0.0
	Not applicable (%)	10. 3	.2	0.0	0.0	0.0	7.0	.1	0.0	0.0	0.0
	Total (%)	27. 6	.8	0.0	0.0	0.0	20. 2	.8	0.0	0.0	0.0

Regarding the public service of Post Office in Table 35, in control villages and in both groups, PSC 23 and above combining all categories together, one fourth (25.5%) of the households are satisfied with the access and use of this service. For the same group of households, more than one tenth (13.4%) think that the quality of service does not suit them during the last one year.

Table 35: Service of Post Office in Control Villages

Catogeny	Cor	ntrol
Catogery	PSC 0-23	PSC 24 and above







		Α.	How ma	any time service i	s do you i usually	use this	A. How many times do you use this service usually				
			Onc					Onc			
		Not	a			No	Not	a			No
		at	whil	Ofte	Alway	respons	at	whil	Ofte	Alway	respons
		all	e 11	n 12	S /	e 72	all	e 17	n 10	S 5	e 57
	No.	044	11	12	4	73	357	7.0	19	10	57
which extent you are	(%)	.0	4.5	1.3	0.0	0.0	.0	7.0	3.2	1.3	0.0
	Satisfied (%)	0.0	2.5	6.4	2.5	0.0	0.0	3.8	8.3	1.9	0.0
of this	Total (%)	.6	7.0	7.6	2.5	0.0	.6	10.8	11.5	3.2	0.0
What	Worst (%)	0.0	2.5	.6	0.0	0.0	0.0	3.8	1.3	0.0	0.0
type of change vou	Like before (%)	0.0	2.5	3.1	.6	0.0	0.0	3.1	4.4	1.3	0.0
found in the service during the last 12 months	Better than before (%)	0.0	1.9	1.9	.6	0.0	.6	3.8	3.8	1.3	0.0
	Don't know (%)	.6	0.0	1.9	1.3	.6	0.0	0.0	2.5	.6	0.0
	Total (%)	.6	6.9	7.5	2.5	.6	.6	10.7	11.9	3.1	0.0
Any particula	Far away (%)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
r reason for not	Very costly (%)	1.8	.1	0.0	0.0	0.0	1.5	.2	0.0	0.0	0.0
using/ or using	Does not suit (%)	.5	0.0	0.0	0.0	0.0	.3	0.0	0.0	0.0	0.0
once in a while	Lack of tools/staffs (%)	7.6	.2	0.0	0.0	0.0	5.4	.2	0.0	0.0	0.0
	No enough facility (%)	.4	.1	0.0	0.0	0.0	.2	.1	0.0	0.0	0.0
	Other (%)	4.0	.1	0.0	0.0	0.0	2.2	.1	0.0	0.0	0.0
	Not applicable (%)	3.2	.1	0.0	0.0	0.0	2.0	.1	0.0	0.0	0.0
	Total (%)	12. 1	.1	0.0	0.0	0.0	7.9	.3	0.0	0.0	0.0
	Not satisfied	29. 7	.6	0.0	0.0	0.0	19. 5	.9	0.0	0.0	0.0

Regarding the public service of Post Office in Table 36, in treatment villages and in both groups, PSC 23 and above combining all categories together, almost one third (32.5%) of the households are satisfied with the access and use of this service. For the same group of households, more than one tenth (11.9%) think that the quality of service does not suit them during the last one year.

Table 36: Service of Post Office in Treatment Villages

	Treatment							
Catogery	PSC 0-23	PSC 24 and above						
ς,	A. How many times do you use this	A. How many times do you use this						
	service usually	service usually						



		Not	Onc e in a			No	Not	Onc e in a			No
		at	whil	Ofte	Alway	respons	at	whil	Ofte	Alway	respons
		all	e	n	s	e	all	e	n	S	e
	No.	507	18	22	3	152	361	18	21	4	93
To which	Not satisfied (%)	.6	5.7	5.7	0.0	0.0	.6	7.0	3.8	0.0	0.0
you are	Satisfied (%)	0.0	5.7	8.3	1.9	0.0	0.0	4.5	9.6	2.5	0.0
of this	Total (%)	.6	11.5	14.0	1.9	0.0	.6	11.5	13.4	2.5	0.0
What	Worst (%)	0.0	3.1	3.1	0.0	0.0	0.0	3.1	0.0	0.0	0.0
type of change	Like before (%)	.6	3.1	4.4	1.3	0.0	0.0	2.5	8.2	.6	0.0
found in the service	Better than before (%)	0.0	1.9	4.4	0.0	0.0	0.0	3.8	3.1	1.3	0.0
the last	Don't know (%)	0.0	3.1	1.9	.6	0.0	.6	1.9	1.9	.6	0.0
months	Total (%)	.6	11.3	13.8	1.9	0.0	.6	11.3	13.2	2.5	0.0
Any particula	Far away (%)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
r reason for not	Very costly (%)	2.7	.2	0.0	0.0	0.0	3.1	.1	0.0	0.0	0.0
using/ or using	Does not suit (%)	.3	.1	0.0	0.0	0.0	.8	0.0	0.0	0.0	0.0
a while	Lack of tools/staffs (%)	7.5	.1	0.0	0.0	0.0	4.3	.1	0.0	0.0	0.0
	No enough facility (%)	.4	.2	0.0	0.0	0.0	.3	.2	0.0	0.0	0.0
	Other (%)	4.0	.1	0.0	0.0	0.0	2.0	.3	0.0	0.0	0.0
	Not applicable (%)	1.9	.2	0.0	0.0	0.0	1.3	.1	0.0	0.0	0.0
	Total (%)	10. 9	.2	0.0	0.0	0.0	8.0	.3	0.0	0.0	0.0
	Not satisfied (%)	27. 7	1.0	0.0	0.0	0.0	19. 7	1.0	0.0	0.0	0.0

Regarding the public service of NADRA in Table 37, in control villages and in both groups, PSC 23 and above combining all categories together, more than one fourth (28.5%) of the households are satisfied with the access and use of this service. For the same group of households, nearly one fourth (24.2%) think that the quality of service has been the worst during the last one year.

Table 37: Service of NADRA Office in Control Villages

	Control							
Catogery	PSC 0-23	PSC 24 and above						
, U	A. How many times do you use this	A. How many times do you use this						
	service usually	service usually						





		Not	Onc			No	Not	Onc			No
		at	em	Ofte	Alway	INU	at	ein	Ofte	Alway	respons
		all	while	n	S	e	all	while	n	S	e
	No.	197	197	143	43	64	12 6	120	121	40	48
To which extent you are satisfied	Not satisfied (%)	0.0	7.2	4.9	.9	0.0	0.0	4.5	4.2	.7	0.0
	Satisfied (%)	0.0	7.9	6.1	2.4	0.0	0.0	4.7	5.1	2.4	0.0
of this service	Total (%)	0.0	15.1	11.0	3.3	0.0	0.0	9.2	9.3	3.1	0.0
What	Worst (%)	0.0	7.3	4.8	1.4	0.0	0.0	5.1	4.4	1.1	0.0
type of change you found in	Like before (%)	0.0	6.4	3.9	1.4	0.0	0.0	2.9	3.5	1.5	0.0
found in the service during	Better than before (%)	0.0	.5	1.3	.4	0.0	0.0	.8	1.0	.3	0.0
12 months	Don't know (%)	0.0	1.0	.9	.2	0.0	0.0	.4	.3	.2	0.0
	Total (%)	0.0	15.1	11.0	3.3	0.0	0.0	9.2	9.3	3.1	0.0
Any particula	Far away (%)	1.7	1.9	0.0	0.0	0.0	.8	.8	0.0	0.0	0.0
r reason for not	Very costly (%)	.5	.6	0.0	0.0	0.0	.2	.3	0.0	0.0	0.0
using/ or using	Does not suit (%)	2.2	2.6	0.0	0.0	0.0	1.9	1.2	0.0	0.0	0.0
once in a while	Lack of tools/staff s (%)	.3	.7	0.0	0.0	0.0	.5	.6	0.0	0.0	0.0
	No enough facility (%)	3.1	2.7	0.0	0.0	0.0	2.8	1.5	0.0	0.0	0.0
	Other (%)	1.7	2.5	0.0	0.0	0.0	.7	1.9	0.0	0.0	0.0
	Not applicable (%)	5.7	4.2	0.0	0.0	0.0	2.8	2.9	0.0	0.0	0.0
	Total (%)	15. 2	15.2	0.0	0.0	0.0	9.7	9.3	0.0	0.0	0.0

Regarding the public service of NADRA in Table 38, in treatment villages and in both groups, PSC 23 and above combining all categories together, nearly two fifth (38.7%) of the households are satisfied with the access and use of this service. For the same group of households, almost one fifth (18.6%) think that the quality of service has been the worst during the last one year.

Table 38: Service of NADRA Office in Treatment Villages

	Treatment							
Catogery	PSC 0-23	PSC 24 and above						
U ,	A. How many times do you use this	A. How many times do you use this						
	service usually	service usually						





		Not at	Onc e in a	Ofte	Alway	No respons	Not at	Onc e in a	Ofte	Alway	No respons
		all	while	n	S	e	all	while	n	S	e
	No.	195	176	149	57	125	154	132	96	31	84
To which extent you are satisfied of this service	Not satisfied (%)	0.0	6.3	5.3	.6	0.0	0.0	4.4	3.5	.4	0.0
	Satisfied (%)	0.0	7.1	6.1	3.8	0.0	0.0	5.8	3.9	2.0	0.0
	Total (%)	0.0	13.4	11.4	4.4	0.0	0.0	10.1	7.4	2.4	0.0
What	Worst (%)	0.0	5.9	4.0	.9	0.0	0.0	4.8	2.3	.8	0.0
change you	Like before (%)	0.0	5.7	4.8	2.1	0.0	0.0	3.7	3.2	1.0	0.0
found in the service during	Better than before (%)	0.0	1.2	1.8	.7	0.0	0.0	.7	1.5	.2	0.0
12 months	Don't know (%)	0.0	.6	.8	.6	0.0	0.0	1.0	.4	.5	0.0
	Total (%)	0.0	13.5	11.4	4.4	0.0	0.0	10.1	7.4	2.4	0.0
Any particula	Far away (%)	2.5	1.5	0.0	0.0	0.0	1.7	1.5	0.0	0.0	0.0
r reason for not	Very costly (%)	.4	.5	0.0	0.0	0.0	.5	.7	0.0	0.0	0.0
using/ or using	Does not suit (%)	2.3	1.9	0.0	0.0	0.0	1.3	1.5	0.0	0.0	0.0
once in a while	Lack of tools/staff s (%)	.7	.6	0.0	0.0	0.0	.4	.3	0.0	0.0	0.0
	No enough facility (%)	3.0	3.1	0.0	0.0	0.0	2.4	2.3	0.0	0.0	0.0
	Other (%)	1.9	2.2	0.0	0.0	0.0	1.4	.9	0.0	0.0	0.0
	Not applicable (%)	4.3	3.7	0.0	0.0	0.0	4.2	2.9	0.0	0.0	0.0
	Total (%)	15. 0	13.6	0.0	0.0	0.0	11. 9	10.2	0.0	0.0	0.0

Regarding the public service of Union Council Office in Table 39, in control villages and in both groups, PSC 23 and above combining all categories together, more than one fourth (27.1%) of the households are satisfied with the access and use of this service. For the same group of households, one fifth (20.4%) think that the quality of service has been the same as before during the last one year.

Table 39: Service of Union Council Office in Control Villages

	Control									
			PSC (0-23		PSC 24 and above				
	Α.	How ma	any time	s do you i	use this	Α.	How ma	any time	s do you ι	use this
Catogery			service	usually		service usually				
		Onc					Onc			
	Not	e in			No	Not	e in			No
	at	а	Ofte	Alway	respons	at	а	Ofte	Alway	respons
	all	while	n	S	е	all	while	n	S	е





	No.	512	36	19	6	71	342	25	25	6	57
To which extent	Not satisfied (%)	.4	6.5	1.9	.4	0.0	0.0	4.6	3.8	.8	0.0
you are satisfied	Satisfied (%)	.4	7.3	5.3	1.9	0.0	0.0	5.0	5.7	1.5	0.0
of this service	Total (%)	.8	13.7	7.3	2.3	0.0	0.0	9.5	9.5	2.3	0.0
What	Worst (%)	0.0	2.3	1.5	.8	0.0	0.0	3.8	1.2	.8	0.0
type of change you found in	Like before (%)	0.0	7.7	3.1	1.2	0.0	0.0	4.2	3.8	.4	0.0
the service during	Better than before (%)	0.0	3.5	2.7	0.0	0.0	0.0	1.5	3.8	.8	0.0
12 months	Don't know (%)	.4	.4	0.0	.4	0.0	0.0	0.0	.8	.4	0.0
	Total (%)	.4	13.8	7.3	2.3	0.0	0.0	9.6	9.6	2.3	0.0
Any particula	Far away (%)	2.7	.2	0.0	0.0	0.0	1.6	.2	0.0	0.0	0.0
r reason for not	Very costly (%)	2.2	.2	0.0	0.0	0.0	1.1	.1	0.0	0.0	0.0
using/ or using	Does not suit (%)	5.9	.3	0.0	0.0	0.0	4.5	.2	0.0	0.0	0.0
once in a while	Lack of tools/staff s (%)	.1	.2	0.0	0.0	0.0	.1	.1	0.0	0.0	0.0
	No enough facility (%)	2.2	.3	0.0	0.0	0.0	1.6	.1	0.0	0.0	0.0
	Other (%)	1.8	.2	0.0	0.0	0.0	1.4	.2	0.0	0.0	0.0
	Not applicable (%)	13. 5	.6	0.0	0.0	0.0	8.9	.6	0.0	0.0	0.0
	Total (%)	28. 5	2.0	0.0	0.0	0.0	19. 1	1.4	0.0	0.0	0.0

Regarding the public service of Union Council Office in Table 41, in treatment villages and in both groups, PSC 23 and above combining all categories together, more than one third (34.4%) of the households are satisfied with the access and use of this service. For the same group of households, nearly one fourth (24.6%) think that the quality of service has been the same as before during the last one year.

Table 40: Service of Union Council Office in Treatment Villages

		Treatment										
			PSC (0-23		PSC 24 and above						
	Α.	How ma	any time	s do you ı	use this	A. How many times do you use this						
Catogery			service	usually		service usually						
		Onc					Onc					
	Not	e in			No	Not	e in			No		
	at	а	Ofte	Alway	respons	at	а	Ofte	Alway	respons		
	all	while	n	S	е	all	while	n	S	е		
No.	479	32	31	10	150	334	34	28	7	94		





To which extent	Not satisfied (%)	0.0	5.7	5.0	.4	0.0	.4	5.0	3.8	0.0	0.0
you are satisfied	Satisfied (%)	0.0	6.5	6.9	3.4	0.0	0.0	8.0	6.9	2.7	0.0
of this service	Total (%)	0.0	12.2	11.8	3.8	0.0	.4	13.0	10.7	2.7	0.0
What	Worst (%)	0.0	1.2	.8	0.0	0.0	0.0	3.1	.4	.4	0.0
type of change you	Like before (%)	0.0	5.4	6.9	1.9	0.0	0.0	6.2	3.1	1.2	0.0
the service during	Better than before (%)	0.0	5.8	4.2	1.2	0.0	0.0	3.8	5.8	1.2	0.0
12 months	Don't know (%)	0.0	0.0	0.0	.8	0.0	0.0	0.0	1.5	0.0	0.0
	Total (%)	0.0	12.3	11.9	3.8	0.0	0.0	13.1	10.8	2.7	0.0
Any particula	Far away (%)	3.7	.2	0.0	0.0	0.0	3.5	.3	0.0	0.0	0.0
r reason for not	Very costly (%)	2.2	.2	0.0	0.0	0.0	1.3	.4	0.0	0.0	0.0
using/ or using	Does not suit (%)	5.9	.3	0.0	0.0	0.0	3.2	.1	0.0	0.0	0.0
a while	Lack of tools/staff s (%)	.1	.1	0.0	0.0	0.0	.2	.1	0.0	0.0	0.0
	No enough facility (%)	2.0	.2	0.0	0.0	0.0	1.1	0.0	0.0	0.0	0.0
	Other (%)	1.7	.2	0.0	0.0	0.0	1.2	.1	0.0	0.0	0.0
	Not applicable (%)	11. 1	.6	0.0	0.0	0.0	8.2	.9	0.0	0.0	0.0
	Total (%)	26. 7	1.8	0.0	0.0	0.0	18. 6	1.9	0.0	0.0	0.0

Regarding the public service of Local Magistrate in Table 41, in control villages and in both groups, PSC 23 and above combining all categories together, one fourth (25.1%) of the households are not satisfied with the access and use of this service. For the same group of households, almost one fifth (18.9%) think that the quality of service does not suit them during the last one year.

Table 41: Service of Local Magistrate in Control Villages

						Cor	ntrol					
			PSC 0-23 PSC 24 and above									
		A. How many times do you use this						A. How many times do you use this				
Cat	togery	service usually service usually										
			Onc					Onc				
		Not	e in			No	Not	e in			No	
		at	а	Ofte	Alway	respons	at	а	Ofte	Alway	respons	
		all	while	n	S	е	all	while	n	S	е	
	No.	524	28	14	3	75	359	19	19	3	55	
To Not		.6	9.7	2.3	.6	0.0	0.0	5.7	5.1	1.1	0.0	
which satisfied extent (%)												







you are satisfied	Satisfied (%)	0.0	6.3	5.7	1.1	0.0	0.0	5.1	5.7	.6	0.0
of this service	Total (%)	.6	16.0	8.0	1.7	0.0	0.0	10.9	10.9	1.7	0.0
What	Worst (%)	0.0	1.1	.6	0.0	0.0	0.0	.6	.6	0.0	0.0
type of change you	Like before (%)	0.0	8.6	4.6	1.1	0.0	0.0	5.1	6.9	1.1	0.0
the service during the last	Better than before (%)	0.0	2.3	1.1	.6	0.0	0.0	2.3	2.3	0.0	0.0
12 months	Don't know (%)	.6	4.0	1.7	0.0	0.0	0.0	2.9	1.1	.6	0.0
	Total (%)	.6	16.0	8.0	1.7	0.0	0.0	10.9	10.9	1.7	0.0
Any particula	Far away (%)	.8	.1	0.0	0.0	0.0	.4	0.0	0.0	0.0	0.0
r reason for not	Very costly (%)	.4	0.0	0.0	0.0	0.0	.2	0.0	0.0	0.0	0.0
using/ or using _.	Does not suit (%)	10. 5	.7	0.0	0.0	0.0	7.3	.5	0.0	0.0	0.0
once in a while	Lack of tools/staff s (%)	.1	.2	0.0	0.0	0.0	0.0	.1	0.0	0.0	0.0
	No enough facility (%)	7.9	.4	0.0	0.0	0.0	6.7	.3	0.0	0.0	0.0
	Other (%)	1.9	.2	0.0	0.0	0.0	1.3	.1	0.0	0.0	0.0
	Not applicable (%)	6.9	.1	0.0	0.0	0.0	3.6	.1	0.0	0.0	0.0
	Total (%)	28. 4	1.5	0.0	0.0	0.0	19. 5	1.0	0.0	0.0	0.0

Regarding the public service of Local Magistrate in Table 42, in treatment villages and in both groups, PSC 23 and above combining all categories together, more than one fourth (28.0%) of the households are not satisfied with the access and use of this service. For the same group of households, nearly one fifth (18.5%) think that the quality of service does not suit them during the last one year.

Table 42: Service of Local Magistrate in Treatment Villages

	Treat	ment
Catogery	PSC 0-23	PSC 24 and above
σ,	A. How many times do you use this	A. How many times do you use this
	service usually	service usually



		Not	Onc e in a	Ofte	Alway	No	Not	Onc e in a	Ofte	Alway	No
		all	while	n	S	e	all	while	n	S	e
	No.	506	20	19	4	153	363	24	15	4	91
To which extent you are satisfied of this service	Not satisfied (%)	.6	6.3	5.7	.6	0.0	.6	9.1	4.6	.6	0.0
	Satisfied (%)	0.0	5.1	5.1	1.7	0.0	0.0	4.6	4.0	1.7	0.0
	Total (%)	.6	11.4	10.9	2.3	0.0	.6	13.7	8.6	2.3	0.0
What	Worst (%)	0.0	0.0	1.1	0.0	0.0	0.0	.6	.6	0.0	0.0
change you	Like before (%)	.6	5.7	5.7	1.7	0.0	0.0	8.0	4.0	1.1	0.0
the service during the last	Better than before (%)	0.0	2.9	1.7	0.0	0.0	0.0	1.7	1.1	.6	0.0
12 months	Don't know (%)	.6	2.9	2.3	.6	0.0	0.0	3.4	2.9	.6	0.0
	Total (%)	1.1	11.4	10.9	2.3	0.0	0.0	13.7	8.6	2.3	0.0
Any particula	Far away (%)	.9	0.0	0.0	0.0	0.0	1.0	.1	0.0	0.0	0.0
r reason for not	Very costly (%)	.4	.1	0.0	0.0	0.0	.6	0.0	0.0	0.0	0.0
using/ or using	Does not suit (%)	11. 4	.4	0.0	0.0	0.0	6.3	.3	0.0	0.0	0.0
a while	Lack of tools/staff s (%)	.1	.1	0.0	0.0	0.0	0.0	.1	0.0	0.0	0.0
	No enough facility (%)	7.3	.2	0.0	0.0	0.0	6.2	.5	0.0	0.0	0.0
	Other (%)	1.5	.2	0.0	0.0	0.0	.9	.1	0.0	0.0	0.0
	Not applicable (%)	5.8	.1	0.0	0.0	0.0	4.7	.3	0.0	0.0	0.0
	Total (%)	27. 5	1.1	0.0	0.0	0.0	19. 7	1.3	0.0	0.0	0.0

I.

1

Regarding the public service of court in Table 43, in control villages and in both groups, PSC 23 and above combining all categories together, one fourth (25.8%) of the households are not satisfied with the access and use of this service. For the same group of households, nearly one fifth (16.4%) think that the quality of service does not suit them during the last one year.

Table 43: Service of Court in Control Villages

		Control									
			PSC (0-23			PS	SC 24 ar	nd above		
	Α.	How ma	any time	s do you i	use this	Α.	How ma	any time	s do you ι	use this	
Catogery			service	usually		service usually					
		Onc					Onc				
	Not	e in			No	Not	e in			No	
	at	а	Ofte	Alway	respons	at	а	Ofte	Alway	respons	
	all	while	n	S	е	all	while	n	S	е	





No.		533	20	11	4	76	368	15	9	7	56
To which extent	Not satisfied (%)	.8	9.4	2.3	1.6	0.0	0.0	5.5	3.1	3.1	0.0
you are satisfied	Satisfied (%)	0.0	6.3	6.3	1.6	0.0	0.0	6.3	3.9	1.6	0.0
of this service	Total (%)	.8	15.6	8.6	3.1	0.0	0.0	11.7	7.0	4.7	0.0
What type of change you	Worst (%)	0.0	.8	.8	0.0	0.0	0.0	.8	.8	0.0	0.0
	Like before (%)	0.0	4.6	3.1	.8	0.0	0.0	3.1	1.5	1.5	0.0
the service during the last	Better than before (%)	0.0	4.6	4.6	2.3	0.0	0.0	5.3	3.1	1.5	0.0
12 months	Don't know (%)	.8	5.3	0.0	0.0	.8	0.0	2.3	1.5	1.5	0.0
	Total (%)	.8	15.3	8.4	3.1	.8	0.0	11.5	6.9	4.6	0.0
Any particula	Far away (%)	.8	0.0	0.0	0.0	0.0	.6	.1	0.0	0.0	0.0
r reason for not	Very costly (%)	1.3	.1	0.0	0.0	0.0	1.2	.1	0.0	0.0	0.0
using/ or using _.	Does not suit (%)	10. 0	.3	0.0	0.0	0.0	6.0	.1	0.0	0.0	0.0
once in a while	Lack of tools/staff s (%)	.3	.1	0.0	0.0	0.0	.1	.1	0.0	0.0	0.0
	No enough facility (%)	2.2	.1	0.0	0.0	0.0	1.3	.1	0.0	0.0	0.0
	Other (%)	1.7	.2	0.0	0.0	0.0	1.4	.1	0.0	0.0	0.0
	Not applicable (%)	12. 4	.4	0.0	0.0	0.0	9.2	.4	0.0	0.0	0.0
	Total (%)	28. 7	1.1	0.0	0.0	0.0	19. 8	.8	0.0	0.0	0.0

Regarding the public service of court in Table 44, in treatment villages and in both groups, PSC 23 and above combining all categories together, more than one fourth (28.9%) of the households are not satisfied with the access and use of this service. For the same group of households, less than one fifth (15.6%) think that the quality of service does not suit them during the last one year.

Table 44: Service of Court in Treatment Villages

Catogery	Treatment
----------	-----------







Regarding the public service of District Education Department in Table 45, in control villages and in both groups, PSC 23 and above combining all categories together, more than one fourth (26.5%) of the households are satisfied with the access and use of this service. For the same group of households, nearly one fifth (16.4%) think that the quality of service does not suit them during the last one year.

Table 45: Service of District Education Department in Control Villages





		Control									
				PSC (0-23			PS	SC 24 ar	nd above	
Cato	ogery	Α.	How ma	any time: service (s do you ι usually	use this	А.	How ma	any time: service (s do you ι usually	use this
		Not at all	Onc e in a while	Ofte n	Alway s	No respons e	Not at all	Onc e in a while	Ofte n	Alway s	No respons e
	No.	538	18	10	5	73	362	14	14	9	56
To which extent	Not satisfied (%)	.6	6.5	3.2	1.3	0.0	0.0	1.3	3.2	3.2	0.0
you are satisfied of this service	Satisfied (%)	0.0	5.2	3.2	1.9	0.0	0.0	7.7	5.8	2.6	0.0
	Total (%)	.6	11.6	6.5	3.2	0.0	0.0	9.0	9.0	5.8	0.0
What	Worst (%)	0.0	1.9	0.0	.6	0.0	0.0	1.3	1.3	.6	0.0
type of change you found in	Like before (%)	0.0	9.0	3.2	.6	0.0	0.0	5.8	3.2	2.6	0.0
found in the service during	Better than before (%)	0.0	.6	1.9	1.9	0.0	0.0	1.3	4.5	.6	0.0
12 months	Don't know (%)	.6	0.0	1.3	0.0	0.0	0.0	.6	0.0	1.9	0.0
	Total (%)	.6	11.6	6.5	3.2	0.0	0.0	9.0	9.0	5.8	0.0
Any particula	Far away (%)	1.3	0.0	0.0	0.0	0.0	1.2	.1	0.0	0.0	0.0
r reason for not	Very costly (%)	.8	.1	0.0	0.0	0.0	.1	0.0	.1	0.0	0.0
using/ or using _.	Does not suit (%)	8.7	.3	.2	.1	0.0	6.8	.1	.3	0.0	0.0
once in a while	Lack of tools/staff s (%)	.3	.2	.1	0.0	0.0	.2	.3	0.0	0.0	0.0
	No enough facility (%)	3.3	.2	0.0	0.0	0.0	1.9	.2	0.0	0.0	0.0
	Other (%)	3.3	.1	.2	0.0	0.0	2.2	.2	.1	0.0	0.0
	Not applicable (%)	10. 9	.1	0.0	0.0	0.0	7.0	0.0	0.0	0.0	0.0
-	Total (%)	28. 7	1.0	.4	.1	0.0	19. 4	.8	.4	0.0	0.0

Regarding the public service of District Education Department in Table 46, in treatment villages and in both groups, PSC 23 and above combining all categories together, almost one third (30.3%) of the households are satisfied with the access and use of this service. For the same group of households, almost one fifth (17.5%) think that the quality of service does not suit them during the last one year.

Table 46: Service of District Education Department in Treatment Villages

Catogery	Treatment

RSPN





Regarding the public service of District Health Department in Table 47, in control villages and in both groups, PSC 23 and above combining all categories together, almost one third (31.5%) of the households are satisfied with the access and use of this service. For the same group of households, more than one tenth (13.5%) think that the quality of service does not suit them during the last one year.

Table 47: Service of District Health Department in Control Villages

Catogery	Control								
	PSC 0-23					PSC 24 and above			







		A.	How ma	any time service (s do you ι usually	use this	A.	How ma	any time service (s do you ι usually	use this
		Not at all	Onc e in a while	Ofte n	Alway	No respons e	Not at all	Onc e in a while	Ofte n	Alway	No respons e
	No.	495	35	18	23	73	335	28	17	20	55
To which extent	Not satisfied (%)	.3	5.8	.9	.3	0.0	0.0	2.8	.3	1.5	0.0
you are satisfied	Satisfied (%)	0.0	4.9	4.6	6.7	0.0	0.0	5.8	4.9	4.6	0.0
of this service	Total (%)	.3	10.7	5.5	7.0	0.0	0.0	8.6	5.2	6.1	0.0
What	Worst (%)	0.0	1.5	.6	1.2	0.0	0.0	.9	.9	1.5	0.0
type of change you found in	Like before (%)	0.0	3.7	.9	3.1	0.0	0.0	1.5	1.8	2.4	0.0
the service during	Better than before (%)	0.0	3.7	1.8	2.4	0.0	0.0	3.7	1.8	1.2	0.0
12 months	Don't know (%)	.3	1.8	2.1	.3	0.0	0.0	2.4	.6	.9	0.0
	Total (%)	.3	10.7	5.5	7.0	0.0	0.0	8.6	5.2	6.1	0.0
Any particula	Far away (%)	1.7	.1	0.0	0.0	0.0	1.4	.2	0.0	0.0	0.0
r reason for not	Very costly (%)	.5	.1	0.0	0.0	0.0	.1	0.0	0.0	0.0	0.0
using/ or using	Does not suit (%)	8.1	.2	0.0	0.0	0.0	5.2	.1	0.0	0.0	0.0
once in a while	Lack of tools/staff s (%)	.3	.3	0.0	0.0	0.0	.1	.2	0.0	0.0	0.0
	No enough facility (%)	3.8	.6	0.0	0.0	0.0	1.9	.3	0.0	0.0	0.0
	Other (%)	3.4	.3	0.0	0.0	0.0	2.5	.3	0.0	0.0	0.0
	Not applicable (%)	11. 0	.5	0.0	0.0	0.0	8.3	.5	0.0	0.0	0.0
	Total (%)	28. 8	2.0	0.0	0.0	0.0	19. 5	1.6	0.0	0.0	0.0

Regarding the public service of District Health Department in Table 48, in treatment villages and in both groups, PSC 23 and above combining all categories together, nearly two fifth (37.9%) of the households are satisfied with the access and use of this service. For the same group of households, more than one tenth (14.8%) think that the quality of service does not suit them during the last one year.

Table 48: Service of District Health Department in Treatment Villages

Catogery Treatment





Regarding the public service of Local Government in Table 49, in control villages and in both groups, PSC 23 and above combining all categories together, nearly one third (30.7%) of the households are not satisfied with the access and use of this service. For the same group of households, more than one tenth (14.0%) think that the quality of service does not suit them during the last one year.

Table 49: Service of Local Government in Control Villages

	Control								
Catogery	PSC 0-23	PSC 24 and above							
0,	A. How many times do you use this	A. How many times do you use this							
	service usually	service usually							





		Not	Onc e in			No	Not	Onc			No
		at	a	Ofte	Alway	respons	at	a	Ofte	Alway	respons
	No	536	26	4	5	73	372	16	11	4	52
To which extent	Not satisfied (%)	.8	14.2	.8	1.6	0.0	0.0	8.7	3.1	1.6	0.0
you are satisfied	Satisfied (%)	0.0	6.3	2.4	2.4	.8	0.0	3.9	5.5	1.6	0.0
of this service	Total (%)	.8	20.5	3.1	3.9	.8	0.0	12.6	8.7	3.1	0.0
What	Worst (%)	0.0	.8	.8	.8	0.0	0.0	5.6	0.0	0.0	0.0
change you	Like before (%)	0.0	7.9	2.4	0.0	0.0	0.0	2.4	3.2	0.0	0.0
the service during the last	Better than before (%)	0.0	8.7	0.0	2.4	0.0	0.0	1.6	3.2	1.6	0.0
12 months	Don't know (%)	.8	3.2	0.0	.8	0.0	0.0	3.2	2.4	1.6	0.0
	Total (%)	.8	20.6	3.2	4.0	0.0	0.0	12.7	8.7	3.2	0.0
Any particula	Far away (%)	1.3	0.0	0.0	0.0	0.0	1.3	.1	0.0	0.0	0.0
r reason for not	Very costly (%)	.5	.1	0.0	0.0	0.0	.2	0.0	0.0	0.0	0.0
using/ or using	Does not suit (%)	8.2	.3	0.0	0.0	0.0	5.3	.2	0.0	0.0	0.0
a while	Lack of tools/staff s (%)	.4	.2	0.0	0.0	0.0	.2	.1	0.0	0.0	0.0
	No enough facility (%)	4.0	.3	0.0	0.0	0.0	1.8	.2	0.0	0.0	0.0
	Other (%)	3.2	.2	0.0	0.0	0.0	2.2	.3	0.0	0.0	0.0
	Not applicable (%)	11. 1	.3	0.0	0.0	0.0	8.8	.2	0.0	0.0	0.0
	Total (%)	28. 7	1.4	0.0	0.0	0.0	19. 9	.9	0.0	0.0	0.0

Regarding the public service of Local Government in Table 50, in treatment villages and in both groups, PSC 23 and above combining all categories together, nearly one fourth (24.4%) of the households are not satisfied with the access and use of this service. For the same group of households, more than one tenth (13.5%) think that the quality of service does not suit them during the last one year.

Table 50: Service of Local Government in Treatment Villages

	Treatment											
	PSC 0-23						PSC 24 and above					
	Α.	How ma	any time	s do you i	use this	A. How many times do you use this				use this		
Catogery			service	usually		service usually						
		Onc					Onc					
	Not	e in			No	Not	e in			No		
	at	а	Ofte	Alway	respons	at	а	Ofte	Alway	respons		
	all	while	n	S	е	all	while	n	S	е		







Regarding the public service of Electricity and Gas Department in Table 51, in control villages and in both groups, PSC 23 and above combining all categories together, nearly one third (31.6%) of the households are not satisfied with the access and use of this service. For the same group of households, almost one third (31.6%) think that the quality of service has been the worst during the last one year.

Table 51: Service of Electricity and Gas Department in Control Villages

	Control											
	PSC 0-23						PSC 24 and above					
Catagony	А.	How ma	any time	s do you u	use this	A.	How ma	low many times do you use this				
Catogery							0	Service	usualiy	1		
		Onc					Onc					
	Not	e in			No	Not	e in			No		
	at	а	Ofte	Alway	respons	at	а	Ofte	Alway	respons		
	all	while	n	S	е	all	while	n	S	е		
No.	457	83	23	9	72	283	62	38	17	55		





To which extent	Not satisfied (%)	.3	14.2	2.0	.5	0.0	0.0	8.9	5.1	.5	0.0
you are satisfied	Satisfied (%)	0.0	6.9	3.8	1.8	0.0	0.0	6.9	4.6	3.8	0.0
of this service	Total (%)	.3	21.1	5.9	2.3	0.0	0.0	15.8	9.7	4.3	0.0
What	Worst (%)	0.0	13.3	2.8	.5	0.0	0.0	9.7	4.1	1.3	0.0
type of change you found in	Like before (%)	0.0	5.4	1.0	1.3	0.0	0.0	4.3	2.8	1.5	0.0
the service during	Better than before (%)	0.0	1.5	1.8	0.0	0.0	0.0	.8	1.5	.8	0.0
12 months	Don't know (%)	.3	1.0	.3	.5	0.0	0.0	1.0	1.3	.8	0.0
	Total (%)	.3	21.2	5.9	2.3	0.0	0.0	15.8	9.7	4.3	0.0
Any particula	Far away (%)	1.4	.6	0.0	0.0	0.0	1.3	.6	0.0	0.0	0.0
r reason for not	Very costly (%)	.3	.1	0.0	0.0	0.0	.2	.1	0.0	0.0	0.0
using/ or using _.	Does not suit (%)	7.2	1.1	0.0	0.0	0.0	4.4	.5	0.0	0.0	0.0
once in a while	Lack of tools/staff s (%)	.2	.1	0.0	0.0	0.0	0.0	.1	0.0	0.0	0.0
	No enough facility (%)	4.3	.7	0.0	0.0	0.0	1.9	.4	0.0	0.0	0.0
	Other (%)	2.5	.5	0.0	0.0	0.0	2.0	.5	0.0	0.0	0.0
	Not applicable (%)	10. 3	1.7	0.0	0.0	0.0	6.3	1.4	0.0	0.0	0.0
	Total (%)	26. 1	4.7	0.0	0.0	0.0	16. 1	3.5	0.0	0.0	0.0

Regarding the public service of Electricity and Gas Department in Table 52, in treatment villages and in both groups, PSC 23 and above combining all categories together, one fifth (20.6%) of the households are not satisfied with the access and use of this service. For the same group of households, nearly one fifth (16.8%) think that the quality of service has been the worst during the last one year.

Table 52: Service of Electricity and Gas Department in Treatment Villages

						Treat	ment					
		PSC 0-23						PSC 24 and above				
		A. How many times do you use this						A. How many times do you use this				
Cat	ogery			service	usually				service	usually		
	0,		Onc					Onc				
		Not	e in			No	Not	e in			No	
		at	а	Ofte	Alway	respons	at	а	Ofte	Alway	respons	
		all	while	n	S	e	all	while	n	S	e	
	No.	472	36	20	17	157	314	46	20	19	98	
То	Not	.3	5.1	3.8	1.0	0.0	.3	5.3	2.8	2.0	0.0	
which	satisfied											
extent	(%)											







you are satisfied	Satisfied (%)	0.0	4.1	1.3	3.3	0.0	0.0	6.4	2.3	2.8	0.0
of this service	Total (%)	.3	9.2	5.1	4.3	0.0	.3	11.7	5.1	4.8	0.0
What	Worst (%)	0.0	5.4	2.3	.5	0.0	0.0	5.6	2.3	.8	0.0
type of change you found in	Like before (%)	.3	1.3	1.5	1.0	0.0	0.0	3.8	1.0	1.3	0.0
the service during the last	Better than before (%)	0.0	1.0	.5	1.5	0.0	0.0	1.5	1.0	1.3	0.0
12 months	Don't know (%)	0.0	1.5	.8	1.3	0.0	0.0	.8	.8	1.5	0.0
	Total (%)	.3	9.2	5.1	4.3	0.0	0.0	11.7	5.1	4.8	0.0
Any particula	Far away (%)	2.6	.4	0.0	0.0	0.0	2.6	.5	0.0	0.0	0.0
r reason for not	Very costly (%)	.5	0.0	0.0	0.0	0.0	.7	0.0	0.0	0.0	0.0
using/ or using	Does not suit (%)	7.5	.1	0.0	0.0	0.0	4.7	.4	0.0	0.0	0.0
once in a while	Lack of tools/staff s (%)	.2	.1	0.0	0.0	0.0	.1	.1	0.0	0.0	0.0
	No enough facility (%)	3.8	.3	0.0	0.0	0.0	2.0	.3	0.0	0.0	0.0
	Other (%)	2.1	.2	0.0	0.0	0.0	1.3	.3	0.0	0.0	0.0
	Not applicable (%)	10. 2	.9	0.0	0.0	0.0	6.5	1.0	0.0	0.0	0.0
	Total (%)	26. 9	2.1	0.0	0.0	0.0	17. 9	2.6	0.0	0.0	0.0

3.1.6. Perceptions of problems

Table 53 represents major constraints and problems based on perceptions of households. 71% of the sampled households consider lack of facility of education as serious and very serious problem, 79% of the sampled households consider lack of facility of health care as serious and very serious problem, 64% of the sampled households consider lack of facility of water supply as serious and very serious problem, 77% of the sampled households consider lack of facility of drainage as serious and very serious problem, 78% of the households consider lack of facility of street pavement as serious and very serious problem, 66% of the sampled households consider lack of facility of transport as serious and very serious problem, 51% of the sampled households consider lack of facility of fuel supply as serious and very serious problem, 77% of the sampled households consider lack of facility of electricity as serious and very serious problem, 68% of the sampled households consider lack of facility of low income (poverty) as serious and very serious problem, 74% of the sampled households consider lack of facility of job as serious and very serious problem, 64% of the sampled households consider the issue of saving as serious and very serious problem, 55% of the sampled households consider lack of access to credit as serious and very serious problem, 41% of the sampled households consider social cohesion as serious and very serious problem and 48% of the sampled households consider organisation as serious and very serious problem.

Table 53: Perceptions of Problems





			llages (%)		Treatmen	t Villages (%)	All Villages (%)			
Prob	olems	PSC 0-23	PSC 24 & above	Total	PSC 0-23	PSC 24 & above	Total	PSC 0-23	PSC 24 & above	Total	
	No Problem	10	15	12	11	12	11	10	13	12	
	Slight Problem	16	17	16	16	16	16	16	16	16	
Education	Serious Problem	34	33	33	31	35	33	33	34	33	
	Very serious problem	39	35	37	41	36	39	40	36	38	
	Not sure	1	0	2	1	1	1	1	1	1	
	No Problem	6	9	7	7	8	7	6	8	7	
	Slight Problem	10	12	11	13	18	15	12	15	13	
Health Care	Serious Problem	42	40	41	34	34	34	38	37	37	
	Very serious problem	41	39	40	46	40	43	44	39	42	
	Not sure	1	0	1	0	0	1	1	1	1	
	No Problem	12	11	12	15	16	15	13	14	14	
	Slight Problem	23	22	22	20	20	20	21	21	21	
Water Supply	Serious Problem	32	33	32	27	28	27	29	30	30	
	Very serious problem	32	33	32	37	34	36	35	34	34	
	Not sure	1	1	2	1	2	2	2	1	1	
	No Problem	5	4	5	7	10	8	6	7	6	
	Slight Problem	13	13	13	16	16	16	15	14	14	
Drainage	Serious Problem	34	34	34	30	29	30	32	31	32	
	Very serious problem	45	48	46	44	43	44	45	45	45	
	Not sure	3	1	2	3	2	2	2	3	3	
	No Problem	5	5	5	6	7	7	6	6	6	
	Slight Problem	14	14	14	13	17	14	13	16	14	
Street Pavement	Serious Problem	36	36	36	36	35	36	36	36	36	
	Very serious problem	43	43	43	43	38	41	43	41	42	
	Not sure	2	2	2	2	3	2	2	1	2	
	No Problem	9	11	10	8	8	8	8	10	9	
Transport	Slight Problem	23	24	23	22	24	23	22	24	23	
	Serious	42	40	41	38	36	37	40	38	39	





	Problem									
	Very serious problem	25	23	24	30	30	30	27	27	27
	Not sure	1	0	0	0	1	1	1	1	1
Fuel Supply	No Problem	16	20	17	17	15	16	17	17	17
	Slight Problem	25	26	26	24	28	25	24	27	26
	Serious Problem	30	28	29	29	29	29	30	28	29
	Very serious problem	20	19	20	24	25	24	22	22	22
	Not sure	9	7	8	6	3	6	7	6	6
Electricity	No Problem	6	8	7	5	6	6	6	7	6
	Slight Problem	13	15	14	18	18	18	15	16	16
	Serious Problem	41	38	40	30	36	32	35	37	36
	Very serious problem	39	39	39	45	37	42	42	39	41
	Not sure	1	0	0	2	0	2	2	1	1
Income Poverty	No Problem	6	6	6	7	10	9	7	8	7
	Slight Problem	23	18	21	17	22	19	20	20	20
	Serious Problem	32	33	32	25	25	25	28	29	29
	Very serious problem	37	39	38	42	38	41	40	38	39
	Not sure	2	97	3	9	5	6	5	5	5
dol	No Problem	7	4	6	7	8	8	7	7	7
	Slight Problem	13	13	13	13	16	14	13	15	14
	Serious Problem	38	39	38	28	32	29	33	35	34
	Very serious problem	39	40	39	43	39	42	41	40	40
	Not sure	3	4	4	9	5	7	6	3	5
Savings	No Problem	8	6	7	8	10	9	8	8	8
	Slight Problem	23	21	22	20	23	21	21	22	22
	Serious Problem	34	36	35	31	28	30	32	32	32
	Very serious problem	30	33	31	32	33	33	31	33	32
	Not sure	5	4	5	9	6	7	9	5	6
Access to Credit	No Problem	10	7	9	13	16	14	12	11	12
	Slight Problem	27	24	26	22	25	23	24	25	24
	Serious Problem	32	38	34	28	25	27	30	31	30




	Very serious problem	24	26	25	25	24	25	25	25	25
	Not sure	7	5	6	12	10	11	9	8	9
	No Problem	19	19	19	21	24	22	20	22	21
	Slight Problem	34	33	34	27	29	28	30	31	31
Social Cohesion	Serious Problem	26	26	26	24	23	23	25	24	25
	Very serious problem	15	16	15	17	16	17	16	16	16
	Not sure	6	6	6	11	8	10	9	7	7
	No Problem	19	19	19	15	20	17	17	19	18
	Slight Problem	28	23	26	21	25	23	25	24	24
Organisation	Serious Problem	27	31	29	28	22	26	27	26	27
	Very serious problem	19	20	20	23	23	23	21	21	21
	Not sure	7	7	6	13	10	11	10	10	10

3.1.7. Trust at community and local government institutions

Table 54 presents the data of opinions of respondents in term of trust within people in villages and trust in matters of lending and borrowing In both, control and treatment villages and in both groups, PSC 23 and above. Almost one-third (32.6%) of the sample households fully trust on each other and only 7.2% of the sample households do not trust on each other. Almost similar result is recorded for trust in matter of lending and borrowing one-third (33.5%) of sample household trust in the matters of lending and borrowing in both control and in treatment villages and in both groups, PSC 0-23 and above.

Table 54: Opinion about trust at people and trust in the matter of lending and borrowing in village

	Con	Control Villages (%)			ment Villages	(%)	All Villages (%)			
	PSC 0- 23	PSC 24 & above	Total	PSC 0- 23	PSC 24 & above	Total	PSC 0- 23	PSC 24 & above	Total	
Generally sp in your villag	beaking wou Je?	lld you say t	hat most p	eople can be	trusted or you	need to be	e very carefu	l in dealing with	people	
Fully trust	33.4	30.3	32.1	32.1	34.6	33.1	32.7	32.6	32.6	
Some trust	32.8	33.2	32.9	31.1	27.6	29.6	31.9	30.3	31.2	
Neutral	24.1	27.7	25.6	25.9	26.2	26.0	25.0	26.9	25.8	
Not Trust	7.3	7.5	7.4	7.1	8.2	7.6	7.2	7.9	7.5	
Don't Know	2.5	1.3	2.0	3.8	3.4	3.7	3.2	2.4	2.9	
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	





In your opini	In your opinion how much do people in this village trust each other in matters of lending and borrowing?											
Fully trust	35.1	32.1	33.8	34.3	31.4	33.1	34.7	31.7	33.5			
Some trust	32.6	32.3	32.5	28.9	30.6	29.6	30.7	31.4	31.0			
Neutral	20.8	26.2	23.0	23.5	26.0	24.5	22.2	26.1	23.8			
Not Trust	8.1	7.3	7.7	8.0	7.8	7.9	8.0	7.6	7.8			
Don't Know	3.4	2.2	2.9	5.3	4.2	4.8	4.4	3.3	3.9			
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0			

Table 55 presents the data of trust on local government institutions that how far the local government is transparent and corruption free and improvement occurred in public services because of local governments. About half (49.5%) of the respondents reported that working government is somewhat transparent and corruption free and most of respondents (43%) reported neutral in both, control and treatment villages and in both groups, PSC 23 and above. Showing an overall lack of trust, less than one-fifth (16.8%) of the respondents reported that they fully trust in local elected representatives to address their local problems.

Table also reports the data of visits or contact of household with local representative for solution of any problem since the formation of local government earlier in 2016. Most of the respondents (77.8%) do not have any contact with local representative. Only 4% have contacted/visited more than three times to local representative and most of the respondents (72%) in both control and treatment villages and in both groups, PSC 23 and above reported that there had no change in public services because of local government formation.

	Con	trol Villages	s (%)	Treat	ment Village	es (%)	All Villages (%)		
	PSC 0- 23	PSC 24 & above	Total	PSC 0- 23	PSC 24 & above	Total	PSC 0- 23	PSC 24 & above	Total
How far you think that the	working of th	e local goveri	nment is tran	sparent and o	corruption fr	ee?			
Totally transparent and corruption free	13	16	14.3	14.5	16.5	15.3	13.8	16.3	14.8
Somewhat transparent and corruption free	19.7	21.5	20.5	21.2	17.9	19.8	20.5	19.6	20.1
Neutral	47.5	47	47.3	38.5	42.1	39.9	42.8	44.4	43.5
Non transparent and corrupt	19.7	15.4	17.9	25.8	23.5	24.9	22.9	19.6	21.5
Total	100	100	100	100	100	100	100	100	100
Do you trust in local elected	representativ	ves to address	s your local p	roblems?					
Fully trust	18.8	14.5	17	15.5	18.3	16.7	17.1	16.5	16.8
Some trust	22.8	24.6	23.6	28.6	24.5	26.9	25.9	24.6	25.3
Neutral	34.2	35.4	34.7	29.8	31.8	30.6	31.9	33.5	32.6
Not Trust	16.6	19.3	17.7	19.5	19.1	19.3	18.1	19.2	18.6
Don't Know	7.6	6.2	7	6.6	6.2	6.4	7.1	6.2	6.7
Total	100	100	100	100	100	100	100	100	100
Since the formation of local governments earlier in 2016 how many times you have visited/contacted any local representative in person or in office for the solution of any problem?									

Table 55: trust on local government and improvement in public services becauseof local government





Not at all	79.8	78.7	79.3	76.4	76.3	76.3	78	77.4	77.8			
Once	12.9	13	12.9	15.5	16.3	15.8	14.3	14.7	14.4			
Twice	4	5.5	4.6	4	2.4	3.3	4	3.9	4			
More than three times	3.3	2.9	3.1	4.1	5	4.5	3.7	4	3.8			
Total	100	100	100	100	100	100	100	100	100			
What do you think if there has been an improvement in the provision of public services because of local governments?												
A lot of improvement	6.4	9.2	7.6	11.1	11.5	11.3	8.8	10.4	9.5			
Little improvement	9.2	10.8	9.8	6.1	9.1	7.3	7.6	9.9	8.5			
No change	78.9	75.4	77.4	72.8	71.2	72.1	75.7	73.2	74.7			
Worse than before	0.9	1.5	1.2	0.9	0.4	0.7	0.9	0.9	0.9			
Don't Know	4.7	3.1	4	9.1	7.8	8.6	7	5.6	6.4			
Total	100	100	100	100	100	100	100	100	100			

3.1.8. Most striking change in weather and climate observed over last five years

To capture climate related issues, Table represents the data of most striking changes that occurred in weather over last five years. More than one-half (51%) of the sample households reported that there had witnessed no change in weather over the last five years and nearly one-fifth (22%) reported that there has less rainfalls due to change in weather in both control and in treatment villages and in both groups, PSC 0-23 and above.

Table 56: What is the most striking change in weather and climate that you could observe over the last five years?

	Cor	trol Villages (%)		Treatm	nent Villages	(%)	All Villages (%)			
	PSC 0- 23	PSC 24 & above	Total	PSC 0- 23	PSC 24 & above	Total	PSC 0- 23	PSC 24 & above	Total	
Nothing	58	56	57	45	46	46	51	51	51	
More Rainfall	11	7	9	10	9	9	10	8	9	
Less Rainfall	18	21	19	23	27	25	21	24	22	
More floods	3	3	3	2	3	2	2	3	3	
Dry Season much longer	10	13	11	19	15	17	15	14	14	
Other	1		1				1			
Total	100	100	100	100	100	100	100	100	100	

3.2. Results of the women only questionnaire

This section presents the survey findings regarding pre-natal and post-natal care of sample households. The baseline survey included a separate questionnaire meant for female respondents only. This section presents the results of the analysis of the female data only. Priority was to ask questions to a married woman who have child up to five years. However, when currently married women were not available, unmarried women were asked the relevant questions.





As shown in Table 57 presents that 88% (1897) of the respondents were married women. Children up to five years of age were 3028 including 1580 male and 1448 female children in both, control and treatment villages and in both groups, PSC 23 and above.

	Control Villages			Treat	ment Villa	ges	All Villages		
Demography	PSC 0- 23	PSC 24 & above	Total	PSC 0- 23	PSC 24 & above	Total	PSC 0- 23	PSC 24 & above	Total
Currently married female	558	378	936	575	386	961	1133	764	1897
	91%	89%	90%	87%	84%	86%	89%	86%	88%
Currently unmarried	58	48	106	86	74	160	144	122	266
female	9%	11%	10%	13%	16%	14%	11%	14%	12%
Total	616	426	1042	661	460	1121	1277	886	2163
TOLAT	100%	100%	100%	100%	100%	100%	100%	100%	100%
No. of children up to	5 years								
Male	450	292	742	525	313	838	975	605	1580
Female	442	274	716	439	293	732	881	567	1448
Total	892	566	1458	964	606	1570	1856	1172	3028

Table 57: Marital status and number of children

3.2.1. Birth spacing: Knowledge about contraceptive methods

Table No. 58 provide the data about knowledge and awareness about specific contraceptive methods. In both, control and treatment villages and in both groups, PSC 23 and above, more than half of the sample households (58.4%) do not have any knowledge about contraceptive methods.

Among those who have knowledge about contraceptive methods, most of the sample households in both control and treatment and in both groups, PSC 23 and above, know about injection (69.6 %) method followed by pills' (57.7%) method. There is none in the sample who is aware of male sterilisation as an option for family planning. However, almost one fifth (23%) of the sample households have knowledge about female sterilisation as a contraceptive method.

	Contro	ol Villages	(%)	Treatmo	ent Villages	s (%)	All Villages (%)				
	PSC 0- 23	PSC 24 & above	Total	PSC 0- 23	PSC 24 & above	Total	PSC 0- 23	PSC 24 & above	Total		
Have you ever heard about any contraceptive methods?											
Yes, spontaneously	43.8	44.6	44.1	39.8	38.5	39.3	41.7	41.4	41.6		
Yes, probed	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0		
No	56.2	55.4	55.9	60.2	61.5	60.7	58.3	58.6	58.4		
Total	100	100	100	100	100	100	100	100	100		

Table 58: Knowledge about contraceptive methods





Those who know, specify contraceptive methods. (multiple responses question)											
Condom	15.9	16.3	16.1	11.8	12.4	12.0	13.9	14.4	14.1		
IUCD	12.6	12.1	12.4	10.3	13.0	11.4	11.4	12.5	11.9		
Pills	59.3	56.3	58.0	52.5	64.4	57.3	55.9	60.2	57.7		
Injection	72.6	69.5	71.3	66.5	69.5	67.7	69.6	69.5	69.6		
Implant	27.0	17.4	23.0	17.5	24.9	20.5	22.3	21.0	21.8		
Sterilization (Female)	22.2	23.7	22.8	26.6	20.9	24.3	24.4	22.3	23.6		
Sterilisation (Male)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0		
Rhythm	1.1	0.0	.7	.4	0.0	.2	.8	0.0	.4		
Withdrawal	1.5	.5	1.1	3.4	.6	2.3	2.4	.5	1.7		
Other	3.0	3.7	3.3	3.0	5.6	4.1	3.0	4.6	3.7		

3.2.2. Birth spacing: Overall use of contraceptive methods

Table No. 59 provides data about overall trend in the sample household regarding the actual use of contraceptive methods in the past.

Among those who have knowledge about contraceptive methods, more than half (55.7%) do not use any method. Among users, injection is the most commonly (39.1%) used method followed by the female sterilisation method (32.8%) in both control and treatment villages and in both groups, PSC 23 and above.

Table 59: Birth spacing: Use of contraceptive methods

	Contro	Control Villages (%)			Treatment Villages (%)			All Villages (%)		
		PSC 24			PSC 24			PSC 24		
	PSC 0- 23	&	Total	PSC 0- 23	&	Total	PSC 0- 23	&	Total	
		above			above			above		
Have you ever used any of the methods?										
Never used	51.9	54.7	53.0	55.1	63.3	58.4	53.5	58.9	55.7	
Used	48.1	45.3	47.0	44.9	36.7	41.6	46.5	41.1	44.3	
Total	100	100	100	100	100	100	100	100	100	
If used, name as	many as you h	ave ever y	ou used	(multiple res	sponses qu	uestion)				
Condom	14.6	11.6	13.4	7.6	15.4	10.4	11.3	13.2	12.0	
IUCD	6.2	5.8	6.0	4.2	3.1	3.8	5.2	4.6	5.0	
Pills	10.8	14.0	12.0	22.9	26.2	24.0	16.5	19.2	17.5	
Injection	40.0	34.9	38.0	48.3	26.2	40.4	44.0	31.1	39.1	
Implant	7.7	5.8	6.9	3.4	3.1	3.3	5.6	4.6	5.3	
Sterilisation	21 5	27.2	22.0	20 0	20 E	21 7	20.0	7 7	22.0	
(Female)	51.5	57.2	55.0	28.0	56.5	51.7	29.0	57.7	52.0	
Sterilisation	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
(Male)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
Rhythm	0.8	1.2	0.9	0.0	0.0	0.0	0.4	0.7	0.5	
Withdrawal	1.5	1.2	1.4	.8	1.5	1.1	1.2	1.3	1.3	
Other	0.8	0.0	0.5	0.8	0.0	0.5	0.8	0.0	0.5	





3.2.3. Birth spacing: Currently using contraceptive method

Table No. 60 shows the data about currently using contraceptive method. This question was asked only to those women who had ever used any contraceptive method. In both, control and treatment villages and in both groups, PSC 23 and above, majority of the sample households (74.6%) are currently using contraceptive methods and nearly one fifth (25.4%) of the sample households are not using any contraceptive method. Among those who are currently using contraceptive method, half of the sample households in both control and treatment and in both groups, PSC 23 and above, use the injection (51.0%) method followed by pills' (26.0%) method. Just (4.5%) of the sample households use the method of female sterilisation. However, almost one fifth (17.0%) of the sample households use the female sterilisation as a contraceptive method.

Control Villages (%)	Treatment Village

Table 60: Currently using contraceptive method

	Cor	Control Villages (%)			ent Village	es (%)	All Villages (%)		
	PSC 0-	PSC 24			PSC 24	Table		PSC 24	T
	23	×.	Total	PSC 0- 23	&	Iotal	PSC 0- 23	×.	Total
		above			above			above	
Women currently	using an	y method							
Not using	23.6	18.5	21.7	31.8	25.0	29.6	27.6	21.3	25.4
Using	76.4	81.5	78.3	68.2	75.0	70.4	72.4	78.7	74.6
Total	100	100	100	100	100	100	100	100	100
Those using, nam	es of the	methods' u	used (mult	tiple respons	es questio	on)			
Condom	16.2	20.5	17.9	15.5	16.7	15.9	15.9	18.9	17.0
IUCD	10.3	9.1	9.8	5.2	3.3	4.5	7.9	6.8	7.5
Pills	17.6	29.5	22.3	25.9	40.0	30.7	21.4	33.8	26.0
Injection	58.8	45.5	53.6	53.4	36.7	47.7	56.3	41.9	51.0
Implant	14.7	2.3	9.8	5.2	6.7	5.7	10.3	4.1	8.0
Sterilisation	11	68	5.4	2 /	22	2 /	10	5.4	15
(Female)	4.4	0.8	5.4	5.4	5.5	5.4	4.0	5.4	4.5
Sterilisation	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
(Male)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Rhythm	0.0	2.3	.9	0.0	0.0	0.0	0.0	1.4	.5
Withdrawal	0.0	2.3	.9	0.0	3.3	1.1	0.0	2.7	1.0
Other	0.0	0.0	0.0	3.4	0.0	2.3	1.6	0.0	1.0

3.2.4. Birth spacing: Perception about gap in consecutive pregnancies

Table No. 61 shows the data about perception about gap in consecutive pregnancies. In both, control and treatment villages and in both groups, PSC 23 and above, almost one third of the sample households (29.8%) see the gap of 2 years in consecutive pregnancies followed by (27.6%) of the households see the gap of three years. However, one fifth of the sample households (15.0%) do not know about the gap of years in consecutive pregnancies.





	Contro	ol Villages (%)	Treatme	nt Villages	s (%)	All	All Villages (%)			
No response	PSC 0- 23	PSC 24 & above	Total	PSC 0- 23	PSC 24 & above	Total	PSC 0- 23	PSC 24 & above	Total		
One year	6.9	7.0	6.9	7.6	12.3	9.3	7.3	9.3	8.0		
Two years	26.2	30.2	27.8	33	30.9	32.2	29.4	30.4	29.8		
Three years	28.5	34.9	31.0	22.9	24.6	23.5	25.8	30.5	27.6		
Four years	8.5	8.1	8.3	9.3	9.2	9.3	8.9	8.6	8.8		
Five years	9.2	9.3	9.3	11.9	13.8	12.6	10.5	11.3	10.8		
Don't know	20.7	10.5	16.7	15.3	9.2	13.1	18.1	9.9	15.0		
Total	100	100	100	100	100	100	100	100	100		

Table 61: Perception about gap in consecutive pregnancies

3.2.5. Birth spacing: Sources of obtaining current contraceptive methods

Table No. 62 provides the data about sources of obtaining current contraceptive method. In both, control and treatment villages and in both groups, PSC 23 and above, almost one third of the sample households (25.6%) currently obtain contraceptive method from lady health worker followed by (22.3%) of the households currently obtain contraceptive method from govt. hospital/dispensary/practitioner. However, one fifth of the sample households (19.3%) currently obtain contraceptive method from govt.

Source of obtaining	Control Villages (%)			Treatme	nt Village	5 (%)	All Villages (%)			
current contraceptive method	PSC 0- 23	PSC 24 & above	Total	PSC 0- 23	PSC 24 & above	Total	PSC 0- 23	PSC 24 & above	Total	
Spouse	10.0	14.0	11.6	14.4	12.3	13.7	12.1	13.2	12.5	
Hakim	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
Friend/Relative	0.0	2.3	.9	2.5	1.6	2.2	1.2	2.0	1.5	
Homeopath	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
Govt. family planning centre	11.5	7.0	9.7	16.3	9.2	13.7	13.7	7.9	11.5	
Chemist	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
NGO family planning centre	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
Store	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
Private Hospital/Practitioner	16.9	20.9	18.5	16.9	26.2	20.2	16.9	23.2	19.3	
Dai	7.7	4.7	6.5	5.9	6.2	6.0	6.9	5.3	6.3	
Govt. Hospital /dispensary/Practitioner	25.4	24.4	25.0	22.0	13.8	19.1	23.8	19.9	22.3	
Reproductive health service unit	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	

Table 62: Sources of obtaining current contraceptive





BHU/RHC	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Mobile Health service unit	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Lady Health worker	27.7	26.7	27.3	20.3	29.2	23.5	24.2	27.8	25.6
Other	.8	0.0	.5	1.7	1.5	1.6	1.2	.7	1.0
Total	100	100	100	100	100	100	100	100	100

3.2.6. Birth spacing: Reason for not using a method

Table No. 63 provides the data about the reasons of not using contraceptive method. In both, control and treatment villages and in both groups, PSC 23 and above, almost two fifth of the sample households (37.3%) wants more children followed by (20.3%) of the households lacks knowledge. However, one tenth of the sample households (11.4%) see the adverse side effects of using the contraceptive method.

Table 63: If never used or not currently using give reasons

	Contro	l Villages	(%)	Treatme	ent Village	s (%)	All Villages (%)			
If never used or not using currently give reasons	PSC 0- 23	PSC 24 & above	Total	PSC 0- 23	PSC 24 & above	Total	PSC 0- 23	PSC 24 & above	Total	
Wants More children	33.9	39.4	36.2	35.1	43.0	38.4	34.5	41.3	37.3	
Not effective	5.3	3.7	4.7	4.9	4.9	4.9	5.1	4.4	4.8	
Husband away	7.5	9.4	8.3	6.5	7.7	7.0	7.0	8.5	7.6	
Hysterectomy	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
Cost too much	1.0	.6	.8	1.2	.5	.9	1.1	.5	.9	
Religious Reasons	2.8	2.0	2.5	2.6	2.2	2.5	2.7	2.1	2.5	
Lactating	2.8	1.1	2.1	1.2	.7	1.0	1.9	.9	1.5	
Menopausal	.8	.9	.8	.4	.5	.4	.6	.7	.6	
Not Available	4.5	2.9	3.9	3.2	1.7	2.6	3.8	2.3	3.2	
Self-Opposed	3.9	3.4	3.7	1.9	1.7	1.8	2.9	2.5	2.7	
Lack of Knowledge	21.5	16.3	19.4	25.1	15.6	21.1	23.4	15.9	20.3	
Pregnant	4.3	4.3	4.3	4.2	4.4	4.3	4.3	4.4	4.3	
Irregular supply	1.2	.6	.9	.2	.5	.3	.6	.5	.6	
Husband oppose	1.6	6.0	3.4	4.0	3.5	3.8	2.9	4.6	3.6	
Infertility	2.8	2.3	2.6	1.6	1.2	1.4	2.1	1.7	2.0	
Adverse Side Effects	12.0	14.0	12.8	8.4	12.6	10.2	10.1	13.2	11.4	
Relatives Opposed	6.3	3.7	5.3	6.1	5.4	5.8	6.2	4.6	5.6	
Other	0.2	0.3	0.2	0.2	0.2	0.2	.02	0.3	0.2	

3.2.7. Preliminary question about prenatal and postnatal care: Women in households having a child up to 12 months of age

Table No. 64 provides the data about women having children up to 12 months of age. In both, control and treatment villages and in both groups, PSC 23 and above, most of the sample households (83.5%) do not have children up to 12 months and almost one fifth (16.5%) of the





sample households have children up to 12 months.

Among those who have children up to 12 months, their age in months in the sample households in both control and treatment and in both groups, PSC 23 and above, one fifth (23%) children are of 12 months followed by 10% children are of one month.

Women in HH	Со	ntrol Villages	(%)	Trea	tment Village	s (%)	All	Villages (%)
having child up to 12 months of age	PSC 0- 23	PSC 24 and above	Total	PSC 0- 23	PSC 24 and above	Total	PSC 0- 23	PSC 24 and above	Tota I
Have no child									
up to 12 months	78.6	89.9	83.2	83.4	84.3	83.8	81.0	87.0	83.5
Having child									
up to 12	21.4	10.1	16.8	16.6	15.7	16.2	19.0	13.0	16.5
months									
Total	100	100	100	100	100	100	100	100	100
Child's age in m	onth								
1 Month	8	16	10	9	10	9	8	12	10
2 Months	4	2.5	3	5	14	8	4	10	6
3 Months	5	14	7	10	8	9	7	10	8
4 Months	8	9	8	5	7	6	7	8	7
5 Months	9	12.5	10	13	6	10	11	8	10
6 Months	8	2	7	10	10	10	9	7	8
7 Months	11	5	9	7	6	7	9.3	5	8
8 Months	8	2	7	10	7	9	9	5	8
9 Months	4	2	3	3	5.7	4	3.7	4	4
10 Months	10	2	8	6	3	5	8	3	6
11 Months	2	0	2	5	2.3	4	3	2	2
12 Months	24	33	26	17	21	19	21	26	23
Total	100	100	100	100	100	100	100	100	100

Table 64: Women in HH having a child up to 12 months of age

3.2.8. Prenatal care: Knowledge about complications during pregnancy

Table No. 65 imparts the data about knowledge about complications during pregnancy. In both, control and treatment villages and in both groups, PSC 23 and above, more than half of the sample households (69.6%) have knowledge about pregnancy complications and almost one third (30.4%) of the sample households do not have knowledge.

Among those who have knowledge about pregnancy complications, majority of the sample households in both control and treatment and in both groups, PSC 23 and above, finds vomiting (78.3%) as complication during the pregnancy followed by (29.4%) high fever is considered as a complication during pregnancy.

Table 65: Knowledge about complications during pregnancy

Knowledge Control Villages (%) I reatment Villages (%) All Villages (%)	Knowledge	Control Villages (%)	Treatment Villages (%)	All Villages (%)
---	-----------	----------------------	------------------------	------------------





about complications during pregnancy	PSC 0- 23	PSC 24 and above	Total	PSC 0- 23	PSC 24 and above	Total	PSC 0- 23	PSC 24 and above	Total
Women who do not have knowledge about pregnancy complications	35.6	23.3	32.6	36.4	34.7	35.7	36.0	30.4	34.2
Women who have knowledge about pregnancy complications	64.4	76.7	67.4	63.6	65.3	64.3	64.0	69.6	65.8
Total	100	100	100	100	100	100	100	100	100
Names of the comp	plications du	ring pregr	nancy woi	men are a	ware of (multiple ı	esponse	es questi	on):
Vomiting	75.3	78.8	76.3	81.4	78.7	80.3	78.1	78.8	78.3
Bleeding	17.6	9.1	15.3	20.0	14.9	17.9	18.7	12.5	16.6
Severe headache	17.6	12.1	16.1	21.4	21.3	21.4	19.4	17.5	18.7
Blurred Vision	4.7	3.0	4.2	4.3	2.1	3.4	4.5	2.5	3.8
Convulsions	1.2	0.0	.8	2.9	0.0	1.7	1.9	0.0	1.3
Swollen hand /face/feet	17.6	18.2	17.8	11.4	27.7	17.9	14.8	23.8	17.9
High fever	24.7	24.2	24.6	31.4	38.3	34.2	27.7	32.5	29.4
Loss of Consciousness	0.0	0.0	0.0	2.9	0.0	1.7	1.3	0.0	.9
Difficulty breathing	10.6	12.1	11.0	4.3	12.8	7.7	7.7	12.5	9.4
Severe abdominal pain	18.8	18.2	18.6	17.1	21.3	18.8	18.1	20.0	18.7
Accelerated/r educed foetal movement	1.2	6.1	2.5	0.0	2.1	.9	.6	3.8	1.7
water breaks without labour	20.0	18.2	19.5	11.4	12.8	12.0	16.1	15.0	15.7
Others	2.4	6.1	3.4	0.0	4.3	1.7	1.3	5.0	2.6

3.2.9. Prenatal care: Women view about having a check-up during pregnancy

Table No. 66 provides the data about having a check-up during pregnancy. In both, control and treatment villages and in both groups, PSC 23 and above, majority of the sample households (75.1%) think that women should have a check-up and almost one third (24.9%) of the sample households think that there is no need of a check-up.

Table 66: Prenatal care: What women think of having a check-up during pregnancy?

What women thinkControl Villages (%)Treatment Villages (%)All Villages (%)	
--	--





of having a check- up during pregnancy?	PSC 0- 23	PSC 24 and above	Total	PSC 0- 23	PSC 24 and above	Total	PSC 0- 23	PSC 24 and above	Total
No need to have a check up	27.3	14.0	24.0	29.1	20.8	25.8	28.1	18.3	24.9
Should have a check up	72.7	86.0	76.0	70.9	79.2	74.2	71.9	81.7	75.1
Total	100	100	100	100	100	100	100	100	100

3.2.10. Prenatal care: Women view about having a check-up during pregnancy and important components of antenatal care check-ups

Table No. 67 imparts the data about antenatal check-ups during pregnancy. In both, control and treatment villages and in both groups, PSC 23 and above, nearly one third (29%) of the sample households consider three visits for antenatal check-ups during pregnancy followed by (23%) of the sample households consider two visit for antenatal check-ups during pregnancy. However, almost one fifth (17%) of the sample households do not know about the number of visits for antenatal check-ups during pregnancy.

About important components of antenatal care, almost half of the sample households in both control and treatment and in both groups, PSC 23 and above, finds measuring of blood (48.7%) as an important component of antenatal check-ups during the pregnancy followed by (27.5%) urine test is considered as an important component of antenatal check-ups during the pregnancy. However, one fifth of the sample households (23.5%) do not know about the antenatal check-ups during the pregnancy.

	Cont	rol Villages	(%)	Treatm	ent Village	s (%)	All Villages (%)			
	PSC 0- 23	PSC 24 and above	Total	PSC 0- 23	PSC 24 and above	Tota I	PSC 0- 23	PSC 24 and above	Total	
How many antenatal care visits a woman should have during pregnancy?										
One visit	7	2	6	9	3	7	8	3	6	
Two visits	26	23	25	21	19	20	24	21	23	
Three visits	25	49	31	27	26	27	26	35	29	
Four visits	10	9	10	11	11	11	10	10	10	
More than four visits	13	7	11	14	24	18	13	17	15	
Don't know	19	9	17	18	17	18	19	14	17	
Total	100	100	100	100	100	100	100	100	100	
What are import	ant compon	ents of Ant	tenatal car	e (multiple	responses	questic	on)?			
Checking for Anaemia	22.0	37.2	25.7	25.5	29.2	26.9	23. 6	32.2	26.3	
Measure Blood	46.2	48.8	46.9	47.3	55.6	50.5	46. 7	53.0	48.7	

Table 67: Antenatal care: Antenatal check-ups during pregnancy





Pressure Weighing	10.6	7.0	9.7	12.7	11.1	12.1	11. 6	9.6	10.9
Immunizatio n (Tetanus injection)	3.0	4.7	3.4	3.6	1.4	2.7	3.3	2.6	3.1
Counselling about food and rest requirement	3.0	2.3	2.9	0.0	1.4	.5	1.7	1.7	1.7
Check the position and movement of the foetus	29.5	30.2	29.7	17.3	26.4	20.9	24. 0	27.8	25.2
Urine test	28.8	32.6	29.7	20.9	31.9	25.3	25. 2	32.2	27.5
Others	1.5	0.0	1.1	6.4	1.4	4.4	3.7	.9	2.8
Don't know	25.0	18.6	23.4	22.7	25.0	23.6	24. 0	22.6	23.5

3.2.11. Prenatal care: Prenatal consultation visits during pregnancy

Table No. 68 provides the data about prenatal consultation visits during pregnancy. In both, control and treatment villages and in both groups, PSC 23 and above, more than half (61.1%) of the sample households had visits for prenatal consultation during pregnancy and almost two fifth (38.9%) had no visits for prenatal consultation.

Among those who consulted, nearly two fifth (38.1%) of the sample households in both control and treatment and in both groups, PSC 23 and above, had paid three visits as prenatal care visits followed by one fifth (21.6%) had paid two visits.

Among those having prenatal care, more than half (53.7%) of the sample households in both control and treatment and in both groups, PSC 23 and above, had received services from private hospital/clinic followed by nearly one fifth (18.3%) from govt. hospital/clinic.

		Control Villag	ges (%)	Treatme	ent Villages	(%)	All	Villages (%)
	PSC 0- 23	PSC 24 and above	Total	PSC 0- 23	PSC 24 and above	Total	PSC 0- 23	PSC 24 and above	Tota I
While you were	e pregn	ant with your	last child did	you have an	y prenatal v	isits			
No visit	39.4	16.3	33.7	46.4	40.3	44.0	42.6	31.3	38.9
Had visits	60.6	83.7	66.3	53.6	59.7	56.0	57.4	68.7	61.1
Total	100	100	100	100	100	100	100	100	100
Those who con	sulted,	how many pr	enatal care vi	sits they had	l:				
1 Visit	12.5	0.0	8.6	10.2	9.3	9.8	11.5	5.1	9.2
2 Visits	22.4	22.2	22.4	16.9	25.6	20.6	20.1	24.1	21.6
3 Visits	38.8	58.3	44.8	33.9	25.6	30.4	36.7	40.5	38.1

Table 68: Prenatal care: Prenatal consultation visits during pregnancy





4 Visits	12.5	13.9	12.9	18.6	7.0	13.7	15.1	10.1	13.3
More than four	11.2	FC	0.5	16.0	27.0	21.6	12.7	177	15 1
visits	11.5	5.0	9.5	10.9	27.9	21.0	13.7	17.7	15.1
Don't	2.5	0.0	1.7	3.4	4.7	3.9	2.9	2.5	2.8
know									
lotal	100	100	100	100	100	100	100	100	100
Those having p	renatal	care, from w	here they rece	eived this se	rvice?	1	1	1	1
Home TBA	3.8	5.6	4.3	11.9	7.0	9.8	7.2	6.3	6.9
Home LHW	1.3	0.0	.9	5.1	0.0	2.9	2.9	0.0	1.8
Home LHV	2.5	0.0	1.7	1.7	2.3	2.0	2.2	1.3	1.8
Home Doctor	18.8	13.9	17.2	10.2	9.3	9.8	15.1	11.4	13.8
Govt. Hosp/Clinic	15.0	16.7	15.5	25.4	16.3	21.5	19.4	16.4	18.3
Private Hosp/Clinic	55.0	58.2	56.1	42.3	62.8	51.0	49.6	60.8	53.7
Family welfare Centre	3.5	5.6	4.3	1.7	2.3	2.0	2.9	3.8	3.2
Reproduc tive Health Service Unit	0.0	0.0	0.0	1.7	0.0	1.0	.7	0.0	.5
Mobile Service unit	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Other	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total	100	100	100	100	100	100	100	100	100

3.2.12. Prenatal care: Right time for first consultation for pregnancy

Table No. 69 shows the data about first consultation at what month of pregnancy. In both, control and treatment villages and in both groups, PSC 23 and above, two fifth (22.9%) of the sample households had had first consultation at the second month of pregnancy and one fifth (17.9%) had first consultation at fifth month of pregnancy.

Table 69: Prenatal care: At what month of pregnancy did you go for your first consultation?

	Control Villages (%)				atment Villa	nges (%)	All Villages (%)			
	PSC 0- 23	PSC 24 and above	Total	PSC 0- 23	PSC 24 and above	Total	PSC 0- 23	PSC 24 and above	Total	
At what me	onth of pr	egnancy d	id you go f	or your fi	irst consulta	ation?				
1	10.0	2.8	7.8	11.9	14.0	12.7	10.8	8.9	10.1	
2	25.0	30.6	26.7	22.0	14.0	18.6	23.7	21.5	22.9	





3	15.0	13.9	14.7	16.9	11.6	14.7	15.8	12.7	14.7
4	13.8	11.1	12.9	3.4	14.0	7.8	9.4	12.7	10.6
5	15.0	22.3	17.2	15.3	23.3	18.6	15.1	22.8	17.9
6	2.4	8.3	4.3	8.5	9.3	8.8	5.0	8.9	6.4
7	10.0	11.1	10.3	10.2	7.0	8.8	10.1	8.9	9.6
8	5.0	0.0	3.4	6.8	4.7	5.9	5.8	2.5	4.6
9	3.8	0.0	2.6	5.1	2.3	3.9	4.3	1.3	3.2
Total	100	100	100	100	100	100	100	100	100

3.2.13. Prenatal care: Tetanus Toxic (TT) injections during pregnancy

Table No. 70 shows the data about Tetanus Toxic (TT) injection during pregnancy. In both, control and treatment villages and in both groups, PSC 23 and above, more than half (67.0%) of the sample households were given Tetanus Toxic (TT) injections during pregnancy and one third (33.0%) of the sample households were not given this injection during pregnancy.

Among those who were given injections, nearly two fifth (39.7%) of the sample households in both control and treatment and in both groups, PSC 23 and above, were given two injections followed by nearly one third (32.9%) of the sample household were given three injections and one tenth (13.7%) of the sample households were given one injection.

Among those who were given injections during previous pregnancies, more than half (56.4%) of the sample households were given TT injections during previous pregnancies and two fifth (43.6%) of the sample households were not given TT injections during previous pregnancies.

Among those who were given injections during previous pregnancies, nearly two fifth (42%) of the sample households in both control and treatment and in both groups, PSC 23 and above, were given three injections followed by nearly one third (30%) of the sample household were given two injections and one tenth (12%) of the sample households were given one injection during previous pregnancy.

	Cont	rol Village	s (%)	Treatr	nent Villag	ges (%)	All Villages (%)			
Response/ Frequency	PSC 0- 23	PSC 24 and above	Total	PSC 0- 23	PSC 24 and above	Total	PSC 0- 23	PSC 24 and abov e	Total	
During this prea	gnancy we	re you giv	en tetanus	toxoid (T	T) injectio	ns?				
No	33.8	30.6	32.8	39.0	25.6	33.3	36.0	27.8	33.0	
Yes	66.3	69.4	67.2	61.0	74.4	66.7	64.0	72.2	67.0	
Total	100	100	100	100	100	100	100	100	100	
How many inje	ctions wer	e given?								
1	17.0	4.0	12.8	8.3	21.9	14.7	13.5	14.0	13.7	
2	37.7	36.0	37.2	44.4	40.6	42.6	40.4	38.6	39.7	
3	28.3	40.0	32.1	36.1	31.3	33.8	31.5	35.1	32.9	
4	5.7	4.0	5.1	2.8	3.1	2.9	4.5	3.5	4.1	

Table 70: Prenatal care: Tetanus Toxoid (TT) injections during pregnancy





5	3.8	8.0	5.1	5.6	3.1	4.4	4.5	5.3	4.8
6	3.8	4.0	3.8	0.0	0.0	0.0	2.2	1.8	2.1
7	1.9	0.0	1.3	2.8	0.0	1.5	2.2	0.0	1.4
8	1.9	4.0	2.6	0.0	0.0	0.0	1.1	1.8	1.4
Total	100	100	100	100	100	100	100	100	100
Were you giver	n (TT) injec	tions durir	ng previou	s pregnan	cies?				
No	41.3	44.4	42.2	52.5	34.9	45.1	46.0	39.2	43.6
Yes	58.8	55.6	57.8	47.5	65.1	54.9	54.0	60.8	56.4
No									
previous	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Pregnancy									
Total	100	100	100	100	100	100	100	100	100
How many injec	tions were	e given du	ring previo	ous pregna	ncies?				
1	17	10	15	4	14	9	12	13	12
2	23	30	24	50	21	36	33	25	30
3	43	45	43	39	43	41	41	44	42
4	4	5	4	0	7	4	3	6	4
5	6	10	7	4	7	5.6	5	8	6.5
6	0	0	0	4	4	3.4	1	2	1.5
7	2	0	1	0	4	2	2	2	2
8	5	2	3	0	0	0	3	0	2
Total	100	100	100	100	100	100	100	100	10 0

3.2.14. Prenatal care: Iron folic acid and calcium tablets during pregnancy

Table No. 71 provides the data about iron folic and calcium tablets during pregnancy. In both, control and treatment villages and in both groups, PSC 23 and above, more than half (67.9%) of the sample households took iron folic acid and calcium tablets during the pregnancy and almost one third (32.1%) of the sample households did not take them during the pregnancy.

Table 71: Prenatal care: Iron folic acid and calcium tablets during pregnancy

	Control Villages (%)				nent Villag	es (%)	All Villages (%)			
	PSC 0- 23	PSC 24 and above	Total	PSC 0- 23	PSC 24 and above	Total	PSC 0- 23	PSC 24 and above	Total	
No	27.5	33.3	29.3	42.4	25.6	35.3	33.8	29.1	32.1	
Yes	72.5	66.7	70.7	57.6	74.4	64.7	66.2	70.9	67.9	
Total	100	100	100	100	100	100	100	100	100	

3.2.15. Natal care: Cost approximation on last delivery

Table No. 72 presents the data about cost approximation on last delivery. In both, control and treatment villages and in both groups, PSC 23 and above, most of the sample households (85.4%)





spent 10,000 on last delivery followed by one tenth (9.9%) of sample households bore the cost of 20,000 for last delivery.

	Control Villages (%)			Treatm	nent Villa	ges (%)	All Villages (%)			
	PSC 0- 23	PSC 24 and above	Total	PSC 0- 23	PSC 24 and above	Total	PSC 0- 23	PSC 24 and above	Total	
What was the ap	proximate	e cost of y	your last	delivery?						
up to 10,000	88.00	81.50	86.40	89.80	76.50	84.20	88.80	78.30	85.40	
11,000-20,000	10.5	7.00	9.50	8.2	12.60	9.70	9.40	10.30	9.90	
21,000-30,000	1.5	4.60	2.20	1.80	9.80	4.80	1.60	7.90	3.70	
up to 35,000	0.00	2.30	0.60	0.00	0.40	0.00	0.00	0.90	0.30	
up to 50,000	0.00	4.70	1.10	0.2	0.30	0.00	0.20	1.70	0.50	
up to 70,000	0.00	0.00	0.00	0.00	1.40	0.50	0.00	0.90	0.30	
Total	100	100	100	100	100	100	100	100	100	

Table 72 Natal care: Cost approximation on last delivery

3.2.16. Natal care: Opinion about best place to deliver the baby

Table No. 73 provides the data about the opinion for the best place to deliver the baby. In both, control and treatment villages and in both groups, PSC 23 and above, almost half of the sample households (47.3%) opined to deliver the baby at private hospital followed by one fifth (23.2%) of sample households opined to deliver the baby at home/Dai/TBA.

Table 73: Nata	l care: In your	opinion what is	s the best place	e to deliver the	e baby?
----------------	-----------------	-----------------	------------------	------------------	---------

	Cont	rol Village	s (%)	Treatr	nent Villag	;es (%)	All \	/illages (%)
	PSC 0- 23	PSC 24 and above	Total	PSC 0- 23	PSC 24 and above	Total	PSC 0- 23	PSC 24 and above	Tota I
In your op	pinion wha	t is the be	st place to	deliver the	baby?	-			-
Home	23.5	16.3	21.7	24.5	12.5	19.8	24.0	13.9	20.7
Dai/TBA home	23.5	27.9	24.6	25.5	16.7	22.0	24.4	20.9	23.2
CMW home	0.0	0.0	0.0	.9	2.8	1.6	.4	1.7	.8
LHV facility	4.5	2.3	4.0	1.8	2.8	2.2	3.3	2.6	3.1
BHU/RH C	.8	4.7	1.7	5.5	1.4	3.8	2.9	2.6	2.8
THQ/DH Q	1.5	0.0	1.1	3.6	1.4	2.7	2.5	.9	2.0
Private Facility	46.2	48.8	46.9	38.2	62.5	47.8	42.6	57.4	47.3
Other	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total	100	100	100	100	100	100	100	100	100





3.2.17. Natal care: Delivery assisted by whom and reason of delivering there

Table No. 74 provides the data about the place of last delivery, reason of delivery at that place and assisted by whom. In both, control and treatment villages and in both groups, PSC 23 and above, almost half of the sample households (45.9%) delivered last baby at private hospital/clinic and one third (35.9%) of the sample households delivered last baby at home followed by one fifth of the sample households (18.2%) delivered last baby at govt. hospital/clinic.

Among those who delivered last baby at the place so what was the reason. In both control and treatment and in both groups, PSC 23 and above, one third of the sample households (34.4%) delivered the last baby at the place as per advice from the family and one third (33.1%) of the sample households delivered the last baby at the place due to cost issue.

Among those who delivered last baby at the place, nearly half of the sample households (43.4%) of the sample households were assisted by doctor and nearly one third (30.3%) of the sample households were assisted by family members/relatives/neighbour.

	Cont	rol Village	es (%)	Treatment Villages (%) All Villages (%)			All Villages (%		
	PSC 0- 23	PSC 24 and above	Total	PSC 0- 23	PSC 24 and above	Total	PSC 0- 23	PSC 24 and abov e	Tota I
Where did you deli	ver your l	ast baby?)						
Home	34.1	25.6	32.0	49.1	25.0	39.6	40.9	25.2	35.9
Govt. Hospital/Clinic	18.2	27.9	20.6	18.2	12.5	15.9	18.2	18.3	18.2
Private Hospital/Clinic	47.7	46.5	47.4	32.7	62.5	44.5	40.9	56.5	45.9
Other	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total	100	100	100	100	100	100	100	100	100
Why did you delive	r there?								
Convenience	10.6	7.0	9.7	15.5	16.7	15.9	12.8	13.0	12.9
Cost Issue	34.8	39.5	36.0	33.6	25.0	30.4	34.3	30.4	33.1
Confidence in provider ability	9.1	2.3	7.3	9.3	13.9	11.0	9.1	9.6	9.2
As per advice from provider	12.9	9.3	12.0	7.3	9.7	8.2	10.3	9.6	10.1
As per advice from family	32.6	41.9	34.9	34.5	34.7	34.6	33.5	37.4	34.7
Other	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total	100	100	100	100	100	100	100	100	100
Who assisted you v	vith this d	lelivery?		-	-		-		-
Family member or Relative/Neighbou rs	30.3	16.3	26.9	34.5	31.9	33.5	32.2	26.1	30.3

Table 74: Natal care: Delivery assisted by whom and reason of delivering there?





Midwife	1.5	4.6	2.3	1.8	2.8	2.2	1.7	3.5	2.2
ТВА	6.8	2.3	5.7	3.6	4.2	3.8	5.4	3.5	4.8
Trained Dai	14.4	16.3	14.9	24.5	8.3	18.1	19.0	11.3	16.5
Doctor	44.7	53.5	46.9	33.6	50.0	40.1	39.7	51.3	43.4
LHV	2.3	0.0	1.7	.9	0.0	.5	1.7	0.0	1.1
LHW	0.0	0.0	0.0	.9	2.8	1.6	.4	1.7	.8
Nurse	0.0	7.0	1.7	0.0	0.0	0.0	0.0	2.6	.8
Other	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total	100	100	100	100	100	100	100	100	100
What was outcome	e of last de	elivery?							
Normal	9/1 7	97 7	95 /	Q1 8	91 1	92.9	03 1	95.7	94.
Healthy child	54.7	57.7	55.4	51.8	54.4	52.5	55.4	55.7	1
Still birth	.8	0.0	.6	.9	2.8	1.6	.8	1.7	1.1
Child with									
congenital	0.0	2.3	.6	.9	1.4	1.1	.4	1.7	.8
abnormality									
Other	0.0	0.0	0.0	1.8	0.0	1.1	.8	0.0	.6
Don't Know	4.5	0.0	3.4	4.5	1.4	3.3	4.5	.9	3.4
Total	100	100	100	100	100	100	100	100	100

3.2.18. Post natal care: Number of required care check-ups

Table No. 75 indicates the data about the postnatal care check-ups. In both, control and treatment villages and in both groups, PSC 23 and above, more than half of the sample households (56.0%) were examined within first 24 hours after delivering the baby and more than two fifth of the sample households (44.0%) were not examined within first 24 hours after delivering the baby.

Those who were examined, in both control and treatment and in both groups, PSC 23 and above, almost half of the sample households (44.0%) were examined at private hospital/clinic and one fifth of the sample households (14.0%) were examined at govt. hospital/clinic.

Table 75: Post natal care: Post natal care check-ups

	Cont	rol Village	es (%)	Treatn	nent Villa	ges (%)	All	All Villages (%)		
	PSC 0- 23	PSC 24 and above	Total	PSC 0- 23	PSC 24 and above	Total	PSC 0- 23	PSC 24 and above	Total	
Did anyone e	xamine yo	ou within	first 24 ho	ours after	you gave	birth?				
No	33.3	39.5	34.9	55.5	48.6	52.7	43.4	45.2	44.0	
Yes	66.7	60.5	65.1	44.5	51.4	47.3	56.6	54.8	56.0	
Total	100	100	100	100	100	100	100	100	100	
Those who we	ere exami	ned, whic	h place th	ey were e	xamined					
Home TBA	13.6	11.5	13.2	16.3	5.4	11.6	14.6	7.9	12.5	
Home LHW	1.1	0.0	.9	2.0	5.4	3.5	1.5	3.2	2.0	
Home LHV	3.4	0.0	2.6	2.0	8.1	4.7	2.9	4.8	3.5	
Home	17.0	19.2	17.5	16.3	13.5	15.1	16.8	15.9	16.5	





Doctor									
Govt. Hosp/Clinic	12.5	15.4	13.2	22.4	5.4	15.1	16.1	9.5	14.0
Private Hosp/Clinic	42.0	46.2	43.0	36.7	56.8	45.3	40.1	52.4	44.0
Family welfare Centre	4.5	7.7	5.3	0.0	2.7	1.2	2.9	4.8	3.5
Reprodu ctive Health Service Unit	1.1	0.0	.9	0.0	0.0	0.0	.7	0.0	.5
Mobile Service unit	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Other	4.5	0.0	3.5	4.1	2.7	3.5	4.4	1.6	3.5
Total	100	100	100	100	100	100	100	100	100

3.2.19. Post natal care: Post natal visits

Table No. 76 provides the data about the post natal care visits a woman had after last delivery. In both, control and treatment villages and in both groups, PSC 23 and above, one third of the sample households (26.1%) had three visits after last delivery followed by one fifth of the sample households (16.0%) had two visits after last delivery. However, almost two fifth of the sample households (36.7%) did not know about the number of the visits for post natal care after the last delivery.

Table 76: Post natal care: How many Post natal care visits a woman had after last delivery?

	Со	ntrol Village	es (%)	Treatr	nent Villag	es (%)	All Villages (%)			
	PSC 0- 23	PSC 24 and above	Total	PSC 0- 23	PSC 24 and above	Total	PSC 0- 23	PSC 24 and above	Total	
1 visit	9.8	9.3	9.7	16.4	9.7	13.7	12.8	9.6	11.8	
2 visits	12.1	16.3	13.1	17.3	20.8	18.7	14.5	19.1	16.0	
3 visits	31.8	41.9	34.3	18.2	18.1	18.1	25.6	27.0	26.1	
4 visits	8.3	0.0	6.3	5.5	6.9	6.0	7.0	4.3	6.2	
More than four	2.3	0.0	1.7	4.5	5.6	4.9	3.3	3.5	3.4	
Don't know	35.6	32.6	34.9	38.2	38.9	38.5	36.8	36.5	36.7	
Total	100	100	100	100	100	100	100	100	100	

3.2.20. Neonatal care: Opinion about most important measures for health of new-born





Table No. 77 presents the data about the opinion regarding the most important things to be done for health of new-born. In both, control and treatment villages and in both groups, PSC 23 and above, half of the sample households (50.8%) opined about the bathing as most important for health of new-born followed by almost two fifth of the sample households (38.0%) opined about covering of a baby with blanket or Chadar as most important for health of new-born. However, nearly one third of the sample households (29.9%) opined about cleaning as most important thing to be done. To reduce mortality, exclusive breastfeeding is the key measure after the birth of new born⁶. However, showing lack of awareness, only 6.7% women suggested exclusive breastfeeding was a critical measure.

	Cont	rol Village	s (%)	Treatn	nent Villag	ges (%)	All ۱	/illages (9	%)
Opinions	PSC 0- 23	PSC 24 and above	Total	PSC 0- 23	PSC 24 and above	Total	PSC 0- 23	PSC 24 and above	Total
Bathing	59.8	51.2	57.7	47.3	39.7	44.3	54.1	44.0	50.8
Covering with blanket or Chadar	41.7	39.5	41.1	31.8	39.7	35.0	37.2	39.7	38.0
Cleaning	29.5	30.2	29.7	28.2	32.9	30.1	28.9	31.9	29.9
Showing to family	9.1	14.0	10.3	5.5	9.6	7.1	7.4	11.2	8.7
Feeding with food or medicine	4.5	7.0	5.1	5.5	1.4	3.8	5.0	3.4	4.5
Vaccination	6.8	14.0	8.6	5.5	8.2	6.6	6.2	10.3	7.5
Exclusive Breastfeeding	5.3	16.3	8.0	7.3	2.7	5.5	6.2	7.8	6.7
Other	2.3	0.0	1.7	3.6	9.6	6.0	2.9	6.0	3.9

Table 77 Neonatal care: Opinion about most important measures for health of new-born? (Multiple response)

3.2.21. Neonatal care: Feeding child with the colostrums

Table No. 78 provides the data about feeding of children with colostrums. In both, control and treatment villages and in both groups, PSC 23 and above, most of the sample households (71.1%) feeded children with colostrums and almost one third of the sample households (28.9%) did not feed children with colostrums.

Table 78: Neonatal care: Were children fed with the colostrums?

Cont	rol Village	s (%)	Treatn	nent Villag	ges (%)	All Villages (%)		
PSC 0- 23	PSC 24 and above	Total	PSC 0- 23	PSC 24 and above	Total	PSC 0- 23	PSC 24 and above	Total

⁶ <u>http://www.who.int/mediacentre/factsheets/fs333/en/</u> accessed March 29, 2017





Not feed with colostrums	24.2	18.6	22.9	38.2	29.2	34.6	30.6	25.2	28.9
Feeded with colostrums	75.8	81.4	77.1	61.8	70.8	65.4	69.4	74.8	71.1
Total	100	100	100	100	100	100	100	100	100

3.2.22. Neonatal care: First vaccination, BCG and polio dosage (soon after birth)

Table No. 79 extends the data about first vaccination, BCG and polio dosage soon after birth. In both, control and treatment villages and in both groups, PSC 23 and above, two third of the sample households (66.7%) gave children first vaccination (BCG and polio dosage) and one third of the sample households (33.3%) did not give children vaccination soon after birth.

Table 79: Neonatal care: Did children given first vaccination (BCG and Poliodosage) (soon after birth)?

	Control Villages (%)			Treatr	nent Villag	es (%)	All Villages (%)			
	PSC 0- 23	PSC 24 and above	Total	PSC 0- 23	PSC 24 and above	Total	PSC 0- 23	PSC 24 and above	Tota I	
No	28.0	32.6	29.1	39.1	34.7	37.4	33.1	33.9	33.3	
Yes	72.0	67.4	70.9	60.9	65.3	62.6	66.9	66.1	66.7	
Total	100	100	100	100	100	100	100	100	100	

3.2.23. Neonatal care: Bathing a new-born baby after birth

Table No. 80 shows the data about the bath of new-born after the birth. In both, control and treatment villages and in both groups, PSC 23 and above, almost one third of the sample households (28.6%) gave both to new-born in 1 or 2 hours after birth and one fifth of the sample households did not remember about it.

Table 80: Neonatal care: How long after birth was the new-born given bath?

	Cont	Control Villages (%)			ent Village	es (%)	All Villages (%)		
	PSC 0- 23	PSC 24 and above	Total	PSC 0- 23	PSC 24 and above	Tota I	PSC 0- 23	PSC 24 and above	Tota I
Immediately after birth	13.6	9.3	12.6	13.6	11.1	12.6	13.6	10.4	12.6
1 or 2 hours after birth	32.6	32.6	32.6	22.7	27.8	24.7	28.1	29.6	28.6





2 or 3 hours after birth	9.8	23.3	13.1	13.6	11.1	12.6	11.6	15.7	12.9
3 or 6 hours after birth	6.1	7.0	6.3	3.6	12.5	7.1	5.0	10.4	6.7
6 hours after birth	14.4	14.0	14.3	13.6	12.5	13.2	14.0	13.0	13.7
Don't remember	23.5	14.0	21.1	32.7	25.0	29.7	27.7	20.9	25.5
Total	100	100	100	100	100	100	100	100	100

3.2.24. Neonatal care: Opinion about exclusive breastfeeding

Table No. 81 provides the data about opinion regarding the exclusive breastfeeding. In both, control and treatment villages and in both groups, PSC 23 and above, almost two fifth of the sample households (39.8%) opined about only breastfeeding for a period of six months and one third of the sample households opined about breastfeeding with other milk when mother's milk is short.

Table 81 Neonatal care: In your opinion what is exclusive breastfeeding?

	Cont	rol Village	s (%)	Treatr	nent Villag	ges (%)	All \	/illages (9	%)
	PSC 0- 23	PSC 24 and above	Total	PSC 0- 23	PSC 24 and above	Total	PSC 0- 23	PSC 24 and above	Total
Breastfeedi ng with other milk when mother's milk is short	34.8	27.9	33.1	40.0	40.3	40.1	37.2	35.7	36.7
Breastfeedi ng with other foods when mother's milk is short	16.7	20.9	17.7	8.2	8.3	8.2	12.8	13.0	12.9
Breastfeedi ng and feeding water	12.1	14.0	12.6	4.5	9.7	6.6	8.7	11.3	9.5
Only breastfeedi ng for a period of six moths	34.1	37.2	34.9	46.4	41.7	44.5	39.7	40.0	39.8
Other	2.3	0.0	1.7	.9	0.0	.5	1.7	0.0	1.1
Total	100	100	100	100	100	100	100	100	100





3.2.25. Neonatal care: Duration of exclusively breastfeeding to a child

Table No. 82 gives the data about the months of breastfeeding of children. In both, control and treatment villages and in both groups, PSC 23 and above, more than half of the sample households (65.8%) breast feeded the children for a period of six months followed by one tenth of the sample households (12.0%) breast feeded the children for less than six months. However, one tenth of the sample households (12.6%) did not know about it.

Table 82: Neonatal care: How many months did you exclusively breastfeed your child?

	Cont	rol Village	s (%)	Treatr	nent Villag	es (%)	All ۱	/illages (%	%)
Month (s)	PSC 0- 23	PSC 24 and above	Total	PSC 0- 23	PSC 24 and above	Total	PSC 0- 23	PSC 24 and above	Total
None	3.8	4.7	4.0	2.7	5.6	3.8	3.3	5.2	3.9
Less than six months	9.8	23.3	13.1	10.9	11.1	11.0	10.3	15.7	12.0
Six months	71.2	58.1	68.0	64.5	62.5	63.7	68.2	60.9	65.8
Other	4.5	2.3	4.0	5.5	9.7	7.1	5.0	7.0	5.6
Don't know	10.6	11.6	10.9	16.4	11.1	14.3	13.2	11.3	12.6
Total	100	100	100	100	100	100	100	100	100

3.2.26. Neonatal care: Initiation time for starting complimentary feeding to a child

Table No. 83 provides the data about initiation of the months of complimentary feeding for children. In both, control and treatment villages and in both groups, PSC 23 and above, majority of the sample households (77.6%) initiated the complimentary feeding for children between 1-6 months and one fifth of the sample households initiated the complimentary feeding for children between 7-12 months.

Table 83: Neonatal care: At what stage (from which month) complimentary feedingfor a child should be initiated?

	Cont	Control Villages (%)			nent Villa	ges (%)	All Villages (%)			
Month (s)	PSC 0- 23	PSC 24 and above	Total	PSC 0- 23	PSC 24 and above	Total	PSC 0- 23	PSC 24 and above	Total	
Between 1-6 months	75.8	79.1	76.6	80.0	76.4	78.6	77.7	77.4	77.6	
Between 7-12 months	23.5	20.9	22.9	20.0	22.2	20.9	21.9	21.7	21.8	
Between 13-	0.8	0.0	0.6	0.0	1.4	0.5	0.4	0.9	0.6	





24 months									
Total	100	100	100	100	100	100	100	100	100

3.2.27. Women in decision making: Decision to start or continue education

Table No. 84 indicates the data about women in decision making. In both, control and treatment villages and in both groups, PSC 23 and above, two fifth of the sample households (42.0%) linked decision making about education lies with head/father of the household alone and one third of the sample households linked decision making power to head/father in consultation with his/her spouse.

Table 84: Women in decision making: Who in your household decides who can start or continue to get education?

	Cont	rol Village	s (%)	Treatn	nent Villag	ges (%)	All	Villages (%)
	PSC 0- 23	PSC 24 and above	Total	PSC 0- 23	PSC 24 and above	Total	PSC 0- 23	PSC 24 and above	Total
Woman herself	4.9	4.7	4.8	5.3	5.0	5.2	5.1	4.9	5.0
Head/Fathe r of the household decides alone	39.4	37.3	38.6	45.5	44.6	45.1	42.6	41.1	42.0
Head/Fathe r in consultatio n with his/her spouse	36.4	40.1	37.9	33.3	34.1	33.6	34.8	37.0	35.7
Head/Fathe r in consultatio n with the woman concerned	5.4	3.8	4.7	4.2	3.3	3.8	4.8	3.5	4.3
Head/Fathe r and spouse of the head in consultatio n with the woman concerned	2.4	2.3	2.4	1.1	2.2	1.5	1.7	2.3	1.9
Head/Fathe r and other male members decide	7.3	8.2	7.7	4.1	5.9	4.8	5.6	7.0	6.2





Other combinatio n of persons decide	0.6	0.7	0.7	0.8	0.7	0.7	0.7	0.7	0.7
Too old to study	0.6	0.2	0.5	0.6	0.0	0.4	0.6	0.1	0.4
Woman concerned has no interest in study	2.9	2.6	2.8	5.1	4.3	4.8	4.1	3.5	3.8
Total	100	100	100	100	100	100	100	100	100

3.2.28. Women in decision making: Decision to seek or remain in paid employment

Table No. 85 provides the data about women in decision making regarding paid employment for women. In both, control and treatment villages and in both groups, PSC 23 and above, almost half of the sample households (44.5%) linked decision making power regarding paid employment for women to head/father of the household alone and almost two fifth of the sample households linked decision making power regarding paid employment for women to head/father in consultation with his/her spouse.

Table 85: Women in decision making: Who in your household decides whether awoman can seek or remain in paid employment?

	Cont	Control Villages (%)		Treatm	nent Villa	ges (%)	All Villages (%)			
	PSC 0- 23	PSC 24 and above	Total	PSC 0- 23	PSC 24 and above	Total	PSC 0- 23	PSC 24 and above	Total	
Woman herself	4.1	4.5	4.2	4.2	4.8	4.5	4.2	4.6	4.3	
Head/Father of the household decides alone	42.4	41.3	41.9	47.8	45.4	46.8	45.2	43.5	44.5	
Head/Father in consultation with his/her spouse	37.3	38.5	37.8	35.6	35.0	35.3	36.4	36.7	36.5	
Head/Father in consultation with the woman concerned	2.1	2.8	2.4	1.8	2.4	2.1	2.0	2.6	2.2	
Head/Father and spouse of the head in consultation with the woman concerned	2.4	1.4	2.0	1.1	2.8	1.8	1.7	2.1	1.9	





Head/Father and other male members decide	8.0	8.9	8.3	4.1	5.9	4.8	6.0	7.3	6.5
Other									
combination of	0.8	0.0	0.5	1.1	0.4	0.8	0.9	0.2	0.6
persons decide									
Too old to work	0.0	0.0	0.0	0.2	0.2	0.2	0.1	0.1	0.1
Woman									
concerned has	20	26	28	12	20	27	36	лQ	22
no interest in	2.5	2.0	2.0	4.2	3.0	5.7	5.0	2.0	5.5
work									
Total	100	100	100	100	100	100	100	100	100

3.2.29. Women in decision making: Reasons of not actively seeking paid work

Table No. 86 shows the data about women in decision making regarding not actively seeking paid work. In both, control and treatment villages and in both groups, PSC 23 and above, almost one third of the sample households (28.5%) are not permitted by husband or father to work outside home and one fifth of the sample households (22.5%) did not want to work outside home. However one- tenth of the sample households (13.1%) did not prefer to work due to low pay.

Table 86: Women in decision making: Off those who are interested, what holds them from working?

	Cont	Control Villages (%)		Treatm	nent Villa	ges (%)	All Villages (%)			
	PSC 0- 23	PSC 24 and above	Total	PSC 0- 23	PSC 24 and above	Total	PSC 0- 23	PSC 24 and above	Total	
Why are you no	ot actively	y seeking	paid worl	k?						
Not permitted by husband or father to work outside home	27.1	31.9	29.1	24.7	30.7	27.1	25.8	31.3	28.1	
Don't want to work outside home	17.4	22.5	19.5	25.6	24.8	25.2	21.6	23.7	22.5	
Not enough job opportunities in the region	10.7	8.2	9.7	10.4	8.7	9.7	10.6	8.5	9.7	
Pay too low	17.0	15.0	16.2	11.2	8.7	10.2	14.0	11.7	13.1	
Too busy doing domestic work	10.7	12.0	11.2	8.5	8.0	8.3	9.6	9.9	9.7	
Too Old / Retired / Sick / Handicapped	1.8	3.3	2.4	3.3	3.3	3.3	2.6	3.3	2.9	





Don't know whether there exists an opportunity	0.2	0.0	0.1	0.0	0.4	0.2	0.1	0.2	0.1
Student	2.9	1.6	2.4	3.2	4.1	3.6	3.1	2.9	3.0
Other	9.9	3.8	7.4	11.3	9.8	10.7	10.6	6.9	9.1
No response	2.3	1.6	2.0	1.8	1.5	1.7	2.0	1.6	1.8
Total	100	100	100	100	100	100	100	100	100

3.2.30. Women in decision making: Decision about marrying someone in household

Due to the prevalent cultural traditions featuring male dominance, women marriage decision is solely taken by the father as head of the household in majority of the cases. Irrespective of the poverty status and without much difference in control and treatment groups, nearly half (46.3%) of the sample households, father as head of the household decides the time and appropriate match regarding the marriage of a woman. Only 2.9% households consult the woman concerned in her marriage decision.

Table 87: Women in decision making: Who in your household decides where and when one should be married?

	Control Villages (%)			Treat	ment Villag	es (%)	All Villages (%)			
	PSC 0- 23	PSC 24 and above	Total	PSC 0- 23	PSC 24 and above	Total	PSC 0- 23	PSC 24 and above	Total	
Woman herself	4.4	5.6	4.9	4.1	4.6	4.3	4.2	5.1	4.6	
Head/Father of the household decides alone	43.0	40.4	41.9	52.2	47.8	50.4	47.8	44.2	46.3	
Head/Father in consultation with his/her spouse	37.8	40.1	38.8	35.2	35.7	35.4	36.5	37.8	37.0	
Head/Father in consultation with the woman concerned	3.1	2.8	3.0	2.1	3.7	2.8	2.6	3.3	2.9	
Head/Father and spouse of the head in consultation with the woman concerned	2.6	2.6	2.6	0.8	2.0	1.2	1.6	2.3	1.9	





Head/Father and other male members decide	8.6	8.5	8.5	5.4	6.1	5.7	7.0	7.2	7.1
Other combination of persons decide	0.5	0.0	0.3	0.2	0.2	0.2	0.3	0.1	0.2
Total	100	100	100	100	100	100	100	100	100

3.2.31. Women in decision making: Decision about using birth control methods

Table No. 88 provides the data about women in decision making regarding use of birth control methods. Overall, two fifth of the sample households (42.1%) responded that husband and woman jointly takes decision of using of birth control methods and nearly one fourth of the sample households (23.5%) responded that husband alone can decide to use birth control method.

	Cont	Control Villages (%)		Treatn	nent Villa	ges (%)	All Villages (%)			
	PSC 0- 23	PSC 24 and above	Total	PSC 0- 23	PSC 24 and above	Total	PSC 0- 23	PSC 24 and above	Total	
Husband alone	21.0	22.8	21.7	25.7	24.6	25.3	23.4	23.7	23.5	
Woman herself	3.9	3.7	3.8	3.3	3.9	3.5	3.6	3.8	3.7	
Husband & woman jointly	46.1	48.4	47.0	37.2	37.3	37.3	41.6	42.8	42.1	
Mother of woman or husband	3.2	3.4	3.3	3.7	4.9	4.2	3.4	4.2	3.7	
Menopausal/i nfertile	19.4	15.9	17.9	23.3	23.6	23.4	21.4	19.8	20.7	
It is in the hands of God	0.0	1.1	0.4	0.0	0.5	0.2	0.0	0.8	0.3	
Nobody	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
Other	6.5	4.8	5.8	6.8	5.2	6.1	6.6	5.0	6.0	
Total	100	100	100	100	100	100	100	100	100	

Table 88: Women in decision making: Off those who are married, who decides theuse of birth control methods?

3.2.32. Women in decision making: Decision about having more children

Table No. 89 indicates the data about women in decision making regarding birth of more children. In both, control and treatment villages and in both groups, PSC 23 and above, almost half of the sample households (45.5%) responded that husband and woman jointly takes decision of having more children and one fifth of the sample households (24.4%) responded that husband alone can decide to





have more children.

	Cont	rol Village	es (%)	Treatn	nent Villa	ges (%)	All Villages (%)			
Decision power	PSC 0- 23	PSC 24 and above	Total	PSC 0- 23	PSC 24 and above	Total	PSC 0- 23	PSC 24 and abov e	Total	
Husband alone	23.1	23.5	23.3	25.7	25.1	25.5	24.4	24.3	24.4	
Woman herself	2.7	3.7	3.1	2.1	2.8	2.4	2.4	3.3	2.7	
Husband & woman jointly	47.5	50.5	48.7	43.5	40.7	42.4	45.5	45.5	45.5	
Mother of woman or husband	3.6	2.9	3.3	2.3	3.6	2.8	2.9	3.3	3.1	
Menopausal/infe rtile	14.0	10.8	12.7	12.9	16.1	14.2	13.4	13.5	13.4	
It is in the hands of God	0.2	0.5	0.3	0.0	0.5	0.2	0.1	0.5	0.3	
Nobody	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
Other	9.0	7.9	8.5	13.6	11.1	12.6	11.3	9.6	10.6	
Total	100	100	100	100	100	100	100	100	100	

Table 89: Who in your family decides whether you should have more children?

3.2.33. Decision making: Decision about purchase of food items, clothing, footwear, medical treatment and travel and recreation

Table No. 90 (Part-I) provides the data about women in decision making regarding purchase of food items. In both, control and treatment villages and in both groups, PSC 23 and above, almost half of the sample households (45.2%) responded that woman herself decides to purchase food items and two fifth of the sample households (41.4%) responded that head/father in consultation with his/her spouse decides to purchase food items.

Table 90: Who in your household decides about the purchase of food items? (Part -I)

	Cont	Control Villages (%)			ent Villag	;es (%)	All Villages (%)		
	PSC 0- 23	PSC 24 and above	Total	PSC 0- 23	PSC 24 and above	Total	PSC 0- 23	PSC 24 and abo	Tot al
Household Members								ve	
Woman herself	43.8	44.8	44.2	46.4	45.4	46.0	45.2	45.1	45. 2





Head/Father of the household decides alone	8.1	9.4	8.6	9.1	11.3	10.0	8.6	10.4	9.3
Head/Father in consultation with his/her spouse	42.9	41.8	42.4	41.5	38.9	40.4	42.1	40.3	41. 4
Head/Father in consultation with the woman concerned	4.7	3.5	4.2	2.9	4.1	3.4	3.8	3.8	3.8
Head/Father and spouse of the head in consultation with the woman concerned	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Head/Father and other male members decide	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Other combination of persons decide	0.5	0.5	0.5	0.2	0.2	0.2	0.3	0.3	0.3
Too old to study or work	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total	100	100	100	100	100	100	100	100	100

Table No. 91 (Part-II) presents the data about women in decision making regarding purchase of clothing and footwear. In both, control and treatment villages and in both groups, PSC 23 and above, nearly half of the sample households (44.5%) responded that head/father in consultation with his/her spouse decides to purchase clothing and footwear and two fifth of the sample households (43.0%) responded that woman herself decides to purchase clothing and footwear.

Table	91:	Who	in	your	household	usually	makes	decisions	about	purchase	of
clothi	ng ai	nd foo	tw	ear (P	art -II)						

	Contr	Control Villages (%)		Treatm	nent Villa	ges (%)	All Villages (%)			
	PSC 0- 23	PSC 24 and above	Total	PSC 0- 23	PSC 24 and above	Total	PSC 0- 23	PSC 24 and above	Total	
Woman herself	42.0	39.4	41.0	45.1	44.6	44.9	43.6	42.1	43.0	
Head/Father of the household decides alone	8.0	8.9	8.3	8.2	9.3	8.7	8.1	9.1	8.5	
Head/Father in consultation with his/her spouse	45.3	46.7	45.9	43.7	42.4	43.2	44.5	44.5	44.5	
Head/Father in consultation with the woman concerned	4.2	4.7	4.4	2.7	3.3	2.9	3.4	4.0	3.7	
Head/Father and spouse of the head in consultation with	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	





the woman concerned									
Head/Father and other male members decide	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Other combination of persons decide	0.5	0.2	0.4	0.3	0.4	0.4	0.4	0.3	0.4
Too old to study or work	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Woman concerned has no interest in study/work	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total	100	100	100	100	100	100	100	100	100

Table No. 92 (Part-III) indicates the data about women in decision making regarding purchase of medical treatment. In both, control and treatment villages and in both groups, PSC 23 and above, almost half of the sample households (45.7%) responded that woman herself decides to purchase medical treatment and two fifth of the sample households (44.3%) responded that head/father in consultation with his/her spouse decides to purchase medical treatment.

Table 92: Who in your household usually makes decisions about purchase of medical treatment? (Part III)

	Control Villages (%)		Treatm	ent Villa	ges (%)	%) All Villages (%)			
	PSC 0- 23	PSC 24 and above	Total	PSC 0- 23	PSC 24 and above	Total	PSC 0- 23	PSC 24 and above	Total
Woman herself	44.8	43.7	44.3	46.4	47.6	46.9	45.7	45.7	45.7
Head/Father of the household decides alone	5.5	7.5	6.3	6.2	7.0	6.5	5.9	7.2	6.4
Head/Father in consultation with his/her spouse	45.8	44.1	45.1	44.6	42.0	43.5	45.2	43.0	44.3
Head/Father in consultation with the woman concerned	3.7	4.5	4.0	2.4	3.0	2.7	3.1	3.7	3.3
Head/Father and spouse of the head in consultation with the woman concerned	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Head/Father and other male members decide	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Other combination of persons decide	0.2	0.2	0.2	0.3	0.4	0.4	0.2	0.3	0.3
Too old to study or	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0





work									
Woman concerned									
has no interest in	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
study/work									
Total	100	100	100	100	100	100	100	100	100

Table No. 93 (Part IV) shows the data about women in decision making regarding purchase of recreation and travel. In both, control and treatment villages and in both groups, PSC 23 and above, nearly half of the sample households (48.7%) responded that woman herself decides for purchase of recreation and travel and two fifth of the sample households (41.6%) responded that head/father in consultation with his/her spouse decides for purchase of recreation and travel.

Table 93: Who in your household usually makes decisions about purchase of recreation and travel? (Part IV)

	Cont	rol Village	es (%)	Treatm	nent Villa	ges (%)	All Villages (%)			
Household	PSC 0-	PSC 24	Total	PSC 0-	PSC 24	Total	PSC	PSC 24	Total	
Weinbers	23	and	TOLAI	23	and above	TOLAI	0- 23	and	TOLAI	
Woman herself	47.6	49 1	48.2	48.1	50.7	49.2	47.8	49.9	48 7	
Head/Father of the	6.0	6.8	63	6.1	67	63	6.0	6.8	63	
household decides	0.0	0.0	0.5	0.1	0.7	0.5	0.0	0.0	0.5	
alone										
Head/Father in	43.0	40.1	41.8	42.7	39.6	41.4	42.8	39.8	41.6	
consultation with										
his/her spouse										
Head/Father in	3.2	3.8	3.5	2.4	2.6	2.5	2.8	3.2	3.0	
consultation with										
the woman										
concerned										
Head/Father and	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
spouse of the head										
in consultation with										
the woman										
concerned										
Head/Father and	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
other male										
members decide										
Other combination	0.2	0.2	0.2	0.8	0.4	0.6	0.5	0.3	0.4	
of persons decide										
loo old to study or	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
WORK	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
woman concerned	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
nas no interest in										
Total	100	100	100	100	100	100	100	100	100	
iotal	100	100	100	100	100	100	100	100	100	





3.2.35. Household visited by a lady health worker during **30** days

Table No. 94 provides the data about the visit of Lady health worker in last 30 days. In both, control and treatment villages and in both groups, PSC 23 and above, most of the sample households (76.0%) responded that lady health worker did not visit their households in last 30 days and one fifth of the sample households (24.0%) responded that lady health worker visited their households in last 30 days.

	Con	trol Villag	es ()	Treatmo	ent Village	es (%)	All Villages (%)			
Visit of LHW	PSC 0- 23	PSC 24 and above	Total	PSC 0- 23	PSC 24 and above	Tota I	PSC 0- 23	PSC 24 and above	Total	
Did not visit	71.9	73.0	72.4	80.9	77.2	79.4	76.6	75.2	76.0	
Visited	28.1	27.0	27.6	19.1	22.8	20.6	23.4	24.8	24.0	
Total	100	100	100	100	100	100	100	100	100	

Table 94: Did any LHW visit your Household during the last 30 days?

3.2.36. Male/female of household visited a health unit during the last 30 days

Table No. 95 indicates the data about the visit of household member to health unit during last 30 days. In both, control and treatment villages and in both groups, PSC 23 and above, majority of the sample households (84.7%) responded that they did not visit health unit during last 30 days and nearly one fifth of the sample households (15.3%) responded that they visited health unit during last 30 days.

Table 95: Did any male/female of the household visit a health unit during the last30 days?

	Cont	rol Village	s (%)	Treatn	nent Villag	ges (%)	All Villages (%)			
Visit	PSC 0- 23	PSC 24 and above	Total	PSC 0- 23	PSC 24 and above	Total	PSC 0- 23	PSC 24 and above	Total	
No	87.3	85.9	86.8	83.5	81.7	82.8	85.4	83.7	84.7	
Yes	12.7	14.1	13.2	16.5	18.3	17.2	14.6	16.3	15.3	
Total	100	100	100	100	100	100	100	100	100	

3.2.37. Knowledge about HIV/AIDS

Table No. 96 imparts the data about knowledge about HIV/AIDS. In both, control and treatment villages and in both groups, PSC 23 and above, majority of the sample households (94.2%) do not know about HIV/AIDS and less than one tenth of the sample households (5.8%) have heard about it.

Among those who have heard about HIV/AIDS, half of the sample households (50.4%) in both control and treatment and in both groups, PSC 23 and above, are unfamiliar with preventive measures and half of the sample households (49.6%) are familiar with preventive measures.

Table 96: Knowledge about HIV/AIDS



	Cont	rol Village	es (%)	Treatm	nent Villa	ges (%)	All Villages (%)		
Knowledge about HIV/AIDS	PSC 0- 23	PSC 24 and above	Total	PSC 0- 23	PSC 24 and above	Total	PSC 0- 23	PSC 24 and above	Total
Have you heard o	f HIV/AID	s?							
Don't know	94.6	93.0	94.0	95.6	92.8	94.5	95.1	92.9	94.2
Have heard about it	5.4	7.0	6.0	4.4	7.2	5.5	4.9	7.1	5.8
Total	100	100	100	100	100	100	100	100	100
Those who have h against HIV/AIDS?	neard of H	IV/AIDS a	re they fa	ımiliar wi	ith at leas	st three p	oreventivo	e measur	es
Unfamiliar with preventive measures	51.5	60.0	55.6	44.8	45.5	45.2	48.4	52.4	50.4
Familiar with preventive measures	48.5	40.0	44.4	55.2	54.5	54.8	51.6	47.6	49.6
Total	100	100	100	100	100	100	100	100	100

3.2.38. Number of deaths in household during last 12 months

Table No. 97 indicates the data about number of deaths in household during last 12 months. In both, control and treatment villages and in both groups, PSC 23 and above, majority of the sample households (96.5%) responded that no any death has occurred in household during last 12 months and less than one tenth of the sample households (3.5%) responded that deaths have occurred in household during last 12 months.

Among those who responded that deaths have occurred in household during last 12 months, almost two third of the sample households (61.5%) do not have death certificates and one third of the sample households (38.9%) have the death certificates in both control and treatment and in both groups, PSC 23 and above.

Number	Cont	Control Villages (%)			nent Villag	;es (%)	All Villages (%)			
of Deaths	PSC 0- 23	PSC 24 and above	Total	PSC 0- 23	PSC 24 and above	Total	PSC 0- 23	PSC 24 and above	Total	
Were the	re any dea	ths in the	family dur	ing last 12	months?					
No	96.3	96.2	96.3	96.7	96.7	96.7	96.5	96.5	96.5	
Yes (25-										
55	3.7	3.8	3.7	3.3	3.3	3.3	3.5	3.5	3.5	
years)										
Total	100	100	100	100	100	100	100	100	100	
How man	y have obt	tained dea	th certifica	ates for the	eir deceas	ed?				
Do not										
have	42.9	50.0	45.5	87.5	57.1	73.3	66.7	54.5	61.5	
death										

Table 97: Number of deaths in household during last 12 months







certifica te									
Have death certifica te	57.1	50.0	54.5	12.5	42.9	26.7	33.3	45.5	38.5
Total	100	100	100	100	100	100	100	100	100

3.2.39. Benefits of community organisation

Table No. 98 presents the benefits of community organisation (perceptions) although RSP's did not have any social mobilisation before this baseline survey though this question were asked keeping the view of other organisation they might have worked in the area before but as shown in the table majority of respondent did not response to this question.

Table 98: Benefits of community organisation

		Contro	l Village	s (%)	Treat	ment Vi: (%)	llages	All Villages (%)			
Benefits of C organis	ommunity ation	PSC 0- 23	PSC 24 and abov e	Total	PSC 0- 23	PSC 24 and abov e	Total	PSC 0- 23	PSC 24 and abov e	Total	
	No benefit	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
	Slight benefit	0.2	0.0	0.1	0.2	0.4	0.3	0.2	0.2	0.2	
1 Social	Significant benefit	0.0	0.2	0.1	0.0	0.0	0.0	0.0	0.1	0.0	
Cohesion	Very significant benefit	0.0	0.0	0.0	0.0	0.2	0.1	0.0	0.1	0.0	
	No response	99.8	99.8	99.8	99.8	99.3	99.6	99.8	99.5	99.7	
	Total	100	100	100	100	100	100	100	100	100	
	No benefit	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
	Slight benefit	0.2	0.0	0.1	0.3	0.9	0.5	0.2	0.5	0.3	
	Significant benefit	0.0	0.2	0.1	0.0	0.0	0.0	0.0	0.1	0.0	
2. Skills	Very significant benefit	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
	No response	99.8	99.8	99.8	99.7	99.1	99.5	99.8	99.4	99.6	
	Total	100	100	100	100	100	100	100	100	100	
	No benefit	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
3. Village	Slight benefit	0.0	0.0	0.0	0.0	0.4	0.2	0.0	0.2	0.1	
Infrastructure	Significant benefit	0.0	0.2	0.1	0.2	0.0	0.1	0.1	0.1	0.1	





	Very significant benefit	0.2	0.0	0.1	0.2	0.4	0.3	0.2	0.2	0.2
	No response	99.8	99.8	99.8	99.7	99.1	99.5	99.8	99.4	99.6
	Total	100	100	100	100	100	100	100	100	100
	No benefit	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
4. Personal Empowerment	Slight benefit	0.2	0.0	0.1	0.3	0.9	0.5	0.2	0.5	0.3
	Significant benefit	0.0	0.2	0.1	0.0	0.0	0.0	0.0	0.1	0.0
	Very significant benefit	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	No response	99.8	99.8	99.8	99.7	99.1	99.5	99.8	99.4	99.6
	Total	100	100	100	100	100	100	100	100	100
5. Conflict Resolution	No benefit	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	Slight benefit	0.2	0.0	0.1	0.2	0.9	0.4	0.2	0.5	0.3
	Significant benefit	0.0	0.2	0.1	0.0	0.0	0.0	0.0	0.1	0.0
	Very significant benefit	0.0	0.0	0.0	0.2	0.0	0.1	0.1	0.0	0.0
	No response	99.8	99.8	99.8	99.7	99.1	99.5	99.8	99.4	99.6
	Total	100	100	100	100	100	100	100	100	100
6. Access to loans	No benefit	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	Slight benefit	0.2	0.0	0.1	0.2	0.7	0.4	0.2	0.3	0.2
	Significant benefit	0.0	0.2	0.1	0.0	0.0	0.0	0.0	0.1	0.0
	Very significant benefit	0.0	0.0	0.0	0.2	0.2	0.2	0.1	0.1	0.1
	No response	99.8	99.8	99.8	99.7	99.1	99.5	99.8	99.4	99.6
	Total	100	100	100	100	100	100	100	100	100
7. Access to public services	No benefit	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	Slight benefit	0.2	0.0	0.1	0.2	0.7	0.4	0.2	0.3	0.2
	Significant benefit	0.0	0.2	0.1	0.0	0.2	0.1	0.0	0.2	0.1
	Very significant benefit	0.0	0.0	0.0	0.2	0.0	0.1	0.1	0.0	0.0
	No response	99.8	99.8	99.8	99.7	99.1	99.5	99.8	99.4	99.6
	Total	100	100	100	100	100	100	100	100	100
8. Access to technology	No benefit	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	Slight benefit	0.2	0.0	0.1	0.3	0.7	0.4	0.2	0.3	0.3
	Significant benefit	0.0	0.2	0.1	0.0	0.0	0.0	0.0	0.1	0.0
	Very significant benefit	0.0	0.0	0.0	0.0	0.2	0.1	0.0	0.1	0.0




	No response	99.8	99.8	99.8	99.7	99.1	99.5	99.8	99.4	99.6
	Total	100	100	100	100	100	100	100	100	100
	No benefit	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	Slight benefit	0.2	0.0	0.1	0.3	0.7	0.4	0.2	0.3	0.3
0 Access to	Significant benefit	0.0	0.2	0.1	0.0	0.2	0.1	0.0	0.2	0.1
9. Access to Market	Very significant benefit	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	No response	99.8	99.8	99.8	99.7	99.1	99.5	99.8	99.4	99.6
	Total	100	100	100	100	100	100	100	100	100
	No benefit	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	Slight benefit	0.2	0.0	0.1	0.3	0.4	0.4	0.2	0.2	0.2
10. Improved	Significant benefit	0.0	0.2	0.1	0.0	0.2	0.1	0.0	0.2	0.1
Natural Resources	Very significant benefit	0.0	0.0	0.0	0.0	0.2	0.1	0.0	0.1	0.0
	No response	99.8	99.8	99.8	99.7	99.1	99.5	99.8	99.4	99.6
	Total	100	100	100	100	100	100	100	100	100

3.2.40. Knowledge about hygiene and diseases

Table No. 99 presents the data of knowledge about hygiene and disease and about the source of knowledge. In overall sample only (4.3%) respondents said that they have heard about hygiene and disease in the last 12 months off that majority (3.7%) of them have heard from lady health worker in both groups PSC 23 and above and in both control and in treatment villages.

Table 99: Knowledge about hygiene and diseases

Knowledge	Cont	rol Village	s (%)	Treatr	nent Villag	ges (%)	Al	l Villages (S	%)
About Hygiene	PSC 0- 23	PSC 24 and above	Total	PSC 0- 23	PSC 24 and above	Total	PSC 0- 23	PSC 24 and above	Total
In the last twelve months, has anybody talked you about hygiene or about diseases that households can									
have from ur	nclean wate	er							
Nobody talked about it	12.3	13.6	12.9	14.2	20.2	16.7	13.3	17.0	14.8
Yes, someone talked about it	3.2	4.7	3.8	4.5	5.2	4.8	3.9	5.0	4.3
No response	84.4	81.7	83.3	81.2	74.6	78.5	82.8	78.0	80.8
Total	100	100	100	100	100	100	100	100	100





Source of the	message a	bout hygie	ne and dis	eases					
LHV	2.8	3.5	3.1	4.1	4.3	4.2	3.4	4.0	3.7
Any other Govt. health worker	0.2	0.0	0.1	0.0	0.0	0.0	0.1	0.0	0.0
Any other NGO/privat e health worker	0.2	0.7	0.4	0.3	0.2	0.3	0.2	0.5	0.3
Media	0.2	0.5	0.3	0.2	0.0	0.1	0.2	0.2	0.2
School Children	0.0	0.0	0.0	0.0	0.2	0.1	0.0	0.1	0.0
Other family members	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Community organisation	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
RSP staff	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Other	0.0	0.0	0.0	0.0	0.4	0.2	0.0	0.2	0.1
Total	3	5	4	5	5	5	4	5	4.3

3.2.41. Visit by a village based family planning worker in the last 30 days

Table No. 100 provides data relating to the visit by a family planning worker during last 30 days in both groups PSC 23 and above and in both control and in treatment villages only (3.6%) respondents said that their household was visited by a family planning worker during last 30 days and majority of respondents (80.8%) did not response to this question with a slightly higher proportion of no response in households with PSC 0-23 (82.8) compared to households with PSC 24-100 (78%).

Table 100: Visit by a village based family planning worker in the last 30 days

	Control Villages (%)			Treatr	nent Villag	es (%)	Al	l Villages (%)
Visit in last 30 days	PSC 0- 23	PSC 24 and above	Total	PSC 0- 23	PSC 24 and above	Total	PSC 0- 23	PSC 24 and above	Total
Not visited by family planning worker	12.3	14.8	13.3	15.0	21.5	17.7	13.7	18.3	15.6
Visited by family planning worker	3.2	3.5	3.4	3.8	3.9	3.8	3.5	3.7	3.6
No response	84.4	81.7	83.3	81.2	74.6	78.5	82.8	78.0	80.8
Total	100	100	100	100	100	100	100	100	100





3.2.42. Community organisation in the area

Table No. 101 presents data relating to the presence of community organisation in area in overall sample majority of respondents (80.8%) gave No response to this question because they were unfamiliar with the community organisation's presence and only 0.4% respondents said community organisation exists in their area in both groups PSC 23 and above and in both control and in treatment villages.

Community organisation (CO)	Cont	Control Villages (%)			ment Villa	ges (%)	All Villages (%)			
	PSC 0- 23	PSC 24 and above	Total	PSC 0- 23	PSC 24 and above	Total	PSC 0- 23	PSC 24 and above	Total	
No CO in the	15 /	18 1	16 5	18 5	24.6	21.0	17.0	21 /	18.8	
area	10.4	10.1	10.5	10.5	24.0	21.0	17.0	21.4	10.0	
CO in the	0.2	0.2	0.2	0.2	0.0	0 5	0.2	06	0.4	
area	0.2	0.2	0.2	0.5	0.9	0.5	0.2	0.0	0.4	
No response	84.4	81.7	83.3	81.2	74.6	78.5	82.8	78.0	80.8	
Total	100	100	100	100	100	100	100	100	100	

Table 101: Community organisation in the area

3.2.43. Stunting

Stunting, **low height for age**, in children can occur due to multiple factors such as poverty, nutrition and sanitation. Pakistan performs poorly in terms of stunting of its children. According to the National Nutrition Survey⁷ 2011, more than 40 per cent of children under five are stunted. Stunting has irreversible effects on child development but it is preventable.

With regards to Sindh, according to the Multiple Indicator Cluster Survey (MICS) 2014, 48% of children in Sindh are moderately stunted, whereas 24.4% are severely stunted⁸.

In this survey, stunting figures have been calculated using z scores using World Health Organisation recommended software, Anthro. This software uses global estimates as a reference point to compute stunting figures. A total of 1510 children were included in the baseline after data cleaning with 771 male and 739 female children in both control and treatment villages. On the whole, nearly two third (64.7%) of the sample children are severely stunted while 78.8% are moderately stunted. Unlike popular view in rural settings that boys are preferred over girls and thus fed better, more boys, 67.2%, are severely stunted than girls, 62.3%. Similarly, more boys (81.9%) are moderately stunted than girls (75.8%).

Table 102 shows stunting status of households with regards to their poverty score card. It shows that likelihood of being poor does not relate to the stunting status of sample households. Almost same percentage of children, boys and girls, are stunted among households having PSC 0-23 and PSC 24 and above.

⁷ https://www.unicef.org/pakistan/Annual_Report_2011.pdf

⁸ http://sindhbos.gov.pk/wp-content/uploads/2014/09/01-Sindh-MICS-2014-Final-Report.pdf





Table 102: Stunting

Stunting		PSC 0-23		PSC 24 and above					
	Sample								
Category	(N)	Moderate (<-2SD)	Severe (<-3SD)	Sample (N)	Moderate (<-2SD)	Severe (<-3SD)			
Overall	1035	78.4	64.3	1510	78.8	64.7			
Boys	533	83.4	68.1	771	81.9	67.2			
Girls	502	73.5	60.7	739	75.8	62.3			

Looking within age brackets, the severely stunted children (68.6%), both boys and girls are in the age bracket from 12-23 months. Within this age bracket, relatively more girls (71.1%) are severely wasted than boys (65.1%).

Table 103: Stunting within age groups

Age Groups	Severely Stunted %						
(Months)	Overall	Boys	Girls				
0-5	57.6	58.1	57.1				
6-11	60.9	75.9	48.6				
12-23	68.6	65.1	71.1				
24-35	60.2	55.1	64.9				
36-47	68.4	74.2	61.6				
48-60	64.6	69.8	59.7				

3.2.44. Wasting

Similar to high stunting figures, according to the National Nutrition Survey⁹ 2011, 15pc children of under 5 years of age are wasted. Wasting, low weight for height is a strong predictor of motility among children under 5 years of age. Using Anthro software, wasting figures were calculated for 1510 children under the age of 5 years including 771 boys and 739 girls, in both the control and treatment groups. This software uses global estimates as a reference point to compute wasting figures. On the whole, 7.5% of the children in the sample households are severely wasted while 15.5% are moderately wasted. Like stunting, more boys (10.4%) are severely wasted than girls (4.3%) in both control and treatment groups. In terms of moderate wasting, boys (20.7%) are two times more moderately wasted than girls (10%).

Table 104 shows wasting status of households with regards to their poverty score card. It shows that likelihood of being poor does not relate to the wasting status of sample households. Almost same percentage of children, boys and girls, are wasted among households having PSC 0-23 and PSC 24 and above.

Table 104: Wasting

Wasting	PSC 0-23	PSC 24 and above
wasting	136 0 23	

⁹ https://www.unicef.org/pakistan/Annual_Report_2011.pdf





	Sample					
Category	(N)	Moderate (<-2SD)	Severe (<-3SD)	Sample (N)	Moderate (<-2SD)	Severe (<-3SD)
Overall	1035	15.8	7.8	1510	15.5	7.5
Boys	533	20.7	10.7	771	20.7	10.4
Girls	502	10.5	4.7	739	10	4.3

Looking within age brackets, the severely wasted children (17.3%), both boys and girls are in the age bracket from 0-5 months. Within this age bracket, six times more boys (26.7%) are severely wasted than girls (4.5%). This difference counters the popular view that males among siblings have better food than their female siblings.

Age	Severely Wasted %							
Groups								
(Months)	Overall	Boys	Girls					
0-5	17.3	26.7	4.5					
6-11	7.9	6.7	9.1					
12-23	8.5	13.3	3.8					
24-35	8.1	8.9	7.2					
36-47	7	9.8	3.6					
48-60	4.8	7.3	2.2					

Table 105: Wasting within age groups

3.2.45. Vaccination status of children

Table No. 106 provides the data concerning to vaccination of children up to five years of age. In overall sample nearly two -third (60.2%) of all children are vaccinated with a slightly lower proportion of vaccinated children (58.6%) in households with PSC 0-23 compared to households with PSC 24-100 (63.3%). And approximately one-fourth (26.2%) not responded to this question. On the other hand off those children who were vaccinated only 22.2% of all households possessed vaccination cards and nearly two-fifth (39.8%) not responded to this question in both groups PSC 23 and above and in both control and in treatment villages.

	Control Villages (%)			Treatm	nent Villa	ges (%)	All Villages (%)			
Has Children been vaccinated including polio?	PSC 24 and above	PSC 0- 23	Total	PSC 24 and above	PSC 0- 23	Total	PSC 24 and above	PSC 0- 23	Total	
Not vaccinated	12.1	7.2	10.5	16.6	17.4	16.8	14.4	12.1	13.7	
Vaccinated	59.8	61.8	60.4	57.6	65.0	59.9	58.7	63.3	60.2	
No response	28.1	31.0	29.0	25.8	17.6	23.3	26.9	24.6	26.2	

Table 106: Vaccination status of children





Total	100	100	100	100	100	100	100	100	100
Off those who were	vaccinat	ed, was c	hild's vac	cination o	ard availa	able?			
Card not available	39.3	40.1	39.6	35.4	38.3	36.3	37.3	39.3	37.9
Card available	20.5	21.6	20.9	22.2	26.7	23.6	21.4	24.1	22.2
No response	40.2	38.2	39.6	42.4	35.0	40.1	41.3	36.7	39.8
Total	100	100	100	100	100	100	100	100	100

3.2.46. Status of children vaccinated to BCG, Panta and Polio drops

Table No. 107 provide the data of all children those who are vaccinated to BCG, Penta and Polio drops. In overall sample 84% of children are vaccinated to BCG, 79.9% to Penta 1, 77.1% to Penta 2, 74% to Penta 3, 55.1% to Polio zero dose, 53.3% to Polio 1, 52.1% to Polio 2, 50.2% to Polio 3 and 48.4.% children are vaccinated to Polio 4 in both groups PSC 23 and above and in both control and in treatment villages.

Table 107: Status of children vaccinated to BCG, Panta and Polio drops

			trol Villag	es (%)	Treatn	nent Villa	ges (%)	All Villages (%)		
Children Va following dı	ccinated to rops	PSC 0- 23	PSC 24 and above	Total	PSC 0- 23	PSC 24 and above	Total	PSC 0- 23	PSC 24 and abov e	Total
	Yes, according to card	24.2	23.7	24.0	21.1	25.1	22.4	22.6	24.4	23.2
BCG	Yes, according to memory	59.8	64.2	61.3	60.6	59.8	60.3	60.2	62.0	60.8
	Yes during Polio campaign	10.9	9.7	10.5	12.5	9.2	11.4	11.7	9.4	11.0
	No	5.1	2.3	4.2	5.8	6.0	5.8	5.4	4.1	5.0
	Total	100	100	100	100	100	100	100	100	100
	Yes, according to card	22.2	22.2	22.2	20.9	24.7	22.1	21.6	23.4	22.2
Penta 1	Yes, according to memory	56.5	62.6	58.6	57.3	55.8	56.8	56.9	59.3	57.7
	Yes during Polio campaign	10.7	9.7	10.4	10.5	8.4	9.8	10.6	9.1	10.1





	No	10.5	5.4	8.8	11.3	11.2	11.3	10.9	8.3	10.0
	Total	100	100	100	100	100	100	100	100	100
	Yes, according to card	20.7	20.6	20.6	19.9	23.1	21.0	20.3	21.9	20.8
Penta 2	Yes, according to memory	55.6	61.1	57.4	56.1	53.4	55.2	55.8	57.3	56.3
	Yes during Polio campaign	10.3	9.3	10.0	9.9	8.4	9.4	10.1	8.9	9.7
	No	13.5	8.9	11.9	14.1	15.1	14.5	13.8	12.0	13.2
	Total	100	100	100	100	100	100	100	100	100
	Yes, according to card	18.7	19.8	19.1	18.7	21.1	19.5	18.7	20.5	19.3
Penta 3	Yes, according to memory	54.4	60.7	56.5	53.1	52.6	52.9	53.7	56.7	54.7
	Yes during Polio campaign	10.5	8.9	10.0	9.5	8.4	9.2	10.0	8.7	9.6
	No	16.4	10.5	14.4	18.7	17.9	18.4	17.5	14.2	16.4
	Total	100	100	100	100	100	100	100	100	100
	Yes, according to card	9.2	8.6	9.0	12.7	12.7	12.7	10.9	10.6	10.8
Polio Zero	Yes, according to memory	40.4	42.0	40.9	47.3	48.6	47.7	43.8	45.3	44.3
Dose	Yes during Polio campaign	46.4	46.3	46.4	32.2	33.9	32.8	39.4	40.2	39.6
	No	4.1	3.1	3.8	7.8	4.8	6.8	5.9	3.9	5.2
	Total	100	100	100	100	100	100	100	100	100
	Yes, according to card	7.6	8.2	7.8	11.1	11.6	11.3	9.4	9.8	9.5
Polio 1	Yes, according to memory	39.4	39.3	39.4	49.3	46.6	48.4	44.3	42.9	43.8





	Yes during Polio campaign	49.5	49.8	49.6	34.6	36.7	35.3	42.1	43.3	42.5
	No	3.5	2.7	3.2	5.0	5.2	5.0	4.2	3.9	4.1
	Total	100	100	100	100	100	100	100	100	100
	Yes, according to card	7.4	7.8	7.5	11.1	11.2	11.1	9.3	9.4	9.3
Polio 2	Yes, according to memory	38.8	37.7	38.4	48.3	45.0	47.2	43.5	41.3	42.8
	Yes during Polio campaign	48.3	50.6	49.1	33.2	35.1	33.8	40.8	42.9	41.5
	No	5.5	3.9	4.9	7.4	8.8	7.8	6.4	6.3	6.4
	Total	100	100	100	100	100	100	100	100	100
	Yes, according to card	6.8	7.8	7.1	11.1	10.8	11.0	9.0	9.3	9.1
Polio 3	Yes, according to memory	37.0	35.4	36.5	47.3	42.6	45.8	42.1	39.0	41.1
	Yes during Polio campaign	47.4	50.2	48.3	32.4	35.1	33.3	40.0	42.7	40.9
	No	8.8	6.6	8.1	9.1	11.6	9.9	9.0	9.1	9.0
	Total	100	100	100	100	100	100	100	100	100
	Yes, according to card	6.0	7.8	6.6	10.9	10.4	10.7	8.5	9.1	8.7
Polio 4	Yes, according to memory	36.1	33.1	35.1	45.3	42.6	44.4	40.6	37.8	39.7
	Yes during Polio campaign	46.0	48.2	46.8	30.6	33.5	31.6	38.4	40.9	39.2
	No	11.9	10.9	11.6	13.1	13.5	13.3	12.5	12.2	12.4
	Total	100	100	100	100	100	100	100	100	100

3.2.47. Status of children vaccinated to Pneumo and Measles drops

Table No. 108 provides data relating to vaccination of children up to five years of age. In overall sample





63.3% of children are vaccinated to Pneumo 1, 60% children are vaccinated to Pneumo 2, 57.1% children are vaccinated to Pneumo 3, 56.3% children are vaccinated to Measles 1 and 51.5% children are vaccinated to Measles 2 in both groups PSC 23 and above and in both control and in treatment villages.

		Cont	rol Village	es (%)	Treatn	nent Villa	ges (%)	Al	Villages	(%)
Children v to followi	vaccinated ng drops	PSC 0- 23	PSC 24 and above	Total	PSC 0- 23	PSC 24 and above	Total	PSC 0- 23	PSC 24 and above	Total
	Yes, according to card	18.9	19.8	19.2	16.3	19.9	17.5	17.6	19.9	18.4
Pneumo	Yes, according to memory	43.3	48.2	44.9	46.7	41.4	45.0	45.0	44.9	44.9
I	Yes during Polio campaign	9.9	7.4	9.1	7.6	9.2	8.1	8.8	8.3	8.6
	No	27.9	24.5	26.8	29.4	29.5	29.4	28.6	27.0	28.1
	Total	100	100	100	100	100	100	100	100	100
	Yes, according to card	17.0	17.1	17.0	15.7	20.3	17.2	16.3	18.7	17.1
Pneumo	Yes, according to memory	41.1	47.1	43.1	44.3	39.4	42.7	42.7	43.3	42.9
2	Yes during Polio campaign	9.6	6.6	8.6	6.8	8.8	7.4	8.2	7.7	8.0
	No	32.4	29.2	31.3	33.2	31.5	32.6	32.8	30.3	32.0
	Total	100	100	100	100	100	100	100	100	100
	Yes, according to card	14.4	16.0	14.9	15.5	17.9	16.3	15.0	16.9	15.6
Pneumo 3	Yes, according to memory	39.4	45.5	41.4	42.9	39.0	41.6	41.1	42.3	41.5
	Yes during Polio campaign	9.0	5.8	7.9	6.6	9.2	7.4	7.8	7.5	7.7
	No	37.2	32.7	35.7	35.0	33.9	34.6	36.1	33.3	35

Table 108: Status of children vaccinated to Pneumo and Measles drops



	Total	100	100	100	100	100	100	100	100	100
	Yes, according to card	13.6	14.4	13.9	13.5	16.7	14.6	13.6	15.6	14.2
Measles	Yes, according to memory	38.4	44.0	40.3	45.7	40.6	44.0	42.0	42.3	42.1
1	Yes during Polio campaign	9.4	7.4	8.7	6.0	6.4	6.1	7.7	6.9	7.4
	No	38.6	34.2	37.1	34.8	36.3	35.3	36.7	35.2	36.2
	Total	100	100	100	100	100	100	100	100	100
	Yes, according to card	10.9	13.6	11.8	11.1	13.1	11.8	11.0	13.4	11.8
Measles	Yes, according to memory	36.5	41.2	38.1	42.7	38.6	41.4	39.6	40.0	39.7
2	Yes during Polio campaign	8.6	7.0	8.1	5.4	5.2	5.3	7.0	6.1	6.7
	No	44.1	38.1	42.1	40.8	43.0	41.5	42.4	40.6	41.8
	Total	100	100	100	100	100	100	100	100	100

3.2.48. Place or source of getting most recent vaccination

Table 109 describes about the sources of getting vaccination that where the most recent vaccination was given to children, majority of children (82%) are vaccinated by the NGO, health worker and only (3%) children are vaccinated at Basic Health Unit (BHU) in both groups PSC 23 and above and in both control and in treatment villages.

	Con	trol Village	s (%)	Treati	ment Villag	ges (%)	All Villages (%)			
Place or source	PSC 0- 23	PSC 24 and above	Total	PSC 0- 23	PSC 24 and above	Total	PSC 0- 23	PSC 24 and above	Total	
Govt Hospital/dispens ary doctor	9	9	9	7	7	7	8	8	8	
Basic health unit	2	3	2	4	3	4	3	3	3	
Rural health centre	0	0	0	1	0		1	0	1	

Table 109: Place or source of getting most recent vaccination







Maternal child health centre	0	0			1				0
NGO, Health worker	84	83	84	80	82	81	82	83	82
Lady health worker	5	5	5	8	7	8	6	6	6
Total	100	100	100	100	100	100	100	100	100

3.2.49. Status of first injection of BCG given to children

Table No. 110 depicts that the most children (90%) were given first injection of BCG in the first month in both groups PSC 23 and above and in both control and in treatment villages. And only one per cent of the children were given first injection of BCG in the fourth month in both groups PSC 23 and above and in both control and in treatment villages.

	Cont	trol Village	s (%)	Treat	ment Villag	es (%)	All Villages (%)			
Month (s)	PSC 0- 23	PSC 24 and above	Total	PSC 0- 23	PSC 24 and above	Total	PSC 0- 23	PSC 24 and above	Total	
Within one month	90	93	91	90	90	90	90	91	90	
Within two months	9	6	8	9	9	9	9	7	8	
within three months	1	1	1	1	0	1	1	1	1	
Within four months	0	0	0	0	1	0	0	1	1	
Total	100	100	100	100	100	100	100	100	100	

Table 110: When the child was given first injection of BCG

3.2.50. Round trip distance to get a child vaccinated

Table No. 111 describes that nearly one-third (31%) of the households travel up to 2 KM to get their child vaccinated in both control and treatment villages and in both groups, PSC 23 and above. And only (4%) of the households travel up to 20 KM to get vaccinated their child and more than one-half (52%) do not know that how far they travel to get vaccinated their child.

Table 111: Round trip distance to get a child vaccinated

	Cont	rol Village	s (%)	Treatr	nent Villag	;es (%)	All Villages (%)			
Distanc e (Km)	PSC 0- 23	PSC 24 and above	Total	PSC 0- 23	PSC 24 and above	Total	PSC 0- 23	PSC 24 and above	Total	
0-2 KM	26	33	28	35	29	33	31	31	31	
>2-5 Km	3	4	3	5	7	6	4	5	5	
>5-10 Km	8	5	7	4	4	4	6	5	6	





>10-20 Km	4	2	3	2	2	2	3	2	3
>20 Km	3	6	4	6	3	5	4	4	4
Don't Know	56	51	54	48	54	50	52	52	52
Total	100	100	100	100	100	100	100	100	100

3.2.51. Cost of getting a child vaccinated including the cost of travel

Table No. 112 presents cost of vaccination that child receive including the cost of travel in both control and treatment villages and in both groups, PSC 23 and above, most of the households (98%) spend up to 500 on vaccination of child and only (2%) of household spend up to 1,000 on vaccination in both groups.

	Con	trol Village	s (%)	Treat	ment Villag	ges (%)	All Villages (%)			
Cost (Rs.)	PSC 0- 23	PSC 24 and above	Total	PSC 0- 23	PSC 24 and above	Total	PSC 0- 23	PSC 24 and above	Total	
Up to 500	98	99	99	96	98	97	97	98	98	
Up to 10,00	2	1	1	3	2	2.3	3	1	2	
Up to 1,500	0	0	0	1	0	0.7	0	1	0	
Total	100	100	100	100	100	100	100	100	100	

Table 112: Cost of getting a child vaccinated including the cost of travel

3.2.52. Reasons of not getting the child vaccinated

Table No. 113 reports the reasons of not vaccinating child including polio drops, in both control and treatment villages and in both groups, PSC 23 and above, majority of female respondents (43.4%) reported that no team has visited their household, this percentage is slightly higher in 0-23 (47.8%) and lower in 24-100 (32%) and nearly one-seventh (13.9%) females not responded to this question in both control and treatment villages and in both groups, PSC 23 and above.

Table 113: Rea	sons of not getting the	e child vaccinated	

Control Villages (%)			Treatment Villages (%)			All Villages (%)			
Reasons	PSC 0- 23	PSC 24 and above	Total	PSC 0- 23	PSC 24 and above	Total	PSC 0- 23	PSC 24 and above	Total
Cannot afford	6.7	10.0	7.5	8.3	13.4	9.9	7.6	12.4	9.0
No team visited	51.0	26.7	45.5	45.5	34.3	42.0	47.8	32.0	43.4
Facility too far away	7.7	10.0	8.2	6.9	9.0	7.5	7.2	9.3	7.8





Don't know about vaccination	2.9	0.0	2.2	5.5	1.5	4.2	4.4	1.0	3.5
Child will get sick	2.9	13.3	5.2	4.8	17.9	9.0	4.0	16.5	7.5
No female staff	1.0	0.0	0.7	2.8	1.5	2.4	2.0	1.0	1.7
No answer	12.5	26.7	15.7	13.8	10.4	12.7	13.3	15.5	13.9
Unnecessary	2.9	6.7	3.7	2.8	6.0	3.8	2.8	6.2	3.8
Other	12.5	6.7	11.2	9.7	6.0	8.5	10.8	6.2	9.5
Total	100	100	100	100	100	100	100	100	100

3.2.53. Diarrhoea, its consultation and treatment

Table No. 114 presents the data about diarrhoea faced by the children in sample households during last 30 days and reports with whom the household consulted for treatment and did household gave Nimkols to child. In overall sample, both in control and treatment villages and in both groups, PSC 23 and above, nearly one-eighth (12.7%) children had faced diarrhoea within last 30 days, out of which only (9.6%) consulted for treatment, with highest portion (75%) of households with PSC 24-100 and slightly lower proportion (69.1%) of the households with PSC 0-23 in both control and treatment villages consulted to private Dispensary/Hospital and only (22.4%) consulted in government hospital.

On the other hand only one (1.3%) of households prepares Nimkol/ORS at home and gives to children and (7.7%) give ready-made Nimkol/ORS to children in both control and treatment villages and in both groups, PSC 23 and above

Control Villages (%)		Treatm	Treatment Villages (%)			All Villages (%)			
Consultation and treatment of diarrhoea	PSC 0- 23	PSC 24 and above	Total	PSC 0- 23	PSC 24 and above	Total	PSC 0- 23	PSC 24 and above	Total
Did the child face	diarrhoea	a during the	e last 30 (days?					
Did not had diarrhoea	59.2	58.4	58.9	61.9	66.6	63.3	60.5	62.3	61.1
Had diarrhoea	12.7	10.6	12.0	12.4	15.8	13.4	12.5	13.1	12.7
No response	28.1	31.0	29.0	25.8	17.6	23.3	26.9	24.6	26.2
Total	100	100	100	100	100	100	100	100	100
Of those who had	diarrhoea	a, how mar	iy consult	ted some	one for t	he treatr	nent of d	iarrhoea	?
Not consulted	3.3	2.9	3.1	3.0	3.6	3.2	3.1	3.2	3.2
Consulted	9.8	9.4	9.7	9.7	8.8	9.5	9.8	9.1	9.6
No response	86.9	87.7	87.2	87.3	87.6	87.4	87.1	87.7	87.3
Total	100	100	100	100	100	100	100	100	100
Off those who con	sulted, w	hom they o	consulted	l first of a	II?				

Table 114: Diarrhoea, its consultation and treatment





Private Dispensary/Hospi tal	74.0	83.9	76.9	64.8	68.9	66.2	69.1	75.0	71.0
Govt Hospital	18.2	12.9	16.7	27.3	26.7	27.1	23.0	21.1	22.4
RHC/BHU	2.6	0.0	1.9	3.4	0.0	2.3	3.0	0.0	2.1
LHW	3.9	0.0	2.8	3.4	2.2	3.0	3.6	1.3	2.9
Nurse/LHV	1.3	0.0	0.9	0.0	0.0	0.0	0.6	0.0	0.4
Chemist/Phar macy	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Hakeem, Homoeopath	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Other	0.0	3.2	0.9	1.1	2.2	1.5	0.6	2.6	1.2
Total	100	100	100	100	100	100	100	100	100
How many house	nolds adn	ninistered I	Nimkol to	the child	1?				
Administered ready-made Nimkol	8.0	7.0	7.7	8.1	6.7	7.7	8.1	6.9	7.7
Administered homemade Nimkol	1.3	0.7	1.1	1.4	1.6	1.4	1.3	1.1	1.3
Did not administer Nimkol	3.7	4.1	3.8	3.2	4.1	3.5	3.5	4.1	3.7
No response	86.9	88.2	87.4	87.3	87.6	87.4	87.1	87.9	87.4
Total	100	100	100	100	100	100	100	100	100





4. CONCLUSION

This socio-economic baseline survey provides insights about social, economic, demographic and health related data. It will be useful for keeping an eye over the ongoing program activities and beyond to analyse changes in the lives of people living in two research union councils during the tenure of the SUCCESS programme. The baseline survey shares the following conclusions:

The data on demographic composition shows extremely high overall dependency ratio at 92.5% with a higher dependency ratio among households classified with PSC 0-23 when compared with households with PSC 24-100. The average household size is 6.4 persons. In line with popular view that larger household size is responsible for poverty, the household size for the poor households is larger (6.7) than the non-poor households (6.4). Only 32.6% of the sampled population works and more than half of this population (55.2%) is unskilled labour.

With communities' future at risk, children not in school are 76.8% which indicates an alarming situation. The main issues keeping the children away from schooling are poverty, non-availability of teacher, unavailability of power connection, unavailability of basic furniture, substandard education, and unavailability of latrine and water.

Awareness about and availability of health foods seems extremely lacking. More than one third 38.4% of the children in the sample households are severely wasted while one fifth 20.4% are moderately wasted. Like stunting, slightly more boys (44.6%) are severely wasted than girls (31.9) in both control and treatment groups.

The living space is congested, average household size of 6.4 persons, majority of the sampled population (91%) lives in two-room houses. Most of sampled households (69%) uses hand pump for water. The area has insufficient hygiene situation with half the sample households (53%) not having a latrine at home. A significant share of the households (61%) does not have a drainage facility. Still, 28% of the households do not have an electricity connection. Cooking environment is unhealthy with majority of the sample households (67%) burn wood as fuel for cooking and heating purposes.

In most of the public service delivery functions except a few, the state seems to be either non-existent or dysfunctional. More than half of the sample households (53%) do not use the facility of Basic Health Unit (BHU) and family planning unit and 44% households do not use school. Despite acute shortage of health facilities, 98.8% people consider themselves in good and fair health.

In the sample, 26% households live below the official poverty line. This reduced poverty finding is in line with the argument that poverty has reduced globally, in South Asia (falling from 50.6pc in 1991 to only 12.7pc in 2012) and Pakistan. What is considered as poverty happens to be inequality in many cases and inequality has increased despite decrease in poverty. Out of these total poor, 418 (71%) have PSC 0-23. Overall, PGI for our sample is 33% with PSC 0-23 having 35% and PSC 24 and above only 8% PGIs respectively. The overall Severity of Poverty among the poor is 15%. Households having PSC 0-23 have higher severity of poverty (17%) than those having PSC 24 and above who have just 3% Severity of Poverty.





Most women have limited access to public health services and had to rely and see private doctors and clinics. At the household level, hardly any women are consulted in decisions regarding the time and appropriate match for their marriage. Most children are poorly fed and suffer from severe stunting and wasting.

Summing up the whole baseline report, large investments are required in public infrastructure but more so in governance systems so as to improve education, health, transport, environment services' status in the area. In addition to improvement in public services, a large room also exists for civil society organisations to complement and supplement the public services by working at the grassroots level with communities to foster transformational change in their perception, culture and behaviour of communities to take them along in this development journey.

5. ANNEXURES

5.1. 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" (2012)¹⁰. 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 eNo RESPONSEOIment 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.
- 2. '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

¹⁰ Clustered deprivation: District profile of poverty in Pakistan, by Arif Naveed and Nazim Ali, 2012, SDPI, Islamabad, Pakistan





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.

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 ¹¹	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					
	Grand Total	319					

Table 115: Poverty Status of Programme districts

¹¹ Sujawal was separated from Thatta to be another district in 2013 after the study; the estimates of Thatta have been used to represent Sujawal.





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 prgramme 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 included in SUCCESS programme¹².

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
- 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 Index¹³

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.

¹² Accessed at <u>http://success.org.pk/index.php/about-us/</u> on March, 2017

¹³ 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).







Figure 1: SUCCESS Programme Districts of Sindh

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, Sujawal¹⁴ 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.

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.

¹⁴ 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 consultation with SUCCESS programme team at RSPN and senior colleagues of NRSP, it was decided to visit the SUCCESS 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 data 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 having no social mobilization so far. So, there will be more chances for demonstrating the impact of SUCCESS.

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.

The team agreed that we need similar UCs in order to increase the interpretative power of data analysis. In terms of soico-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.





5.2. Control and treatment villages

Villages have been denominated 1 as treatment and 0 as control. VO IDs show the no of settlements that will be forged together to form one VO.

VO ID	TEHSIL	UC	Revenue Village	SETTLEMENT_NAME	Treatment/Control Status
1	Chambar	Dad Jarwar	Bail	Bachal Pitafi	0
1	Chambar	Dad Jarwar	Bail	Tharo Pitafi	0
2	Chambar	Dad Jarwar	Bail	Mitho Jogi	1
2	Chambar	Dad Jarwar	Bail	Ghulam Muhammad Pitafi	1
2	Chambar	Dad Jarwar	Bail	Mahboob Pitafi	1
2	Chambar	Dad Jarwar	Bail	Jumu Katiar	1
2	Chambar	Dad Jarwar	Bail	Shafi Muhammad Burfat	1
2	Chambar	Dad Jarwar	Bail	Ali Bux Khoso	1
2	Chambar	Dad Jarwar	Bail	Manzoor pitafi (HARI)	1
2	Chambar	Dad Jarwar	Bail	M Hashim Khushk	1
2	Chambar	Dad Jarwar	Bail	Jai Ram Jogi	1
3	Chambar	Dad Jarwar	Bail	Sonhaaro Khokhar	1
3	Chambar	Dad Jarwar	Bail	Pir Ali Bux Shah	1
3	Chambar	Dad Jarwar	Bail	Hameer Thahim	1
3	Chambar	Dad Jarwar	Bail	Dost Muhammad Gabol	1
3	Chambar	Dad Jarwar	Bail	Godoo Thahim	1
3	Chambar	Dad Jarwar	Bail	Shah Muhammad Brohi	1
3	Chambar	Dad Jarwar	Bail	Jafar Khushk	1
3	Chambar	Dad Jarwar	Bail	Haji Haroon Thahim	1
3	Chambar	Dad Jarwar	Bail	Mola Bux Thahim	1
4	Chambar	Dad Jarwar	Bail	Muhammad Ismail Mehrani	1
4	Chambar	Dad Jarwar	Bail	Sultan Mehrani	1
4	Chambar	Dad Jarwar	Bail	Murad Rind	1
5	Chambar	Dad Jarwar	Bouchar	Khushk goth	0
5	Chambar	Dad Jarwar	Bouchar	Haji Mir Muhammad Khokhar (Otaq)	0
5	Chambar	Dad Jarwar	Bouchar	Allah Dino Halepoto	0
5	Chambar	Dad Jarwar	Bouchar	Makaan Sharif	0
5	Chambar	Dad Jarwar	Bouchar	Wango Khan Thahim	0
5	Chambar	Dad Jarwar	Bouchar	Haji Ali Nawaz Pitafi (Otaq)	0
5	Chambar	Dad Jarwar	Bouchar	Taj Muhammad Shah (Otaq)	0
5	Chambar	Dad Jarwar	Bouchar	Katyar goth	0
6	Chambar	Dad Jarwar	Bouchar	Ghulam Machhi	0
6	Chambar	Dad Jarwar	Bouchar	Nusrat Shah	0
7	Chambar	Dad Jarwar	Bouchar	Mithoo Bheel	1
7	Chambar	Dad Jarwar	Bouchar	Dad Khan Jarwar	1
7	Chambar	Dad Jarwar	Bouchar	Haji Rasool Bux (Otaq)	1
7	Chambar	Dad Jarwar	Bouchar	Patel Leemon Kolhi	1

Table 116: Details of control and treatment villages and settlement





7	Chambar	Dad Jarwar	Bouchar	Mubeen Burfat	1
8	Chambar	Dad Jarwar	Sahiki	Ahmed Khan Lund	1
8	Chambar	Dad Jarwar	Sahiki	Haji Sher Muhammad Lund	1
8	Chambar	Dad Jarwar	Sahiki	Haji Sher Muhammad Lund 2	1
8	Chambar	Dad Jarwar	Sahiki	Dodo Khan Lund	1
9	Chambar	Dad Jarwar	Sahiki	Luqman Sirewal	1
9	Chambar	Dad Jarwar	Sahiki	Hashim Sirewal	1
9	Chambar	Dad Jarwar	Sahiki	Yaqoob Sirewal	1
9	Chambar	Dad Jarwar	Sahiki	Hamzo Siriwal	1
9	Chambar	Dad Jarwar	Sahiki	Sheedi Paro	1
9	Chambar	Dad Jarwar	Sahiki	Dodo Sirewal	1
9	Chambar	Dad Jarwar	Sahiki	Chodhri Aziz	1
9	Chambar	Dad Jarwar	Sahiki	Yar Muhammad Sirewal	1
9	Chambar	Dad Jarwar	Sahiki	Khan Bozdar	1
9	Chambar	Dad Jarwar	Sahiki	Chhuto Sirewal	1
9	Chambar	Dad Jarwar	Sahiki	Aslam Mirani	1
9	Chambar	Dad Jarwar	Sahiki	Chodhri Barkat	1
9	Chambar	Dad Jarwar	Sahiki	Ramzan Sirewal	1
10	Chambar	Dad Jarwar	Sahiki	Thorrhi mori	0
10	Chambar	Dad Jarwar	Sahiki	Rajab Rustmani	0
10	Chambar	Dad Jarwar	Sahiki	Allah Bux Rustmani	0
10	Chambar	Dad Jarwar	Sahiki	Dodo Burfat	0
10	Chambar	Dad Jarwar	Sahiki	Sohrab Burfat	0
10	Chambar	Dad Jarwar	Sahiki	Ghulam Rasool Parhyar	0
10	Chambar	Dad Jarwar	Sahiki	Mir Hamzo Talpur	0
10	Chambar	Dad Jarwar	Sahiki	Mir Muhammad Lund	0
10	Chambar	Dad Jarwar	Sahiki	Nimro Bheel	0
11	Chambar	Dad Jarwar	Thul	Mureed Khan Lund	1
11	Chambar	Dad Jarwar	Thul	Khalid Khan Lund (Hari)	1
11	Chambar	Dad Jarwar	Thul	Hadi Bux Lund	1
11	Chambar	Dad Jarwar	Thul	Ghulam Hussain Lund	1
12	Chambar	Dad Jarwar	Thul	Sahib Khan Laghari	0
12	Chambar	Dad Jarwar	Thul	Haji Sher Muhammad Laghari	0
12	Chambar	Dad Jarwar	Thul	Ch Rehmatullah	0
12	Chambar	Dad Jarwar	Thul	Haji Ahmed Laghari	0
12	Chambar	Dad Jarwar	Thul	Ch Munawar	0
12	Chambar	Dad Jarwar	Thul	Mehar Thaheem	0
13	Chambar	Dad Jarwar	Thul	Haji Bachal Lund	0
13	Chambar	Dad Jarwar	Thul	Haji Ahmed khan Lund 2	0
13	Chambar	Dad Jarwar	Thul	Haji Muhammad Khan Lund	0
13	Chambar	Dad Jarwar	Thul	Haji Ghulam Rasool Lund (kolhi)	0
13	Chambar	Dad Jarwar	Thul	Haji Darya Khan Lund	0
13	Chambar	Dad Jarwar	Thul	Haji Ahmed Khan Lund 1	0
14	Chambar	Dad Jarwar	Thul	Nizam Panjabi	0
14	Chambar	Dad Jarwar	Thul	Photo Rustmani	0





14	Chambar	Dad Jarwar	Thul	Saeed Khan Laghari	0
14	Chambar	Dad Jarwar	Thul	Mataro Machhi	0
14	Chambar	Dad Jarwar	Thul	Suleman Rustmani	0
14	Chambar	Dad Jarwar	Thul	Haji Gul Hassan Umrani	0
14	Chambar	Dad Jarwar	Thul	Riaz Panjapi	0
14	Chambar	Dad Jarwar	Thul	Mir Muhammad Khoso	0
15	Chambar	Massoo Bozdar	Kario Gulsher	Masoo Bozdar	1
16	Chambar	Massoo Bozdar	Kario Gulsher	Hashim Sand Form	1
16	Chambar	Massoo Bozdar	Kario Gulsher	Ghulam Hussain Leghari	1
16	Chambar	Massoo Bozdar	Kario Gulsher	Haji Gul Muhammad Khaskhali	1
17	Chambar	Massoo Bozdar	Kario Gulsher	Muhammad Saleh Otho	1
17	Chambar	Massoo Bozdar	Kario Gulsher	Shesh Mehal	1
17	Chambar	Massoo Bozdar	Kario Gulsher	Ghano Khan Bozdar	1
17	Chambar	Massoo Bozdar	Kario Gulsher	Hashim Ghaho	1
17	Chambar	Massoo Bozdar	Kario Gulsher	Muhammad Nawaz Otho	1
18	Chambar	Massoo Bozdar	Kario Gulsher	Allah Bux Leghari	0
18	Chambar	Massoo Bozdar	Kario Gulsher	Muhammad Urs Otho	0
18	Chambar	Massoo Bozdar	Kario Gulsher	Bahadur Leghari	0
18	Chambar	Massoo Bozdar	Kario Gulsher	Bharoo Patel	0
18	Chambar	Massoo Bozdar	Kario Gulsher	Abdul Majeed Kumbhar	0
18	Chambar	Massoo Bozdar	Kario Gulsher	Muhammad Yousuf Otho	0
18	Chambar	Massoo Bozdar	Kario Gulsher	Dost Muhammad Shah	0
19	Chambar	Massoo Bozdar	Kario Gulsher	Hussain Bux Leghari	1
19	Chambar	Massoo Bozdar	Kario Gulsher	Saleh Bhambharo	1
19	Chambar	Massoo Bozdar	Kario Gulsher	Muhammad Arif	1
19	Chambar	Massoo Bozdar	Kario Gulsher	Ali Asghar Shah	1
19	Chambar	Massoo Bozdar	Kario Gulsher	Dost Ali Shah	1
19	Chambar	Massoo Bozdar	Kario Gulsher	Dr. Saleem Memon	1





19	Chambar	Massoo Bozdar	Kario Gulsher	Bhmbharo Kho	1
19	Chambar	Massoo Bozdar	Kario Gulsher	Mao Patel	1
19	Chambar	Massoo Bozdar	Kario Gulsher	Javed Kaimkhani	1
19	Chambar	Massoo Bozdar	Kario Gulsher	Leela Ram	1
19	Chambar	Massoo Bozdar	Kario Gulsher	Zulfiqar Leghari	1
20	Chambar	Massoo Bozdar	Sandki	Juman Khan Bozdar	0
20	Chambar	Massoo Bozdar	Sandki	Haji Muhammad Khan Laghari	0
20	Chambar	Massoo Bozdar	Sandki	Muhammad Hassan Laghari	0
20	Chambar	Massoo Bozdar	Sandki	Khair Muhammad Leghari	0
20	Chambar	Massoo Bozdar	Sandki	Dodo Leghari	0
20	Chambar	Massoo Bozdar	Sandki	Masoo Khan Laghari	0
20	Chambar	Massoo Bozdar	Sandki	Siddique Sand	0
20	Chambar	Massoo Bozdar	Sandki	Kehar Khan Leghari	0
20	Chambar	Massoo Bozdar	Sandki	Ballich Leghari	0
21	Chambar	Massoo Bozdar	Sandki	Kolhi Ghoth	0
21	Chambar	Massoo Bozdar	Sandki	Karamshi Kolhi	0
21	Chambar	Massoo Bozdar	Sandki	Tursi	0
21	Chambar	Massoo Bozdar	Sandki	Natho Patel	0
21	Chambar	Massoo Bozdar	Sandki	Wasyo Solangi	0
21	Chambar	Massoo Bozdar	Sandki	Ghulam Muhammad Gorchani	0
21	Chambar	Massoo Bozdar	Sandki	Urs Solangi	0
21	Chambar	Massoo Bozdar	Sandki	Hafizabad	0
21	Chambar	Massoo Bozdar	Sandki	Kamred Siddique Solangi	0
21	Chambar	Massoo Bozdar	Sandki	Nusrat Shah	0
22	Chambar	Massoo Bozdar	Sandki	Juman Shah	1





22	Chambar	Massoo Bozdar	Sandki	Somar Dal	1
22	Chambar	Massoo Bozdar	Sandki	Dildar Solangi	1
22	Chambar	Massoo Bozdar	Sandki	Khairo Machhi	1
22	Chambar	Massoo Bozdar	Sandki	Bodo Machhi	1
22	Chambar	Massoo Bozdar	Sandki	Ahmed Solangi	1
22	Chambar	Massoo Bozdar	Sandki	Mubarak Arain	1
22	Chambar	Massoo Bozdar	Sandki	Aalmani Form	1
22	Chambar	Massoo Bozdar	Sandki	Khair Muhammad Solangi	1
23	Chambar	Massoo Bozdar	Sandki	Rasool Bux Lashari	0
23	Chambar	Massoo Bozdar	Sandki	Muhammad Hassan Dal	0
23	Chambar	Massoo Bozdar	Sandki	Dalel Lanjwani	0
23	Chambar	Massoo Bozdar	Sandki	Karachi Hotel Stop	0
23	Chambar	Massoo Bozdar	Sandki	Khair Muhammad Lanjhwani	0
23	Chambar	Massoo Bozdar	Sandki	Haji Metho Lanjwani	0

5.3. Technical notes on definitions and calculations

This section provides various details of the definitions and assumptions behind several calculations employed in this survey.

 Poverty line was calculated keeping in view of the national poverty line. The national poverty line has been calculated using 2013-14 data and the poverty headcount ratio comes out to be 29.5pc of the population. In monetary terms, poverty line stands at Rs3, 030 per adult equivalent per month. Using 2013-14 data, the official Poverty Line was calculated as Pak Rs Rs3, 030 per adult equivalent per month¹⁵. This Poverty line was adjusted to the Consumer Price Index 2015-16 using the following formula:

Poverty Line 2013-14 (Pak Rs.) = (3030/CPI 2013-14) X CPI 2015-16 = 3248.48

2. The poverty gap index¹⁶ which is related to the headcount index, is measured as follows:

$$P_1 = \frac{1}{N} \sum_{i=1}^{N} \left(\frac{G_n}{z} \right), G_n = (z - y_i) I(y_i \le z).$$

¹⁵ <u>http://www.dawn.com/news/1250694 accessed November 15</u>, 2016

¹⁶ https://mdgs.un.org/unsd/mdg/Metadata.aspx?IndicatorId=2 accessed March 10, 2017





3. The poverty gap (Gn) is the difference between the poverty line (z) and income or consumption for those who are poor (the non-poor have a poverty gap of zero). I(.) is an indicator function that equals 1 if the bracketed expression is true, and 0 otherwise. N is the total population.

This measure reflects the depth of poverty as well as its incidence. If perfectly targeted cash transfer programmes were to be designed, this measure provides per capita amount of resources needed to eliminate poverty.

- 4. All monetary calculations are in Pakistani rupees unless specified otherwise.
- 5. Social Protection was defined according to National Social Protection Strategy¹⁷ (2007), "a set of policies and programme interventions that address poverty and vulnerability by contributing to raising incomes of poor households, controlling the variance of income of all households, and ensuring equitable access to basic services. Social safety nets, social insurance (including pensions), community programmes (social funds) and labour market interventions form part of social protection".
- 6. "Pakistan's districts are local administrative units inherited from the British Raj. Districts were generally grouped into administrative divisions, which in turn formed provinces".
- 7. A tehsil also known as Taluka is an administrative division of Pakistan. Multiple tehsil then form district.
- 8. Union Councils are the lowest administrative tiers of the government. councils are comprised Union Councils Union Councils are the lowest administrative tiers of the government. The union of few large revenue village and surrounding areas, often including nearby small villages.
- 9. Revenue village has definite surveyed boundaries. The revenue village may comprise several hamlets but the entire village will be treated as one unit for presentation of the data. In the un-surveyed areas like settlements within the forest areas, each habitation area with locally recognised boundaries within each forest range officer's area will be treated as a separate village. A village with no population is to be termed as Bechirag or 'deserted' or 'uninhabited'.
- 10. Settlement/Ghoth/Muhalla is defined by the local people usually formed around same bradary or neighbourhood.
- 11. Agriculture measurements used in this baseline are based on the following conversions:

272 sq. feet	1 Marla
20 Marla	1 Kanal
8 Kanal	1 Acre
25 Acres	1 Murraba

Table 117: Agricultural measurement scales

¹⁷<u>http://www.bisp.gov.pk/charts/FinalPaper/SocialProtection%20in%20Pakistan%20A%20Profile%20of%20Existing%20Programmes%20and%20Assessment%20of%20Data%20Available%20for%20Analysis.pdf</u>
accessed June 10, 2016





- 12. Income was adjusted by charging livestock @ 35% cost and agriculture production @ 25% cost as rule of thumb. However, income data was not used later due to under reporting.
- 13. The dependency ratio is a measure showing the number of dependents, aged zero to 14 and over the age of 65, to the total population, aged 15 to 64. It is also referred to as the "total dependency ratio." This indicator gives insight into the amount of people of nonworking age compared to the number of those of working age.

Number of Dependents Population (Ages 15 - 64) × 100%

5.4. General and female only questionnaire

Both the questionnaires are attached herewith. For one complete questionnaire, both questionnaire had to be filled.





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

EUROPEAN UNION views of the European Union."

More information about the European Union is available on:

Web: http://eeas.europa.eu/delegations/pakistan/



Sindh Union Council and Community Economic Strengthening Support Programme

Office No. G-3 (Ground Floor), Islamabad Stock Exchange (ISE) Tower Blue Area, Islamabad

Tel: +92-51-2894060-3