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

Final Report – Socio Economic Midline Survey under Research Component of SUCCESS Programme

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ACKNOWLEDGEMENT

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ACRONYMS

APEX	APEX Consulting Pakistan
CBN	Cost of Basic Needs
COs	Community Organizations
CDLD	Community Driven Local Development
HHs	Households
EU	European Union
LSOs	Local Support Organizations
M&E	Monitoring and Evaluation
NGOs	Non-Governmental Organization
NRSP	National Rural Support Programme
ODK	Open Data Kit
SRSO	Sindh Rural Support Organisation
TRDP	Thardeep Rural Development Programme
PSC	Poverty Score Card
PKR	Pakistani Rupee
RSPN	Rural Support Programme Network
RCT	Randomized Control Trail
RSPs	Rural Support Programs
RV	Revenue Village
SRSO	Sindh Rural Support Organization
SUCCESS	Sindh Union Council and Community Economic Strengthening Support
TAY	Tando Allahyar
UCs	Union Councils
VOs	Village Organizations
WASH	Water, Sanitation and Hygiene

EXECUTIVE SUMMARY

The Sindh Union Council and Community Economic Strengthening Support (SUCCESS) Programme was launched as a result of an agreement between the European Union (EU) and the provincial government of Sindh. The SUCCESS programme is in partnership with four local organisations namely Rural Support Programmes Network (RSPN), National Rural Support Programme (NRSP), Sindh Rural Support Organisation (SRSO) and Thardeep Rural Development Programme (TRDP). The main aim of the programme is to enable the Government of Sindh to support and sustain local Community Driven Development (CDD) initiatives throughout the province, through the provincial budget, based on a dedicated and costed policy in partnership with community institutions fostered by rural support programmes. The specific objective is to stimulate local CDD initiatives to reduce poverty in eight poor rural districts of Sindh, paying particular attention to empowering women.

A prominent aspect of the Programme is its research component. This component consists of multiple research studies, the analyses from which will be used to identify the causes of chronic poverty and thereof, produce relevant policy and practical guidelines on development and institutional interventions for reducing poverty. Through these research studies, transformational changes in the lives of the poor over the program life can be tracked and its linkages with the Programme interventions can be traced.

The research component is divided into three research questions. First, it investigates the causes of chronic poverty - including socio-economic, political and gendered causes of poverty - in the identified areas of the study. In addition to this, the question focuses on identifying the missing institutional linkages that may have aided chronic poverty. Second, it explores the pathways and practical guidelines that can be used to inform programme interventions, development organisations, civil society, academia, and the federal, provincial and local governments for reducing chronic poverty. This is addressed by measuring the transformational changes in the lives of the poor, especially poor women and marginalised communities, over the programme life and identifying its linkages with the programme interventions. Third, the effectiveness of people-led organisations to reduce poverty is assessed. Continuously tracking changes in the lives of households not joining the social mobilisation process in comparison to those who choose to join people-led organisations helps determine the effectiveness of such organisations. These people-led organisations in themselves are evaluated using an institutional maturity index.

The research component adopts a quantitative research method and employs a Randomized Control Trial (RCT) to test the impact of the Programme interventions, including access to information and services, civic engagement, women empowerment, economic welfare, and social cohesion. Households within 23 randomly sampled village organisation clusters have been identified in two union councils of district Tando Allah Yar. Among these clusters, 12 are considered as treatment villages (where interventions are being implemented since December 2016) whereas the remaining 11 are considered as control villages (where interventions started rolling out in January 2021, after the completion of this Study). As part of the RCT, baseline, midline and end-line socioeconomic surveys are collected with the aim of analysing the starting point, emerging outcomes, and results via quantitative comparison, which will determine the causality between beneficiaries and non-beneficiaries/late starters.

This report is based on the findings from the midline survey of the research component. Cross-tabulations on the analytical data were conducted to provide results from the midline survey. The data is presented by comparing the control and treatment groups, PSC scores and UCs, in order to understand the socio-economic outcomes, with a focus laid on how women contribute to decision making and civic engagement in control and treatment areas. Questions around the impact of COVID-19 on communities were also included in the midline survey to determine the impact COVID-19 has made on the gains made by the SUCCESS programme in the last few years and the perceived future impact of the communities.

It is likely that the findings of this survey cannot fully represent the whole population of the two UCs. As the midline survey used the same sampling approach as the baseline, therefore, the limitation derived from the baseline survey progressed in the midline survey. Furthermore, COVID-19 impacted the training sessions of the enumerators, but this risk was mitigated through adopting appropriate measures. Furthermore, COVID-19 could have potentially affected the response rate, quality of response and introduced certain biases towards responses which inevitably might have influenced the midline survey result, either positively or negatively.

Some of the key findings of the survey are highlighted. Overall, nearly 80% of respondents were wives of household head and about 7% were head of households. There were more women headed households in households with PSC 0 to 23 in both control and treatment areas. The number of respondents belonging to households with lower PSC scores is higher in the treatment area than the control area. In terms of access of health, an average of 17% of the population in the sampled household have access to a medical professional. Households in treatment areas have a slightly higher tendency of visiting doctors. However, more women have received healthcare in the control area than the treatment area. Such evidence has paved room for adjusting the interventions according to the progress made in each group category.

Education is considered as an important factor that could influence the household's ability to improve their socio-economic status. 65% of the population has never attended school and cannot read and write. This figure was reported to be 67% in treatment areas and 63% in control areas. In terms of work status, a large majority of household members take part in paid work against cash, in-kind reward, or both. The number of men who engage in skilled or unskilled paid jobs or own businesses is double that of women. Moreover, 6% more women from treatment areas are likely to work than women belonging to control areas. Women in treatment areas also reported higher per capita earnings than those in control areas. This success can be attributed to the SUCCESS programme's women-focused interventions, which provide an enabling environment for women's participation in the labour force.

In terms of access to WASH facilities, hand pump inside dwelling is the main source of drinking water for nearly two-thirds of the households located in the sampled areas. Nearly 97% of households do not treat water before drinking. Only, one-quarter of households reported that their drinking water source has been tested - this percentage was double in treatment areas (35%) than in control areas (18%). Out of the tested water sources, only 55% of the water sources were reported to be found safe for drinking. This figure was higher in treatment areas than in control areas. This finding highlights the urgent need to include interventions on making WASH facilities available to the households in the

targeted areas. The mean per capita income in the control households is 34,268 rupees and 35,504 in treatment households. In both control and treatment areas, a household with PSC 24 and above have at least 25% more mean income than of with lower PSC scores. The mean per capita household expense on all sources is 42,205 in control and 41,336 in treatment areas. Households with less PSC are doing almost 20% less expense than households with PSC 24 and above. In the control and treatment areas, households spend more than 60% of the money on food items.

In terms of engagement of the community with the government and awareness of local government structures and communal/government services, a relatively low level of awareness and understanding was reported regarding government institutions – this figure was reported to be slightly higher in treatment areas than in control areas. Additionally, women's role in making the household level decision was alarmingly low, albeit relatively better in the treatment area. The majority of the women are not allowed to make decisions on their own. Women must consult with other household members, mainly their spouses.

Results of Covid-19 were also assessed on the targeted households. The study found that due to COVID-19 more than 30% of households have reported losing a share of their income. Furthermore, about 25% reported their households' expenses have increased after COVID-19. This trend remained consistent in control and treatment areas, and households with better or less PSC scores. More than 40% of households of control areas received COVID-19 cash support assistance under the Government of Pakistan's Ehsaas Programme. This percentage was reported by 36% of households in treatment areas**[1].

In conclusion, the findings of this midline survey add value to the SUCCESS programme by helping identify the progress of the programme activities in the targeted areas. The survey has successfully monitored the progress of the programme and has shed light on the benefits and drawbacks of the programme activities. The results from this survey can be used to make necessary changes in any further activities within this programme. Moreover, the findings have provided learnings that can be utilised by similar programmes in the future.

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[1] ** indicates that results are significant at 0.002 percent.

1. BACKGROUND

1.1. Introduction to SUCCESS Programme

In 2008, the government of Sindh launched the Union Council Based Poverty Reduction Programme (UCBPRP) to mitigate extreme/chronic poverty rates in rural Sindh province. The UCBPRP was implemented by the Rural Support Program (RSPs) in four districts of Sindh. As the initiative demonstrated positive outcomes, the Sindh government decided to scale up the UCBPRP. At this time, EU signed an agreement with the Sindh government. According to this agreement, it was decided that SUCCESS Programme was to be launched in partnership with RSPN, NRSP, SRSO and TRDP.

The overall objective of the SUCCESS Programme is to provide support to the Sindh government in formulating a local development policy, which focuses on community-driven development, to reduce poverty in eight poor rural districts of Sindh[2] with emphasis on empowering women. Moreover, support is provided to the government for allocating the budget for implementation of the programme from 2018.

Under various SUCCESS initiatives, living conditions are expected to improve through building local social capital for better access to basic social and economic services, and through diversifying income-generating activities. The overall results of the SUCCESS Programme are:

- 610,000 rural households in 8 districts are mobilised and capacitated through community organisations of which at least 70% will continue to function effectively after the project;
- An average sustainable increase in income of poor households by 30%;
- Increased socioeconomic services and benefits because of upgraded community infrastructures and productive assets, which are operated and maintained by community involvement; and
- A dedicated Sindh Province policy and budgetary framework for community-driven local development, which is implemented from 2018 onwards.

1.2. SUCCESS Research Component

During initial design and inception, the SUCCESS team learned that there is no credible analysis available, which examines household poverty dynamics to understand the causes of chronic poverty. Such analysis was crucial to contribute to policy development and designing customised poverty alleviation programmes. To bridge this gap, a consultative approach was adopted by the SUCCESS team, which included representatives from RSPN, NRSP and technical support of the University of Mannheim (UOM), to establish a dedicated research component of the SUCCESS programme. This component consisted of multiple research studies to generate credible analysis in order to identify the causes of chronic poverty and produce relevant policy and practical guidelines on development and institutional interventions for reducing poverty. These research studies also track transformational

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[2] The SUCCESS program districts are Sujawal, Matiari, Tando Muhammad Khan, Tando Allahyar (with NRSP), Larkana, Kambar-Shahdadkot (with SRSO), Dadu and Jamshoro (with TRDP).

changes in the lives of the poor over the programme life and trace its linkages with the Programme interventions. Moreover, the socio-economic impact on the Programme area will also be measured through these studies.

The SUCCESS team conducted a literature review along with field visits to select the geographic areas for the research component. The team used a defined inclusion and exclusion criteria[3] to identify the geographical areas relevant to the research component of the SUCCESS Programme. Keeping in view the requirements and objectives of the Programme, two Union Councils - Dad Khan Jarwar and Massoo Bozdar from Tando Allahyar were selected. Overall, the research component is focused on answering the following main questions:

1. **What are the causes of chronic poverty?** This question focuses on socio-economic, political and gendered causes of poverty. In addition to this, the question focuses on identifying the missing institutional linkages, for example, limited provision and access to quality health, education and basic infrastructure could be the main reason for chronic poverty in the identified areas.

2. **What are the pathways and practical guidelines to inform programme interventions, development organizations, civil society, academia, and the federal, provincial and local governments for reducing chronic poverty?** This question aims to measure the transformational changes in the lives of the poor, especially poor women and marginalized communities, over the programme life and identify its linkages with the programme interventions. In addition to this assessment, the socio-economic changes occurring in the programme area also fall under this question. Furthermore, this question aims to collect data on issues of social cohesion, gender empowerment, community leadership and effectiveness of different programme interventions.

3. **How far people-led institutions such as community organisation (COs), village organizations (VOs) and local support organizations (LSOs) fostered by RSPs are effective in reducing poverty?** This question continuously tracks changes in the lives of households not joining the social mobilization process in comparison to those who choose to join COs, VOs and subsequently LSOs. The research component aims to evaluate these institutions using an institutional maturity index, in terms of their role in creating linkages between other service providers and communities. Also, given the transfer of power to the local representatives as a result of local body elections in Sindh, the utility, viability and legitimacy of people-led institutions in the long run is assessed.

1.2.1. Randomized Control Trial (RCT)

Under the overall research component, the SUCCESS team has designed an RCT to test the impact of the Programme interventions, including access to information and services, civic engagement, women empowerment, economic welfare, and social cohesion. Households in 23 randomly sampled village organization clusters within two UCs have been selected under RCT design. Among these villages

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[3] The inclusion criteria included number of poor based on head-count ratio; intensity of poverty; multi-dimensional poverty index; poorest of the poor; and most vulnerable. The exclusion criteria focused on relevant RSP research experience and human vulnerability index.

organization clusters, 12 are considered as treatment villages where SUCCESS interventions are being implemented since December 2016 whereas the remaining 11 are considered as control villages where interventions began rolling out in January 2021, after the completion of this Study. As part of RCT, baseline, midline and end-line socioeconomic surveys have been planned to analyze the starting point, emerging outcomes, and results via quantitative comparison, which will determine the causality between beneficiaries and non-beneficiaries/late starters.

- As the first step to RCT, SUCCESS developed UC profiles and gathered necessary data to contextualize the analysis and findings of socioeconomic and poverty scorecard surveys. The poverty scorecard survey of all households in the two selected UCs was completed. The data obtained from this survey is used as a sampling frame for various surveys and to inform the poverty status at households, villages, and UCs levels. The data is set as the benchmark of poverty status for measuring changes over time and assessing graduation of poverty.

- The next step was to set up the RCT through a formal research experiment design. SUCCESS identified one treatment cluster by randomly selecting households in village organization clusters, while the other cluster was listed as controlled for the initial years. The socio-economic surveys were used to analyze and determine the causality between beneficiaries and non-beneficiaries/late starters.

- In the third phase, the socioeconomic surveys were conducted. The baseline survey with a sample of 2,300 households associated with 23 village organization clusters was conducted in September 2016. These 2,300 households are distributed into two groups – treatment and control. The treatment group consisted of 1,200 households associated with 12 treatment village organizations whereas the rest 1,100 households from 11 controlled village organizations are considered as the control group.

- Afterward, the baseline programme interventions were initiated for the treatment group in December 2016, whereas, for the controlled groups the interventions were initiated after the midline survey. The midline survey was planned to be conducted in April 2020, however, it was executed in September 2020[4]. The end-line survey will be administered between the end of 2021 till early 2022. Qualitative studies will also be conducted in the last year to assess the results of social cohesion, community leadership and the effectiveness of different programme interventions.

1.2.2. Midline Socio-economic Survey

SUCCESS programme hired APEX Consulting Pakistan (APEX) through a competitive bidding process to conduct a midline socioeconomic survey in two research UCs of Tando Allah Yar. The midline survey aimed to compare the control and treatment area to understand and compare the socio-economic outcomes. The midline survey was conducted as per RCT design concepts described in the "research framework with a focus on poverty dynamics (2015-21)" developed by the SUCCESS team for the

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[4] COVID-19 cases started rising from second half of March 2020 when the midline survey enumerators training was planned. The travel restrictions and lockdown resulted in postponing the training activity. In this backdrop, activities of midline survey remained hold till mid-August 2020. In July 2020, the questionnaire again reviewed by RSPN and APEX to modify existing questions and add few variables covering the impacts of COVID-19 on sampled households.

research component. The midline data was collected from the same 2,300 households who were interviewed in the baseline in September 2016. The midline was a panel survey at the household level but not at the individual level.

The midline survey focused on household demography, access to health, vaccination and education services, work status, household income and expenditure, household assets and facilities, loans taken and usage, access to local government and services, civic engagement, civic engagement, trust on the communities and local government systems. The midline survey laid focus on understanding how women contribute to decision making and civic engagement in the control and treatment areas. Questions around the impact of COVID-19 on communities were also included in the midline to determine the impact COVID-19 has made on the gains made by the SUCCESS programme in the last few years and the perceived future impact of the communities.

2. METHODOLOGY

APEX Consulting undertook a midline survey in a consultative manner by engaging with RSPN and RSPs at the field and head office level. There were a series of discussions held before drafting the inception report to understand the RCT model, sampling modalities and respondent selection process. The consultants believe this consultative engagement was a key factor in the successful completion of the midline survey. The methodology section provides a brief overview of the research methods and techniques adopted. The inception report (attached as Annex II below) contains details about midline survey design, execution, and quality control mechanisms.

2.1. Inception phase

The inception phase consisted of initial planning meetings, translation of the questionnaire, development of survey manual, analysis plan, pilot-testing of the questionnaire, recruitment of field staff and development of data entry software in Open Data Kit (ODK).

- **Inception meetings:** A series of meetings were held with the SUCCESS team to understand the programme, its research component and RCT design to structure the midline survey. Details such as learnings from previous research studies undertaken by SUCCESS, sample design and distribution, household and respondent selection, and field data collection approaches were discussed. To develop a common understanding of various technical terms, the midline survey questionnaire was also discussed in detail.

- **Questionnaire review and translation:** SUCCESS provided a questionnaire for the midline survey, which was translated by APEX in two languages namely Urdu and Sindhi. Proofreading and back translation was undertaken to ensure there was no error in translation. The questionnaire was shared with SUCCESS for approval. The approved questionnaires are available in three languages – English, Urdu, and Sindhi (attached as Annex III below).

- **Development of Survey Manuals:** To provide a clear understanding and guidance to the field staff, detailed questionnaire manuals and field guides were developed. The content covered in questionnaire manuals included the introduction and objectives of the SUCCESS programme, overview of questionnaires, data collection procedure, relevant key concepts,

and definitions and instructions against each question with possible answers. Similarly, field guides included details about the field plan including a procedure for selection and identification of eligible respondent, role and responsibilities, supervision, project regulation, instruction for conducting a successful interview, the language of the interview, fieldwork procedure regarding preparation during data collection and after data collection, maintaining data quality, writing daily diaries, conducting debrief meetings, ethical and safety issues, and enumerators wellbeing, etc., (Questionnaire manual is attached as Annex IV below).

▪ **Development of ODK Applications for Questionnaires:** APEX Consulting used Computer Assisted Personal Interviews (CAPI) method of data collection through portable tablet computers. The ODK software contained quality control checks and data protection measures. The data collection applications were integrated with a dedicated server for data storage.

▪ **Development of Analysis Plan:** The analysis plan included format/type of input data for all variables in the form of text, categorical, numeric, count and Likert scale. Percentages, frequencies, mean, median, averages and ranges are defined as output data for all variables. The expected cross-tabulations were suggested, considering various elements required for analysis and comparison, including poverty scorecard (PSC) scores, control and treatment groups, gender, and others, etc.

▪ **Outline of Midline Report:** The report outline ensured that the content of the midline report met SUCCESS's requirement of usability and standard of reporting. The structure for developing the report of this assignment was adopted from the baseline socio-economic survey conducted by the SUCCESS programme in the eight districts.

2.2. Data Collection Phase

The survey implementation phase included training of field staff, finalization of logistic and administrative arrangements, field team's deployment, field data collection, and undertaking quality control and safety measures to mitigate the risks of COVID-19.

▪ **Trainings for Field Staff:** A six days' training was organized in Tando Allah Yar to train data collection staff including enumerators, field supervisors and quality control monitors. Key training sessions included an overview of the background and objective of the midline survey, field methodology including identification of sampled households and respondents, and orientation on the questionnaire using the survey manual. The training included a specific session on using portable tablet computers and information security. After three days of training, a field pre-test was undertaken by the whole data collection team in intervention and control areas[5]. Pre-test results were discussed in detail on day 4 and day 5 to update the survey manual, the language of the questions and the ODK application. SUCCESS team also participated in training for monitoring purposes and for providing context to enumerators regarding the programme, research component and local dynamics.

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[5] These areas were identified in consultation of SUCCESS team and later they were not included in the actual midline survey data collection.

- **Field Deployment Plan:** All the field team members were deployed at the same time for 24 days. Using the VO and village wise lists, sample households were identified with the help of village elders and representatives of CO members (in the treatment group). Teams were strictly advised to interview the original sampled households/respondents. The sampled households/respondents were verified during field monitoring visit by the APEX Consulting team and SUCCESS field level representatives. Interviews were conducted by the trained female enumerators from the women CO member, whereas, in the case of control households, interviews of any adult female member who had good knowledge about the household were conducted. Apart from the main respondent, other household members (such as the head of the household) were also consulted to get accurate answers to questions regarding income, expenditure, assets, and loans, *etc*.

- **Quality Control Measures**: For field monitoring and on the job training, APEX Consulting deployed two quality control officers to cover 10% of the total sample size through interview process observation and 5% through back checks. To monitor the progress and performance at the enumerator and team level, daily field check tables were developed to review and assess response rate, consistency, accuracy checks and identify error patterns by enumerators. The analysis was disaggregated by UC, date of interview, enumerator, team, treatment group, and control group to observe discrepancies on daily basis and communicate corrective/preventive measures to the enumerators/team for correction.

2.3. Data Processing and Analysis Phase

Collected data was uploaded on a dedicated server on the same day when it was collected in the field. The server had inbuilt security band backup functions to avoid any data loss or misuse. The cumulative data was imported into the Statistical Package for Social Sciences (SPSS). Data cleaning was performed by outlier verification, distribution of scale variables, missing cell value techniques, replacement of missing or improper value, logical consistency checks, cross-tabulation of analytical data set for conformation of illogical values and correction. Clean dataset and output tables were shared with the SUCCESS team for their review and reference. Draft tabulations were revised by the data analyst and team lead to ensure that tables were generated as per the plan. Table 1 presents the sample distribution in the control and treatment areas of both union councils.

Table 1: Midline survey sample distribution

	Overall		Control		Treatment	
	Count	%	Count	%	Count	%
Overall sample size	2296	100.0%	1097	100.0%	1199	100.0%
UC Dad Jarwar	1413	61.5%	697	63.5%	716	59.7%
Uc Massoo Bozdar	883	38.5%	400	36.5%	483	40.3%
PSC 0 to 23	1492	65.0%	644	58.7%	848	70.7%
PSC 24 and above	804	35.0%	453	41.3%	351	29.3%

In the analysis, percentages of different response options for categorical and ordinal variables; and measures of central tendency of data (means or medians) for scale variables are compared across control and treatment groups and across various socioeconomic quintiles within treatment and control groups. Wherever possible, variations in results are explained using correlated factors.

2.4.   Limitations

The two selected UCs are located in the rural area of the district Tando Allah Yar. Within these two UCs, the sample had a 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. As the midline survey used the same sampling approach as the baseline, therefore, the limitation derived from the baseline survey progressed in the midline survey.

The enumerators' training was organized considering COVID-19 SOPs of social distancing. Although, APEX Consulting made the best possible arrangements, but still, the ability of the team to conduct training effectively was compromised due to COVID-19. This limitation was mitigated by a) increasing the duration of the training and b) conducting one-on-one group refresher sessions with the enumerators and supervisors.

Even though, the enumerators were wearing a face mask and maintaining a safe social distance, but, as the COVID-19 pandemic has affected the whole world including the socio-economic lives of the targeted households, this could have potentially affected the response rate, quality of response and introduced certain biases towards responses. It is possible that all these factors might have influenced the midline survey result: this influence could be positive or negative. However, whether COVID-19 had an impact on the results, and if there was an impact, was it positive or negative, is still unknown.

3. FINDINGS

This section presents findings of the midline survey by comparing results across the control and treatment groups, PSC scores and UCs. To improve report readability, only key analysis points are reflected in the findings section. This section follows the format of the questionnaire to present the findings. First, the section explores household demography to determine the comparability of control and intervention respondents. Then, respondents' access to health, vaccination and education services has been discussed to determine if there is any difference between control and treatment areas. To compare the socio-economic profile of the SUCCESS programme, a comparison of beneficiary and non-beneficiary respondent's work status, household income and expenditure, household assets and facilities, loans taken and usage, access to local government and services, civic engagement, civic engagement, trust on the communities and local government systems has been made. A separate sub-section is presented, which compares the role of women in household level decision-making and civic engagement in control and treatment areas. The final section explains how the impact of COVID-19 has been perceived by SUCCESS beneficiaries and non-beneficiaries and explores if COVID-19 has impacted the gains made by the SUCCESS programme in the last few years and how the communities perceive future impacts of COVID-19.

3.1. Respondent Profile

This section briefly describes respondents' gender, age, relationship with the head of household, education level and work status. The description of the respondents' basic socio-economic profile is important to contextualize the findings. All of the survey respondents were adult females of 38 years of age on average. More than 90% of respondents in the treatment areas were members of COs formed by the SUCCESS programme. Table 2 presents the respondent relationship with the head of households. Overall, nearly 80% of respondents were wives of household heads' and about 7% were heads of households. There were more women-headed households in groups with PSC 0 to 23 across both control and treatment areas. Nearly 10% of the respondents were daughters or daughters in law of the household head.

Table 2: Respondent's relationship with the head of household

	Control			Treatment		
	Overall (n=1097)	0 to 23 (n=644)	24 and above (n=453)	Overall (n=1199)	0 to 23 (n=848)	24 and above (n=351)
Head of household	7.4%	8.0%	6.7%	6.8%	7.4%	5.5%
Wife	79.4%	80.8%	77.4%	77.2%	77.2%	77.0%
Daughter	4.7%	4.6%	4.8%	8.3%	8.4%	8.2%
Daughter in law	4.3%	3.3%	5.8%	2.6%	2.6%	2.7%
Mother	2.5%	2.3%	2.8%	1.9%	1.9%	1.9%
Sister	.7%	.5%	.9%	.9%	.7%	1.4%
Sister in law	.3%	.3%	.2%	.7%	.5%	1.4%
Grandchild	.2%	0.0%	.5%	.4%	.3%	.5%
Niece	.2%	.2%	.2%	.2%	.2%	.3%
Other Relative	.4%	.2%	.7%	.9%	.8%	1.1%

Almost 85% of respondents have never attended and school and cannot read and write. Clearly, more respondents from households with PSC 0 to 23 have never attended school and these trends remain consistent in control and intervention areas. There is about three percent of respondents who have never attended school but can read or write in any language with understanding. A little over 7% of respondents had education level up to primary class and respondents from households with PSC 0 to 23 were twice more likely to report attending primary years of education (see Table 3).

Table 3: Respondent's education level

	Control			Treatment		
	Overall (n=1097)	0 to 23 (n=644)	24 and above (n=453)	Overall (n=1199)	0 to 23 (n=848)	24 and above (n=351)
Never attended school and cannot read and write	85.5%	90.4%	78.5%	84.8%	87.5%	78.4%
Never attended School but can read and write one line in any language with understanding	2.7%	2.4%	3.0%	3.4%	3.7%	2.7%
Primary Class 1-5	7.7%	6.0%	10.2%	6.8%	5.3%	10.1%
Middle Class 6-8	1.3%	.7%	2.3%	1.8%	1.5%	2.5%
High Class 9-10	1.8%	.3%	3.9%	1.1%	.6%	2.5%
College Class 11-14	.9%	.2%	1.8%	1.5%	1.2%	2.5%
Masters Class 15-16	.1%	0.0%	.2%	.4%	.1%	1.1%
Other	0.0%	0.0%	0.0%	.2%	.1%	.3%

Table 4 presents an interesting analysis of respondents' work status. On average nearly 35% of the respondents did a paid work against cash, in-kind, or both. The respondents in treatment areas were almost one-third more likely to do paid work in comparison with control areas***[6]. This could be linked to the SUCCESS programme mobilization efforts. Respondents from households with PSC 0 to 23 were almost fifty percent more likely to work in comparison to respondents from households with PSC 24 and above. A little over 1% of respondents reported doing their own agriculture or business work.

Table 4: Respondent's work status

	Control			Treatment		
	Overall (n=1097)	0 to 23 (n=644)	24 and above (n=453)	Overall (n=1199)	0 to 23 (n=848)	24 and above (n=351)
Working (doing paid work against cash, kind or both)	29.8%	34.3%	23.3%	40.1%	44.1%	30.6%
Own work (own agriculture or business)	1.2%	1.1%	1.4%	1.3%	1.3%	1.4%
Only own household chores	56.3%	51.9%	62.6%	45.2%	41.5%	54.1%
Did Not work during last year	12.7%	12.7%	12.7%	13.3%	13.1%	13.9%

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[6] *** indicates that results are significant at 1 percent.

3.2. Households' Socio-economic Profile

The socio-economic profile section presents sampled households' demographic structure, access to education and health, work status, income, expenditure, loans and assets ownership.

3.2.1. Demographic Structure

This section draws a comparison of the demographics of respondents from the control and treatment areas. Furthermore, the demographic variations of different PSC levels and geographic areas are explored. Table 5 indicates a consistent distribution of children and adults and male and female ratio in the control and treatment areas.[7]

Table 5 Respondents PSC, children and adults, gender ratio and average household size

	Control			Treatment		
	Overall (n=7383)	0 to 23 (n=4459)	24 & above (n=2924)	Overall (n=8315)	0 to 23 (n=5988)	24 & above (n=2327)
Total population	100%	60%	40%	100%	72%	28%
Children	52%	55%	46%	55%	57%	49%
Adult	48%	45%	54%	45%	43%	51%
Male	52%	53%	52%	51%	52%	51%
Female	48%	47%	48%	48%	48%	49%
Average HH Size (#)	6.73	6.92	6.45	6.93	7.06	6.63

Figure 1 presents the distribution of the population by gender and age. As one can see, children make up more than half the population and almost 90% of the population is below the age of 50 years. The gender-wise distribution is a bit inclined towards reporting more male members.

Figure 1: Population pyramid

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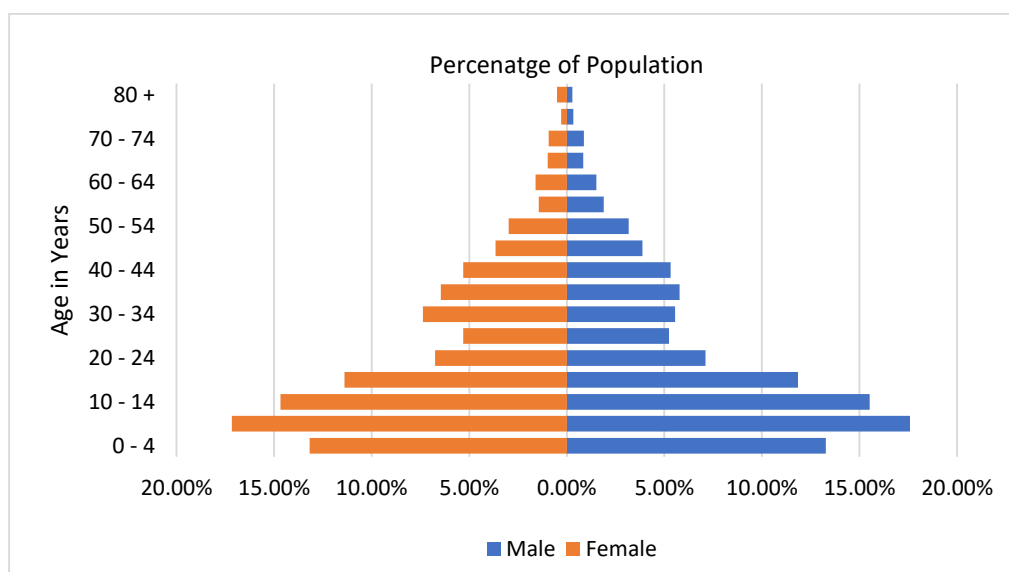
[7] For children (age less than 18 years) and Adults (18 years or above)

Overall, 37.2% of the population in the control area and 36.3% in the treatment area have a birth registration certificate or computerized national identity card (CNIC). This proportion is significantly lower in households with PSC 0-23 in comparison to households with PSC 24 and above, in both control areas by 7.7% and treatment areas by 7.9%. The birth registration numbers of children are alarmingly low as only 2.2% of children have a birth registration certificate. Gender does not play an important role while assessing the birth registration of children. The child registration percentage is higher in households with PSC 24 and above across both areas. In adults, 7.1% more males have a CNIC than women in the control area and 8.5% more males have a CNIC than women in the treatment area***[8]. In control area, 74.5% adults have CNIC whereas in treatment areas 77.7% do so. In both areas, and in both PSC groups, more men than women have CNICs.

Table 6: Proportion of the population that has a birth registration certificate or CNIC

		Control			Treatment		
		Overall (n=7383)	0 to 23 (n=4459)	24 and above (n=2924)	Overall (n=8315)	0 to 23 (n=5988)	24 and above (n=2327)
All Population	Male	38.3%	35.0%	43.3%	37.9%	35.9%	43.3%
	Female	36.1%	33.2%	40.4%	34.6%	32.2%	40.7%
	Overall	37.2%	34.2%	41.9%	36.3%	34.1%	42.0%
Children	Male	2.3%	1.7%	3.3%	2.1%	1.8%	2.7%
	Female	2.2%	1.5%	3.4%	1.8%	1.0%	3.9%
	Overall	2.2%	1.6%	3.3%	1.9%	1.5%	3.3%
Adults	Male	77.9%	77.6%	78.3%	82.4%	82.2%	82.8%
	Female	70.8%	70.2%	71.5%	73.9%	72.9%	75.9%
	Overall	74.5%	74.0%	75.0%	78.2%	77.7%	79.4%

Table 7 presents the analysis of the marital status of household members age 11 and above. Of the total population 3.2% more people are married in the treatment area than in the control area. Relatively, more respondents falling under PSC category 24 and above are married than those falling under the category 0 to 23 across both areas. More females than men in both areas. The proportion of female widows is higher than male widowers indicating the societal norm of women not marrying again after the death of their husband. There was little or no variation across treatment and control groups, and geographical areas in this regard.

Table 7: Household marital status of members age 11 and above

		Control			Treatment		
		Overall (n=4940)	0 to 23 (n=2905)	24 and above (n=2035)	Overall (n=5255)	0 to 23 (n=3734)	24 and above (n=1521)
Male	Unmarried	46.5%	49.0%	43.0%	43.2%	45.3%	38.1%
	Married	51.6%	49.1%	55.1%	54.8%	53.0%	59.1%
	Divorced	.1%	.1%	.1%	.1%	.1%	.4%
	Widow	1.8%	1.8%	1.7%	1.8%	1.6%	2.5%
	Separated	.1%	.1%	.1%	.0%	.1%	0.0%

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[8] *** indicates that results are significant at 1 percent.

		Control			Treatment		
		Overall(n=4940)	0 to 23 (n=2905)	24 and above (n=2035)	Overall (n=5255)	0 to 23 (n=3734)	24 and above (n=1521)
Female	Unmarried	36.0%	38.5%	32.5%	36.0%	37.7%	32.1%
	Married	57.0%	55.1%	59.7%	57.2%	55.8%	60.6%
	Divorced	.1%	.2%	0.0%	.4%	.4%	.3%
	Widow	6.5%	6.0%	7.3%	6.1%	5.9%	6.5%
	Separated	.3%	.1%	.6%	.4%	.3%	.5%
Total Population	Unmarried	41.5%	44.0%	37.9%	39.7%	41.6%	35.1%
	Married	54.2%	52.0%	57.3%	56.0%	54.4%	59.8%
	Divorced	.1%	.1%	.0%	.2%	.2%	.3%
	Widow	4.1%	3.8%	4.4%	3.9%	3.6%	4.5%
	Separated	.2%	.1%	.3%	.2%	.2%	.3%

3.2.2. Access to Health

It was reported that 7% of adult women are pregnant *(468 pregnant women in 7146 adult women)*. Out of the reported pregnant women, 40% are vaccinated in control areas, while, only 33% are vaccinated in treatment areas, but this difference was statistically insignificant. In control areas, women belonging to households with PSC 24 and above have twice the vaccination rate, compared to women from households with PSC 0 to 23. This evidence demonstrates that household economic situation has positively influenced the vaccination. Notably, in the treatment area, households belonging to PSC 0 to 23 group have a 5.2% higher vaccination rate than the households belonging to PSC 24 and above group. This change can be linked to mobilization and behavior change interventions undertaken by the SUCCESS programme in treatment areas (Table 8). This positive trend is more visible in the UC Masoo Bozdar in comparison to UC Dad Jarwar (Refer to Table 40 in Annex V).

Table 8: Percentage of pregnant women vaccinated

	Control			Treatment		
	Overall (n=114)	0 to 23 (n=70)	24 and above (n=44)	Overall (n=120)	0 to 23 (n=83)	24 and above (n=37)
Yes, fully vaccinated as per pregnancy period	40.4%	25.7%	63.6%	33.3%	34.9%	29.7%
Not at all	37.7%	45.7%	25.0%	40.8%	41.0%	40.5%
Partially	21.9%	28.6%	11.4%	23.3%	20.5%	29.7%
Don't know	0.0%	0.0%	0.0%	2.5%	3.6%	0.0%

The midline survey further probed respondents to understand if there were any deliveries held in the last 12 months and whether these deliveries were attended by a qualified midwife or doctor. It was reported that 13% of pregnant women gave birth in the last 12 months. Out of those births, approximately 80% were attended by a qualified midwife or doctor. Households with lower PSC scores reported having less access to qualified midwives or doctors in comparison to households with higher PSC. This trend was consistent across control and treatment areas and in both UCs.

Table 9 depicts that in the last 12 months, an average of 17% of the population in the sampled household got access to a medical professional. Households in treatment areas have a slightly higher tendency of visiting doctors especially those households belonging to the category of PSC 24 and

above. The people with special needs (differently abled) in the sampled UCs are approximately 2%; as high as 2.4% of the households with PSC 24 and above reported members with special needs in the treatment area. This finding can be attributed to improved awareness and understanding of identifying and reporting special needs. Mental disorder was reported by twice as many households in control area across both PSC levels while physical or limb disability was more prevalent in treatment areas. However, 14 more cases of disability caused by polio were reported in control areas than treatment areas. Out of the total 40 disability caused by polio cases, 26 were found in UC Dad Jarwar (see Table 41 Annex V for details).

Table 9: Percentage of population with access to medical professionals and disability status

		Control			Treatment		
		Overall	0 to 23	24 and above	Overall	0 to 23	24 and above
Had serious illness in the last 12 months and treated by a medical professional? (n=2684, control=1257, treatment 1427)	Yes, and treated by a medical professional	17.0%	17.4%	16.5%	17.2%	16.3%	19.3%
	Yes, but not treated by a medical professional	3.2%	3.5%	2.7%	3.1%	3.0%	3.4%
	Did not fall sick	79.8%	79.2%	80.8%	79.7%	80.6%	77.4%
Has any apparent disability? (n=283, control=134, Treatment=149)	Yes	1.8%	1.7%	1.9%	1.8%	1.5%	2.4%
	No	98.2%	98.3%	98.1%	98.2	98.5%	97.6%
Disabilities	Visually impaired	11.0	14.3%	6.8%	13.8%	17.0%	8.6%
	Deaf and Dumb hearing impaired persons	16.9%	22.1%	10.2%	15.8%	16.0%	15.5%
	Mental disorder	32.4%	32.5%	32.2%	16.4%	13.8%	20.7%
	Physical or limb disability	19.1%	11.7%	28.8%	38.8%	39.4%	37.9%
	Polio	19.9%	19.5%	20.3%	8.6%	9.6%	6.9%
	Speech disability	11.0%	13.0%	8.5%	9.2%	9.6%	8.6%
	Other	1.5%	0.0%	3.4%	2.0%	2.1%	1.7%

3.2.3. Access to Vaccination Services and Deaths in Household

The respondents were probed about vaccination of children up to two years old to understand vaccination coverage in the area. Vaccination card availability is relatively higher in control areas (78%) in comparison to treatment areas (73%)[9]. The probability of having a vaccination card was higher in households with better PSC scores. Out of those respondents who had vaccination cards, approximately 45% were vaccinated as per the vaccination card schedule. The probability of being fully vaccinated, either as per the card schedule or according to memory, was higher in treatment areas. See Table 10.

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[9] Difference between treatment and control is insignificant.

Table 10: Vaccination coverage rates

		Control			Treatment		
		Overall (n=278)	0 to 23 (n=153)	24 and above (n=125)	Overall (n=323)	0 to 23 (n=201)	24 and above (n=122)
Do the children up to two years of age have an EPI card?	Yes	78.1%	71.9%	85.6%	72.8%	70.6%	76.2%
	No	20.1%	25.5%	13.6%	21.7%	22.9%	19.7%
	Don't know	1.8%	2.6%	.8%	5.6%	6.5%	4.1%
If the child has a card, has the child been vaccinated as per the card?	Yes, fully	40.6%	42.7%	38.3%	48.5%	42.3%	58.1%
	Yes partially	57.6%	55.5%	59.8%	49.8%	56.3%	39.8%
	No	1.8%	1.8%	1.9%	1.7%	1.4%	2.2%
If the child does not have a card, has the child been vaccinated according to memory?	Yes fully	19.7%	20.9%	16.7%	20.5%	16.9%	27.6%
	Yes, partially	26.2%	25.6%	27.8%	27.3%	23.7%	34.5%
	No	47.5%	46.5%	50.0%	37.5%	42.4%	27.6%
	Don't know	6.6%	7.0%	5.6%	14.8%	16.9%	10.3%

From the sampled households, 13% reported that there was a death in their households in the last 12 months. This constituted an average of 1.2 deaths per household. 34 households reported two or more deaths. Of those who died, a little over 50% were male and nearly 50% of them were 55 years or above. The main causes of death were identified as fever and/or heart attack.

3.2.4. Access to Education

Education is considered as an important factor that could influence the household's ability to improve their socio-economic status. Table 11 shows that 65% of the population has never attended school and cannot read and write. This figure was reported to be 67% in treatment areas and 63% in control areas***[10]. Of the remaining 35% population who reported to be literate, nearly half of them have completed primary education and another 5% reached middle schooling. As expected, the households with better PSC results are more literate than the household with lower PSC scores***[11], this trend remains consistent in both UCs. (see Refer to Table 42 in Annex V for details).

Table 11: Education status of household members age 5 and above

	Control			Treatment		
	Overall (n=6447)	0 to 23 (n=3904)	24 and above (n=2543)	Overall (7166)	0 to 23 (n=5213)	24 and above (n=1953)
Primary Class 1-5	21.1%	18.7%	24.8%	19.1%	18.0%	22.0%
Middle Class 6-8	5.3%	4.1%	7.2%	4.4%	3.7%	6.3%
High Class 9-10	4.0%	2.7%	5.9%	3.3%	2.5%	5.6%
College Class 11-14	3.5%	1.3%	6.9%	2.5%	1.6%	5.1%

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[10] *** indicates that results are significant at 1 percent.
[11] *** indicates that results are significant at 1 percent.

	Control			Treatment		
	Overall (n=6447)	**0 to 23 (n=3904)**	**24 and above (n=2543)**	**Overall (7166)**	**0 to 23 (n=5213)**	**24 and above (n=1953)**
Masters Class 15-16	0.5%	.3%	.7%	0.2%	.2%	.9%
Higher over 16	0.1%	0.0%	.2%	0.0%	.0%	.2%
Never attended School but can read and write one line in any language with understanding	2.4%	2.4%	2.4%	2.9%	3.1%	2.5%
Never attended school and cannot read and write	63.0%	70.4%	51.7%	67.1%	70.7%	57.2%

There are nearly 6,000 children aged between 5 to 16 years in sampled households as listed in Table 11 Of these nearly 40% go to school. The remaining children either did not go to school at all or dropped-out of school. Control areas have a relatively better school-going ratio than treatment areas. Children of households with better PSC scores are nearly twice as likely to be in school. Of those children who attend school, about 85% attend government schools. The majority of the remaining children attend private schools. In control areas, households with less PSC scores are more likely to send their children to government schools, however, this difference does not exist in treatment areas. This is an interesting finding which requires a more in-depth focus to understand why PSC scores do not affect a household's choice of choosing government or private schools. More children are going to school in UC Masoo Bozdar in comparison to UC Dad Jarwar (see detailed Table 43 in Annex V for details).

Poverty was mentioned as the most common reason for not attending or dropping out of school across all categories. The second common reason reported for children not attending school by 16% of the respondents was that the child is not ready or interested in studies, while the third reason reported by 12% of the respondents was that parents do not believe that education is useful. This latter percentage was relatively lower in treatment areas than control areas: this difference is minor but meaningful as it points towards possible contributions by the SUCCESS programme's community engagement efforts for raising awareness about the importance of education.

Table 12: School attendance status of children age 5-16 years

		Control			Treatment		
		Overall	0 to 23	24 and above	Overall	0 to 23	24 and above
Number of 5-16 age children		2727	1825	902	3269	2538	731
If age is 5-16 years, is she currently attending or enrolled in School?	Yes	37.3%	30.6%	50.9%	31.0%	27.3%	43.8%
	No, dropped out of school	62..7%	69.4%	49.1%	69.0%	72.7%	56.2%
If is currently enrolled in school, in which type of educational institution, she/he is studying?	Government	84.0	90.1%	76.6%	88.0%	88.3%	87.2%
	Private	13.1%	7.5%	19.9%	8.7%	7.8%	10.6%
	Madrasah or Masjid or Maktab School	2.9%	2.3%	3.5%	3.4%	3.9%	2.2%
	Other	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

		Control			Treatment		
		Overall	0 to 23	24 and above	Overall	0 to 23	24 and above
If is not attending school, what is the main reason for not attending school or for drop out?	Education is costly	3.4%	3.0%	4.2%	3.2%	3.4%	2.6%
	School is far away	9.2%	10.1%	7.4%	9.4%	10.2%	6.9%
	Has to help in household chores or grazing of livestock	4.0%	4.1%	3.9%	3.6%	3.6%	3.8%
	Teacher not available or sub-standard education	5.5%	5.7%	5.1%	6.9%	7.4%	5.2%
	Parents don't believe education is useful	12.0%	12.0%	12.1%	11.3%	11.5%	10.7%
	Parents believe education is useful but do not permit	13.8%	13.3%	14.7%	14.0%	12.4%	19.0%
	Child is not ready or interested	16.9%	16.0%	18.7%	14.4%	14.0%	16.0%
	Poverty	32.1%	32.8%	30.8%	33.6%	34.4%	30.8%
	Other	3%	3%	3%	3.5%	3%	5%

3.2.5. Work Status

This section reports the work status of respondents' household members according to gender and age. The analysis presents the type of occupation respondents were engaged in, how many months they worked in the last 12 months, and how much they earned. For those who are not working, the reasons for not working are presented.

Table 13 presents the work status of survey respondents' household members. Of the 6,445 household members, nearly 35% work. A large majority of these (31.5%) do paid work against cash, in-kind, or both. Households with PSC 0 to 23 are more engaged in skilled/unskilled jobs in comparison to households with PSC 24 and above. Almost twice the number of men work for skilled or unskilled paid jobs or own businesses than women. Men are also more likely to do their own agriculture or business work than women. Women of treatment areas are 6% more likely to work in comparison to women of control areas***[12]. This difference could be attributed to the SUCCESS programme's women-focused interventions which provide an enabling environment for women's participation in the labor force. Women of households with PSC 0 to 23 work more than women of the household with PSC 24 by 50%. This trend is consistent across control and treatment areas.

Table 13: Household members work status

		Control			Treatment		
		Overall	0 to 23	24 and above	Overall	0 to 23	24 and above
Overall (n=6445)	Working (doing paid work against cash, kind or both)	31.5%	33.0%	29.3%	33.9%	34.7%	31.9%

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[12] *** indicates that results are significant at 1 percent.

		Control			Treatment		
		Overall	0 to 23	24 and above	Overall	0 to 23	24 and above
	Own work (own agriculture or business)	2.1%	1.5%	3.0%	1.8%	1.5%	2.6%
	Only own household chores	25.3%	23.3%	28.4%	21.7%	20.2%	25.7%
	Did Not work during last year	41.1%	42.3%	39.3%	42.5%	43.6%	39.8%
Male (n=3371)	Working (doing paid work against cash, kind or both)	44.8%	44.8%	44.7%	44.1%	43.9%	44.6%
	Own work (own agriculture or business)	3.4%	2.2%	5.3%	2.9%	2.2%	4.6%
	Only own household chores	5.6%	5.9%	5.2%	5.6%	5.7%	5.4%
	Did Not work during last year	46.2%	47.0%	44.8%	47.4%	48.2%	45.3%
Female (n=3074)	Working (doing paid work against cash, kind or both)	17.0%	19.8%	12.7%	23.2%	24.9%	18.6%
	Own work (own agriculture or business);	0.6%	0.6%	0.6%	0.6%	0.7%	0.5%
	Only own household chores	46.9%	42.6%	53.3%	38.8%	35.8%	46.9%
	Did Not work during last year	35.6%	37.0%	33.4%	37.4%	38.6%	34.0%

It is reported that 5% of children aged 5 to 13 and 30% of children aged 14 to 18 work in the sampled areas. More children of households with PSC 0 to 23 work in comparison to children from higher PSC scores. Child labor is relatively high in treatment areas. Boys are twice more likely to be engaged in child labor than girls. This trend remains consistent in control and treatment areas. Please see *Table 14* below and Table 44 in Annex V for detailed results.

Table 14: Children work status

		Control			Treatment		
		Overall	0 to 23	24 and above	Overall	0 to 23	24 and above
5 to 13 Years (n=2080)	Working (doing paid work against cash, kind or both)	3.9%	4.4%	2.9%	5.2%	5.9%	2.8%
	Own work (own agriculture or business)	.3%	.4%	.1%	.1%	.1%	0.0%
	Only own household chores	12.5%	12.8%	11.7%	12.4%	13.5%	8.5%
	Did Not work during last year	83.4%	82.4%	85.2%	82.3%	80.5%	88.7%
14 to 18 Years (n=1012)	Working (doing paid work against cash, kind or both)	29.0%	32.9%	22.1%	31.3%	33.1%	25.8%
	Own work (own agriculture or business)	1.1%	.6%	1.9%	1.4%	1.6%	.8%
	Only own household chores	33.6%	30.6%	38.8%	31.6%	30.1%	36.3%
	Did Not work during last year	36.4%	35.9%	37.2%	35.7%	35.3%	37.1%

More than one-third of the households have reported working as farm labor. More women work as farm labor than men. Farm labor is found to be more common in treatment areas than in control areas. Off-farm unskilled labor is the second most common livelihood source accounting for nearly 30% of the community members. Men are about 50% more likely to work as off-farm labor than women in both control and treatment areas.

Table 15: Occupation by gender

	Control			Treatment		
	Overall (2031)	Male (1509)	Female (n=522)	Overall (n=2431)	Male (n=1625)	Female (n=806)
Own farming	.7%	1.0%	0.0%	.9%	1.2%	.2%
Farm labor	36.4%	33.3%	45.6%	43.6%	40.3%	50.2%
Livestock laborer only	2.9%	3.5%	1.1%	4.0%	5.0%	2.0%
Off-farm unskilled labor or mazdoor	29.0%	27.6%	33.3%	28.0%	24.9%	34.2%
Off-farm skilled labor	21.8%	23.7%	16.1%	16.0%	19.4%	9.2%
Business or trade	1.7%	2.0%	.8%	1.4%	1.6%	1.0%
Government Job	2.2%	2.8%	.4%	1.4%	1.9%	.2%
Private Job	4.5%	5.6%	1.3%	3.4%	4.5%	1.1%
Beggar	.7%	.5%	1.3%	1.4%	1.2%	1.7%

Table 16 depicts the number of months an individual found work in the last 12 months and draws a comparison across age, gender, and PSC to explain how different factors influence employability. Overall, the individuals looking for work got work for more than 7 months in the last one year, across both control and treatment areas. Male members are almost two times more likely to get employment than women. However, women in treatment area were on average employed for longer than those in the control area. These trends remain consistent across age. Nearly 35% of children aged 5 to 18 work in survey areas. Overall, households with higher PSC are more likely to get work opportunities than households with lower PSC.

Table 16: Household member employability in the last 12 months

		Control			Treatment		
		Overall (n=6447)	0 to 23 (n=3904)	24 and above (n=2543)	Overall (n=7166)	0 to 23 (n=5213)	24 and above (n=1953)
Overall	Overall	7	7	8	8	7	8
	5 to 13 Years	6	6	6	6	6	8
	14 to 18 Years	6	6	7	7	7	7
	19 to 55 Years	8	7	8	8	8	9
	Above 55	8	8	9	8	8	9
Male	Overall	8	8	9	9	9	9
	5 to 13 Years	8	8	8	7	7	10
	14 to 18 Years	7	6	9	7	7	8
	19 to 55 Years	8	8	9	9	9	9
	Above 55	9	10	9	9	9	10
Female	Overall	5	5	5	6	5	6
	5 to 13 Years	4	4	3	5	5	7
	14 to 18 Years	4	4	4	5	5	5
	19 to 55 Years	5	5	5	6	5	6
	Above 55	5	4	6	6	6	7

According to Table 17, the mean annual income of household members in control areas is PKR 102,479 while it is PKR 95,990 in treatment areas. In control areas, the households with PSC 0 to 23 are earning nearly 30% less than that of households with PSC 24 and above. The annual income is reported to be

about 7% less in treatment areas than in control areas again households with lower PSC score earning almost 20%. The difference in mean incomes of control and treatment areas could be linked back to the fact that in the treatment areas more households work as farm labor

Table 15). The annual mean income of children is less than one-third of adults in control areas and almost 40% in treatment areas.

Similar to earlier trends, the mean income of women is almost two times less than that of men. However, this difference narrows down in treatment areas where women are getting about 40% less than men. This difference is important as the improvement could be linked to women's engagement and mobilization efforts being undertaken by the SUCCESS programme, especially since the mean income of women with PSC 0 to 23 in treatment areas is significantly higher than that of their counterparts in the control areas.

Table 17: Household members' average income

Average Income by Age, Gender and PSC		Control			Treatment		
		Overall (n=6447)	0 to 23 (n=3904)	24 and above (n=2543)	Overall (n=7166)	0 to 23 (n=5213)	24 and above (n=1953)
Overall	Overall	102,479	92,621	118,699	95,990	90,199	112,126
	5 to 13 Years	32,159	31,161	35,205	39,314	38,333	46,000
	14 to 18 Years	72,801	68,026	84,711	59,405	58,624	62,554
	19 to 55 Years	111,413	102,805	124,573	103,778	98,682	116,626
	Above 55	100,361	72,075	133,265	127,391	113,127	167,884
Male	Overall	124,583	115,550	137,880	121,370	114,062	139,937
	5 to 13 Years	41,977	39,494	48,662	42,161	37,842	76,714
	14 to 18 Years	88,261	80,546	104,758	78,420	76,621	85,945
	19 to 55 Years	134,644	127,674	144,351	128,718	123,013	141,777
	Above 55	108,968	83,658	135,512	161,087	141,889	212,279
Female	Overall	32,716	31,539	35,537	40,363	41,839	35,245
	5 to 13 Years	17,879	19,942	10,214	36,421	38,851	22,111
	14 to 18 Years	36,130	42,434	12,317	28,189	28,502	27,000
	19 to 55 Years	31,156	29,495	34,722	43,860	45,448	38,714
	Above 55	67,500	36,500	121,750	31,741	36,428	15,671

The most common reason identified for a household member not working is of member being a minor, old, or retired (35% in control and 44% in treatment). The second reason identified is of member being students (19.6%), while the third common reason for not working was being not allowed to work due to social and cultural norms. Women are 6 times more likely to face these constraints than men, and women in treatment areas are less likely to face this constraint than women in control areas (See Table 18.)

Table 18: Reasons for not working, by gender

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	Control			Treatment		
	Overall (n=4280)	Male (n=1746)	Female (n=2534)	Overall (n=1799)	Male (n=810)	Female (n=989)
Unemployed	4.1%	7.9%	1.5%	4.0%	5.8%	2.5%
Student	19.6%	32.9%	10.5%	19.0%	29.5%	10.4%
Old or minor or retired	35.3%	40.4%	31.7%	44.0%	47.2%	41.4%
Handicapped or incapability	1.5%	2.0%	1.2%	1.6%	2.8%	.5%
Pregnancy or temporary illness or injury	2.7%	2.3%	2.9%	2.6%	1.5%	3.4%
Idle - not willing to work	4.3%	5.7%	3.4%	3.8%	4.9%	2.9%
Not allowed to work due to social and cultural constraints	17.9%	4.0%	27.5%	14.6%	4.1%	23.3%
Look after home	12.8%	2.7%	19.7%	8.7%	1.7%	14.4%
Others	1.5%	2%	1.6%	1.8%	2.5%	1.2%

3.2.6. Access to WASH facilities

On average the sampled households have reported having only one room other than the kitchen, toilet, living area, or place of business. Households with PSC 24 and above had on average 2 beds. However, the median number of beds remained 1. Hand pump inside the dwelling is the main source of drinking water for nearly two-thirds of households located in the sampled areas. The second most common water source is the public bore, which was reported by 20% of households. The third most common water source reported was a private borehole. Households with PSC 0 to 23 are more likely to gain access to water from the public borehole than households with PSC 24, who have more access to private boreholes. Nearly 97% of households do not treat water before drinking. Approximately, 2.5% boil water before using it. One-quarter of households reported their drinking water source has been tested - this percentage was double in treatment areas (35%) than in control areas (18%). Out of the tested water sources, 55% of the water sources were reported to be found safe for drinking. This figure is higher in treatment areas than in control areas (Table 19).

Table 19: Household source of drinking water

		Control			Treatment		
		Overall (n=1097)	0 to 23 (n=644)	24 and above (n=453)	Overall (n=1199	0 to 23 (n=848)	24 and above (n=351)
The main source of drinking water	Bottled water	2.6%	2.0%	3.3%	.8%	.7%	.9%
	Hand pump in the dwelling	63.8%	66.3%	60.3%	62.8%	62.9%	62.7%
	Filtration plant	1.4%	.5%	2.6%	.4%	.1%	1.1%
	Public borehole with motor pump	20.1%	21.9%	17.7%	22.6%	23.8%	19.7%
	Private borehole with motor pump	5.4%	3.4%	8.2%	4.2%	3.3%	6.3%
	Other	6.7%	5.9%	7.9%	9.3%	9.2%	9.4%
Method mostly adopted for treatment of drinking water	No treatment	96.9%	97.4%	96.2%	96.9%	96.8%	97.2%
	Boiling	2.4%	2.0%	2.9%	2.8%	2.9%	2.3%
	Other	0.7%	0.6%	0.9%	0.3%	0.2%	0.6%
	Yes	18.3%	16.6%	20.8%	34.2%	32.5%	38.2%

		Control			Treatment		
		Overall (n=1097)	0 to 23 (n=644)	24 and above (n=453)	Overall (n=1199	0 to 23 (n=848)	24 and above (n=351)
Drinking water source ever been tested (Proper Laboratory Testing)?	No	79.4%	81.4%	76.6%	63.8%	65.2%	60.4%
	Don't Know	2.3%	2.0%	2.6%	2.0%	2.2%	1.4%
If tested: is it drinkable?	Yes	46.8%	47.7%	45.7%	63.9%	65.6%	60.4%
	No	53.2%	52.3%	54.3%	36.1%	34.4%	39.6%

Nearly 60% of the households have reported going to fields or open places for their toilet needs. This percentage is significantly higher in households with PSC 0 to 23 than PSC 24 and above. Although households with PSC 24 and above are two times more likely to have a toilet in house premises, of those with lower PSC, households in treatment areas reported having a slightly higher percentage of toilets within house premises. Of the households that have access to the toilet in the house premises, the most common type is flush connected to pit (41%), followed by flush connected to public sewerage (23%), and flush connected to open drain (17%). There was no clear difference in the figures reported among control and treatment areas. Two-third of the households have reported having electricity connections. Households with PSC 24 and above have about 20% more water connection than households with lower PSC.

Table 20: Household availability of toilet and electricity facilities

		Control			Treatment		
		Overall (n=1097)	**0 to 23 (n=644)**	**24 and above (n=453)**	**Overall (n=1199)**	**0 to 23 (n=848)**	**24 and above (n=351)**
Where do the household members go for their toilet needs?	Toilet in house premises	36.0%	25.6%	50.8%	30.9%	26.3%	41.9%
	Fields or open places	56.8%	67.4%	41.7%	64.1%	69.6%	51.0%
	Communal latrine	7.2%	7.0%	7.5%	5.0%	4.1%	7.1%
	Others	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
What type of toilet is used by your household?	Flush connected to public sewerage	21.7%	20.6%	22.6%	24.7%	21.5%	29.7%
	Flush connected to pit	41.0%	40.2%	41.7%	40.7%	38.9%	43.6%
	'Flush connected to open drain	15.2%	11.7%	18.0%	19.2%	21.5%	15.7%
	Dry raised latrine	5.8%	7.0%	4.9%	5.7%	8.3%	1.7%
	Dry pit latrine	16.3%	20.6%	12.8%	9.6%	9.8%	9.3%
Do you have electricity in your house?	Yes, on grid (Wapda)	66.9%	59.2%	77.9%	63.0%	57.3%	76.6%
	Yes, Off-grid (Solar etc.)	3.0%	2.6%	3.5%	3.9%	4.6%	2.3%
	No	30.1%	38.2%	18.5%	33.1%	38.1%	21.1%

3.2.7. Household Income

This section explores the households' income from various sources in the control and treatment areas

and of households with different PSC scores. Table 21 provides households and per capita incomes. On average each household reported a mean annual income of about PKR 235,000. Income disparity was high in control areas where households with PSC 24 and above reported almost one and a half times more annual income than those with lower PSC levels. On average each household's monthly income was about PKR 20,000. Considering the household size, we found a per capita income of about PKR 35,000 per annum and about PKR 2,900 per month. Households in treatment areas reported higher yearly, as well as per capita monthly incomes than households in control areas. For PSC 0 to 23, the per capital monthly income for treatment areas was reported being PKR 4,200 more than that in control areas.

Table 21: Household and per capita mean income

	Control			Treatment		
	Overall (n=1097)	0 to 23 (n=644)	24 and above (n=453)	Overall (n=1199	0 to 23 (n=848)	24 and above (n=351)
Average household annual income	230,661	198,287	272,861	246,218	231,908	278,027
Average household monthly income	19,222	16,524	22,738	20,518	19,326	23,169
Per capita annual income of each household member	34,268	28,638	42,273	35,504	32,842	41,937
Per capita monthly income of each household member	2,856	2,387	3,523	2,959	2,737	3,495

The mean annual per capita income in the control households was PKR 34,268 and PKR 35,504 in treatment households. On average, these roughly translate into almost three times less than the World Bank defined poverty line. It appears that incomes may be under-reported due to the element of COVID-19, as sampled households could have thought there may be assistance coming following this survey[13]. In both control and treatment areas, a household with PSC 24 and above has at least 25% more mean income than a household with lower PSC scores. The non-farm mean income coming from wage, pension, Zakat, business, and remittances, etc. was PKR 29,871 in control and PKR 27,737 in treatment areas - again households with more PSC scores having about 20% more income than others. Farm income comprised less than half of the total household income and households with PSC 24 and above had almost one and half times more farm income than households with PSC 0 to 23. The income

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[13] Although the enumerators explained the purpose of survey in detail but generally respondents believe that if they remain conservative about telling their income and assets they might get some benefit in terms of grants or supplies.

from livestock in control areas was PKR 7,346 as compared to PKR 10,167 in treatment areas. See Table 22 for a detailed breakdown of per capita income from various sources.

Table 22: Household average per capita income

Average per capita income from each source	Control			Treatment		
	Overall (n=7383)	0 to 23 (n=4459)	24 and above (n=2924)	Overall (n=8315)	0 to 23 (n=5988)	24 and above (n=2327)
Wage	25,816	22,553	30,688	24,155	22,595	28,042
Pension	26,080	41,387	13,556	21,453	19,188	26,307
Zakat	3,647	3,271	4,023	2,688	1,730	4,125
BISP	2,575	2,495	2,734	2,419	2,350	2,649
Rental	3,207	1,148	5,037	4,332	2,853	6,552
NRSP income generation grant				1,588	1,670	999
Any other grant from NRSP or any other NGO	1,681	1,531	2,223	1,762	1,509	2,717
Business	22,077	12,122	34,024	16,416	15,367	18,887
Profit on savings/loans given	17,167	889	20,655	4,387	3,526	8,443
Remittance	6,684	5,321	8,500	6,353	7,999	1,413
Total income from non-farm activities in the last 12 months	**29,871**	**25,691**	**35,892**	**27,737**	**26,153**	**31,569**
Crops and by-products (sold)	17,558	6,623	24,690	15,268	10,700	22,577
Crops and by-products (/kept for home consumption)	6,116	5,534	6,724	9,204	5,323	16,356
Crops and by-products (given away, as in-kind wage etc.)	5,523	3,985	6,222	9,325	6,692	12,972
Agricultural Land rented out	19,739	10,486	30,534	9,273	10,273	6,273
Agricultural Machinery / implements rented	2,443	349	3,839	751	1,005	294
Total income from farm activities in the last 12 months	**19,415**	**10,177**	**27,480**	**19,188**	**12,092**	**34,089**
Livestock and by-products (sold)	5,002	3,955	6,709	5,340	5,638	4,780
Livestock and by-products (kept for home consumption)	5,434	5,144	5,865	8,231	8,955	6,397
Livestock and by-products (given away, as in-kind wage etc.)	1,814	1,266	2,440	2,836	2,112	3,879
Livestock and by-products (rented out)	1,679	1,147	2,388	14,668	21,058	289

Average per capita income from each source	Control			Treatment		
	Overall (n=7383)	0 to 23 (n=4459)	24 and above (n=2924)	Overall (n=8315)	0 to 23 (n=5988)	24 and above (n=2327)
Total income from livestock in the last 12 months	**7,346**	**6,451**	**8,736**	**10,167**	**10,821**	**8,592**
Income from selling assets	4,640	2,490	6,897	6,415	4,338	10,652
Income from any other source	2,371	1,901	2,886	7,678	8,948	3,867
Total Household Annual Income (Non-Farm + Farm + Livestock + other)	**34,268**	**28,638**	**42,273**	**35,504**	**32,842**	**41,937**

3.2.8. Household Expenditure

The mean per capita annual household expense on all sources stood at PKR 42,205 in control and PKR 41,336 in treatment areas. Households with less PSC reported 20% less expense than households with PSC 24 and above. As we compare the income with expenses, we note expenses are on average about PKR 7,000 more than income and even if after adjusting for any loans taken by households in the last 12 months (discussed in detail in the next section) there still is a gap between income and expenditures for which the midline survey does not have a concrete answer. This difference could be linked to the household general behavior of over-reporting expenses and under-reporting of incomes, coupled with an additional element of expectations of monetary assistance due to COVID-19.

In both the control and treatment areas, households spend more than 60% of the money on food items and households with 0 to 23 PSC scores generally spend more on food items in comparison to households with higher PSC. See Table 23 for the overall summary and Table 24 for a breakdown of expenses on various food and non-food items.

Table 23: Household average per capita expense[14] [15]

	Control			Treatment		
	Overall (n=1097)	0 to 23 (n=644)	24 and above (n=453)	Overall (n=1199	0 to 23 (n=848)	24 and above (n=351)
Average per capita expenditure	42,205	38,343	47,696	41,336	38,446	48,313
% expense on food items	63%	64%	62%	63%	66%	58%

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[14] The consumption data on food items were collected for the last seven days from the day of the survey. To estimate the expense on these for the last 12 months, reported consumed quantities are converted for the whole year and then multiplied with the average prices of period Sep 2019-Sep 2020. It was most appropriate that officially reported data of prices for rural areas of Tando Allahyar may be used. Pakistan Bureau Pakistan (PBS) collects such data on monthly basis for all districts of Pakistan, however, their website does not provide this information for the Tando Allah Yar district. Hence, the average market prices for the last 12 months (Sep 2019-Sep 2020) for this survey are derived from data reported by the Pakistan Bureau of Statistics (PBS) for urban and rural areas for other districts in Sindh and then prices are further adjusted to rural area prices.

[15] The difference in household expenditure and income could be linked to the household general behavior of under-reporting the income and over-reporting the expenses particularly with the element of COVID-19 where the targeted household might think of receiving some assistance following the survey

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% expense on non-food items	37%	36%	38%	37%	34%	42%

Table 24: Proportion of expense on food and non-food items

		Control			Treatment		
		Overall	0 to 23	24 and above	Overall	0 to 23	24 and above
Food	Wheat	10%	13%	8%	9%	11%	6%
	Rice	1%	2%	1%	1%	2%	1%
	Millets	1%	2%	2%	1%	1%	9%
	Maize	11%	2%	16%	1%	2%	1%
	Pulses	2%	2%	2%	1%	2%	1%
	Vegetables	3%	4%	3%	3%	4%	2%
	Beef	4%	5%	3%	6%	8%	4%
	Mutton	7%	9%	6%	6%	7%	5%
	Fish	4%	4%	3%	4%	5%	2%
	Eggs	1%	1%	1%	0%	1%	0%
	Chicken	2%	3%	2%	2%	3%	2%
	Sugar	3%	3%	2%	3%	3%	2%
	Milk	5%	5%	4%	4%	5%	3%
	Fruit	1%	2%	1%	1%	2%	1%
	Fats	3%	4%	2%	3%	3%	2%
	Tea	4%	4%	4%	3%	4%	2%
Non-Food Items	Groceries	2%	2%	2%	1%	2%	1%
	Utilities	1%	1%	1%	1%	1%	1%
	Temptation	4%	5%	3%	3%	4%	2%
	Transport	2%	2%	2%	2%	2%	1%
	Health	1%	2%	1%	1%	1%	1%
	Education	0%	0%	0%	0%	0%	0%
	Cloths, Footwear	2%	2%	1%	1%	2%	1%
	Social Functions	1%	1%	1%	1%	1%	0%
	House building	2%	2%	2%	2%	2%	2%
	Purchase/repair of durable household goods	0%	0%	0%	0%	0%	0%
	Animal shed building	0%	0%	0%	0%	0%	0%
	Gifts to friends and families	2%	2%	1%	1%	1%	1%
	Interest	2%	3%	2%	1%	1%	2%
	Agriculture related expense	6%	2%	6%	4%	4%	5%

	Control			Treatment		
	Overall	0 to 23	24 and above	Overall	0 to 23	24 and above
Agriculture land related expense	4%	4%	6%	22%	6%	28%
Agriculture Machinery related expense	1%	1%	1%	2%	2%	2%
Other agriculture payment	1%	1%	1%	2%	2%	1%
Livestock related expenditure	5%	6%	5%	4%	5%	4%
Business related expenditure	1%	2%	1%	2%	2%	1%
Other expenses	0%	0%	0%	1%	0%	1%

3.2.9. Loan Status

Nearly 60% of the households took a loan from any single source in the last 12 months. The main source of borrowing were shopkeepers, accounting for about 40% of household loan sources, followed by loans from friends and/or relatives. A considerable proportion of households (6%) took loans from landlords, which was slightly more common in treatment areas. With regards to formal sources of credit, a marginally higher percentage of households in treatment areas took loans from banks (5.8%) than those in control areas (4.9%). The average loan taken by households in the last 12 months was nearly PKR 30,000. Households with higher PSC scores have taken relatively more loans than households with lower PSC scores. See Table 25.

Table 25: Loans taken and repayment by households in the last 12 months

	Control			Treatment		
	Overall (n=1097)	0 to 23 (n=644)	24 and above (n=453)	Overall (n=1199)	0 to 23 (n=848)	24 and above (n=351)
% of households taken loan taken from any one source	58.5%	61.8%	53.9%	58.9%	60.1%	55.8%
Friends and relatives	17.4%	17.1%	17.9%	16.3%	16.5%	15.7%
Shopkeepers	41.7%	46.6%	34.7%	38.1%	38.1%	38.2%
Agents/dealers	0.6%	0.2%	1.3%	0.5%	0.5%	0.6%
Banks	4.9%	4.2%	6.0%	5.8%	5.9%	5.4%
NGOs	0.5%	0.3%	0.9%	5.8%	7.3%	2.0%
Landlords	5.6%	5.6%	5.5%	6.8%	6.5%	7.4%
Total Loan Taken from all sources in last 12 months in PKR	31,326	27,806	36,329	27,946	24,775	35,605
Total outstanding debt amount against loan taken from all sources in PKR	26,209	24,172	29,104	24,625	21,937	31,119
% of loan returned back	20%	15%	25%	13%	13%	14%

Households that took loan in the last 12 months were further probed about the utilization of loan. Table 26 presents a comparison of how households with PSC 0 to 23 consume loans to households with PSC 24 and above. Regardless of control or treatment areas, 55% of households used loans on

food consumption, with this rate being relatively higher in households with PSC 0 to 23. This was followed by spending a loan on general household consumption (non-food) and health care.

Table 26: Use of loans taken in the last 12 months

	Control			Treatment		
	Overall (n=642)	0 to 23 (n=398)	24 and above (n=244)	Overall (n=706)	0 to 23 (n=510)	24 and above (n=196)
On Land	3.6%	2.3%	5.7%	3.8%	2.5%	7.1%
On Livestock	1.6%	1.3%	2.0%	6.1%	7.8%	1.5%
On Housing (Building and Repair)	3.6%	2.3%	5.7%	3.3%	2.5%	5.1%
On Food Consumption	56.4%	59.5%	51.2%	55.2%	56.3%	52.6%
On General Household Consumption	24.8%	25.4%	23.8%	19.3%	18.8%	20.4%
On Social Functions	6.2%	6.0%	6.6%	6.1%	6.3%	5.6%
On Health Care	20.7%	21.1%	20.1%	23.9%	23.9%	24.0%

3.2.10. Household Assets

This section provides useful insights into households' asset ownership, assets sold in the last 12 months, and how they spend the amount received from selling assets. Households were asked about the assets in their possession and the market value they think these assets currently have. As per Table 27, the mean value of household assets was PKR 129,014 in control areas and PKR 111,129 in treatment areas *(this finding is consistent with the overall trend of households in treatment areas being relatively less well-off)*. Households with PSC 0 to 23 had fewer assets in comparison to households with better PSC scores, with this difference being more visible in control areas. As noted in the income and expenditure sections, households in control and treatment areas reported taking loans and selling assets to meet the difference in income and expenses. The study found that overall about one-fifth of the households sold at least one asset in the last one year, with this percentage being a bit higher in treatment areas. Households with PSC 24 and above were more likely to sell assets in comparison to households with lower PSC mainly because they had more liquid assets. On average, those households that sold assets earned about PKR 40,000 from asset sales, although with large differences across PSC levels and control and treatment areas (Table 27).

Table 27: Households assets sales in last 12 months

	Control			Treatment		
	Overall (n=1097)	0 to 23 (n=644)	24 and above (n=453)	Overall (n=1199	0 to 23 (n=848)	24 and above (n=351)
Average value of household total asset in possession (PKR)	129,014	73,560	210,661	111,129	85,889	174,684
Household did not sell asset	81.8%	84.3%	78.1%	77.1%	78.2%	74.6%
Household sold at least one asset	18.2%	15.7%	21.9%	22.9%	21.8%	25.4%
Average amount earned from selling assets	44,651	28,868	60,593	35,374	30,026	46,491

Table 28 provides an important analysis exploring reasons for selling assets and utility of the money received through these sales. Interestingly, nearly 30% of the households sold an asset in order to purchase another asset. This trend was common in both control and treatment areas. The second most common reason was to repay loans, as reported by almost 20% households, followed by asset sales to buy food or for every day running of the household, at 14%.

Table 28: Reasons for selling assets

	Control			Treatment		
	Overall	0 to 23	24 and above	Overall	0 to 23	24 and above
For food or every day running of household	14.0%	21.8%	10.8%	13.4%	12.8%	14.9%
Repay Loan	21.7%	9.7%	28.9%	18.2%	16.0%	23.8%
Meet health expenses	13.5%	21.1%	10.5%	15.8%	14.6%	18.3%
Meet education expenses	8.2%	4.8%	10.3%	4.8%	4.9%	0.0%
Purchase other assets	31.0%	28.5%	28.3%	28.8%	33.3%	22.9%
Used for any other purpose	11.6%	14.2%	11.3%	19.0%	18.3%	20.1%
Total	100%	100%	100%	100%	100%	100%

3.3. Civic engagement and access to the local government system

This section describes households' awareness of and access to local government systems and communal facilities and explores the respondent's civic engagement and trust in communities, facilities, and government services.

3.3.1. Access to local government and services

SUCCESS programme has undertaken a combination of integrated interventions to identify, mobilize and engage targeted households in the form of VOs, COs and LSOs. These institutions are expected to not only mobilize communities but also make communities aware of local government structures and communal/government services, which are available at the UC level. The midline survey also focused on assessing communities' understanding and perception of these local government services.

Table 29 presents the response to a series of midline survey questions covering local level services. Nearly 30% of respondents can recall the names of their respective UC Councillor and Chairman. Generally, households with better PSC scores are more aware than those with lower PSC scores. While comparing control versus treatment, it is evident that households in treatment areas are more aware than control areas***[16]. This could be linked to mobilization and information sharing efforts undertaken by the SUCCESS programme.

Respondents were asked if they know where the UC Chairman's office is located, to which an overall of 20% households responded in the affirmative. In control areas, households with low PSC were 8%

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[16] *** indicates that results are highly significant at 0.001 percent.

less aware than those with high PSC. However, in treatment areas, respondents had almost the same level of knowledge regardless of their PSC scores*[17]. This again could be linked to SUCCESS mobilization and information sharing efforts.

A little over 30% of respondents knew where to get a birth certificate, with this percentage being relatively higher in treatment than control areas. In control areas, households with less PSC scores were 10% less aware of where to get the birth certificate from. No difference in this knowledge was reported in treatment areas. More than 80% of respondents were aware of where to get a computerized National Identify Card (CNIC) and there was no variation across control, treatment, or geographical areas.

Table 29: Percentage of respondents aware of local government services

	Control			Treatment		
	Overall (n=1097)	0 to 23 (n=644)	24 and above (n=453)	Overall (n=1199	0 to 23 (n=848)	24 and above (n=351)
Can recall name of UC Councilor(s)	24.2%	21.3%	28.3%	30.9%	29.2%	35.0%
Can recall name of UC Chairman	24.5%	20.7%	30.0%	34.9%	33.4%	38.5%
Know where the UC Chairman office is	16.0%	12.9%	20.5%	24.5%	23.9%	25.9%
Know who is the headmaster in a nearby school	37.4%	32.8%	43.9%	40.5%	39.2%	43.9%
Know where to get a birth certificate from	30.3%	25.8%	36.6%	33.4%	32.4%	35.9%
Know where to get a Computerized National Identity Card (CNIC)	87.0%	87.6%	86.1%	85.3	85.5%	84.9%
Know where to get the young children vaccinated from	80.5%	77.5%	84.8%	81.0%	78.8%	86.3%
Know where to get the pregnant women vaccinated from	80.9%	78.9%	83.7%	82.1%	80.0%	87.2%

Another element of checking the respondent's awareness of facilities available at the local level was to ask about vaccination services for children and women. More than 80% of respondents were aware of where to get children and pregnant women vaccinated. Similar to earlier trends, the households with better PSC scores were more aware of vaccination services. However, there was no noticeable difference across control and treatment respondents. This could be linked to the government's and development partner's increased awareness-raising and mobilization of routine immunization, and particularly demand generation created through the Polio programme.

3.3.2. Civic Engagement

This section determines the respondent's perceptions about various issues around basic services in their village/settlements. A Likert scale was used to capture these responses. While little variation was seen across the treatment and control areas, in most cases household PSC did seem to influence the way respondents perceived a given issue. Summarizing Table 30, it is seen that:

- Nearly 90% of respondents consider a **lack of drainage facility** and **lack of street pavement**

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[17] * indicates that results are significant at 0.01 percent.

as serious or very serious problems. Control areas respondents consider these as relatively bigger problems than treatment areas respondents.

▪ About 85% of the respondents consider **poverty** as a serious or very serious issue. Control area respondents perceived poverty as a more serious issue. Linked to poverty, a little less than 85% perceive **unemployment** as a serious or very serious problem.

▪ About 80% believe **access to a health care facility** to be a serious or very serious problem.

▪ Nearly 67% believe lack of **access to education** to be a problem.

▪ About 65% of respondents consider a lack of **access to credit** as a problem – (this verifies the presence of SUCCESS partner RSPs in the area and respondents' access to credit funds managed by VOs.)

▪ More than 50% consider a **lack of clean drinking water** supply as a problem. It is important to note that this question relied on respondent's personal perception about the water being clean.

Table 30: Respondents perceptions about issues around basic services

		Control			Treatment		
		Overall (n=1097)	0 to 23 (n=644)	24 and above (n=453)	Overall (n=1199)	0 to 23 (n=848)	24 and above (n=351)
Income (Poverty)	No problem	1.5%	.8%	2.4%	2.3%	1.8%	3.7%
	Slight problem	9.3	7.1%	12.4%	9.5%	8.6%	11.7%
	Serious problem	42.6%	42.9%	42.2%	41.2%	41.9%	39.6%
	Very serious problem	45.4%	47.8%	41.9%	45.4%	46.0%	43.9%
Unemployment	No problem	3.3%	2.6%	4.2%	3.3%	3.1%	3.7%
	Slight problem	11%	8.7%	14.3%	10.0%	9.2%	12.0%
	Serious problem	39.9%	40.8%	38.6%	37.5%	36.9%	39.0%
	Very serious problem	45.7%	47.7%	42.8%	48.7%	50.1%	45.3%
Lack of access to Credit	No problem	9.7%	7.8%	12.4%	10.2%	9.8%	11.1%
	Slight problem	16.5%	14.6%	19.2%	16.3%	14.9%	19.9%
	Serious problem	31.9%	31.1%	33.1%	36.4%	35.8%	37.6%
	Very serious problem	32.9%	36.0%	28.5%	31.1%	32.7%	27.4%
Lack of access to Education	No problem	16.4%	13.4%	20.8%	16.3%	15.3%	18.5%
	Slight problem	15.0%	12.9%	18.1%	12.2%	11.6%	13.7%
	Serious problem	36.6%	37.9%	34.7%	38.0%	39.0%	35.6%
	Very serious problem	31.1%	35.1%	25.8%	32.3%	32.9%	30.8%
Lack of access to Health care	No problem	5.8%	4.8%	7.3%	9.0%	8.8%	9.4%
	Slight problem	13.4%	12.7%	14.3%	10.7%	9.6%	13.4%
	Serious problem	42.0%	41.1%	43.3%	46.5%	47.2%	44.7%
	Very serious problem	38.5%	41.1%	34.7%	33.6%	34.2%	32.2%
Lack of clean drinking Water Supply	No problem	30.0%	30.0%	30.0%	31.8%	31.8%	31.6%
	Slight problem	13.3%	12.9%	13.9%	11.2%	10.7%	12.3%
	Serious problem	26.3%	25.0%	28.0%	30.4%	30.7%	29.6%
	Very serious problem	30.2%	31.8%	27.8%	26.6%	26.7%	26.5%
	No problem	2.8%	2.6%	3.1%	6.6%	6.5%	6.8%

Lack of Drainage facility	Slight problem	6.7%	5.9%	7.9%	8.4%	7.8%	10.0%
	Serious problem	46.3%	45.8%	47.0%	45.7%	45.5%	46.2%
	Very serious problem	44.1%	45.7%	41.9%	38.9%	39.7%	36.8%
Lack of Street Pavement	No problem	1.7%	1.9%	1.5%	4.7%	5.1%	3.7%
	Slight problem	4.4%	3.4%	5.7%	8.1%	8.1%	8.0%
	Serious problem	46.9%	44.6%	50.1%	43.5%	42.5%	46.2%
	Very serious problem	46.9%	50.0%	42.6%	43.5%	44.1%	42.2%
Lack of public Transport	No problem	9.9%	9.0%	11.3%	16.4%	16.5%	16.2%
	Slight problem	17.9%	15.1%	21.9%	13.4%	13.2%	14.0%
	Serious problem	38.7%	40.1%	36.6%	39.4%	38.6%	41.3%
	Very serious problem	33.4%	35.7%	30.0%	30.4%	31.4%	28.2%
Lack of Fuel Supply (gas)	No problem	15.7%	11.8%	21.2%	13.8%	12.7%	16.2%
	Slight problem	11.6%	8.9%	15.5%	12.0%	11.3%	13.7%
	Serious problem	38.6%	41.3%	34.7%	39.9%	39.2%	41.6%
	Very serious problem	33.7%	37.3%	28.7%	33.1%	35.5%	27.4%
Lack of Electricity	No problem	16.8%	13.2%	21.9%	16.8%	15.1%	21.1%
	Slight problem	14.1%	12.6%	16.3%	11.8%	12.0%	11.4%
	Serious problem	29.0%	29.0%	28.9%	32.4%	32.7%	31.6%
	Very serious problem	39.9%	44.9%	32.9%	38.3%	39.3%	35.9%
Lack of access to political representatives (MNA	No problem	4.4%	3.1%	6.2%	8.0%	7.1%	10.3%
	Slight problem	10.5%	8.1%	13.9%	9.5%	9.6%	9.4%
	Serious problem	36.4%	36.0%	36.9%	35.2%	34.0%	38.2%
	Very serious problem	37.0%	39.4%	33.6%	37.7%	39.3%	33.9%
Lack of access to the justice system	No problem	6.7%	6.2%	7.3%	9.4%	8.4%	12.0%
	Slight problem	9.8%	7.6%	12.8%	9.3%	8.6%	11.1%
	Serious problem	33.8%	32.9%	35.1%	35.4%	35.8%	34.5%
	Very serious problem	39.2%	41.1%	36.4%	35.8%	36.4%	34.2%
Lack of access to the district administration	No problem	6.5%	6.4%	6.6%	7.6%	6.4%	10.5%
	Slight problem	11.0%	9.2%	13.7%	9.8%	8.8%	12.0%
	Serious problem	33.2%	31.5%	35.5%	34.3%	34.9%	36.2%
	Very serious problem	35.4%	37.7%	32.0%	35.0%	36.8%	30.8%
Lack of access to agriculture and livestock department of government	No problem	12.0%	11.8%	12.4%	11.8%	10.5%	15.1%
	Slight problem	11.0%	10.1%	12.4%	11.0%	9.6%	14.5%
	Serious problem	26.8%	25.5%	28.7%	30.8%	31.3%	29.6%
	Very serious problem	33.5%	35.2%	31.1%	31.9%	33.6%	27.6%
Lack of access to police services	No problem	13.6%	12.9%	14.6%	14.4%	12.7%	18.5%
	Slight problem	15.6%	13.4%	18.8%	13.1%	12.5%	14.5%
	Serious problem	29.6%	29.0%	30.5%	34.6%	35.1%	33.3%
	Very serious problem	30.2%	31.7%	28.0%	28.9%	30.4%	25.1%
Lack of water for agriculture	No problem	19.2%	19.1%	19.4%	21.8%	20.4%	25.1%
	Slight problem	11.0%	10.7%	11.5%	10.3%	9.4%	12.3%
	Serious problem	25.3%	24.5%	26.3%	27.8%	28.4%	26.2%
	Very serious problem	31.5	32.0%	30.9%	30.0%	31.6%	26.2%

The next set of midline survey questions focus on determining how respondents and/or their household members are engaging with fellow community members, local government, and elected representatives to discuss the above-listed issues. One of the major focuses of the SUCCESS programme is to build community cohesion and social capital where communities engage with each other to identify solutions to common problems and effectively engage with local government systems to resolve the communal issues. Table 31 depicts the gains made by the SUCCESS programme in improving civic engagement in treatment areas. In all the cases respondents from treatment groups engaged more with each other and with local government and district administration to discuss the communal issues, as compared to respondents from control areas.

Overall, about 40% of respondents said they discuss issues such as those of clean drinking water, drainage, roads, school, electricity and law and order, etc. with their fellow community members, with the percentage being slightly higher in treatment areas (42% as compared to 39% in control areas). Similarly, 30% of treatment villages and 28% of control villages reported discussing political issues/policies, elections, and performances of elected members with fellow community members. These discussions are important to generate debates at the local level to initiate and strengthen meaningful civic participation.

Efforts of the SUCCESS programme in creating linkages can be seen from the statistics that 5.3% more treatment area households visited or contact local government representatives than those in control areas. Similarly, almost 4% more treatment households are in direct contact with local councilors. Although marginally, treatment households again reported as being more active in discussions with local elected representatives and government departments.

Table 31: Percentage of respondents discussing issues with community members, local government, and elected representatives

	Control			Treatment		
	Overall (n=1097)	0 to 23 (n=644)	24 and above (n=453)	Overall (n=1199)	0 to 23 (n=848)	24 and above (n=351)
Discuss these local community issues or other issues such as the need for clean drinking water, drainage, school, road, electricity, gas, water for agriculture, law and order, etc) with someone from the community/settlement/ village in the last 12 months?	38.9%	35.9%	43.3%	41.9%	41.3%	43.3%
Discuss political issues/policies such as performance of local government, MPA, MNA, voting, elections, support for a political party, etc with someone from the community /settlement/village in the last 12 months?	27.6%	25.5%	30.7%	30.3%	29.1%	33.0%
Contacted or visited local government representatives (such as UC councilor, UC chairman, vice chairman, district councilor, etc) in the last 12 months?	19.0%	17.2%	21.4%	24.3%	23.3%	26.5%
Has direct contact with a local councilor?	13.1%	11.0%	16.1%	16.9%	15.4%	20.5%

	Control			Treatment		
	Overall (n=1097)	0 to 23 (n=644)	24 and above (n=453)	Overall (n=1199	0 to 23 (n=848)	24 and above (n=351)
Discuss local community issues with an elected representative (such as UC councilor, UC chairman, vice chairman, district councilor, MPA, MNA) in the last 12 months?	16.6%	14.9%	19.0%	19.8%	18.6%	22.5%
Discuss local community issues with a government functionary such as (Secretary Union Council, patwari, Mukhtiarkar (magistrate), Assistant Commissioner, WAPDA, Police, EDO education, EDO health, Agriculture department, etc.) in the last 12 months?	18.0	17.2%	19.0%	20.3%	19.0%	23.4%

3.3.3. Trust

Trust is considered as the backbone of community institutions. As part of social mobilization efforts, the SUCCESS programme is engaging with communities using communal structures - the COs, VOs, and LSOs - so that communities can work towards meaningful engagement and find solutions to their communal problems.

As mentioned in Table 32, nearly 60% of respondents believe that most people can be trusted. In the control group, this trust level is relatively lower in households with PSC 24 and above. However, in the treatment group, the trust level remains the same across all households**[18]. This could be linked to mobilization efforts undertaken by the SUCCESS programme to engage all community members equally. Interestingly, about 65% of respondents reported that people in the village trust each other in the matters of money lending. This trend is consistent in both control and treatment areas and households with PSC 0 to 23 and PSC 24 and above, indicating a relatively strong community trust level in targeted UCs.

However, when probed for trusting local elected representatives and government officials to address local problems, a little over 30% said they have either complete or somewhat trust. It is important to highlight that trust in local government was relatively higher in the treatment group in comparison to control groups**[19]. This indicates gains made by the SUCCESS programme to mobilize communities and build an environment of mutual trust and engagement.

Table 32: Respondents perceptions around trusting community members and local government

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[18] ** indicates that results are significant at 0.005 percent.
[19] ** indicates that results are significant at 0.008 percent.

		Control			Treatment		
		Overall (n=1097)	0 to 23 (n=644)	24 and above (n=453)	Overall (n=1199	0 to 23 (n=848)	24 and above (n=351)
Generally speaking, would you say that most people can be trusted or that you need to be very careful	Most people can be trusted	56.6%	58.2%	54.3%	57.0%	57.0%	57.0%
	You need to be very careful	43.4%	41.8%	45.7%	43.0%	43.0%	43.0%
How much do you trust on people of your village?	Trust completely	31.0%	30.3%	32.0%	36.3%	36.8%	35.0%
	Trust somewhat	33.0%	32.0%	34.4%	32.3%	33.3%	29.9%
	Do not trust very much	17.5%	19.4%	14.8%	14.5%	13.8%	16.2%
	Do not trust at all	18.5%	18.3%	18.8%	16.9%	16.2%	18.8%
In your opinion how much do people in this village trust each other in matters of lending and	Trust completely	30.1%	30.1%	30.0%	34.3%	34.3%	34.2%
	Trust somewhat	33.1%	33.5%	32.5%	34.4%	34.9%	33.3%
	Do not trust very much	17.8%	17.9%	17.7%	14.0%	13.9%	14.2%
	Do not trust at all	19.1%	18.5%	19.9%	17.3%	16.9%	18.2%
How much do you trust local elected representatives to address local problems?	Trust completely	10.8%	10.4%	11.3%	14.7%	14.6%	14.8%
	Trust somewhat	20.1%	18.2%	22.7%	21.4%	22.5%	18.5%
	Do not trust very much	27.3%	28.6%	25.4%	26.3%	25.5%	28.2%
	Do not trust at all	41.9%	42.9%	40.6%	37.7%	37.4%	38.5%
How much do you trust government officials to address your local problems?	Trust completely	10.1%	9.6%	10.8%	12.8%	13.2%	12.0%
	Trust somewhat	20.8%	20.2%	21.6%	22.9%	23.8%	20.8%
	Do not trust very much	26.8%	27.6%	25.6%	26.4%	26.7%	25.6%
	Do not trust at all	42.3%	42.5%	41.9%	37.9%	36.3%	41.6%

3.4. Women Role in Decision Making at Household Level

Table 33 lists a series of household decisions that women were asked about (visiting places, accessing education and health services, buying everyday food and non-food items, remaining in paid work and buying household assets) and compares the answers across control and treatment areas and PSC scores. Overall a promising pattern has started to emerge with regards to women in treatment group taking more decisions either themselves or in consultation with their spouse, as compared to women in control groups. Data suggests that as compared to control areas, women in treatment areas enjoy more locus of control, albeit marginally in some cases, when it comes to decisions regarding visits to friends and family, seeking medical advice for children, dealing with children's school and teachers, engaging in training or adult literacy activities, seeking or remaining in paid employment, using contraceptives, making large households purchases, and buying everyday food items.

Table 33: Married adult women perceptions about decision making at the household level

		Control			Treatment		
		Overall (n=1097)	0 to 23 (n=644)	24 and above (n=453)	Overall (n=1199)	0 to 23 (n=848)	24 and above (n=351)
Your (woman's) visit to family, friends, and relatives	Woman herself	6.7%	6.1%	7.7%	8.1%	7.7%	9.1%
	Woman in consultation with spouse	61.1%	63.7%	57.4%	61.6%	62.5%	59.3%
	Spouse alone	21.5%	22.4%	20.3%	19.9%	20.5%	18.5%
	Elders in house	10.7%	7.9%	14.6%	10.4%	9.3%	13.1%
If you get medical advice or treatment for yourself	Woman herself	8.6%	7.9%	9.5%	8.4%	8.4%	8.5%
	Woman in consultation with spouse	59.9%	62.1%	56.7%	61.3%	61.6%	60.7%
	Spouse alone	21.9%	22.8%	20.5%	20.9%	21.7%	19.1%
	Elders in house	9.7%	7.1%	13.2%	9.3%	8.4%	11.7%
Get medical advice or treatment for children	Woman herself	6.5%	5.3%	8.2%	6.8%	7.2%	5.7%
	Woman in consultation with spouse	54.7%	56.1%	52.8%	54.4%	54.0%	55.3%
	Spouse alone	26.2%	28.0%	23.6%	26.7%	27.8%	23.9%
	Elders in house	8.9%	7.1%	11.5%	8.8%	8.1%	10.5%
Deal with children's school and teacher	Woman herself	3.7%	4.0%	3.3%	4.5%	4.5%	4.6%
	Woman in consultation with spouse	37.4%	38.0%	36.4%	37.7%	38.0%	37.0%
	Spouse alone	36.5%	36.2%	36.9%	34.3%	34.3%	34.2%
	Elders in house	6.6%	4.5%	9.5%	8.2%	6.7%	11.7%
Decides/will take decisions regarding marriage/Rishta of your children	Woman herself	4.0%	4.2%	3.8%	4.2%	4.4%	3.7%
	Woman in consultation with spouse	52.1%	53.0%	51.0%	52.0%	53.3%	48.7%
	Spouse alone	23.7%	24.1%	23.2%	22.3%	22.9%	20.8%
	Elders in house	16.9%	15.7%	18.5%	17.6%	15.8%	21.9%
Use the contraceptive method	Woman herself	2.9%	2.6%	3.3%	4.2%	4.4%	3.7%
	Woman in consultation with spouse	57.2%	55.4%	59.8%	60.9%	60.8%	61.0%
	Spouse alone	19.2%	19.9%	18.3%	18.6%	19.1%	17.4%
	Elders in house	5.1%	4.0%	6.6%	3.9%	2.9%	6.3%
Buy large household assets	Woman herself	4.0%	4.0%	4.0%	6.0%	6.2%	5.7%
	Woman in consultation with spouse	51.0%	50.5%	51.5%	52.8%	54.0%	49.9%
	Spouse alone	34.5%	36.9%	31.2%	31.0%	30.7%	31.8%
	Elders in house	10.5%	8.6%	13.3%	10.2%	9.1%	12.6%
Attend any trainings/adult literacy courses/can attend CO/VO meetings?	Woman herself	5.9%	6.2%	5.5%	8.9%	9.1%	8.3%
	Woman in consultation with spouse	49.4%	50.9%	47.1%	53.0%	54.2%	50.0%
	Spouse alone	33.7%	33.8%	33.6%	28.2%	27.5%	29.7%
	Elders in house	11.0%	9.0%	13.7%	10.0%	9.2%	12.0%
Whether you can seek or remain in paid employment?	Woman herself	4.4%	3.9%	5.1%	5.7%	5.6%	6.0%
	Woman in consultation with spouse	43.5%	46.0%	40.0%	46.9%	48.9%	42.0%
	Spouse alone	40.7%	40.5%	40.9%	35.7%	35.4%	36.3%
	Elders in house	11.4%	9.6%	13.9%	11.7%	10.1%	15.7%
What food items to buy?	Woman herself	9.9%	9.5%	10.4%	10.8%	10.8%	10.8%
	Woman in consultation with spouse	51.8%	52.4%	50.9%	56.4%	58.0%	52.7%
	Spouse alone	29.2%	31.7%	25.7%	25.2%	24.4%	27.1%

		Control			Treatment		
		Overall (n=1097)	0 to 23 (n=644)	24 and above (n=453)	Overall (n=1199	0 to 23 (n=848)	24 and above (n=351)
Buy every day (non-food) household items	Elders in house	9.1%	6.4%	13.1%	7.6%	6.9%	9.4%
	Woman herself	10.3%	9.8%	11.1%	9.8%	9.7%	10.0%
	Woman in consultation with spouse	53.8%	54.3%	53.1%	56.9%	57.0%	56.4%
	Spouse alone	28.4%	30.0%	26.1%	26.3%	27.0%	24.5%
	Elders in house	7.5%	5.9%	9.7%	7.1%	6.3%	9.1%

3.5. Women Role in Civic Engagement

The midline survey asked a series of questions about women's role in civic engagement from 13 to 19-year-old girls of sampled household. The purpose of interviewing adolescent girls was to understand how they perceive the role women can play in society. A total of 926 adolescent girls were questioned (control=472 and treatment=454). Data presented in Table 34 suggests that girls in treatment areas may be more vocal, politically motivated, and confident with regards to civic engagement. As compared to the control, more girls in treatment areas *very strongly agreed* to it being appropriate for women to discuss politics, vote in elections, vote for a candidate of their own choice, run for elections, and also show or reveal preferences for public goods. Similar to the encouraging trends that have started to emerge with regards to women in decision-making, these results may also be attributed to the confidence and exposure of women and girls gained through the SUCCESS programme.

Table 34: Adolescent girls' perception of women civic engagement

		Control			Treatment		
		Overall (n=472)	0 to 23 (n=268)	24 and above (n=204)	Overall (n=454)	0 to 23 (n=309)	24 and above (n=145)
It is appropriate for women to discuss politics	Very strongly	28.6%	28.6%	28.7%	33.7%	34.8%	31.1%
	Strongly	46.4%	47.8%	44.4%	40.9%	41.0%	40.5%
	Somewhat	10.4%	10.6%	10.2%	10.6%	9.9%	12.3%
	No	14.6%	13.0%	16.8%	14.8%	14.3%	16.2%
It is appropriate for women to vote in election	Very strongly	34.8%	33.1%	37.3%	39.6%	39.2%	40.7%
	Strongly	49.5%	52.6%	45.0%	44.4%	45.0%	42.7%
	Somewhat	8.8%	8.4%	9.5%	9.8%	10.1%	9.1%
	No	6.8%	5.9%	8.2%	6.2%	5.7%	7.4%
It is appropriate for women to vote for candidate of her choice	Very strongly	33.4%	31.5%	36.0%	38.8%	39.6%	36.8%
	Strongly	45.8%	47.7%	43.0%	41.5%	41.0%	42.7%
	Somewhat	10.6%	11.0%	9.9%	8.4%	8.3%	8.8%
	No	10.3%	9.8%	11.0%	11.3%	11.1%	11.7%
It is appropriate for women to run for elections?	Very strongly	29.0%	28.4%	29.8%	34.7%	36.0%	31.6%
	Strongly	45.1%	46.6%	43.0%	39.9%	39.4%	41.3%
	Somewhat	13.9%	13.7%	14.3%	15.5%	15.3%	16.0%
	No	11.9%	11.3%	12.8%	9.8%	9.3%	11.1%
It is appropriate for women to show/reveal her preferences for public good i.e. what kind of	Very strongly	32.7%	31.5%	34.4%	38.6%	39.3%	37.0%
	Strongly	47.3%	50.2%	43.3%	44.6%	44.7%	44.4%
	Somewhat	11.4%	10.2%	13.0%	9.8%	9.2%	11.4%
	No	8.6%	8.1%	9.3%	6.9%	6.8%	7.1%

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	Control			Treatment		
	Overall (n=472)	0 to 23 (n=268)	24 and above (n=204)	Overall (n=454)	0 to 23 (n=309)	24 and above (n=145)
goods and services the government should be providing and prioritizing						

3.6. Impact of COVID-19

The COVID-19 global pandemic started affecting Pakistan in late February 2020, while the peak was reported to be in July 2020. Owing to this unforeseen change in the global situation, the SUCCESS and APEX Consulting team agreed to add a section highlighting the impact of COVID-19 on households' income, expenditure and children's education, how households coped with the COVID-19, and what kind of assistance was received. Since the SUCCESS research component is targeted towards studying the socio-economic status of targeted households over a period of time, this information was deemed pertinent to understand any impact that COVID-19 may have had on the gains made by the SUCCESS team in the last few years. The analysis in this section will also provide context at the time of the end-line to explain the achievement or non-achievement of anticipated results.

Figure 2 presents the analysis of households that reported income loss in at least one source of income and reported an increase in at least one expenditure head. The study found that more than 30% of households reported losing a share of their income and about 25% reported their households' expenses to have increased after COVID-19. This trend remained consistent in control and treatment areas and households with better or less PSC scores.

Figure 2: Percentage of households reporting income loss and an increase in expense due to COVID-19
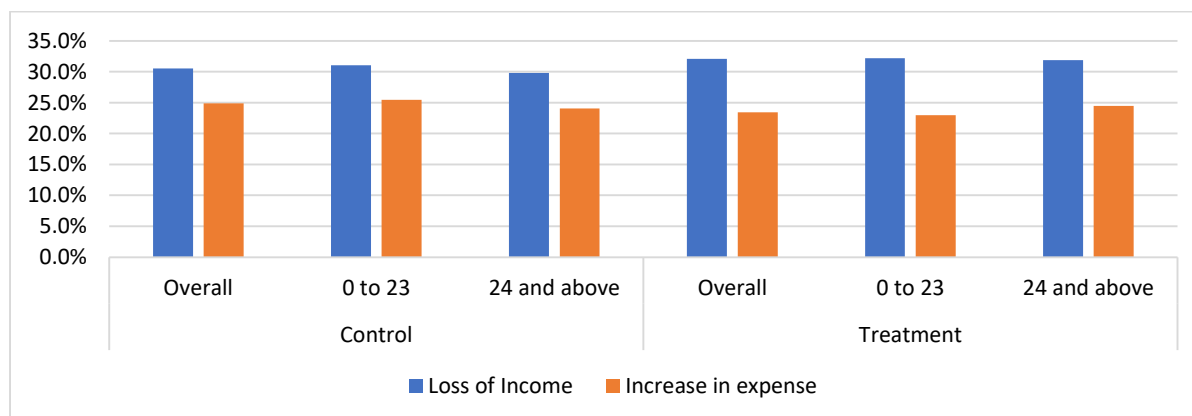
As reflected in Table 35, on average households lost salary or wage income by almost 25% (of pre-COVID level). Households with lower PSC were more impacted than households with higher PSC scores. In terms of an increase in expenditure, a 20% increase was observed in the household's food expenditure and a 10% increase in health expenditures. The expenditure increase remains consistent across PSC scores and in control and treatment areas.

Table 35: Households loss of income and increase in expenditure

	Control			Treatment		
	Overall (n=1097)	0 to 23 (n=644)	24 and above (n=453)	Overall (n=1199)	0 to 23 (n=848)	24 and above (n=351)
Loss of salary or wage income (from paid farm and off-farm work, public/private employment)	24.9%	27.6%	21.0%	26.0%	26.5%	24.8%
Loss of remittance income (domestic and/or foreign)	3.6%	3.0%	4.6%	3.3%	2.7%	4.8%
Loss of agricultural income (own agriculture)	2.5%	1.7%	3.5%	3.8%	3.7%	4.0%
Loss of Business income (own business)	4.6%	3.4%	6.2%	5.3%	4.8%	6.6%
Loss of livestock Income	2.0%	1.6%	2.6%	4.2%	4.2%	4.0%
Increase in household food expenditure	20.3%	20.3%	20.3%	20.4%	19.9%	21.7%
Increase in health expenditure	11.9%	10.9%	13.2%	13.2%	13.6%	12.3%
Increase in other household expenditure (non-food and non-health)	8.0%	8.1%	7.9%	9.1%	8.6%	10.3%

The respondents were further probed about their coping strategy to manage the loss of income and an increase in expenditures. Table 36 presents the control and treatment household's comparison of main, second and third coping strategies. The results saw a clear difference among coping strategies adopted by households with PSC 0 to 23 in comparison to those with higher PSC scores.

As the main coping strategy, nearly 30% of households borrowed interest-free loans. In control areas households with PSC 0 to 23 borrowed twice as much than households with higher PSC. A little over 15% sought help from the government. Households with better PSC scores were more likely to receive government assistance than others. It is important to highlight that in treatment areas, although less percentage of households reported having sought government help than, this trend is consistent in households with 0 to 23 PSC and those with PSC 24 and above. This can be linked with SUCCESS programme mobilization efforts of mobilization and civic engagement where both households with less and more PSC equally sought government help. Borrowing interest-free money was also quoted as the second most common coping strategy by nearly 20% of households. See Table 45 for details.

Table 36: Households coping strategies to manage income loss and increase in household expense[20]

	Coping Strategy	Control			Treatment		
		Overall (n=1097)	0 to 23 (n=644)	24 and above (n=453)	Overall (n=1199	0 to 23 (n=848)	24 and above (n=351)
Main	Sought help from government	19.3%	17.2%	22.4%	13.3%	13.1%	13.7%

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[20] Reflecting coping strategies mentioned by 5% or more households. For details please see Table 45 in Annex V Detailed Analysis Tables by UCs.

	Coping Strategy	Control			Treatment		
		Overall (n=1097)	0 to 23 (n=644)	24 and above (n=453)	Overall (n=1199	0 to 23 (n=848)	24 and above (n=351)
	Relied upon friends, family or neighbors for help and assistance (grants)	10.1%	10.7%	9.2%	10.2%	10.1%	10.3%
	Borrowed money from any source (without interest loan)	29.6%	37.8%	17.2%	27.7%	28.1%	26.7%
	Loan or credit from any source (loan on interest)	13.3%	14.9%	10.9%	11.0%	13.4%	5.5%
	Changed food consumption behavior	6.7%	5.0%	9.2%	8.3%	7.5%	10.3%
	Used savings	4.8%	3.4%	6.9%	4.8%	3.9%	6.8%
Second	Sought help from government	10.8%	11.5%	9.8%	10.2%	11.3%	7.5%
	Relied upon friends, family or neighbors for help and assistance (grants)	11.7%	13.4%	9.2%	9.8%	10.1%	8.9%
	Borrowed money from any source (without interest loan)	20.4%	21.0%	19.5%	15.8%	15.8%	15.8%
	Loan or credit from any source (loan on interest)	7.6%	8.4%	6.3%	8.1%	9.6%	4.8%
	Changed food consumption behavior	8.7%	7.3%	10.9%	9.6%	9.3%	10.3%
	Did not pay utility bill for one or more months	5.5%	5.7%	5.2%	2.1%	2.4%	1.4%
	Used savings	4.6%	3.1%	6.9%	4.4%	4.5%	4.1%
	Did nothing	16.5%	17.2%	15.5%	26.0%	22.4%	34.2%
Third	Sought help from government	8.0%	6.1%	10.9%	6.2%	6.6%	5.5%
	Relied upon friends, family or neighbors for help and assistance (grants)	8.5%	8.8%	8.0%	7.1%	8.1%	4.8%
	Borrowed money from any source (without interest loan)	12.2%	11.8%	12.6%	8.9%	9.0%	8.9%
	Loan or credit from any source (loan on interest)	5.5%	5.3%	5.7%	6.4%	8.7%	1.4%
	Changed food consumption behavior	8.7%	8.8%	8.6%	6.2%	6.6%	5.5%
	Cut back on other essential expenditures	5.0%	3.4%	7.5%	3.3%	3.0%	4.1%
	Cut in non-essential expenses	5.3%	5.7%	4.6%	3.3%	3.3%	3.4%
	Used savings	6.4%	5.3%	8.0%	5.0%	5.4%	4.1%
	Did nothing	32.8%	37.0%	26.4%	43.5%	39.7%	52.1%

More than 40% of households of control areas received Ehsaas COVID-19 support assistance. This percentage was reported by 36% of households in treatment areas***[21]. Households with lower PSC were more likely to receive Ehsaas assistance.

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[21] *** indicates that results are significant at 1 percent.

Figure 3: Percentage of households getting Ehsaas COVID-19 support assistance
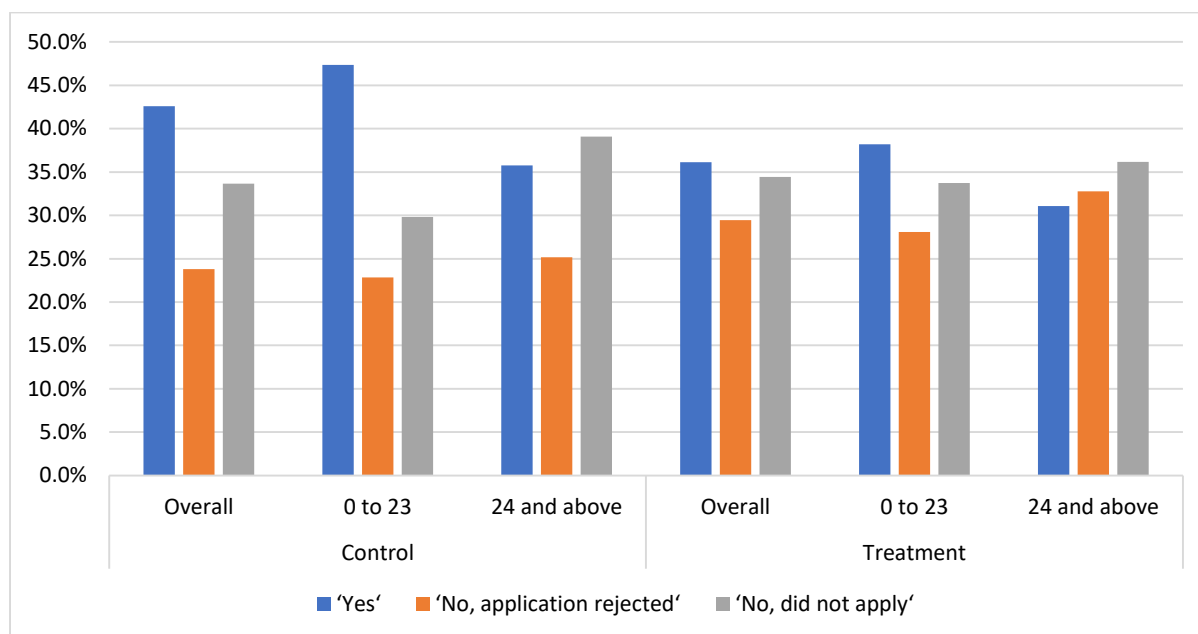
Households were probed about their first and second most reliable sources to get information about COVID-19. More than 50% of households mentioned television or media while friends and families were identified as a second reliable source for information. Households with higher PSC were more likely to rely on television while households with lower PSC were more likely to consider information from friends and families as credible (Table 37).

Table 37: Households first and second most reliable sources of information related to COVID-19

		Control			Treatment		
		Overall (n=1097)	0 to 23 (n=644)	24 and above (n=453)	Overall (n=1199	0 to 23 (n=848)	24 and above (n=351)
First most reliable source	Television or media	58.7%	55.3%	63.6%	57.4%	55.1%	63.0%
	Friends and Family	38.1%	40.8%	34.2%	34.9%	36.2%	31.6%
	NGO workers or NRSP	.1%	.2%	0.0%	1.4%	1.7%	.9%
	Government representatives	.5%	.3%	.7%	.8%	1.1%	0.0%
	Other	2.6%	3.4%	1.5%	5.6%	6.0%	4.6%
Second most reliable source	Television or Media	37.1%	36.3%	38.2%	30.9%	30.1%	32.8%
	Friends and Family	55.1%	56.1%	53.6%	55.1%	55.2%	55.0%
	NGO workers or NRSP	.5%	.3%	.9%	2.6%	2.8%	2.0%
	Government representatives	.9%	.9%	.9%	2.0%	1.9%	2.3%
	Other	6.4%	6.4%	6.4%	9.4%	10.0%	8.0%

About 80% of respondents said that households or communities in their area did not approach any government department or elected representative to seek assistance during COVID-19. Of the remaining 20%, 10% received a positive response.

Figure 4: Percentage of HHs approach any government department or elected representative for support

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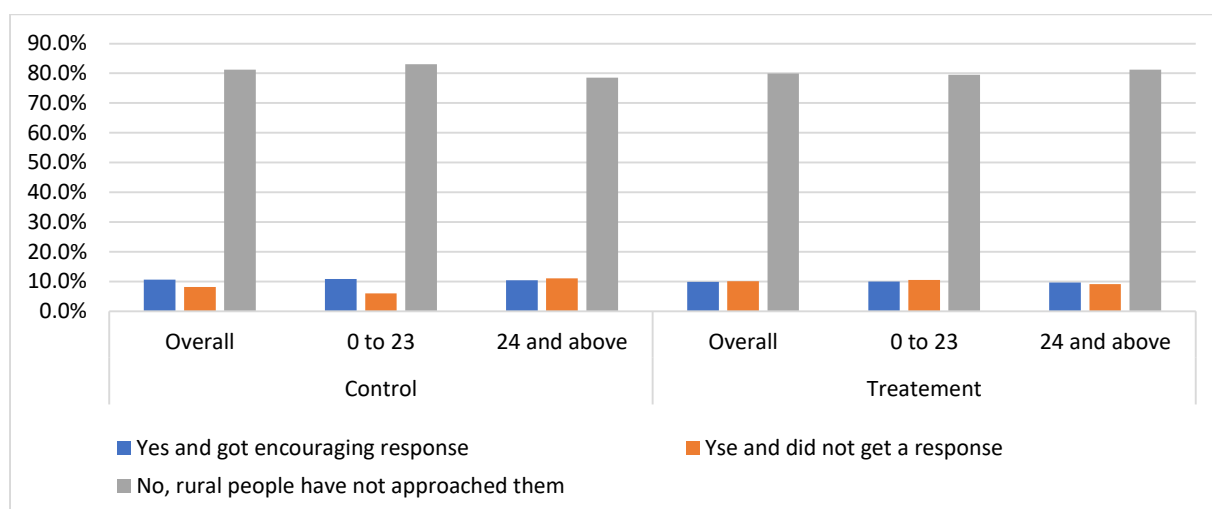
At the time of field data collection (September 03, 2020 to October 16, 2020) the schools in Sindh provinces were closed. To understand the effect of COVID-19 on education, the households whose children were going to school before COVID-19 were probed about their plans to send children back to school. As presented in Table 38, more than 95% of respondents said yes, they will send their boys back to school, but only 88% said yes to sending girls back to school. Prioritizing boys' education over girls' education was found consistent in control and treatment areas. Households with better PSC were more likely to resend their children to school in comparison. A relatively larger proportion (8%) said they will not send girls back to school due to educational expenses, while for boys, this percentage stood at 3%. Nearly 2% of households said they will not send girls to school because of COVID-19's impact on households' livelihood and thus they will marry the girls off. Surprisingly, households with PSC 24 and above were more likely to marry their school-going girls in comparison to households with PSC 0 to 23, across both treatment and control areas.

Table 38: Households commitment to send boys and girls back to school as they re-open

		Control			**Interventions**		
		Overall (n=557)	0 to 23 (n=317)	24 and above (n=240)	Overall (n=608)	0 to 23 (n=417)	24 and above (n=191)
Will you send boys back to school once they re-open?	Yes, boys will go back to school	96.6%	95.9%	97.5%	93.9%	93.5%	94.8%
	No, boys will not go due to expenses	1.6%	2.2%	.8%	3.9%	4.1%	3.7%
	No, boys will not go as they will be engaged in paid work	1.8%	1.9%	1.7%	2.1%	2.4%	1.6%
		Control			**Interventions**		
		Overall (n=393)	0 to 23 (n=205)	24 and above (n=188)	Overall (n=426)	0 to 23 (n=273)	24 and above (n=153)
Will you send girls back to school	Yes, girls will go back to school	88.5%	87.8%	89.4%	87.1%	85.3%	90.2%
	No, girls will not go due to expenses	8.4%	9.3%	7.4%	7.7%	9.2%	5.2%

once they re-open?	No, girls will not go as they will be engaged in paid work	1.0%	1.5%	.5%	3.8%	4.4%	2.6%
	No, Girls will not be sent to school as they will be married off early as a result of the coronavirus situation	2.0%	1.5%	2.7%	1.4%	1.1%	2.0%

Nearly, 0.5% of households reported that someone had contracted COVID-19 within their household. Although the percentage difference is quite low, but more people contracted COVID-19 in the control areas It is pertinent to note that right from the onset of COVID-19, community sensitization drives were carried out by NRSP in treatment areas through the CO and VO networks to inform people about the ill effects of COVID-19 and what precautions to take in order to avoid contracting the virus.

Table 39: COVID-19 cases in the sampled household, village, or other villages

	Control			Treatment		
	Overall (n=1097)	0 to 23 (n=644)	24 and above (n=453)	Overall (n=1199	0 to 23 (n=848)	24 and above (n=351)
Yes, within the household	.5%	.6%	.4%	.2%	.1%	.3%
Yes, someone within the village contracted diseases	1.4%	1.4%	1.3%	.5%	.4%	.9%
Yes, someone outside of village contracted disease	1.4%	1.2%	1.5%	1.3%	1.4%	1.1%
Do not know anyone who contracted the disease	96.7%	96.7%	96.7%	98.0%	98.1%	97.7%

4. CONCLUSION

The report presented findings from the midline survey, carried out in two UCs of district Tando Allah Yar as part of the ongoing RCT in the area. Findings, which were presented by comparing the control and treatment groups and the PSC scores, draw out areas where the programme has been performing well, and also points to some aspects that could be further improved.

Encouraging trends with regards to higher household and per capita incomes, higher female earnings, more autonomous female decision making and higher civic engagement have started to emerge in treatment areas. Similarly, with regards to awareness and understanding of local government services, and trust in elected representatives and government officials to address local problems, it is evident that households in treatment areas are more aware and trusting than control areas. Although in depth research is required to ascertain causation, these positive trends could be due to the mobilisation, information sharing, and women engagement efforts being undertaken by the SUCCESS programme.

On the other hand, many socioeconomic aspects of treatment households are yet to record any adequate improvement. For example, child labour still remains a greater issue in treatment than the control area. in addition, when questioned about sending children back to school once reopened, a smaller percentage of households in treatment areas answered positively as compared to control areas. By shedding light upon such issues, this report provides a learning opportunity to improve outcomes during the final years of the SUCCESS programme.

ANNEXES

I.   Terms of Reference

Request-For-Proposal.pdf (Command Line)

II.   Detailed Methodology and Data Collection Tools

The inception report includes detailed methodology and data collection instruments

Midline Survey -
Inception Report.do

III.   Questionnaire in Sindhi and Urdu

Midline Survey Questionnaire - Urdu Translation.pdf (Command Line)

Midline Survey Questionnarie - Sindhi Version.pdf (Command Line)

IV.   Survey Manual

Midline Survey - Manual.pdf (Command Line)

V. Detailed Analysis Tables by UCs

Table 40: Percentage of pregnant women vaccinated

A. Control Group

		Vaccination during Pregnancy								
		'Control group'								
		Overall			Dad Jarwar			Massoo Bozdar		
		Poverty Score Card			Poverty Score Card			Poverty Score Card		
		Overall	0 to 23	24 and above	Overall	0 to 23	24 and above	Overall	0 to 23	24 and above
	n	114	70	44	76	46	30	38	24	14
If pregnant, has she been vaccinated ?	Yes, fully vaccinated as per pregnancy period	40.4%	25.7%	63.6%	48.7%	30.4%	76.7%	23.7%	16.7%	35.7%
	Not at all	37.7%	45.7%	25.0%	30.3%	41.3%	13.3%	52.6%	54.2%	50.0%
	Partially	21.9%	28.6%	11.4%	21.1%	28.3%	10.0%	23.7%	29.2%	14.3%
	Don't know	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Has she given birth to a child in last 12 months?	Yes	13.0%	11.9%	14.3%	13.0%	11.4%	14.9%	12.9%	12.8%	13.1%
	No	85.0%	86.6%	82.9%	85.1%	87.2%	82.8%	84.8%	85.8%	83.3%
	Abortion or Miscarriage before birth	2.0%	1.5%	2.7%	1.9%	1.5%	2.3%	2.3%	1.5%	3.6%
Was this birth attended by a medical professional (qualified mid wife or a doctor)?	Yes	85.8%	84.0%	87.8%	85.7%	82.6%	88.5%	86.0%	85.7%	86.4%
	No	13.5%	16.0%	10.8%	13.3%	17.4%	9.6%	14.0%	14.3%	13.6%
	Don't Know	.6%	0.0%	1.4%	1.0%	0.0%	1.9%	0.0%	0.0%	0.0%

B. Treatment Group

		Vaccination during Pregnancy								
		'Treatment group'								
		Overall			Dad Jarwar			Massoo Bozdar		
		Poverty Score Card			Poverty Score Card			Poverty Score Card		
		Overall	0 to 23	24 and above	Overall	0 to 23	24 and above	Overall	0 to 23	24 and above
	n	120	83	37	70	45	25	50	38	12
If pregnant, has she been vaccinated ?	Yes, fully vaccinated as per pregnancy period	33.3%	34.9%	29.7%	32.9%	33.3%	32.0%	34.0%	36.8%	25.0%
	Not at all	40.8%	41.0%	40.5%	44.3%	44.4%	44.0%	36.0%	36.8%	33.3%
	Partially	23.3%	20.5%	29.7%	18.6%	15.6%	24.0%	30.0%	26.3%	41.7%
	Don't know	2.5%	3.6%	0.0%	4.3%	6.7%	0.0%	0.0%	0.0%	0.0%

Has she given birth to a child in last 12 months?	Yes	13.7%	12.2%	17.1%	11.4%	9.6%	15.0%	17.2%	15.8%	21.4%
	No	83.7%	85.6%	79.3%	85.7%	88.1%	80.8%	80.6%	82.1%	76.3%
	Abortion or Miscarriage before birth	2.6%	2.2%	3.5%	2.9%	2.3%	4.1%	2.2%	2.1%	2.3%
Was this birth attended by a medical professional (qualified mid wife or a doctor)?	Yes	81.6%	78.4%	86.8%	82.4%	76.5%	90.0%	80.7%	80.0%	82.1%
	No	18.4%	21.6%	13.2%	17.6%	23.5%	10.0%	19.3%	20.0%	17.9%
	Don't Know	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Table 41: Percentage of population with access to medical professionals and disability status

    A.   **Control Group**

		Control group								
		overall			Dad Jarwar			Massoo Bozdar		
		overall	0 to 23	24 & >	overall	0 to 23	24 & >	overall	0 to 23	24 & >
	n	10447	5251	6061	4459	2924	2700	1933	1759	991
Had serious illness in the last 12 months and treated by a medical professional?	Yes and treated by a medical professional	17.0%	17.4%	16.5%	16.8%	17.8%	15.4%	17.4%	16.7%	18.8%
	Yes but not treated by a medical professional	3.2%	3.5%	2.7%	3.6%	4.0%	3.1%	2.3%	2.6%	1.8%
	Did not fall sick	79.8%	79.2%	80.8%	79.6%	78.1%	81.5%	80.3%	80.7%	79.4%
Has any apparent disability?	Yes	1.8%	1.7%	1.9%	2.1%	2.0%	2.1%	1.4%	1.3%	1.6%
	No	98.2%	98.3%	98.1%	97.9%	98.0%	97.9%	98.6%	98.7%	98.4%
Disabilities	visually impaired	11.0%	14.3%	6.8%	10.3%	13.0%	7.0%	12.8%	17.4%	6.3%
	Deaf and Dumb	16.9%	22.1%	10.2%	18.6%	24.1%	11.6%	12.8%	17.4%	6.3%
	Mental disorder	32.4%	32.5%	32.2%	34.0%	33.3%	34.9%	28.2%	30.4%	25.0%
	Physical or limb disability	19.1%	11.7%	28.8%	20.6%	13.0%	30.2%	15.4%	8.7%	25.0%
	Polio	19.9%	19.5%	20.3%	18.6%	20.4%	16.3%	23.1%	17.4%	31.3%
	Speech disability	11.0%	13.0%	8.5%	6.2%	5.6%	7.0%	23.1%	30.4%	12.5%
	Other	1.5%	0.0%	3.4%	2.1%	0.0%	4.7%	0.0%	0.0%	0.0%

    C.   **Treatment Group**

		Treatment group								
		overall			Dad Jarwar			Massoo Bozdar		
		overall	0 to 23	24 & >	overall	0 to 23	24 & >	overall	0 to 23	24 & >
	n	5988	2327	3361	1549	2627	778			
	Yes and treated by a medical	17.2%	16.3%	19.3%	18.1%	17.2%	19.9%	15.8%	15.2%	17.9%

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Had serious illness in the last 12 months and treated by a medical professional?	professional									
	Yes but not treated by a medical professional	3.1%	3.0%	3.4%	3.5%	3.5%	3.6%	2.5%	2.4%	3.0%
	Did not fall sick	79.7%	80.6%	77.4%	78.4%	79.3%	76.4%	81.6%	82.4%	79.2%
Has any apparent disability?	Yes	1.8%	1.5%	2.4%	1.8%	1.5%	2.5%	1.7%	1.6%	2.3%
	No	98.2%	98.5%	97.6%	98.2%	98.5%	97.5%	98.3%	98.4%	97.7%
Disabilities	visually impaired	13.8%	17.0%	8.6%	14.0%	17.0%	10.0%	13.6%	17.1%	5.6%
	Deaf and Dumb	15.8%	16.0%	15.5%	15.1%	13.2%	17.5%	16.9%	19.5%	11.1%
	Mental disorder	16.4%	13.8%	20.7%	18.3%	17.0%	20.0%	13.6%	9.8%	22.2%
	Physical or limb disability	38.8%	39.4%	37.9%	37.6%	41.5%	32.5%	40.7%	36.6%	50.0%
	Polio	8.6%	9.6%	6.9%	9.7%	9.4%	10.0%	6.8%	9.8%	0.0%
	Speech disability	9.2%	9.6%	8.6%	7.5%	7.5%	7.5%	11.9%	12.2%	11.1%
	Other	2.0%	2.1%	1.7%	3.2%	3.8%	2.5%	0.0%	0.0%	0.0%

Table 42: Education Status of the sampled households
    A.   **Control Group**

		Control group								
		Overall			Dad Jarwar			Massoo Bozdar		
		Overall	0 to 23	24 and above	Overall	0 to 23	24 and above	Overall	0 to 23	24 and above
What is highest education level?	n	6447	3904	2543	4077	2384	1693	2370	1520	850
	Primary Class 1-5	21.1%	18.7%	24.8%	21.1%	19.0%	24.1%	21.0%	18.2%	26.1%
	Middle Class 6-8	5.3%	4.1%	7.2%	5.9%	5.0%	7.1%	4.3%	2.7%	7.3%
	High Class 9-10	4.0%	2.7%	5.9%	4.0%	2.9%	5.6%	3.9%	2.4%	6.7%
	College Class 11-14	3.5%	1.3%	6.9%	3.5%	1.0%	6.9%	3.5%	1.6%	6.9%
	Masters Class 15-16	.5%	.3%	.7%	.6%	.4%	.8%	.4%	.3%	.6%
	Higher over 16	.1%	0.0%	.2%	.0%	0.0%	.1%	.1%	0.0%	.2%
	Adult Literacy	.1%	.1%	.2%	.1%	.1%	.2%	.1%	.1%	0.0%
	Never attended School but can read and write one line in any language with understanding,	2.4%	2.4%	2.4%	3.2%	3.0%	3.5%	1.1%	1.4%	.4%
	Never attended school and cannot read and write	63.0%	70.4%	51.7%	61.6%	68.6%	51.7%	65.6%	73.3%	51.8%
Has have any professional diploma	Diploma or certificate in education	6.2%	5.0%	7.2%	5.0%	3.4%	6.4%	8.4%	7.9%	8.8%
	Diploma or certificate in IT	.4%	.1%	.6%	.3%	.1%	.5%	.4%	0.0%	.7%
	Diploma or certificate in engineering	.0%	0.0%	.1%	.1%	0.0%	.1%	0.0%	0.0%	0.0%

		.3%	.4%	.3%	.4%	.4%	.4%	.1%	.3%	0.0%
	Diploma or certificate in medical	.3%	.4%	.3%	.4%	.4%	.4%	.1%	.3%	0.0%
	Other	.4%	.3%	.5%	.4%	.4%	.4%	.4%	0.0%	.7%
	None	92.7%	94.2%	91.3%	93.8%	95.6%	92.2%	90.7%	91.9%	89.7%

B. Treatment Group

		Treatment group								
		Overall			Dad Jarwar			Massoo Bozdar		
		Overall	0 to 23	24 and above	Overall	0 to 23	24 and above	Overall	0 to 23	24 and above
	n	7166	5213	1953	4272	2966	1306	2894	2247	647
	Primary Class 1-5	19.1%	18.0%	22.0%	16.9%	15.4%	20.4%	22.3%	21.5%	25.2%
	Middle Class 6-8	4.4%	3.7%	6.3%	4.6%	3.9%	6.0%	4.3%	3.5%	7.0%
	High Class 9-10	3.3%	2.5%	5.6%	3.3%	2.5%	5.1%	3.4%	2.4%	6.6%
	College Class 11-14	2.5%	1.6%	5.1%	2.1%	1.0%	4.4%	3.2%	2.3%	6.3%
What is highest education level?	Masters Class 15-16	.4%	.2%	.9%	.4%	.3%	.7%	.3%	0.0%	1.4%
	Higher over 16	.1%	.0%	.2%	.0%	0.0%	.1%	.1%	.0%	.3%
	Adult Literacy	.2%	.2%	.2%	.2%	.2%	.2%	.2%	.1%	.3%
	Never attended School but can read and write one line in any language with understanding,	2.9%	3.1%	2.5%	2.5%	2.3%	2.9%	3.5%	4.0%	1.7%
	Never attended school and cannot read and write	67.1%	70.7%	57.2%	70.0%	74.3%	60.3%	62.7%	66.0%	51.2%
	Diploma or certificate in education	6.0%	4.5%	8.6%	5.2%	3.4%	7.7%	7.0%	5.7%	9.9%
Has have any professional diploma?	Diploma or certificate in IT	.3%	.1%	.6%	.3%	0.0%	.6%	.3%	.1%	.7%
	Diploma or certificate in engineering	.0%	0.0%	.1%	.1%	0.0%	.2%	0.0%	0.0%	0.0%
	Diploma or certificate in medical	.2%	.1%	.4%	.1%	0.0%	.2%	.4%	.3%	.7%
	Other	.5%	.5%	.4%	.6%	.9%	.2%	.3%	.1%	.7%
	None	93.0%	94.8%	89.9%	93.8%	95.8%	91.0%	92.0%	93.7%	88.1%

Table 43: Children Age 5-16 years of school attendance status and reasons for not attending

A. **Control Group**

		Overall			DadJarwar			MassooBozdar		
		Overall	0 to 23	24 and above	Overall	0 to 23	24 and above	Overall	0 to 23	24 and above
	n	2429	1641	1384	1825	902	1086	604	739	298
If he/she age is 5-16 years, is she currently attending or enrolled in school?	Yes	37.3%	30.6%	50.9%	38.7%	33.0%	48.8%	35.2%	27.1%	55.1%
	No, dropped out of school	62.7%	69.4%	49.1%	61.3%	67.0%	51.2%	64.8%	72.9%	44.9%
Is he/she currently enrolled in school, in which type of educational institution?	Govt	84.0%	90.1%	76.6%	86.1%	91.3%	79.7%	80.4%	87.9%	71.2%
	Private	13.1%	7.5%	19.9%	10.1%	5.6%	15.6%	18.5%	11.1%	27.6%
	Madrasah or Masjid or Maktab School	2.9%	2.3%	3.5%	3.8%	3.1%	4.7%	1.1%	1.0%	1.2%
	Other	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
If he/she is not attending school, what is the one main reason for not attending school?	Attained education is enough	.3%	.2%	.4%	.4%	.2%	.6%	.1%	.1%	0.0%
	Education is costly	3.4%	3.0%	4.2%	4.7%	4.2%	5.7%	1.3%	1.4%	1.1%
	School is far away	9.2%	10.1%	7.4%	9.8%	11.2%	7.2%	8.2%	8.4%	7.7%
	Has to help in household chores or grazing of livestock	4.0%	4.1%	3.9%	4.4%	4.6%	4.1%	3.4%	3.4%	3.4%
	Marriage or pregnancy	.0%	.0%	.1%	.1%	.1%	.1%	0.0%	0.0%	0.0%
	Teacher not available or sub-standard education	5.5%	5.7%	5.1%	5.8%	6.0%	5.3%	5.1%	5.3%	4.7%
	Parents dont believe education is useful	12.0%	12.0%	12.1%	6.4%	6.2%	6.7%	21.5%	20.7%	23.3%
	Parents believe education is useful but do not permit	13.8%	13.3%	14.7%	10.9%	10.4%	11.7%	18.6%	17.6%	21.2%
	child is not ready or interested	16.9%	16.0%	18.7%	15.4%	14.4%	17.4%	19.4%	18.5%	21.6%
	Poverty	32.1%	32.8%	30.8%	39.4%	39.9%	38.6%	19.9%	22.1%	14.5%
	Incapacitated or disability	1.7%	1.7%	1.7%	2.0%	1.9%	2.0%	1.2%	1.3%	1.1%
	Other	1.0%	1.1%	.9%	.8%	1.0%	.6%	1.3%	1.3%	1.5%

B.   Treatment Group

		Overall			DadJarwar			MassooBozdar		
		Overall	0 to 23	24 and above	Overall	0 to 23	24 and above	Overall	0 to 23	24 and above
	n	3010	1842	1686	2538	731	1427	472	1111	259
If he/she age is 5-16 years, is she currently attending or enrolled in school?	Yes	31.0%	27.3%	43.8%	27.6%	23.8%	39.4%	35.6%	31.9%	51.7%
	No, dropped out of school	69.0%	72.7%	56.2%	72.4%	76.2%	60.6%	64.4%	68.1%	48.3%
Is he/she currently enrolled in school, in which type of educational institution?	Govt	88.0%	88.3%	87.2%	85.9%	86.1%	85.5%	90.2%	90.4%	89.6%
	Private	8.7%	7.8%	10.6%	9.5%	8.6%	11.3%	7.8%	7.1%	9.7%
	Madrasah or Masjid or Maktab School	3.4%	3.9%	2.2%	4.6%	5.3%	3.2%	2.0%	2.5%	.7%
	Other	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
If he/she is not attending school, what is the one main reason for not attending school?	Attained education is enough	.3%	.3%	.2%	.1%	.1%	.1%	.5%	.5%	.6%
	Education is costly	3.2%	3.4%	2.6%	3.1%	3.1%	2.9%	3.5%	3.9%	1.7%
	School is far away	9.4%	10.2%	6.9%	10.0%	11.2%	6.9%	8.5%	8.8%	7.0%
	Has to help in household chores or grazing of livestock	3.6%	3.6%	3.8%	2.8%	2.6%	3.4%	5.0%	5.1%	4.7%
	Marriage or pregnancy	.1%	.1%	.2%	.1%	.1%	.2%	.1%	.1%	0.0%
	Teacher not available or sub-standard education	6.9%	7.4%	5.2%	9.0%	10.3%	5.6%	3.4%	3.2%	4.2%
	Parents dont believe education is useful	11.3%	11.5%	10.7%	11.3%	11.7%	10.0%	11.4%	11.3%	12.3%
	Parents believe education is useful but do not permit	14.0%	12.4%	19.0%	16.5%	14.6%	21.7%	9.8%	9.2%	12.5%
	child is not ready or interested	14.4%	14.0%	16.0%	14.7%	14.0%	16.6%	14.0%	13.9%	14.8%
	Poverty	33.6%	34.4%	30.8%	28.9%	29.4%	27.5%	41.1%	41.7%	38.7%
	Incapacitated or disability	1.5%	1.3%	2.2%	1.6%	1.3%	2.6%	1.4%	1.3%	1.4%
	Other	1.7%	1.4%	2.4%	1.9%	1.7%	2.5%	1.3%	1.1%	2.2%

Table 44: Children Work status

    A.   **Control Group**

		Overall				Dad Jarwar			Massoo Bozdar		
		Overall		0 to 23	24 and above	Overall	0 to 23	24 and above	Overall	0 to 23	24 and above
Overall	Working	2031	32%	33%	29%	30%	32%	28%	34%	35%	32%
	Own work	134	2%	1%	3%	2%	2%	3%	1%	0%	3%
	Only own household chores	1631	25%	23%	28%	26%	24%	30%	24%	23%	26%
	Did Not work during last year	2649	41%	42%	39%	41%	43%	39%	41%	42%	40%
5 to 13 Years	Working	81	4%	4%	3%	3%	3%	3%	5%	6%	3%
	Own work	6	0%	0%	0%	0%	0%	0%	0%	0%	0%
	Only own household chores	259	12%	13%	12%	13%	12%	13%	12%	13%	9%
	Did Not work during last year	1734	83%	82%	85%	84%	84%	84%	82%	80%	88%
14 to 18 Years	Working	293	29%	33%	22%	28%	32%	23%	30%	36%	20%
	Own work	11	1%	1%	2%	1%	1%	1%	1%	0%	3%
	Only own household chores	340	34%	31%	39%	32%	29%	37%	37%	34%	43%
	Did Not work during last year	368	36%	36%	37%	39%	39%	39%	31%	30%	33%
19 to 55 Years	Working	1559	52%	56%	47%	49%	53%	44%	58%	62%	52%
	Own work	106	4%	3%	5%	4%	4%	5%	2%	1%	4%
	Only own household chores	960	32%	30%	35%	34%	31%	37%	29%	28%	31%
	Did Not work during last year	365	12%	11%	13%	13%	13%	14%	10%	9%	12%
Above 55	Working	98	27%	33%	21%	30%	42%	19%	22%	21%	24%
	Own work	11	3%	1%	5%	4%	2%	5%	2%	0%	4%
	Only own household chores	72	20%	18%	21%	21%	19%	24%	18%	18%	18%
	Did Not work during last year	182	50%	47%	53%	45%	37%	52%	58%	62%	54%
Overall	Working	1509	45%	45%	45%	44%	44%	44%	46%	47%	45%
	Own work	116	3%	2%	5%	4%	3%	5%	3%	1%	5%
	Only own household chores	190	6%	6%	5%	6%	6%	6%	5%	6%	4%
	Did Not work during last year	1556	46%	47%	45%	46%	47%	45%	46%	47%	45%

5 to 13 Years	Working	45	4%	4%	3%	3%	3%	4%	5%	6%	2%
	Own work	5	0%	1%	0%	1%	1%	0%	0%	0%	0%
	Only own household chores	62	6%	6%	5%	6%	6%	5%	5%	5%	6%
	Did Not work during last year	1014	90%	90%	91%	90%	90%	91%	90%	88%	92%
14 to 18 Years	Working	201	38%	41%	31%	36%	39%	32%	40%	45%	30%
	Own work	9	2%	1%	3%	1%	1%	1%	2%	0%	7%
	Only own household chores	68	13%	13%	12%	12%	11%	13%	14%	17%	9%
	Did Not work during last year	257	48%	45%	54%	50%	48%	53%	43%	38%	54%
19 to 55 Years	Working	1190	78%	81%	74%	75%	77%	72%	84%	87%	78%
	Own work	91	6%	4%	8%	7%	6%	9%	4%	2%	8%
	Only own household chores	52	3%	4%	3%	4%	4%	4%	2%	2%	2%
	Did Not work during last year	194	13%	11%	15%	14%	13%	16%	10%	8%	12%
Above 55	Working	73	40%	48%	33%	44%	61%	28%	33%	24%	39%
	Own work	11	6%	2%	9%	7%	4%	10%	4%	0%	8%
	Only own household chores	8	4%	4%	5%	5%	4%	7%	3%	3%	3%
	Did Not work during last year	91	50%	46%	53%	44%	32%	55%	60%	72%	50%
Overall	Working	522	17%	20%	13%	15%	18%	11%	20%	22%	16%
	Own work	18	1%	1%	1%	1%	1%	1%	0%	0%	1%
	Only own household chores	1441	47%	43%	53%	48%	44%	55%	44%	41%	50%
	Did Not work during last year	1093	36%	37%	33%	36%	37%	33%	35%	37%	34%
5 to 13 Years	Working	36	4%	4%	3%	3%	3%	2%	6%	7%	3%
	Own work	1	0%	0%	0%	0%	0%	0%	0%	0%	0%
	Only own household chores	197	21%	21%	19%	21%	20%	21%	20%	23%	14%
	Did Not work during last year	720	75%	74%	78%	76%	77%	76%	74%	71%	83%
14 to 18 Years	Working	92	19%	24%	12%	19%	23%	12%	20%	25%	11%
	Own work	2	0%	0%	1%	1%	0%	1%	0%	0%	0%
	Only own household chores	272	57%	50%	68%	54%	48%	65%	63%	55%	75%
	Did Not work during last year	111	23%	26%	19%	26%	28%	22%	18%	21%	13%
19 to 55 Years	Working	369	25%	30%	19%	22%	27%	16%	31%	36%	25%
	Own work	15	1%	1%	1%	1%	2%	1%	0%	0%	1%
	Only own household chores	908	62%	57%	68%	65%	59%	71%	58%	55%	62%

	Did Not work during last year	171	12%	11%	12%	12%	12%	12%	11%	10%	13%
Above 55	Working	25	14%	19%	9%	14%	20%	9%	14%	18%	8%
	Own work	0	0%	0%	0%	0%	0%	0%	0%	0%	0%
	Only own household chores	64	36%	32%	39%	40%	37%	43%	30%	27%	33%
	Did Not work during last year	91	51%	49%	52%	46%	43%	48%	56%	55%	58%

B. Treatment Group

			Overall			DadJarwar			MassooBozdar		
			Overall	0 to 23	24 and above	Overall	0 to 23	24 and above	Overall	0 to 23	24 and above
Overall	Overall	Working	2431	34%	35%	32%	32%	33%	31%	36%	37%	33%
		Own work	128	2%	1%	3%	2%	2%	3%	2%	1%	3%
		Only own household chores	1557	22%	20%	26%	24%	22%	27%	19%	18%	23%
		Did Not work during last year	3048	43%	44%	40%	42%	43%	39%	44%	44%	42%
	5 to 13 Years	Working	137	5%	6%	3%	4%	5%	2%	7%	7%	4%
		Own work	2	0%	0%	0%	0%	0%	0%	0%	0%	0%
		Only own household chores	325	12%	14%	9%	13%	14%	10%	12%	13%	5%
		Did Not work during last year	2151	82%	80%	89%	83%	81%	88%	82%	80%	91%
	14 to 18 Years	Working	320	31%	33%	26%	27%	28%	24%	37%	39%	29%
		Own work	14	1%	2%	1%	1%	2%	0%	2%	1%	2%
		Only own household chores	323	32%	30%	36%	36%	34%	39%	26%	25%	31%
		Did Not work during last year	365	36%	35%	37%	36%	36%	37%	35%	35%	38%
	19 to 55 Years	Working	1863	60%	63%	52%	57%	61%	51%	64%	67%	54%
		Own work	100	3%	3%	4%	3%	3%	4%	3%	3%	4%
		Only own household chores	841	27%	24%	34%	29%	27%	35%	23%	20%	31%
		Did Not work during last year	322	10%	10%	10%	10%	10%	10%	11%	11%	10%
	Above 55	Working	111	28%	32%	20%	26%	31%	17%	31%	32%	26%

		Own work	12	3%	3%	4%	4%	4%	4%	2%	2%	2%
		Only own household chores	68	17%	15%	21%	17%	16%	19%	16%	13%	26%
		Did Not work during last year	210	52%	51%	55%	53%	49%	60%	51%	53%	45%
'Male'	Overall	Working	1625	44%	44%	45%	44%	43%	45%	44%	45%	43%
		Own work	106	3%	2%	5%	3%	2%	5%	3%	2%	4%
		Only own household chores	207	6%	6%	5%	6%	6%	5%	5%	5%	5%
		Did Not work during last year	1749	47%	48%	45%	47%	48%	44%	48%	48%	47%
	5 to 13 Years	Working	66	5%	6%	2%	3%	4%	2%	7%	8%	3%
		Own work	1	0%	0%	0%	0%	0%	0%	0%	0%	0%
		Only own household chores	84	6%	7%	4%	6%	6%	4%	7%	8%	3%
		Did Not work during last year	1214	89%	87%	94%	91%	89%	94%	87%	85%	94%
	14 to 18 Years	Working	196	37%	39%	32%	33%	33%	32%	42%	45%	30%
		Own work	9	2%	2%	2%	1%	1%	0%	2%	2%	5%
		Only own household chores	53	10%	9%	13%	13%	13%	13%	7%	5%	12%
		Did Not work during last year	270	51%	50%	54%	53%	53%	55%	49%	48%	53%
	19 to 55 Years	Working	1287	81%	83%	76%	80%	83%	75%	82%	82%	79%
		Own work	84	5%	4%	8%	5%	4%	8%	5%	4%	8%
		Only own household chores	60	4%	3%	5%	4%	4%	5%	3%	2%	4%
		Did Not work during last year	164	10%	10%	11%	10%	9%	12%	10%	11%	10%
	Above 55	Working	76	38%	44%	28%	37%	44%	27%	40%	43%	30%
		Own work	12	6%	5%	7%	8%	7%	9%	3%	3%	4%
		Only own household chores	10	5%	5%	6%	2%	1%	2%	9%	8%	13%
		Did Not work during last year	101	51%	47%	59%	53%	47%	62%	48%	46%	52%
'Female '	Overall	Working	806	23%	25%	19%	21%	22%	17%	27%	28%	22%
		Own work	22	1%	1%	1%	1%	1%	0%	1%	1%	1%
		Only own household	1350	39%	36%	47%	42%	39%	49%	34%	31%	42%

				Overall					DadJarwar					MassooBozdar	
	chores														
	Did Not work during last year	1299	37%	39%	34%	36%	38%	33%	39%	40%	36%				
5 to 13 Years	Working	71	6%	6%	3%	5%	6%	2%	7%	7%	6%				
	Own work	1	0%	0%	0%	0%	0%	0%	0%	0%	0%				
	Only own household chores	241	19%	21%	14%	21%	22%	18%	17%	19%	8%				
	Did Not work during last year	937	75%	73%	82%	74%	72%	80%	76%	74%	86%				
14 to 18 Years	Working	124	25%	27%	20%	22%	24%	17%	30%	31%	27%				
	Own work	5	1%	1%	0%	1%	2%	0%	1%	1%	0%				
	Only own household chores	270	55%	53%	59%	57%	55%	63%	51%	51%	50%				
	Did Not work during last year	95	19%	19%	21%	19%	19%	20%	19%	18%	23%				
19 to 55 Years	Working	576	38%	43%	27%	33%	37%	26%	45%	50%	30%				
	Own work	16	1%	1%	1%	1%	1%	1%	1%	1%	1%				
	Only own household chores	781	51%	45%	63%	55%	50%	64%	44%	38%	59%				
	Did Not work during last year	158	10%	11%	9%	10%	11%	9%	11%	11%	10%				
Above 55	Working	35	17%	20%	12%	14%	19%	8%	21%	22%	21%				
	Own work	0	0%	0%	0%	0%	0%	0%	0%	0%	0%				
	Only own household chores	58	29%	25%	37%	32%	30%	35%	24%	18%	42%				
	Did Not work during last year	109	54%	55%	51%	53%	51%	57%	55%	60%	37%				

Table 45: Households coping strategies to manage income loss and increase in household expense

C.   **Control Group**

		Overall			DadJarwar			MassooBozdar		
		Overall	0 to 23	24 and above	Overall	0 to 23	24 and above	Overall	0 to 23	24 and above
Main	Sought help from government	19.3%	17.2%	22.4%	20.8%	18.5%	23.8%	17.3%	15.7%	20.3%
	Relied upon friends or family or neighbors for help and assistance grants	10.1%	10.7%	9.2%	10.4%	11.9%	8.6%	9.7%	9.4%	10.1%
	Borrowed money from any source_udhaar	29.6%	37.8%	17.2%	22.9%	31.1%	12.4%	37.8%	44.9%	24.6%
	Loan or credit from any source_karza	13.3%	14.9%	10.9%	14.2%	15.6%	12.4%	12.2%	14.2%	8.7%

	Sold agricultural land or agricultural assets	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	Advance sale of agriculture produce	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	Sold household assets other than livestock	1.1%	.8%	1.7%	0.0%	0.0%	0.0%	2.6%	1.6%	4.3%
	Sold livestock	1.4%	.8%	2.3%	.8%	0.0%	1.9%	2.0%	1.6%	2.9%
	Changed food consumption behavior	6.7%	5.0%	9.2%	10.8%	8.9%	13.3%	1.5%	.8%	2.9%
	Cut back on any health expenditure	1.6%	1.5%	1.7%	2.9%	3.0%	2.9%	0.0%	0.0%	0.0%
	Cut back on other essential expenditures	3.0%	1.5%	5.2%	3.8%	1.5%	6.7%	2.0%	1.6%	2.9%
	Cut in non-essential expenses	1.1%	0.0%	2.9%	1.7%	0.0%	3.8%	.5%	0.0%	1.4%
	Did not pay utility bill for one or more months	.9%	1.1%	.6%	1.7%	2.2%	1.0%	0.0%	0.0%	0.0%
	Delayed obligatory debt payment	.5%	0.0%	1.1%	.4%	0.0%	1.0%	.5%	0.0%	1.4%
	Increased paid work_adults	.5%	.8%	0.0%	.8%	1.5%	0.0%	0.0%	0.0%	0.0%
	Increased paid work_child labor	.2%	.4%	0.0%	.4%	.7%	0.0%	0.0%	0.0%	0.0%
	Used savings	4.8%	3.4%	6.9%	1.7%	1.5%	1.9%	8.7%	5.5%	14.5%
	Did nothing	6.0%	4.2%	8.6%	6.7%	3.7%	10.5%	5.1%	4.7%	5.8%
	Other	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Second	Sought help from government	10.8%	11.5%	9.8%	11.7%	11.9%	11.4%	9.7%	11.0%	7.2%
	Relied upon friends or family or neighbors for help and assistance_grants	11.7%	13.4%	9.2%	12.1%	14.8%	8.6%	11.2%	11.8%	10.1%
	Borrowed money from any source_udhaar	20.4%	21.0%	19.5%	15.4%	17.8%	12.4%	26.5%	24.4%	30.4%
	Loan or credit from any source_karza	7.6%	8.4%	6.3%	8.8%	10.4%	6.7%	6.1%	6.3%	5.8%
	Sold agricultural land or agricultural assets	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	Advance sale of agriculture produce	.2%	.4%	0.0%	.4%	.7%	0.0%	0.0%	0.0%	0.0%
	Sold household assets other than livestock	1.4%	1.5%	1.1%	1.3%	1.5%	1.0%	1.5%	1.6%	1.4%
	Sold livestock	1.8%	1.9%	1.7%	1.7%	1.5%	1.9%	2.0%	2.4%	1.4%
	Changed food consumption behavior	8.7%	7.3%	10.9%	11.3%	9.6%	13.3%	5.6%	4.7%	7.2%
	Cut back on any health expenditure	3.9%	2.7%	5.7%	6.7%	4.4%	9.5%	.5%	.8%	0.0%
	Cut back on other essential expenditures	3.9%	3.8%	4.0%	4.6%	3.7%	5.7%	3.1%	3.9%	1.4%
	Cut in non-essential expenses	2.1%	1.1%	3.4%	2.1%	.7%	3.8%	2.0%	1.6%	2.9%
	Did not pay utility bill for one or more months	5.5%	5.7%	5.2%	5.8%	5.2%	6.7%	5.1%	6.3%	2.9%
	Delayed obligatory debt payment	.5%	.4%	.6%	.4%	0.0%	1.0%	.5%	.8%	0.0%
	Increased paid work adults	.2%	.4%	0.0%	.4%	.7%	0.0%	0.0%	0.0%	0.0%
	Increased paid work_child labor	.2%	.4%	0.0%	0.0%	0.0%	0.0%	.5%	.8%	0.0%
	Used savings	4.6%	3.1%	6.9%	.8%	.7%	1.0%	9.2%	5.5%	15.9%
	Did nothing	16.5%	17.2%	15.5%	16.7%	16.3%	17.1%	16.3%	18.1%	13.0%
	Other	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Third	Sought help from government	8.0%	6.1%	10.9%	11.3%	8.9%	14.3%	4.1%	3.1%	5.8%
	Relied upon friends or family or neighbors for help and assistance grants	8.5%	8.8%	8.0%	7.9%	8.1%	7.6%	9.2%	9.4%	8.7%

Borrowed money from any source_udhaar	12.2%	11.8%	12.6%	9.6%	10.4%	8.6%	15.3%	13.4%	18.8%
Loan or credit from any source_karza	5.5%	5.3%	5.7%	6.3%	5.9%	6.7%	4.6%	4.7%	4.3%
Sold agricultural land or agricultural assets	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Advance sale of agriculture produce	.2%	0.0%	.6%	.4%	0.0%	1.0%	0.0%	0.0%	0.0%
Sold household assets other than livestock	.9%	.8%	1.1%	0.0%	0.0%	0.0%	2.0%	1.6%	2.9%
Sold livestock	1.1%	.4%	2.3%	.8%	0.0%	1.9%	1.5%	.8%	2.9%
Changed food consumption behavior	8.7%	8.8%	8.6%	9.6%	9.6%	9.5%	7.7%	7.9%	7.2%
Cut back on any health expenditure	.7%	.8%	.6%	.8%	.7%	1.0%	.5%	.8%	0.0%
Cut back on other essential expenditures	5.0%	3.4%	7.5%	5.8%	3.0%	9.5%	4.1%	3.9%	4.3%
Cut in non-essential expenses	5.3%	5.7%	4.6%	7.9%	8.9%	6.7%	2.0%	2.4%	1.4%
Did not pay utility bill for one or more months	2.3%	3.4%	.6%	2.1%	3.0%	1.0%	2.6%	3.9%	0.0%
Delayed obligatory debt payment	1.6%	1.1%	2.3%	2.1%	1.5%	2.9%	1.0%	.8%	1.4%
Increased paid work_adults	.5%	.8%	0.0%	0.0%	0.0%	0.0%	1.0%	1.6%	0.0%
Increased paid work_child labor	.2%	.4%	0.0%	.4%	.7%	0.0%	0.0%	0.0%	0.0%
Used savings	6.4%	5.3%	8.0%	5.0%	4.4%	5.7%	8.2%	6.3%	11.6%
Did nothing	32.8%	37.0%	26.4%	30.0%	34.8%	23.8%	36.2%	39.4%	30.4%
Other	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

D.   **Treatment Group**

		Overall			Dad Jarwar			Massoo Bozdar		
		Overall	0 to 23	24 and above	Overall	0 to 23	24 and above	Overall	0 to 23	24 and above
Main	Sought help from government	13.3%	13.1%	13.7%	12.1%	10.2%	15.6%	15.6%	17.7%	8.1%
	Relied upon friends or family or neighbors for help and assistance grants	10.2%	10.1%	10.3%	8.3%	8.3%	8.3%	13.8%	13.1%	16.2%
	Borrowed money from any source_udhaar	27.7%	28.1%	26.7%	22.3%	22.0%	22.9%	37.7%	37.7%	37.8%
	Loan or credit from any source_karza	11.0%	13.4%	5.5%	11.8%	15.6%	4.6%	9.6%	10.0%	8.1%
	Sold agricultural land or agricultural assets	.2%	.3%	0.0%	.3%	.5%	0.0%	0.0%	0.0%	0.0%
	Advance sale of agriculture produce	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	Sold household assets other than livestock	1.9%	2.7%	0.0%	2.2%	3.4%	0.0%	1.2%	1.5%	0.0%
	Sold livestock	2.1%	2.4%	1.4%	1.9%	2.0%	1.8%	2.4%	3.1%	0.0%
	Changed food consumption behavior	8.3%	7.5%	10.3%	10.8%	9.8%	12.8%	3.6%	3.8%	2.7%
	Cut back on any health expenditure	.4%	.6%	0.0%	.6%	1.0%	0.0%	0.0%	0.0%	0.0%
	Cut back on other essential expenditures	2.3%	2.1%	2.7%	3.5%	3.4%	3.7%	0.0%	0.0%	0.0%
	Cut in non-essential expenses	.6%	.3%	1.4%	.6%	0.0%	1.8%	.6%	.8%	0.0%
	Did not pay utility bill for one or more months	.6%	.6%	.7%	.6%	.5%	.9%	.6%	.8%	0.0%
	Delayed obligatory debt payment	.2%	.3%	0.0%	.3%	.5%	0.0%	0.0%	0.0%	0.0%
	Increased paid work adults	1.9%	1.8%	2.1%	1.6%	1.5%	1.8%	2.4%	2.3%	2.7%
	Increased paid work_child labor	.4%	.6%	0.0%	.6%	1.0%	0.0%	0.0%	0.0%	0.0%
	Used savings	4.8%	3.9%	6.8%	4.8%	4.4%	5.5%	4.8%	3.1%	10.8%
	Did nothing	13.7%	11.9%	17.8%	17.2%	15.6%	20.2%	7.2%	6.2%	10.8%
	Other	.4%	.3%	.7%	.3%	.5%	0.0%	.6%	0.0%	2.7%
Second	Sought help from government	10.2%	11.3%	7.5%	7.0%	7.8%	5.5%	16.2%	16.9%	13.5%
	Relied upon friends or family or neighbors for help and assistance grants	9.8%	10.1%	8.9%	8.3%	6.8%	11.0%	12.6%	15.4%	2.7%
	Borrowed money from any source_udhaar	15.8%	15.8%	15.8%	16.6%	16.1%	17.4%	14.4%	15.4%	10.8%
	Loan or credit from any source_karza	8.1%	9.6%	4.8%	7.3%	10.2%	1.8%	9.6%	8.5%	13.5%
	Sold agricultural land or agricultural assets	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	Advance sale of agriculture produce	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	Sold household assets other than livestock	1.5%	1.2%	2.1%	1.3%	1.5%	.9%	1.8%	.8%	5.4%
	Sold livestock	1.5%	2.1%	0.0%	1.0%	1.5%	0.0%	2.4%	3.1%	0.0%
	Changed food consumption behavior	9.6%	9.3%	10.3%	11.5%	12.2%	10.1%	6.0%	4.6%	10.8%
	Cut back on any health expenditure	2.9%	2.1%	4.8%	3.8%	2.9%	5.5%	1.2%	.8%	2.7%
	Cut back on other essential expenditures	2.7%	2.4%	3.4%	2.9%	2.9%	2.8%	2.4%	1.5%	5.4%
	Cut in non-essential expenses	2.3%	3.0%	.7%	1.9%	2.4%	.9%	3.0%	3.8%	0.0%
	Did not pay utility bill for one or more months	2.1%	2.4%	1.4%	1.6%	1.5%	1.8%	3.0%	3.8%	0.0%

	Delayed obligatory debt payment	1.2%	1.2%	1.4%	1.3%	1.5%	.9%	1.2%	.8%	2.7%
	Increased paid work_adults	1.7%	2.1%	.7%	1.0%	1.0%	.9%	3.0%	3.8%	0.0%
	Increased paid work_child labor	.4%	.6%	0.0%	.3%	.5%	0.0%	.6%	.8%	0.0%
	Used savings	4.4%	4.5%	4.1%	5.1%	5.4%	4.6%	3.0%	3.1%	2.7%
	Did nothing	26.0%	22.4%	34.2%	29.3%	25.9%	35.8%	19.8%	16.9%	29.7%
	Other	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Third	Sought help from government	6.2%	6.6%	5.5%	5.4%	5.4%	5.5%	7.8%	8.5%	5.4%
	Relied upon friends or family or neighbors for help and assistance grants	7.1%	8.1%	4.8%	6.4%	6.3%	6.4%	8.4%	10.8%	0.0%
	Borrowed money from any source_udhaar	8.9%	9.0%	8.9%	7.3%	6.3%	9.2%	12.0%	13.1%	8.1%
	Loan or credit from any source_karza	6.4%	8.7%	1.4%	6.4%	9.3%	.9%	6.6%	7.7%	2.7%
	Sold agricultural land or agricultural assets	.2%	0.0%	.7%	.3%	0.0%	.9%	0.0%	0.0%	0.0%
	Advance sale of agriculture produce	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	Sold household assets other than livestock	1.9%	2.1%	1.4%	1.3%	2.0%	0.0%	3.0%	2.3%	5.4%
	Sold livestock	1.0%	.9%	1.4%	1.0%	1.0%	.9%	1.2%	.8%	2.7%
	Changed food consumption behavior	6.2%	6.6%	5.5%	7.0%	7.3%	6.4%	4.8%	5.4%	2.7%
	Cut back on any health expenditure	2.5%	2.4%	2.7%	2.5%	2.4%	2.8%	2.4%	2.3%	2.7%
	Cut back on other essential expenditures	3.3%	3.0%	4.1%	3.5%	3.4%	3.7%	3.0%	2.3%	5.4%
	Cut in non-essential expenses	3.3%	3.3%	3.4%	3.2%	2.9%	3.7%	3.6%	3.8%	2.7%
	Did not pay utility bill for one or more months	2.3%	2.4%	2.1%	2.2%	2.4%	1.8%	2.4%	2.3%	2.7%
	Delayed obligatory debt payment	.6%	.6%	.7%	1.0%	1.0%	.9%	0.0%	0.0%	0.0%
	Increased paid work adults	.6%	.6%	.7%	.6%	.5%	.9%	.6%	.8%	0.0%
	Increased paid work child labor	.8%	.9%	.7%	1.3%	1.5%	.9%	0.0%	0.0%	0.0%
	Used savings	5.0%	5.4%	4.1%	5.1%	6.3%	2.8%	4.8%	3.8%	8.1%
	Did nothing	43.5%	39.7%	52.1%	45.5%	42.0%	52.3%	39.5%	36.2%	51.4%
	Other	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%