ENDLINE SURVEY

UNDER

RESEARCH COMPONENT OF SUCCESS PROGRAMME

PAKISTAN

This study was commissioned and financed by Rural Support Programmes Network (RSPN).

This report was submitted by the Centre for Evaluation and Development (C4ED).

Prepared for RSPN by:

Hiwot Mesfin, Dr. Saeeda Khan, Sharafat Hussain Shah, Katharina Kreutz and Usama Waheed

More information about European Union is available on:

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

ACKNOWLEDGEMENT

TABLE OF CONTENT

LIST OF FIGURES

LIST OF TABLES

EXECUTIVE SUMMARY

The primary objective of the Endline Report is to track, interview, and provide descriptive evidence on the state of households enrolled in a randomised control trial (RCT) in two union councils (UCs) of district Tando Allah Yar, Sindh.

The European Union (EU) funded Sindh Union Council and Community Economic Strengthening Support (SUCCESS) programme aims to reduce poverty through community-driven development (CDD) based on the social mobilisation approach. Under the SUCCESS programme, living conditions are expected to improve by building local social capital for better access to basic social and economic services, and by providing income generating and diversification opportunities.

A key aspect of the SUCCESS Programme is its research component, which seeks to answer three research questions. It starts by exploring the factors that contribute to chronic poverty in the selected research areas, including socioeconomic, political, and gender-based factors, as well as the institutional gaps that contribute to persistent poverty. To reduce chronic poverty, it examines the methods and useful suggestions that might be used to lead own programme interventions and also aid other development organisations, civil society, academia, and federal, provincial, and local governments. Lastly, the effectiveness of people-led organisations to reduce poverty is assessed. Continuously tracking changes in the living standard 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.

To test the impact of the numerous programme interventions, such as access to information and services, civic engagement, women empowerment, economic welfare, and social cohesion, a multi-year time-controlled RCT was designed under the SUCCESS research component. The baseline survey was conducted in September 2016, followed by the midline survey in September 2020. 2,300 households were covered in each of these surveys - 1,200 belonging to 12 villages that were classified as early recipients of programme interventions (Early-Treatment), while 1,100 households belonging to 11 village where the SUCCCESS programme was rolled out only after the completion of midline survey (Late-Treatment). All 23 villages belonged to two union councils, namely Dad Khan Jarwar and Massoo Bozdar, in district Tando Allahyar, Sindh.

After a competitive bidding process, Centre For Evaluation and Development (C4ED) was awarded the contract for conducting the endline survey. In addition to the quantitative household survey, qualitative data was also collected as means to validate quantitative findings and observe differences, if any, in early and late rollout of the Programme. The quantitative survey was administered to sample households using SurveyCTO, whereas for qualitative data collection, Focus Group Discussions (FGDs) and Key Informant Interviews (KIIs) were conducted with rural community women and National Rural Support Programme[1] (NRSP) officals.

Several differences between households in the two time-controlled treatment areas are worth noting. Households in the Early-Treatment group, on average, have higher income and take out more loans than their counterparts in the Late-Treatment area. However, they also have higher expenditure than those in Late-Treatment group. While farming is the main occupation in both the areas, the share of respondents that stated farming as their primary source of employment is higher in Early-Treatment areas. Moreover, while the proportion of male household members

---

[1] NRSP implemented the SUCCESS Programme in Tando Allahyar.

who do paid work is higher than female members, the proportion of female household members who work on household chores is higher than that of men, in both areas. The results from children's work status show that in both areas, household chores appear to be the main tasks children engage in. The results also show that children between the ages of 5 and 13 generate income—potentially indicating the existence of child labour. Similar to results from the adult population, male children between the ages of 5 and 13 generate higher income than their female counterparts in both late and early treatment areas and across the two PSC categories. School dropout rates are also similar across the two groups and poverty status. The three most common reasons stated in both early and late treatment areas for children not being in school were reported to be a lack of interest, distance to school, and poverty. Interestingly, the rate of vaccination among pregnant women is higher in Late-Treatment areas. Access to electricity is higher among households in early-treatment areas. Interestingly, the rate of participation in community organisation meetings is higher in Late-treatment than in Early-treatment areas.

Based on the descriptive findings of this endline survey, while Early-Treatment areas appear to outperform the Late-Treatment areas in certain indicators, they lag in others. However, given the fact that this report only uses descriptive evidence from the endline survey and does not factor in baseline and midline data, no strong conclusion can be drawn about the performance of the SUCCESS programme and interventions. Comparative and causal statistical inference is beyond the scope of this survey report.

ABBREVIATIONS

C4ED	Centre For Evaluation and Development
CAPI	Computer Assisted Personal Interviews
CATI	Computerized Assisted Telephonic Interviews
CBO	Capacity Building Officer
CDD	Community-driven development
CIF	Community Investment Fund
CMST	Community management training
CO	Community Organisations
CPI	Community Physical Infrastructure
EU	European Union
HVI	Human Vulnerability Index
IGG	Income Generating Grants
IRM	Institute of Rural Management
LMST	Leadership and management skills training
LSO	Local Support Organisations
M&E	Monitoring and Evaluation
MHI	Micro Health Insurance
MIS	Management Information System
MySQL	My Structured Query Language
NOC	No Objection Certificate
NRSP	National Rural Support Programme
PAP	Pre-Analysis Plan
PAPI	Pen-and-paper Personal Interview
PINS	Programme for Improved Nutrition in Sindh
PMF	Performance Measurement Framework
PSC	Poverty Score Card
QA	Quality Assurance
RCT	Randomized Control Trial
RSP	Rural Support Programme me
RSPN	Rural Support Programme Network
SRSO	Sindh Rural Support Organisation
SUCCESS	Sindh Union Council and Community Economic Strengthening Support
TRDP	Thardeep Rural Development Programme
TVST	Technical and Vocational Skills Training
UC	Union Council
UoM	University of Mannheim
VO	Village Organisations
WHO	World Health Organization
WISE	Water, Immunization, Sanitation, and Education

1. INTRODUCTION

This section presents the context and detailed description of the programme.

1.1 CONTEXT

Poverty is the inability to afford the minimum standard of well-being, and deprivation of the basic necessities of life including both material resources, and social resources. In Pakistan, poverty is historically higher in rural areas as compared to urban. About 64 percent of the total population of Pakistan is residing in rural areas, among which a large number is living below the poverty line. Pakistan ranks among most populous countries of the world with growth rate of 1.9 percent and total fertility rate of 3.7 per women (World bank report, 2020-2021). According to the National Institute of Population Studies (NIPS), the estimated population of Pakistan is 224.78 million in 2021 of which 82.83 million live in urban areas, whereas 141.96 million reside in rural areas. Overall, the unemployment rate in Pakistan was 6.9 percent out of which Sindh has a share of 4.0 percent (BOS, 2018-2019). This also contributed to the overall increase in the poverty level in Sindh province. In 2018-19, national poverty rate stood at 21.5%, specifically, in Sindh it was estimated at 24.6. Poverty levels in the province of Sindh showed a mixed trend, in which rural and urban poverty levels increased and decreased at various trends from 1998-2019. In comparison to urban poverty, rural poverty was found to be substantially higher. Sindh has a high level of poverty because of poor education, inequality and lack of job opportunities (PIDE report, 2021).

Rural poverty is a multidimensional and composite phenomenon, among which gender dimension is a key contributing element. Despite being the largest proportion of the population, women in rural areas of Pakistan are more vulnerable to poverty. Being a patriarchal society, gender discriminatory practices prevail in society, limiting women's choices and life opportunities. In multiple ways, women have been deprived of access to material resources such as credit, property and money, access to social resources such as health and education (Cheston and Kuhn 2002), and civic engagement. This further restricts women empowerment in terms of economic, social and political aspects (Memon et. al, 2022). Women suffer from poverty of opportunities throughout their life cycle. Rural women, in particular, have barriers in access to labour market due to the rigid gender-based ideologies, and resultant social and cultural restriction on women's mobility and the division of labour within the household. Empowering women is crucial for reducing poverty and ensuring sustained economic progress, especially in emerging nations (Akhter & Cheng, 2020; Hanmer & Klugman, 2016; Klasen & Lamanna, 2009). Women's economic, familial, psychological, and sociocultural empowerment affect women's prospects for obtaining education as well as their families' health and living standards, which in turn help the economy grow and prosper. Women with increased decision-making authority, greater education, and awareness can ensure that their families live in better hygienic surroundings, have healthier lifestyles, and have a higher standard of living in general (Al-shami, Razali, & Rashid, 2017; Furuta & Salway, 2006).

The empowerment of rural women and girls and the realisation of their human rights and gender equality are essential to the achievement of the Beijing Declaration and Platform for Action, the Sustainable Development Goals (SDGs) as well as the Government of Pakistan's Vision 2025. Poverty alleviation is considered a tool for women's empowerment in Pakistan. And the government along with rural support programmes (RSPs) prioritise the support of rural women

and girls by providing them interest free loans, livestock, skills and training that can be utilised for income generation and consumption purposes. This improves their social, economic, and political status at the household and the community level.

1.2 THE PROGRAMME

In 2015 the provincial government of Sindh launched the SUCCESS Programme with the financial support of European Union (EU). The partnership's purpose is to stimulate community-driven local development initiatives to reduce poverty at household level in the eight selected poor rural districts in Sindh, paying particular attention to empowering women. Under the SUCCESS initiative, living conditions are expected to improve by building local social capital for better access to basic social and economic services, income generating, and diversification activities. The SUCCESS programme models on community driven development based on the social mobilisation approach of RSPs. The programme works with the provincial government to define the basis for formulating a local Community-driven development policy in light of previous learnings. The SUCCESS programme was implemented in eight districts of Sindh, where 610,000 rural poor households were mobilised through the formation of a three-tier community institutions structure (Community Organisation (COs), Village Organisations (COs) and Local Support Organisations (LSOs)), and provided with interventions such as the Community Investment Fund (CIF), Income Generating Grants (IGG), Micro Health Insurance (MHI), Technical and Vocational Skills Training (TVST), Adult Literacy and Numeracy Skills Training (ALNS) and Community Physical Infrastructure (CPI).

Figure 1 SUCCESS Interventions and omponents
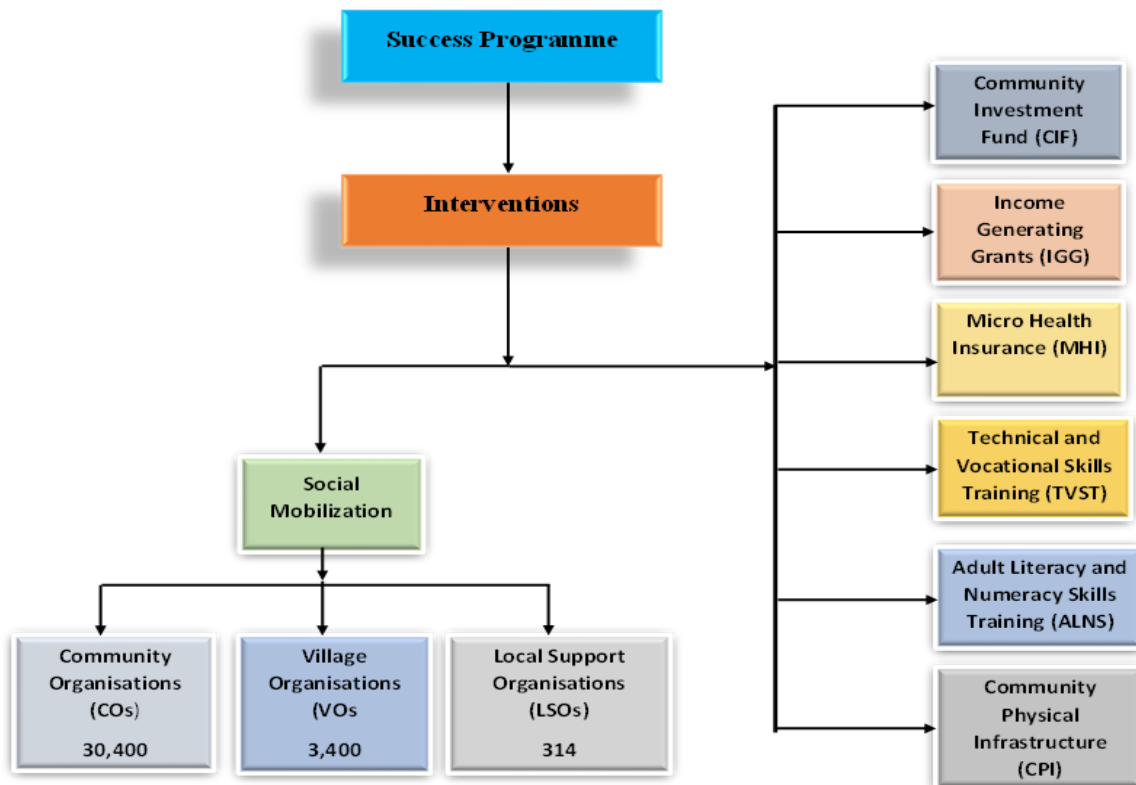
The SUCCESS Programme is being implemented by the Rural Support Programmes Network (RSPN) and three of its partner RSPs, namely the National Rural Support Programme (NRSP), Thardeep Rural Development Programme (TRDP), and Sindh Rural Support Organisation (SRSO) (see **Error! Reference source not found.** for details). RSPN along with a Technical Advisor from t he University of Mannheim, Germany (UOM) offers technical support, especially with regards to the Monitoring and Evaluation (M&E) of the programme.

Figure 2 RSP Wise Programme Districts
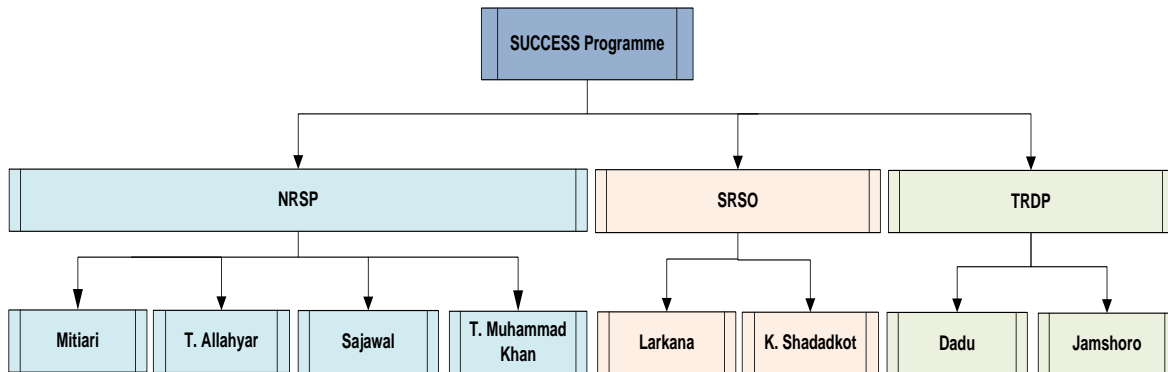
1.2.1 RANDOMISED CONTROL TRIAL (RCT)

To test the impact of the aforementioned programme interventions, a multi-year Randomised Control Trial (RCT) has been designed under the SUCCESS research component. The RCT builds upon on five different phases as explained below.

PHASE 1

In the first phase of RCT, UC profiles were developed to collect data for the contextualization of the analysis and findings of the socioeconomic survey and poverty scorecard (PSC) survey. In the selected two UCs, the PSC survey was completed for all the households and the data gathered through it was used as a sampling framework for further studies. It was also used to provide information of the poverty status at households, villages, and UC levels. It also set the benchmark of poverty status for measuring changes over time.

PHASE 2

In phase two, the RCT was designed using a formal research experiment design. SUCCESS identified one cluster as Early-Treatment group through random selection of village organisations, while the other cluster was classified as Late-Treatment (control) group, in the initial phase of implementation. Whereas the causation between beneficiaries and non-beneficiaries/late starter group was examined through the socio-economic surveys in the later phase.

PHASE 3

The third phase of RCT consists of socioeconomic surveys. The baseline survey was conducted in September 2016 and 2,300 households were covered - 1,200 belonging to 12 villages that were classified as early recipients of programme interventions (Early-Treatment), while 1,100 households belonging to 11 village where the SUCCCESS programme was rolled out only after the completion of midline survey (Late-Treatment).

After completion of the baseline data collection, the programme implementation started in the Early-Treatment group villages in December 2016.

PHASE 4

In the fourth phase, the midline survey was conducted in September 2020 as per the RCT design concepts described in the "Research Framework with a Focus on Poverty Dynamics (2015-21)" document developed by the SUCCESS team for the research component. It is worth mentioning that midline survey was a panel survey at the household level but not at individual level.

Following a phase-in approach, the Late-Treatment group households started receiving programme intervention after conclusion of the midline survey.

PHASE 5

Finally, the endline survey has been conducted as per RCT design, with 2,606 households in June 2022 by C4ED. The sample aimed to cover the original 2,300 households, as well as 690 additional households that previously were kept as a 'shadow sample' for the baseline and midline surveys.

In this last phase, qualitative data was also collected as means to validate quantitative findings and observe differences, if any, in early and late starters of the Programme. programme

1.3 SCOPE OF THE ASSIGNMENT

The main purpose of this assignment is to conduct a household level socioeconomic endline survey that will be used for the analysis of RCT. The survey covered about 2,606 households selected from two Union Councils: Dad Jarwar and Massoo Bozdar, in the Tehsil Chambar of district Tando Allah Yar, Sindh.

Similar to the baseline and midline surveys, the endline survey focused on collecting information on indicators of household demographics, educational services, access to healthcare and immunisation, work status, household income and expenditure, household assets, loans and outstanding debt, use of loans, access to local government and services, civic engagement, and trust in local government systems. Understanding how women participate in the decision-making and civic involvement in the early and late treatment areas was the main goal of the endline survey. Moreover, focus of the qualitative component of the study was to validate the quantitative results, which included FGDs with the community women and KIIs with the officals of NRSP. Integration of the qualitative component in the endline survey makes it different from the previous baseline and midline survey.

This report compares the descriptive statistics of the endline survey results on the above indicators at two levels. First, it compares the results of the indicators between the Early-Treatment and Late-Treatment areas. Second, within the Early-Treatment and Late-Treatment groups, the report compares households with respect to poverty score groups (PSC 0-23 and PSC 24 and above), as SUCCESS interventions were mainly targeted towards households falling between PSC 0-23. Finally, the report provides results and lessons learnt from the interventions.

1.4 ABOUT THE CONTRACTOR

C4ED is a non-profit research centre aiming at improving development effectiveness through rigorous impact evaluations, statistical analysis, research and support for evidence-based policymaking. C4ED Pakistan, based in Islamabad, was established in January 2015 and legally recognised in Pakistan as of October 2018 under Section 16 of the Companies Act. It is mutually directed by Mr Muhammad Anwar and Professor Dr Markus Frölich. C4ED Pakistan has been successfully managing and conducting many projects all over Pakistan, including in Sindh, Khyber Pakhtunkhwa (KP), Gilgit Baltistan (GB), and Punjab. C4ED Pakistan is supported by a large group of researchers and technical experts based in Germany through its partnership with C4ED Germany (referred to together as the C4ED Group). The survey operations department at C4ED Pakistan is led by Sharafat Hussain Shah. C4ED Pakistan has access to a wide network of enumerators and supervisors for market survey analysis and household surveys, which are contracted on a project basis. Sharafat Hussain Shah has been leading large-scale household surveys in Pakistan for more than 15 years, including surveys that covered several million households. The core business areas of C4ED Pakistan are quantitative and qualitative research, data collection, data analysis, third-party monitoring, training and capacity building, and impact evaluation. It is committed to excellence in providing data collection and data analytical services by staffing the key positions with a dedicated and qualified team, and by recruiting professional supervisors and enumerators.

Through a competitive bidding process, C4ED was selected by the SUCCESS programme to conduct the endline survey. The sampling strategy and data collection tools were designed by RSPN with technical assistance from the University of Mannheim. A total of 2,606 out of 2,990 households were tracked and completely interviewed across six revenue villages of two UCs of district Tando Allah Yar, Sindh while the remaining households were unable to complete for various factors i.e., temporary, or permanent migration, refusals, and unidentified households.

2.   DATA COLLECTION APPROACH

The following section outlines the data collection approach, and provides an overview of the data collection tools, the organisation of the field work, the set-up of quality assurance measures as well as the challenges and limitations faced.

Information on ethical standards and covid-19 measures applied during the data collection can be found in section 2.5. A copy of the quantitative questionnaire used during the data collection is provided in the Annex 1.

2.1 DATA COLLECTION APPROACH

The endline survey is designed as a mixed methods, including both quantitative and qualitative components. To collect the required data, for quantitative part, a questionnaire on SurveyCTO was designed and utilised. While for qualitative study, data collection tools consisted of FGDs and KIIs. Face-to-face interviews were conducted with the respondents for both methods. However, for the qualitative part, some of the KIIs were conducted over the phone.

PHASE 1 OF THE ENDLINE SURVEY: QUANTITATIVE COMPONENT

Households sample list along with details of the head of the household and names of female CO members was provided by RSPN. Sampled households were identified and reached out through the support of village elders and CO representatives. A standard daily enumerator assignment sheet and supervisor tracking sheet were designed for the allocation of households.

Interviews with the households were conducted by trained female enumerator using android tablets. The main respondents in SUCCESS enrolled households were female CO members, whereas in non-SUCCESS households any available adult women who was knowledgeable about the household was interviewed. Apart from the main respondent, other household members (e.g., the head of the household, usually men) were also consulted to get true and exact information about the household income, expenditure, assets, loans, *etc*.

To ensure a sufficiently high number of responses, the sampled households were approached three times in case data collection was not successful at the first attempt. Those households that refused interview, or were not available during the field survey duration and/or had permanently shifted from their address were dropped from the sample. To get more accurate responses from the respondents, the local language of Sindhi, was used for data collection. Enumerators, however, in some cases offered to conduct interviews in Urdu considering the comfort of respondents.

The data collection continued for about two months (July-August 2022).

PHASE 2 OF THE ENDLINE SURVEY: QUALITATIVE COMPONENT

The qualitative component of endline line survey included four FGDs with community women and girls in both early and late treatment groups along with four structured KIIs with the officials of NRSP.

The KIIs were primarily used to gain insights from the programme staff at regional level, allowing for structured discussions about implementation, impact and challenges in the SUCCESS

programme. It was conducted on telephone and were recorded after the consent of the respondent. The participants for KII were nominated by NRSP.

FGDs were used to explore perceptions and experiences of the women and girls in both clusters with respect to the process and impact using semi structured approach. The FGDs were carried out face to face with the selected groups in their settlements. The FGD group includes women and girls of all ages, along with CO members. Each group consist of 8-10 participants. The FGDs were also conducted in Sindhi language. The particpants for FGDs were identified by field coordinators.

Both the KIIs and FGDs were audio recorded upon the consent of the participants. They were subsequently transcribed in English based on audio recordings and fieldwork notes. The transcripts were later restructured in line with the quantitative findings, allowing to understand the impact and reasons for impediments.

2.2 DATA COLLECTION TOOLS

QUANTITATIVE SURVEY TOOL

The quantitative data collection tool (questionnaire) was developed by RSPN and converted into CAPI software SurveyCTO by C4ED.

The data collection tool started with an identification section. This section confirmed that the intended household and respondent were reached, and all relevant information was confirmed within the application beforehand. The details and addresses of the sample households were provided by RSPN. The section included several programmed logics skips that allowed the enumerator to confirm respondent full name, CNIC number, and whether household head was the same as in the baseline survey. The main respondents were female CO members whereas in households that were not the part of SUCCESS programme, any female adult available and knowledgeable about the household was selected. Moreover, contact information for future follow-up was collected from each respondent.

Enumerators began the face-to-face interviews by explaining the purpose of the survey in detail and informing respondents about their rights, such as of voluntary participation, option of refusal, and anonymity, before starting the interview. Informed consent of each respondent was a prerequisite for participation.

The identification section was followed by a section on household demography in which family roster was created, documenting information of all members of the targeted households. The other sections were designed to collect information on education, employment, household income, expenditure, and assets. A short section on loans, its usage and debt was asked along with vaccination and infant deaths in the household was covered. A detailed section on the current situation regarding access of the survey population to information about local government and services, civic engagements, household facilities, trust was designed. Some sections were particularly asked from married women of specific age in which information about decision making, family planning and their engagement /participation in political discussions.

In the last section, respondents were asked to provide feedback on their satisfaction with the COs and SUCCESS programme and, if relevant, reasons for not availing interventions from the programme. The survey tool ended with a section to be filled by the enumerator on overall

assessment of the interview as well as the enumerator's assessment regarding the behaviour of the respondent. The average time per interview was around one hour.

QUALITATIVE SURVEY TOOL

For qualitative data collection KII and FGD tools were designed by C4ED in consultation with RSPN. For KIIs, a structured in-depth interview guide was produced. In the first section of the KII tool, information about the key informant was collected, along with their roles and responsibilities in the organisation. The KII tool included questions about their input in the facilitation of SUCCESS interventions, the process of interventions, change in the behaviour of beneficiaries, the social, economic, and political empowerment of women.

In contrast, the FGD tools were unstructured. The first section gathered information about the participants (age, CO member status, marital status, work status, education, and number of children) and location of the FGD. It included a section that introduce the participants to the purpose of the FGD and SUCCESS programme. The FGD tool included questions focusing on the social, economic, and political empowerment of women in both early and late treatment clusters, interventions of SUCCESS in their regions, change in the behaviour of women and girls with respect to education, health and decision making. It also included questions on labour force participation, control over asset, and access to basic facilities of women.

The tools were designed in English language, but the KIIs were conducted in Urdu while FGDs were conducted in Sindhi language, considering the comfort of the participants. Both KIIs and FGDs were not more than 60 minutes each.

2.3 FIELD WORK ORGANISATION

The field team consisted of C4ED research managers (Islamabad), field coordinator, supervisors, and enumerators. Supervisors and enumerators were hired through a merit-based procedure. Their previous research skills, survey skills, Sindhi language skills, familiarity with the needed technical equipment and academic background were considered. Through this process, C4ED recruited and hired a team of field coordinators, male supervisors, and female enumerators. Later a six-day enumerator training was organised by C4ED in which enumerators, supervisors and field coordinator were trained. The supervisors further received an additional training on the broad operational structures of the data collection, in which they were trained on the specific supervisory responsibilities, including procedures for addressing data inconsistencies and misreporting, when identified.

The trainers from C4ED were Mr. Sharafat Hussain (Survey Expert), Miss. Usama Waheed (Research Manager) and Miss. Maria Riaz (Junior Research Manager). Technical guidance related to quantitative survey tool (structured questions), particularly about the SUCCESS programme, income, assets and expenditure, was provided by Ms. Sultana Ali Kori (Field Researcher, SUCCESS-RSPN). Mr. Murtaza (Research Manager, RDI) and Mr. Kashif Siddique (Local Team Leader) facilitated the training for explanation in Sindhi language and provided examples in local context for guidance.

Participants were briefed on the handling of CAPI software, on data protection and ethical considerations. After five days of training, one day of pilot exercise was conducted prior to the

actual data collection. Tools and instructions to enumerators were updated based on lessons learnt from the pilot study. C4ED had initially recruited and hired 46 participants for the training, out of which 12 participants dropped out by their own choice during the training. Therefore, pilot exercise was conducted with 34 participants. Out of these 34 participants, 22 participants were selected based on their performance in the training and pilot data collection activity, while 12 participants kept as back-up.

Field work for data collection started off with four teams. Each team comprised of four female enumerators and one supervisor. Initially, three teams were deployed in early treatment group villages, while one team in late treatment areas. However after reviewing the data and consulting with RSPN, the teams were balanced in each treatment area. As the survey progressed, a fifth team was also sent into field for data collection in order to complete the survey on time. The fifth team was deployed in the late treatment settlements of UC Dad Jarwar. A separate training was provided to this team and the enumerators were attached with the teams already in field for further learning. This exercise helped them effectively understand the questionnaire and data collection procedures.

During field work various types of communication channels were maintained between C4ED and the field teams. An office was rented in Tando Allah Yar where enumerators and field coordinator held meetings to discuss field related issues on daily basis. During these meetings, progress of each enumerator was recorded by respective team supervisors. Issues, limitations and challenges faced during field work were also discussed in these meetings. During a typical field day, the enumerators reported issues directly to his team supervisor, who subsequently liaised with field coordinator in case they were unable to resolve it. Issues that remained unresolved by the field coordinators were forwarded to research managers. This ensured clear lines of communication and timely response. For communication purpose, C4ED team created 3 different WhatsApp groups, one for internal communication while other two for the supervisors and enumerators. An internet connection was provided to each supervisor through WIFI-portable devices along with prepaid network cards. By end of day, the field plan for the next day was shared by all supervisors in the WhatsApp group along with required relevant instructions.

Collected data was uploaded continuously to a secure server which the research managers used to conduct real time monitoring of the data. The research managers generated daily progress reports and lists of detected inconsistencies that were then shared with the field coordinator at the end of each survey day. This information was used as the basis for the team debrief the next morning.

2.4 DATA QUALITY ASSURANCE

C4ED adopted several measures for quality assurance throughout the quantitative and qualitative data collection. Enumerators were recruited cautiously, trained thoroughly and their performance was assessed carefully prior to and during the data collection. During the data collection, enumerators were continuously supervised and monitored by field coordinator. In addition to on-field supervision and spot-checks, a series of remote data quality assurance measures were also conducted. This ensured both quality performance of enumerators as well as the quality of data collected.

As quantitative data was collected using CAPI software, exhaustive set of validation and consistency checks were programmed to immediately flag unlikely or incorrect responses. All the inconsistencies or issues detected during quality checks were flagged and reported back to the field coordinators to seek clarification from the enumerators. In addition, a remote data quality assurance system performing high frequency checks using Stata was set up prior to data collection

Daily progress reports including information on the number of interviews completed per day and per enumerator, interview status, average duration of interview and household size etc were prepared and shared with RSPN. The occurrence of certain variables through its frequency were also part of the monitoring report i.e., access to clean drinking water, education, health etc. Report highlighted some of the sections related to the women decision making and their civic engagement i.e., women believe it is appropriate for women to discuss politics, run for election, vote rights etc.

To complement supervisory activities from team supervisors and data monitoring through progress reports, C4ED also conducted 13 monitoring visits to ensure the quality of enumeration and training outcomes, as well as supervisor performance. Focal person from RSPN also visited the enumeration teams in both the UCs.

2.5 ETHICAL CONSIDERATIONS

C4ED adheres to research standards based on the principles of transparency, confidentiality, and safety. Being a gender-sensitive organisation, we believe in an inclusive approach. The C4ED team ensured strict adherence to ethical guidelines involving children, women, differently abled people, minorities and other vulnerable groups. Our research teams were sensitised to engaging respondents with ethical and inclusive approaches. Our team was aware of cultural sensitivities and our research work is properly advised by gender experts.

C4ED has committed itself to mainstream the "Do No Harm" framework in its evaluations and is aware that the transfer of resources and the manner in which staff conducts research can strengthen local capacities for peace and build on connectors that bring communities together and reduce the divisions and sources of tensions. During both personnel recruitment and data collection, we have followed strict ethical standards. For each interview, we followed a procedure of informed consent and each interview was conducted on a voluntary basis with participants being able to skip single questions or to discontinue the interview at any time. Field teams engaged in the data collection took both verbal and written consent before the interviews. The consent script has been translated and contextualized into local dynamics to make sure it respects the local norms. The evaluation team involved in the assignment strictly avoided any sexual advances, offers or favours to beneficiaries, neither they promise any favours to survey participants. They did not guide/or instigate respondents to provide specific answers nor they misinterpreted or distorted survey participant inputs. The safety and security of the survey participants are of paramount importance and the evaluators did not act in any manner that could put these at risk. Personal information (names, addresses, etc.) of the participants were converted into unique identifiers for the purpose of analysis to protect their identity. During the inception phase, C4ED has acquired all necessary permissions for the data collection process. This includes research permits from the government, ethical clearance from local or international institutions and permissions from local authorities. Moreover, C4ED has consulted on an ongoing basis with the RSPN Team and local entities to ensure the ability of the research

team to capture the complexity of the context and develop adapted approaches within the data collection (e.g., children- or gender-sensitive approaches).

RISK ASSESSMENT AND MITIGATION STRATEGIES CONCERNING COVID-19

Since the emergence of the novel coronavirus in late 2019, the virus has spread to at least 224 countries and regions in the past two years. In Pakistan, more than 1.5 million cases have been confirmed up until today.

C4ED maintained a strict do-no-harm policy. In the current context, the highest priority of C4ED is the health and safety of our staff, our field teams, and the communities in which we work. Therefore, we had taken the necessary measures to protect staff and respondents and observe all national guidelines and restrictions in the countries where we worked.

Field staff has been provided with information about COVID-19 symptoms during the training (e.g., cough, chills, fever, loss of taste or smell). Teams were asked to check themselves for symptoms at least daily. Covid test kits and thermometer were provided to the teams for safety measures. Field teams has been equipped with soap and/or hand disinfectant as well as masks and thermometers and has practiced social distancing wherever possible during training and data collection. We ensured a field protocol to follow in the event if one or more team members start displaying relevant symptoms. In these cases, the team has been instructed to immediately inform their Field Coordinator, and to follow the outlined protocol. In these cases, team members were asked to go home and to avoid contact with others. Given the nature of the situation, the exact protocol for suspected cases of COVID-19 in the field developed closer to fieldwork which were based on the guidance from the World Health Organisation (WHO) and international and local health agencies.

The Field Coordinator has been guided to then activate backup enumerators and supervisors to be able to continue the fieldwork as soon as possible. Given the current pandemic, we recruited or hired 10 additional enumerators to the training. The idea was that these trained enumerators can serve as replacements for field team members who may have to drop out of the data collection for health or other reasons unrelated to COVID-19.

2.5 CHALLENGES AND LIMITATIONS

Despite the integration of quantitative and qualitative methodologies and a careful approach to the study design, sample design and data collection, this study is subject to several challenges and limitations.

- Out of a targeted sample of 2,990 households, unfortunately data for only 2,606 households was obtained. Refusal from the households was one of the main reasons for not completing the sample size. Other reasons were the unavailability of the targeted household due to seasonal and permanent migration(See table below)

Household Quantitative Survey Status

Union Council	Total Sample	Approached					
		Accepted HHs		Refused to Respond		HH not available	
		n	%	n	%	n	%
Overall	**2,990**	**2,606**	**87%**	**19**	**1%**	**365**	**12%**
Dad Jarwar	1,820	1,609	88%	8	0%	203	11%
Massoo Bozdar	1,170	997	85%	11	1%	162	14%

- A significant limitation in the study design for the qualitative component of this endline survey was that it was not possible to randomly select the early and late treatment cluster. However, for comparison the settlement with highest and lowest PSC were identified and selected.
- Another minor challenge during the quantitative fieldwork, the team faced the reluctance of respondents in the participation as the survey was time consuming.
- Also, the weather was very hot during the fieldwork that affected the mobility of the enumerators in the field. Some of the settlements were hit by flood due to heavy rainfall during the last few weeks of survey.

3. FINDINGS

This section presents a descriptive analysis of the endline survey conducted in June and July 2022 in two UC—Dad Jarwar and Massoo Bozdar – of district Tando Allahyar, Sindh. The descriptive information is presented for early and late treatment households and based on the PSC scores. The report provides information on respondents' demographic characteristics, their access to health care and educational facilities, their socio-economic profile (such as employment, income, access to credit, and expenditures), households' asset ownership and sale of assets, access to information, their perception towards availability of basic services, civic engagement, women's intra-household decision making power, women's perception of their civic engagement, and generalized trust and trust in local institutions.

3.1 RESPONDENT PROFILE

This section provides an overview of respondents'characteristics, separated by treatment status as well as the pooled sample. As shown in Table 1,, the survey constitutes a total of 2,606 women from Dad Jarwar and Massoo Bozdar Union Councils (UC), where 1,340 belong to the early-treatment group and the remaining 1,266 belong to the late-treatment group. The PSC score distribution shows that the proportion of respondents under a PSC score of 23 is slightly higher than those 24 & above in the pooled sample (51.84% and 48.16 %), the early-treatment group in Dad Jarwar (32.16% and 26.49%), and the late-treatment group in Massoo Bozdar (19.76% and 18.5%).

Table 1: Midline survey sample distribution

	Overall		Early Treatment		Late Treatment		Not Enrolled	
	Count	Count	Count	%	Count	%	Count	%
Dad Jarwar	**1,609**	**61.7%**	**620**	**60.3%**	**583**	**63.4%**	**406**	**61.7%**
0-23	836	32.1%	345	33.5%	275	29.9%	216	32.8%
24 and above	773	29.7%	275	26.7%	308	33.5%	190	28.9%
Massoo Bozdar	**997**	**38.3%**	**409**	**39.7%**	**336**	**36.6%**	**252**	**38.3%**
0-23	515	19.8%	210	20.4%	188	20.5%	117	17.8%
24 and above	482	18.5%	199	19.3%	148	16.1%	135	20.5%
Grand Total	**2,606**	**100.0%**	**1,029**	**100.0%**	**919**	**100.0%**	**658**	**100.0%**

As shown in Table 2, majority of the respondents are housewives (about 85% in both the late and early treatment areas). The proportion of female reporting as household is 7% without any significant difference among the subgroups of early and late treated and PSC 0-23 and above PCC 24 score.

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

	Late Treatment			Early Treatment		
	Overall (n=1,266)	0-23 (n=642)	24 & above (n=624)	Overall (n=1340)	0-23 (n=709)	24 & above (n=631)
Head	7.0%	6.5%	7.5%	8.4%	8.2%	8.7%
Wife	85.1%	84.1%	86.1%	82.7%	84.5%	80.7%
Daughter	1.7%	2.2%	1.3%	1.7%	1.8%	1.6%

	Late Treatment			Early Treatment		
	Overall (n=1,266)	**0-23 (n=642)**	**24 & above (n=624)**	**Overall (n=1340)**	**0-23 (n=709)**	**24 & above (n=631)**
Sister	0.6%	0.8%	0.3%	0.8%	0.6%	1.1%
Daughter in Law	3.0%	3.3%	2.7%	2.8%	1.7%	4.1%
Mother-in-Law	0.0%	0.0%	0.0%	0.1%	0.3%	0.0%
Sister-in-law	0.2%	0.2%	0.2%	0.3%	0.1%	0.5%
Mother	2.4%	3.0%	1.8%	2.8%	2.7%	2.9%
Niece	0.1%	0.0%	0.2%	0.1%	0.0%	0.2%
Aunt	0.0%	0.0%	0.0%	0.1%	0.1%	0.2%
Other Relative	0.0%	0.0%	0.0%	0.1%	0.0%	0.2%

Table 3 presents the household head's education/literacy levels. About two-third (66%) of the household heads in the sample have never attended school and are unable to read or write in any language. In both late and early-treatment areas, households with PSC lower than 23 have higher illiteracy rate than those with a PSC of 24 & above. In late-treatment areas, the rate among households with PSC below 23 is about 68% while for those with PSC 24 & above, it is about 64%. In the early-treatment areas, illiteracy is about 68% among those with PSC below 23 and 63% among those with PSC 24 & above. About 0.5% of the sample respondents in the late-treatment group and 2.4% in the early-treatment group have never attended school but are able to read and write in some language. Looking at the sub-sample of respondents with some level of schooling, majority have completed primary school (about 15% in the late-treatment and 13% in the early-treatment areas); 4.4% in the late-treatment and 4.6% in the early-treatment areas have completed middle school; about 7% in both late and early treatment areas have completed high school; about 6% in both late and early treatment areas have completes College; and, the proportion of respondents who have completed a Masters' degree and above in under 1% for both areas. Appendix 1 also shows similar rates of literacy between the two UCs, where in Dad Jarwar, about 62% in late-treatment and 64% in early-treatment areas have never attended school and are unable to read or write and in Massoo Bozdar, about 57% in late-treatment and 58% in early-treatment areas have never attended school and are unable to read or write.

Table 3: Household head's education level

	Late Treatment			Early Treatment		
	Overall (n=1,266)	**0-23 (n=642)**	**24 & above (n=624)**	**Overall (n=1340)**	**0-23 (n=709)**	**24 & above (n=631)**
Never Attended School but can read and write one line in any language with understanding	0.5%	0.5%	0.5%	2.4%	2.7%	2.1%
Never Attended school and cannot read and write	65.6%	67.6%	63.6%	65.6%	68.0%	62.9%
Primary School (Class 1-5)	15.4%	14.3%	16.5%	13.4%	13.3%	13.5%
Middle School (Class 6-8)	4.4%	4.4%	4.5%	4.6%	4.1%	5.1%
High School (Class 9-10)	6.9%	6.9%	6.9%	6.9%	6.8%	7.1%
College (Class 11-14)	6.2%	5.6%	6.7%	6.2%	4.5%	8.1%
Masters (Class 15-16)	0.7%	0.5%	1.0%	0.7%	0.4%	1.0%
Higher (Over 16)	0.2%	0.2%	0.3%	0.1%	0.0%	0.3%
Adult Literacy	0.1%	0.2%	0.0%	0.1%	0.3%	0.0%

As shown in Table 4, the average family size in the late and early treatment areas is 6.35 and 6.47persons, respectively. Overall, the proportion of females is lower than that of males in both early and late treatment areas as well as the two PSC groups (below 23 and 24 & above), where

in the late-treatment group, females make up 48% and males 52% and in the early-treatment group, females make-up 49% and males 51%. The age distribution shows that 47% in the late-treatment group are children (below the age of sixteen) and the remaining 53% are adults (sixteen and above), while in the early-treatment group, 48% are children and the remaining 52% are adults.

Table 4: Respondents PSC, children and adults, gender ratio and average household size

	Late Treatment			Early Treatment		
	Overall (n=8,039)	0-23 (n=4,205)	24 & above (n=3,834)	Overall (n=8,667)	0-23 (n=4,641)	24 & above (n=4,026)
Total Population	8,039	52%	48%	8,667	54%	46%
Children	47%	47%	46%	48%	51%	45%
Adult	53%	53%	54%	52%	49%	55%
Male	52%	52%	52%	51%	52%	51%
Female	48%	48%	48%	49%	48%	49%
Average HH size	6.35	6.55	6.14	6.47	6.55	6.38

Note: this table is based on household roster information, which is why the sample sizes are larger.

Birth registration is important documentation that facilitates households' access to various services, such as education and welfare programmes. Based on the information presented in Table 5, overall, about 56% of respondents in the late-treatment group and 53% in the early-treatment group have a birth registration certificate. Compared to males, the proportion of females that have birth registration certificates is slightly lower across early and late treatment areas as well as the two PSC categories. For example, while 57% of males in the late-treatment group have the certificate, only 55% of females do. Similarly, in the early-treatment group, while 54% of males have the certificate, among females, it is only 54%. Interestingly, birth registration appears to be substantially higher among adults than among children for both female and male household members. For example, while the proportion of household members with a birth certificate in the late-treatment group is about 81% for adults, it is only 27% for children. The proportion among those in the early-treatment group also follows a similar pattern in that while about 80% of adults have a birth certificate, among children, the proportion is only 24%. Looking at the average for the population, it appears that male household members (57%) are slightly more likely to have a birth certificate compared to female members (55%).

Table 5: Proportion of the population that has a birth registration certificate or CNIC

		Late Treatment			Early Treatment		
		Overall (n=8,039)	0-23 (n=4,205)	24 & above (n=3,834)	Overall (n=8,667)	0-23 (n=4,641)	24 & above (n=4,026)
Total Population	Male	57%	56%	58%	54%	53%	56%
	Female	55%	52%	57%	52%	51%	52%
	Overall	**56%**	**54%**	**57%**	**53%**	**52%**	**54%**
Children	Male	28%	28%	28%	24%	24%	25%
	Female	26%	24%	28%	24%	25%	23%
	Overall	**27%**	**26%**	**28%**	**24%**	**25%**	**24%**
Adults	Male	83%	81%	84%	83%	84%	82%

Female	78%	77%	80%	77%	79%	76%
Overall	**81%**	**79%**	**82%**	**80%**	**81%**	**79%**

Table 6 presents summary statistics on the marital statuses of household members that are aged 11 and above. Accordingly, the data show that the proportion of male household members that are married is higher than that of females. For example, while about 52% of male household members in the late-treatment group are married only about 39% of females are married. Similarly, in the early-treatment group, while 53% of male members are married, it is only 38% among female household members. The proportion of divorced and separated household members is under 1% for both female and male household members across the late and early treatment areas as well as the two PSC categories (i.e., below 23 and 24 & above). Interestingly, the likelihood of being a widow appears to be substantially higher among female household members than their male counterparts. For example, in the late-treatment group, while the proportion of male widows is 1.2%, it is 6.2% among females and in the early-treatment group, these figures are 1.3% among male members and 6.7% among females. Overall, the majority of the household members in the sample households are married, where about 53% and 54% of household members in the late and early treatment households are married, respectively while the unmarried make up about 43% of household members in late-treatment and 42% of members in early-treatment households.

Table 6: Household marital status of members age 11 and above

		Late Treatment			Early Treatment		
		Overall (n=5,478)	0-23 (n=2,838)	24 & above (n=2,640)	Overall (n=5,709)	0-23 (n=2,952)	24 & above (n=2,757)
Male	Unmarried	47.1%	47.8%	46.4%	45.7%	46.3%	45.0%
	Married	51.5%	50.8%	52.3%	52.7%	52.7%	52.7%
	Divorced	0.1%	0.2%	0.1%	0.2%	0.1%	0.4%
	Widow	1.2%	1.1%	1.2%	1.3%	0.8%	1.9%
	Separated	0.0%	0.1%	0.0%	0.1%	0.2%	0.1%
Female	Unmarried	38.9%	40.0%	37.8%	37.9%	36.6%	39.3%
	Married	54.0%	53.1%	54.9%	55.0%	56.6%	53.4%
	Divorced	0.5%	0.7%	0.3%	0.2%	0.2%	0.1%
	Widow	6.2%	5.9%	6.5%	6.7%	6.4%	6.9%
	Separated	0.5%	0.4%	0.5%	0.2%	0.1%	0.3%
Total Population	Unmarried	43.2%	44.0%	42.2%	41.9%	41.7%	42.2%
	Married	52.7%	51.9%	53.6%	53.8%	54.5%	53.0%
	Divorced	0.3%	0.4%	0.2%	0.2%	0.1%	0.3%
	Widow	3.6%	3.4%	3.8%	3.9%	3.5%	4.4%
	Separated	0.2%	0.2%	0.3%	0.2%	0.2%	0.2%

3.2 ACCESS TO HEALTHCARE

This section presents summary statistics on household's access to various healthcare services, such as uptake of vaccination among pregnant women, seeking healthcare from professionals, disability status and type of disability among respondents, and vaccination coverage among children, separately for late and early treatment areas and across the two PSC categories.

Maternal vaccination is recommended to protect the health of both the mother and the foetus (Marshall et al., 2016). Table 7 presents the vaccination rate among pregnant women in the sample. Accordingly, about 78% of pregnant women in the late-treatment group and about 63% in the early-treatment group have been vaccinated. In the late-treatment group, the rate varies between those with PSC between 0 and 23 (where it is about 73%) and those 24 & above (where it is about 84%). In the early-treatment group, the vaccination rate among those with PSC between 0 and 23 is higher (about 65%) than for those 24 & above (about 60%). Appendix 2 presents similar information disaggregated by the two UCs and it shows that vaccination rate among pregnant women in early-treatment areas is lower for both UCs than in late-treatment areas. The rate in late-treatment areas is 79% in Dad Jarwar and 73% in Massoo Bozdar UCs and in early-treatment areas, it is only 60% in Dad Jarwar and 40% Massoo Bozdar.

Table 7: Percentage of pregnant women vaccinated

	Late Treatment			Early Treatment		
	Overall (n=119)	0-23 (n=64)	24 & above (n=55)	Overall (n=118)	0-23 (n=68)	24 & above (n=50)
Yes, Vaccinated	78.2%	73.4%	83.6%	62.7%	64.7%	60.0%
Not Vaccinated	21.8%	26.6%	16.4%	37.3%	35.3%	40.0%

As shown in Table 8, the likelihood of obtaining medical early-treatment from professionals is low among those who fell ill (who needed medical treatment) in both late and early-treatment areas, as well as the two PSC categories. Among those who fell ill, only about 7% of the late-treatment group sought treatment from professionals while about 16% did not. Similarly, in the early-treatment group, only about 7% sought medical treatment while about 12% did not. With respect to disability, in both late and early treatment areas and across the two PSC categories, the proportion of respondents with some form of disability is below 3%. Among those with some disability, most appear to be due to limb disability (about 34% in late-treatment and 30% in early-treatment areas). The second most common type of disability is a mental disorder (about 26% in late treatment, where it is about 24% among those with PSC between 0 and 23 and about 31% among those with PSC 24 & above and 22% in early-treatment areas, where it is about 20% among those with PSC between 0 and 23 and about 24% among those with PSC 24 & above). Visual impairment, deafness, and Polio-caused disability is the third most important sources of disability. Appendix 3 presents similar information disaggregated by the two UCs which show that in both late and early treatment areas in Dad Jarwar UC, 5% of respondents have been treated by medical professional when sick and in Massoo Bozdar, 10% in late-treatment and 8% in early-treatment areas have received professional medical treatment when sick.

Table 8: Percentage of population with access to medical professionals and disability status

		Late Treatment			Early Treatment		
		Overall	0-23	24 & above	Overall	0-23	24 & above
Had serious illness in the last 12 months and treated by a medical professional? (n=1,145, late treatment=577, early treatment 568)	Yes, and treated by a medical professional	7.2%	7.9%	6.4%	6.6%	6.2%	6.9%
	Yes, but not treated by a medical professional	15.6%	15.1%	16.2%	12.3%	10.5%	14.3%
	Did not fall sick	77.2%	77.0%	77.4%	81.2%	83.2%	78.8%

		Late Treatment			Early Treatment		
		Overall	0-23	24 & above	Overall	0-23	24 & above
Has any apparent disability? (n=325, late treatment=162, early treatment 163)	Yes	2.0%	2.4%	1.6%	1.9%	1.7%	2.1%
	No	98.0%	97.6%	98.4%	98.1%	98.3%	97.9%
Differently Abled	Visually impaired	10.9%	12.6%	8.0%	11.4%	16.1%	7.1%
	Hearing & Speech impairment	11.9%	15.0%	6.7%	13.0%	12.6%	13.3%
	Mental disorder	26.2%	23.6%	30.7%	21.6%	19.5%	23.5%
	Physical /Limb disability	34.2%	35.4%	32.0%	30.3%	25.3%	34.7%
	Polio	10.9%	8.7%	14.7%	13.0%	16.1%	10.2%
	Speech Disability	4.0%	3.9%	4.0%	5.4%	5.7%	5.1%
	Other	2.0%	0.8%	4.0%	5.4%	4.6%	6.1%

Vaccinating children is crucial for their health, wellbeing, and educational outcomes (UNICEF, 2018). Based on the information presented in Table 9, the majority of children in both late-treatment (about 82%) and early-treatment (about 83%) households have an Expanded Programme on Immunization (EPI) card. Despite this, the proportion of children that are fully vaccinated according to the EPI recommendations is smaller with about 29% in the late treatment and about 33% in the early-treatment group among those with an EPI card and about 7% in the late-treatment and 2% in the early-treatment areas among those without an EPI card. Partial vaccination, however, is higher among both EPI holders and non-holders, with the non-holders' rate of partial vaccination being lower. For example, among EPI holders, about 66% in the late-treatment and 64% in the early-treatment areas have been partially vaccinated while the proportion is about 51% in late-treatment and 42% in the early-treatment group among those without an EPI card.

Table 9: Vaccination coverage rates

		Late Treatment			Early Treatment		
		Overall (n=256)	0-23 (n=142)	24 & above (n=114)	Overall (n=297)	0-23 (n=170)	24 & above (n=127)
Do the children up to two years of age have an EPI card?	Yes	82.4%	81.7%	83.3%	82.8%	82.9%	82.7%
	No	16.0%	16.2%	15.8%	16.8%	16.5%	17.3%
	Don't Know	1.6%	2.1%	0.9%	0.3%	0.6%	0.0%
If the child has a card, has the child been vaccinated as per the card?	Yes, fully	28.9%	25.9%	32.6%	33.3%	40.4%	23.8%
	Yes partially	66.4%	69.8%	62.1%	64.2%	58.2%	72.4%
	No	4.7%	4.3%	5.3%	2.4%	1.4%	3.8%
If the child does not have a card, has the child been vaccinated according to memory?	Yes fully	7.3%	8.7%	5.6%	2.0%	0.0%	4.5%
	Yes, partially	51.2%	52.2%	50.0%	42.0%	42.9%	40.9%
	Don't Know	41.5%	39.1%	44.4%	56.0%	57.1%	54.5%

3.3 ACCESS TO EDUCATION

This section presents the educational status of household members aged five and above. As can be seen from Table 10 the proportion of household members that have never attended school is much higher than those who have some level of education. For example, 60% of household members in the late-treatment areas and about 61% in the early-treatment areas have never attended school. Among those who have some level of schooling, the majority only have primary

education, with about 25% of household members in the late-treatment and about 23% in the early-treatment areas have received some level of primary education (grades 1 to 5). Next, about 6% of household members in both control and early-treatment areas have some level of middle school education (covering grades 6 to 8); about 4% in the late-treatment and about 5% in the early-treatment areas have some level of high school education (covering grades 9 to 10), and about 4% in the late-treatment and about 3% in the early-treatment have a college education. The proportion of household members with a postgraduate degree is under 1% in both areas and PSC categories.

Table 10: Education status of household members aged 5 and above

	Late Treatment			Early Treatment		
	Overall (n=7,111)	0-23 (n=3,708)	24 and above (n=3,403)	Overall (n=7,640)	0-23 (n=4,062)	24 and above (n=3,578)
Primary School (Class 1-5)	24.8%	24.3%	25.4%	23.2%	23.1%	23.3%
Middle School (Class 6-8)	6.3%	5.8%	6.9%	6.2%	5.3%	7.2%
High School (Class 9-10)	4.4%	4.1%	4.7%	4.5%	4.0%	5.1%
College (Class 11-14)	3.6%	2.7%	4.6%	3.2%	2.5%	4.1%
Masters (Class 15-16)	0.3%	0.2%	0.3%	0.4%	0.2%	0.5%
Higher (over 16)	0.1%	0.1%	0.1%	0.1%	0.0%	0.2%
Adult Literacy	0.1%	0.1%	0.1%	0.1%	0.2%	0.0%
Never Attended School but can read and write one line in any language with understanding	0.5%	0.4%	0.5%	1.0%	1.1%	1.0%
Never Attended school and cannot read and write	60.0%	62.4%	57.4%	61.3%	63.6%	58.7%

Looking at the school attendance status of children between the ages of five and sixteen, reported in Table 11, the school dropout rate is less than 15% for both late and early treatment areas and the two PSC categories. On average, about 10% of children in the late-treatment group and 12% in the early-treatment have dropped out of school. The dropout rate is the highest (at 13%) among those children living in households with a PSC between 0 and 23 and are in the early-treatment group. According to the disaggregated information by the two UCs presented in Appendix 4, the dropout rate in the late-treatment areas is lower and the rate is similar in both Dad Jarwar and Massoo Bozdar UCs (about 2%). In early-treatment areas, the dropout rate is much higher than in late-treatment, with about 14% in Dad Jarwar and about 20% in Massoo Bozdar.

Based on the information presented in Table 11, the majority of children in both the late and early treatment areas attend public schools where the proportion in the late-treatment group is about 88% and for those in the early-treatment group about 91%. The proportion of children who attend private schools is about 10% among those in the late-treatment group and about 6% in the early-treatment group. Lastly, about 2% in the late-treatment group and 3% in the early-treatment group attend religious school (Madrasah/Masjid/Maktab School).

Among those children who are not attending school, various reasons appear to be affecting why the children are not in school. Among these reasons, the most cited one is that the child is not ready/interested, where about 21% in the late-treatment and 34% in the early-treatment have cited this as the main reason for why the child is not in school. The second most cited reason is the distance to school, where about 20% in the late-treatment and 22% in the early-treatment areas have presented this as the main reason. the third reason is poverty where about 15% in the

late-treatment and 14% in the early-treatment areas have cited this as the main reason for out-of-school children. The fourth most cited reason is the cost of education among the late-treatment group (about 11%) and lack of parental permission among those in the early-treatment group (about 6%). The fifth most cited reason is that teachers are not available or that the education is sub-standard, where about 5% in the late-treatment and about 9% in the early-treatment have cited this as the primary reason. The sixth reason is that the child has to help in household chores/grazing of livestock where about 4% in the late-treatment and 2% in the early-treatment have cited this as the main reason. the proportion of children who are out of school due to disability is about 3% in the late-treatment group and 1% in the early-treatment group. Interestingly, the proportion of households that have cited "Do not believe in education" is very low, where it is 0% in the late-treatment and about 2% in the early treatment areas.

Table 11: School attendance status of children aged 5-16 year

		Late Treatment			Early Treatment		
		Overall	0-23	24 & above	Overall	0-23	24 & above
Number of 5-16 age children		3,034	1,610	1,424	3,366	1,897	1,469
If age is 5-16 years, is she currently attending or enrolled in School?	Yes	89.8%	90.2%	89.4%	88.3%	86.7%	90.3%
	No, dropped out of school	10.2%	9.8%	10.6%	11.7%	13.3%	9.7%
If is currently enrolled in school, in which type of educational institution, she/he is studying?	Government	88.2%	91.1%	85.1%	90.7%	91.0%	90.3%
	Private	9.8%	7.2%	12.4%	6.4%	5.3%	7.7%
	Madrasah/Masjid/Maktab School	2.0%	1.7%	2.5%	2.9%	3.7%	2.0%
	Others	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
If is not attending school, what is the main reason for not attending school or for drop out?	Education is complete	8.1%	6.3%	9.8%	3.8%	4.4%	2.8%
	Education is costly	11.2%	8.9%	13.4%	2.7%	3.5%	1.4%
	School is far away	19.9%	10.1%	29.3%	21.5%	20.2%	23.6%
	Has to help in household chores/grazing of livestock	4.3%	5.1%	3.7%	2.2%	2.6%	1.4%
	Marriage/pregnancy	0.6%	0.0%	1.2%	0.5%	0.9%	0.0%
	Teacher not available/sub-standard education	5.0%	3.8%	6.1%	8.6%	7.9%	9.7%
	Don't believe education is useful	0.0%	0.0%	0.0%	2.2%	0.9%	4.2%
	Parents do not permit	10.6%	13.9%	7.3%	5.9%	7.0%	4.2%
	child is not ready/interested	21.1%	20.3%	22.0%	34.4%	37.7%	29.2%
	Poverty	14.9%	26.6%	3.7%	14.0%	8.8%	22.2%
	Incapacitated/disability	2.5%	2.5%	2.4%	1.1%	1.8%	0.0%
	Could not get admission due to age restriction (overage/underage)	0.6%	1.3%	0.0%	0.0%	0.0%	0.0%
	Others	1.2%	1.3%	1.2%	3.2%	4.4%	1.4%

3.4 HOUSEHOLD SOCIO-ECONOMIC PROFILE

This section presents the household's economic profile by focusing on employment, income, loans, and expenditures.

Employment: Table 12 presents the household members' work status by gender, treatment areas, and across the two PSC categories. Overall, about half of the household members have not worked throughout the year right before the survey period. Among those who have worked, about 36% in the late-treatment and 37% in the early-treatment areas have done paid work and 13% in the late-treatment and about 12% in the early-treatment have worked on household chores. The proportion of those who own their own businesses is only about 1% in both the late-treatment and early-treatment areas. Interestingly, the proportion of male household members who engage in paid work is much higher than female household members and the proportion of females working on household chores is much higher than male members. As can be seen from Table 12, while about 49% of male members in the late-treatment and about 48% in the early-treatment engage in paid work, the proportion for females is only about 23% in the late-treatment and 25% in the early-treatment areas. About 21% of female members in the late-treatment and 19% in the early-treatment areas work on household chores but only about 6% of male members in both the late-treatment and early-treatment areas work on household chores. The proportion of women who have not done any work is also higher than that of male members, where about 56% in the late-treatment and 56% in the early-treatment have done no work in the year before the survey period while the proportion among male household members is about 43% in the late-treatment and about 44% in the early-treatment areas. Own business ownership is also higher among male members than females where it is about 2% in both late and early treatment areas, while the ratio is only about 0.3 for females in the late-treatment and 0.2% for those in the early-treatment areas. Appendix 5, presents similar information which are disaggregated by the two UCs and shows that the proportion of respondents who have not worked in the year before the survey is 45% in both late and early treatment in Dad Jarwar UC and it is 41% in late-treatment and 42% in early-treatment areas in Massoo Bozdar UC. Similarly, the trend with respect to the work status of women and men shows that the proportion of males doing paid work is higher than that of females in both UCs and the proportion of females working only on household chores is higher than that of males.

Table 12: Household members' work status

		Late Treatment			Early Treatment		
		Overall	**0-23**	**24 and above**	**Overall**	**0-23**	**24 and above**
Overall (n=14,755)	Working (doing paid work against cash, kind or both)	36.4%	36.4%	36.5%	36.8%	37.8%	35.6%
	own work (own agriculture or business)	1.0%	0.8%	1.3%	1.2%	1.2%	1.1%
	Only own Household Work chores	13.0%	12.6%	13.5%	12.3%	11.5%	13.2%
	Did not work during last year	49.5%	50.3%	48.7%	49.8%	49.5%	50.1%

		Late Treatment			Early Treatment		
		Overall	0-23	24 and above	Overall	0-23	24 and above
Male (n=7,628)	Working (doing paid work against cash, kind or both)	49.1%	49.2%	49.0%	48.2%	47.2%	49.5%
	own work (own agriculture or business)	1.6%	1.1%	2.3%	2.1%	2.2%	1.9%
	Only own Household Work chores	6.1%	6.1%	6.1%	5.9%	6.0%	5.9%
	Did not work during last year	43.2%	43.6%	42.7%	43.7%	44.6%	42.7%
Female (n=7,127)	Working (doing paid work against cash, kind or both)	22.7%	22.5%	22.9%	24.7%	27.6%	21.5%
	own work (own agriculture or business)	0.3%	0.4%	0.2%	0.2%	0.2%	0.2%
	Only own Household Work chores	20.6%	19.6%	21.6%	19.0%	17.4%	20.6%
	Did not work during last year	56.4%	57.5%	55.2%	56.2%	54.8%	57.7%

Table 13 presents the work status of children. The first row presents the work status of children between the ages of five and thirteen (young children, henceforth) and the second row for those between the ages of fourteen and eighteen (young adults, henceforth). Overall, the proportion of young children participating in paid work is 6% in the late-treatment and 7% in the early-treatment areas and among young adults, it is about 10% in the late treatment and about 12% in the early-treatment group. The main engagement in both PSC categories appears to be household chores, where among young children, about 11% in the late-treatment and about 12% in the early-treatment work in household chores. Among the young adults, the proportion is about 13% in the late-treatment and about 14% in the early-treatment group.

Table 13: Children work status

		Late Treatment			Early Treatment		
		Overall	0-23	24 and above	Overall	0-23	24 and above
Age 5 to 13 (n=5,033)	Working (doing paid work against cash, kind or both)	6.0%	5.6%	6.4%	7.0%	7.5%	6.4%
	own work (own agriculture or business)	0.0%	0.0%	0.0%	0.1%	0.1%	0.1%
	Only own Household Work chores	11.4%	12.0%	10.8%	11.9%	11.3%	12.6%
	Did not work during last year	82.6%	82.4%	82.9%	81.0%	81.1%	80.9%
Age 14 to 18 (n=3,820)	Working (doing paid work against cash, kind or both)	10.1%	9.4%	10.9%	11.9%	12.7%	10.8%
	own work (own agriculture or business)	0.0%	0.0%	0.0%	0.1%	0.1%	0.2%
	Only own Household Work chores	12.9%	14.0%	11.7%	13.7%	13.2%	14.4%
	Did not work during last year	77.0%	76.6%	77.4%	74.3%	74.0%	74.6%

Table 14 presents the occupation held by male and female household members. From the information presented in the table, the primary occupation appears to be farming. Interestingly, the proportion of female household members working in farming is substantially larger than male members, where it is about 60% in the late-treatment and 67% in the early-treatment group and for males, it is only about 28% in the late-treatment and 34% in the early-treatment. The second most held occupation is off-farm unskilled work (mazdoor), in which the proportion of males participating in these types of work is higher than females. About 28% of males in the late-treatment and about 23% in the early-treatment work as mazdoors while the proportion of females is about 21% in the late-treatment and about 13% in the early-treatment areas. The third most held occupation appears to be off-farm skilled work (such as driving, drivers, mason, carpenter, plumber, etc.). Similarly, male members are most likely to work in these occupations than female members. While among male household members, about 23% in the late-treatment and about 20% in the early-treatment areas work under this occupation, among female household members, the proportion is only 11% in the late-treatment and about 14% in the early-treatment areas. Employment in the government sector is very low (ranging from the largest of about 4% among males in the early-treatment group to the lowest 0.5% among females in the late-treatment group).

Table 14: Occupation by gender

	Late Treatment			Early Treatment		
	Overall (n=2,664)	Male (n=1,880)	Female (n=784)	Overall (n=2,899)	Male (n=1,975)	Female (n=924)
Cultivation on partnership/sharecropper on others farm)	2.3%	2.9%	0.8%	2.3%	3.1%	0.8%
Own farming	1.5%	2.0%	0.1%	2.3%	3.3%	0.1%
Farm labour (cultivation/harvesting on contract/wages,	37.7%	28.5%	59.7%	44.9%	34.4%	67.2%
Livestock labourer (only)	3.0%	3.4%	1.9%	2.8%	3.7%	0.9%
Off-farm unskilled labour/mazdoor	25.9%	27.9%	20.9%	20.1%	23.3%	13.2%
Off-farm skilled labour (driver, mason, carpenter, plumber etc)	19.1%	22.5%	11.0%	18.2%	20.3%	13.7%
Business/ trade	4.0%	4.9%	1.7%	3.0%	3.7%	1.6%
Government job	1.5%	1.9%	0.5%	2.6%	3.5%	0.6%
Private job	4.7%	5.6%	2.3%	3.2%	4.2%	1.2%
Others	0.6%	0.3%	1.1%	0.5%	0.5%	0.6%

In terms of months worked in the year before the survey, the distribution appears to be more or less similar across the PSC categories and treatment status (see Table 15). Overall, it appears that household members, on average, work about 9 months in both late treatment and early treatment areas. While young children in both late treatment and early treatment areas work 7 months, young adults appear to work 8 months and adults work 10 months. The number of months worked by male and female household members also shows a difference. Male members, on average, work 11 months while for female members it is only 7 months, for both late-treatment and early-treatment areas.

Table 15: Household member employability in the last 12 months

		Late Treatment			Early Treatment		
		Overall (n=7,111)	**0-23 (n=3,708)**	**24 and above (n=3,403)**	**Overall (n=7,640)**	**0-23 (n=4,062)**	**24 and above (n=3,578)**
Overall	Overall	9 months	9 months	10 months	9 months	9 months	9 months
	5 to 13 Years	7 months	7 months	7 months	7 months	7 months	7 months
	14 to 18 Years	8 months	8 months	9 months	8 months	8 months	8 months
	19 to 55 Years	10 months	10 months	10 months	10 months	10 months	10 months
	Above 55	10 months	10 months	10 months	10 months	10 months	10 months
Male	Overall	11 months	11 months	11 months	11 months	10 months	11 months
	5 to 13 Years	8 months	8 months	8 months	8 months	7 months	8 months
	14 to 18 Years	9 months	9 months	9 months	9 months	9 months	10 months
	19 to 55 Years	11 months	11 months	11 months	11 months	11 months	11 months
	Above 55	11 months	11 months	11 months	11 months	11 months	11 months
Female	Overall	7 months	6 months	7 months	7 months	7 months	6 months
	5 to 13 Years	6 months	6 months	7 months	6 months	7 months	6 months
	14 to 18 Years	7 months	6 months	7 months	6 months	6 months	6 months
	19 to 55 Years	7 months	7 months	7 months	7 months	7 months	7 months
	Above 55	7 months	6 months	8 months	6 months	6 months	7 months

Among those household members who have not worked in the year before the survey, Table 16 shows that the primary reason appears to be being busy with household chores, followed by being a student. About 36% in the late treatment and 34% in the early treatment group have cited being busy with household chores as the primary reason for not working, while about 31% in the late treatment and about 28% in the early treatment have cited being a student as the primary reason for not working. The third most important factor for not working is age (either too young or too old to work), where about 23% in the late treatment and 28% in the early treatment have not worked due to age-related reasons. Disability and cultural barriers each account for about 2% of household members' inability to work in both late and early treatment areas. Interestingly, lack of job opportunities appears to be affecting a relatively small share of household members with only about 1% in both late and early treatment areas citing that they are looking for a job but unable to find one, this rate is smaller compared to those who are not willing to work, especially in the late treatment group, which averages at about 3%.

Table 16: Reasons for not working, by gender

	Late Treatment			Early Treatment		
	Overall (n=4,447)	**Male (n=1,825)**	**Female (n=2,622)**	**Overall (n=4,743)**	**Male (n=1,948)**	**Female (n=2,795)**
Unemployed (Looking for work but not finding one)	1.4%	3.2%	0.1%	1.3%	3.1%	0.1%
Student	30.9%	46.6%	19.9%	28.2%	44.5%	16.9%
Old/ minor/retired	22.8%	26.6%	20.1%	27.7%	31.3%	25.3%
Handicapped/incapability	1.7%	2.5%	1.1%	1.6%	2.5%	0.9%
Pregnancy/ Temporary illness/injury	1.9%	1.8%	2.0%	1.9%	1.4%	2.3%
Idle (not willing to work)	2.5%	4.2%	1.2%	1.4%	2.8%	0.5%
Learning to work	0.4%	0.9%	0.1%	0.4%	0.9%	0.1%
Off season	0.2%	0.2%	0.3%	0.1%	0.1%	0.1%
Calamity	0.0%	0.1%	0.0%	0.0%	0.1%	0.0%
Not allowed to work due to social and cultural constraints	2.1%	0.2%	3.4%	2.0%	0.2%	3.3%

Busy in household chores	35.6%	13.0%	51.3%	34.0%	11.9%	49.4%
Others	0.6%	0.7%	0.5%	1.3%	1.4%	1.2%

Income: Looking at the average annual income generated by household members, disaggregated by four age groups, presented in male household members generate the largest income in both the late and early treatment areas. On average, male household members in the late treatment group generate about PKR 145,021, and those in the early treatment group generate PKR 143,121. The average generated by female household members, on the other hand, averages at PKR 38,690 in the late treatment and PKR 42,014 in the early treatment group. Except among female household members in the early-treatment areas, total income is higher among households with a PSC of 24 & above than those with PSC between 0 and 23. Interestingly, the results also show that children between the ages of 5 and 13 also generate income in both treatment areas and PSC categories—potentially signalling the presence of child labour. Similar to adults, male children in this age group also generate higher income than their female counterparts. For example, while male children in the late-treatment areas generate about PKR 48,000, female children generate only about PKR 13,000. In the early-treatment areas, while male children generate about PKR 35,000, female children generate only about PKR 25,000.

Table 17, male household members generate the largest income in both the late and early treatment areas. On average, male household members in the late treatment group generate about PKR 145,021, and those in the early treatment group generate PKR 143,121. The average generated by female household members, on the other hand, averages at PKR 38,690 in the late treatment and PKR 42,014 in the early treatment group. Except among female household members in the early-treatment areas, total income is higher among households with a PSC of 24 & above than those with PSC between 0 and 23. Interestingly, the results also show that children between the ages of 5 and 13 also generate income in both treatment areas and PSC categories—potentially signalling the presence of child labour. Similar to adults, male children in this age group also generate higher income than their female counterparts. For example, while male children in the late-treatment areas generate about PKR 48,000, female children generate only about PKR 13,000. In the early-treatment areas, while male children generate about PKR 35,000, female children generate only about PKR 25,000.

Table 17: Household members' average annual income in PKR for the year 2022

		Late Treatment			Early Treatment		
		Overall (n=7,111)	0-23 (n=3,708)	24 and above (n=3,403)	Overall (n=7,640)	0-23 (n=4,062)	24 and above (n=3,578)
Overall	Overall	112,782	107,832	118,157	109,626	102,293	118,449
	5 to 13 Years	29,140	26,451	31,868	30,588	32,712	27,212
	14 to 18 Years	72,592	69,384	76,089	61,848	59,643	64,526
	19 to 55 Years	125,618	120,506	131,200	124,249	116,554	133,365
	Above 55	126,258	114,003	139,402	131,695	118,351	145,558
Male	Overall	145,021	139,896	150,601	143,121	134,895	152,299
	5 to 13 Years	48,208	49,577	46,964	35,436	39,529	29,351
	14 to 18 Years	89,677	88,419	91,089	81,661	75,691	89,544
	19 to 55 Years	158,960	153,535	164,884	158,596	151,709	166,013
	Above 55	158,949	141,093	178,235	168,293	153,757	182,328
Female	Overall	38,690	33,864	43,902	42,014	42,880	40,799
	5 to 13 Years	13,334	9,108	18,031	25,990	26,566	25,014

14 to 18 Years	32,726	22,818	42,815	28,965	30,149	27,714
19 to 55 Years	43,352	38,965	48,138	47,947	48,488	47,153
Above 55	39,082	40,860	37,211	34,666	35,738	33,313

Similarly, presents the average annual and monthly household and per capita income. On average, households in the late-treatment group earn PKR 332,249 and those in the early-treatment earn PKR 317,700 annually. On average, each household member earns PKR 52,323 in the late-treatment and PKR 49,119 in the early-treatment, annually. In both late and early treatment areas, households with PSC between 0 and 23 have lower incomes. The difference in average annual income between households with a PSC between 0 and 23 and those with 24 & above is the highest among households in the late-treatment group (with an average difference amounting PKR 87,037).

Table 18 presents the average annual and monthly household and per capita income. On average, households in the late-treatment group earn PKR 332,249 and those in the early-treatment earn PKR 317,700 annually. On average, each household member earns PKR 52,323 in the late-treatment and PKR 49,119 in the early-treatment, annually. In both late and early treatment areas, households with PSC between 0 and 23 have lower incomes. The difference in average annual income between households with a PSC between 0 and 23 and those with 24 & above is the highest among households in the late-treatment group (with an average difference amounting PKR 87,037).

Table 18: Household and per capita mean income in PKR for the year 2022

	Late Treatment			Early Treatment		
	Overall (n=1,266)	**0-23 (n=642)**	**24 and above (n=624)**	**Overall (n=1,340)**	**0-23 (n=709)**	**24 and above (n=631)**
Average household annual income	332,249	289,350	376,387	317,700	305,248	331,692
Average household monthly income	27,687	24,112	31,366	26,475	25,437	27,641
Per capita annual income	52,323	44,177	61,259	49,119	46,632	51,987
Per capita monthly income	4,360	3,681	5,105	4,093	3,886	4,332

Table 19 provides an overview of the most common sources of income for household members in the sample. Consequently, the primary source of income appears to be wages and salaries from doing various paid work on-farm and off-farm activities. Overall, 72% of household members in the late treatment and 71% in the early treatment group's income source is wage/salary. The second most important source of income appears to be the Benazir Income Support Programme (BISP) which serves as a source of income for about 5% of household members in both late and early-treatment areas. The next important source of income is crop sales, which serves as a source of income for about 7% of household members in the late-treatment and about 8% in the early-treatment group. Other income sources such as pension, remittances, a gift from family and friends, Zakat, property rental, NGOs, and other grants each serve as a source of income to less than 1% of household members in both late and early treatment areas.

Table 19: Household average per capita income sources

	Late Treatment			Early Treatment		
	Overall (n=8,039)	**0-23 (n=4,205)**	**24 & above (n=3,834)**	**Overall (n=8,667)**	**0-23 (n=4,641)**	**24 & above (n=4,026)**
Wages/Salary Income (includes paid farm work such as cotton picking or wheat harvesting, casual labour, mason work, driving, Job salary, mazdoori, etc.)	72%	79%	67%	71%	70%	72%
Pension	0.41%	0.75%	0.14%	2.15%	2.91%	1.36%
Zakat, Baitul Mal	0.01%	0.01%	0.01%	0.03%	0.02%	0.03%
BISP	4.80%	5.52%	4.22%	4.62%	4.79%	4.44%
Rental income from property (e.g house, shop, etc	0.55%	0.01%	0.97%	0.03%	0.02%	0.04%
NRSP Income Generating Grant	0.26%	0.35%	0.19%	0.40%	0.49%	0.31%
Any other grant from NRSP or other NGOs	0.11%	0.11%	0.11%	0.26%	0.34%	0.18%
Any gift from family, friends, landlord etc.	0.77%	0.69%	0.84%	1.04%	1.01%	1.07%
Any business activity report HH OWN share ONLY in case of shared business)	0.53%	0.17%	0.81%	0.31%	0.10%	0.52%
Profit on savings/loan/bank account	1.36%	0.07%	2.38%	0.27%	0.29%	0.26%
Remittances received from inside Pakistan (that will not be returned)	0.14%	0.16%	0.13%	0.34%	0.41%	0.28%
Remittances received from outside Pakistan (that will not be returned)	0.05%	0.00%	0.08%	0.05%	0.04%	0.06%
Crops and by-products (sold)	6.50%	4.37%	8.18%	7.76%	7.96%	7.55%
Crops and by-products (/kept for home consumption) Rs_	1.65%	1.55%	1.73%	2.21%	2.11%	2.32%
Crops and by-products (given away, as in-kind wage etc.) Rs, _	0.41%	0.14%	0.62%	0.35%	0.40%	0.29%
Agricultural Land rented out	0.27%	0.08%	0.41%	0.20%	0.34%	0.05%
Agricultural Machinery / implements rented out Rs. _	1.25%	0.05%	2.20%	0.14%	0.18%	0.09%
Livestock and by-products (sold)	2.22%	1.83%	2.52%	2.97%	2.69%	3.26%
Livestock and by-products (Keep for home consumption).	2.51%	2.98%	2.14%	3.44%	3.68%	3.19%
Livestock and by-products (given away)	0.16%	0.20%	0.12%	0.08%	0.06%	0.09%
Livestock and by-products (rented out)	0.06%	0.08%	0.04%	0.03%	0.02%	0.04%
Income from selling assets (land, livestock, machinery, durable goods) sold during last 12 months	3.40%	1.93%	4.56%	2.22%	2.24%	2.19%
Income from any other source during the last 12 months (not included already)	0.29%	0.29%	0.30%	0.37%	0.22%	0.52%

Access to credit: As shown in Table 20, about 43% of households in the late treatment and 49% in early treatment areas have taken some loans. The proportion of households who took loans is higher among those households with PSC scores between 0 and 23 compared to those with 24 & and above in both late and early treatment areas. In both areas, shopkeepers appear to be the main source of loans, where they provide loans to about 49% of households in late treatment and 45% in early treatment areas. The next most common source is friends and relatives, serving 30% in late-treatment and 23% in early-treatment areas. Community organisations are the third main

source of loans, where about 9% of households in the late-treatment and 16% in the early-treatment areas obtain loans from them.

The average annual loan size in the late treatment areas is PKR 49,999 and in early treatment areas PKR 48,131. In both areas loans taken by households with a PSC of 24 & above is higher than those with a PSC between 0 and 23. Moreover, while households in late treatment areas have returned 60% of their loans, those in early treatment areas returned only 37% of their loans. In both late and early treatment, loan repayment is higher among households with a PSC 24 & above.

Table 20: Loans taken and repayment by households in the last 12 months

	Late Treatment			Early Treatment		
	Overall (n=1,266)	0-23 (n=642)	24 and above (n=624)	Overall (n=1,340)	0-23 (n=709)	24 and above (n=631)
% of households taken loan from any source	43%	46%	40%	49%	51%	47%
Friends and relatives (No. of HHs)	30%	30%	30%	23%	22%	24%
Shopkeepers (No. of HHs)	49%	50%	49%	45%	46%	44%
Agents/dealers (No. of HHs)	3%	1%	5%	3%	4%	2%
Banks (No. of HHs)	4%	5%	3%	4%	4%	5%
NGOs (No. of HHs)	2%	2%	2%	6%	4%	7%
Community Organization (No. of HHs)	9%	9%	9%	16%	17%	16%
Others (No. of HHs)	2%	2%	3%	2%	3%	2%
Household average loan amount taken PKR	49,999	44,164	56,833	48,131	46,932	49,603
Household average outstanding amount PKR	20,106	19,219	21,144	30,103	30,252	29,920
% of loan returned back	60%	56%	63%	37%	36%	40%

Table 21 shows that the majority of households in both late-treatment (76%) and early-treatment areas (67%) take loans for food and other consumption goods (17% in late-treatment and 16% in early-treatment areas). Healthcare is the second largest expenditure households finance via loans, with 27% in late-treatment and 24% in early-treatment areas. Loans are also used to purchase livestock by about 15% of households in late-treatment and 23% in early-treatment areas. Other reasons households take out a loan are social functions, to repay other loans, for farm inputs, to purchase land and other assets, for education, etc.

Table 21: Use of loans taken in the last 12 months

	Late Treatment			Early Treatment		
	Overall (n=515)	0-23 (n=279)	24 and above (n=236)	Overall (n=600)	0-23 (n=327)	24 and above (n=273)
Food Consumption	76%	80%	72%	67%	67%	68%
Health Care	27%	29%	25%	24%	26%	22%
Livestock	15%	14%	16%	23%	24%	22%
General household Consumption	17%	16%	17%	16%	16%	15%
Social Functions	8%	9%	7%	8%	9%	7%
Repay Loans	5%	6%	4%	8%	8%	7%
Housing(building and repairing)	4%	5%	3%	3%	2%	4%

Land	3%	1%	6%	4%	3%	4%
Other asset purchases (not covered above)	3%	4%	2%	3%	3%	3%
Farm Inputs	3%	2%	5%	3%	4%	2%
Business	3%	2%	5%	2%	2%	2%
Other Uses	3%	4%	2%	3%	3%	2%
Cash Available	2%	3%	1%	1%	2%	1%
Machinery	1%	1%	2%	1%	1%	1%
Education	1%	1%	1%	1%	2%	1%

Expenditures: On average, households in the late-treatment group spend PKR 347,707 annually, where 68% of the expenditure goes to food items and the remaining 32% on non-food items. Households in the early-treatment group, on average, spend PKR 356,567, where 67% goes to food items and the remaining 33% to non-food items (see Table 22). Based on the information on households' income, presented in Table 17, the average annual income is less than their expenditure. For example, the average income in late-treatment areas is PKR 332,249 but the expenditure appears to be higher by PKR 15,458. The same is true with early-treatment areas where expenditure exceeds income by PKR 38,867. Interestingly, while the proportion of income spent on food items among households with PSC scores between 0 and 23 and 24 & above is equal for households in the early-treatment areas, in the late-treatment group, those with PSC between 0 and 23 spend a larger proportion (72%) of their income on food items than those with PSC 24 & above (64%).

Table 22: Household average annual expense

	Late Treatment			Early Treatment		
	Overall (n=8,039)	**0-23 (n=4,205)**	**24 & above (n=3,834)**	**Overall (n=8,667)**	**0-23 (n=4,641)**	**24 & above (n=4,026)**
Household average annual expenses	347,707	312,852	383,567	356,065	345,631	367,790
% of Expenses on Food Items	68%	72%	64%	67%	67%	67%
% of Expenses on Non Food Items	32%	28%	36%	33%	33%	33%

Table 23Table 23 presents the share of expenses accrued by various food and non-food items. Wheat, fat (cooking oil, ghee, and butter), milk, sugar, and tea are the top five food items that receive the largest share of expenditures, whereas in the late-treatment they account for about 73% of food expenditures and in early-treatment areas about 76%. Transport, temptation goods, Groceries, health, and utilities are the top five non-food items that receive the largest share of households' non-food expenditure, where in late-treatment areas they add up to about 63% and in early-treatment to about 66% of households' total non-food expenditures.

Table 23: Share of annual expenses

		Late Treatment			Early Treatment		
		Overall (n=8,039)	0-23	24 & above	Overall (n=8,667)	0-23	24 & above
Food Items	Wheat	31.77%	33.70%	29.96%	33.41%	34.35%	32.40%
	Fat/Oil/Ghee/Butter	18.91%	19.13%	18.70%	19.10%	19.23%	18.96%
	Milk	11.60%	11.21%	11.96%	11.93%	11.27%	12.63%
	Sugar	6.23%	6.40%	6.08%	6.69%	6.81%	6.56%
	Tea	4.80%	4.89%	4.72%	4.97%	5.11%	4.82%
	Pulses	3.77%	3.95%	3.60%	3.90%	3.63%	4.18%
	Chicken	3.53%	3.10%	3.94%	3.00%	2.83%	3.19%
	Vegetables	3.02%	3.13%	2.91%	3.36%	3.38%	3.34%
	Rice	3.16%	3.11%	3.21%	2.93%	2.67%	3.20%
	Fruits	3.09%	2.29%	3.83%	2.65%	2.74%	2.55%
	Roots Vegetables	2.71%	2.75%	2.67%	2.89%	2.91%	2.87%
	Leafy Vegetables	2.28%	2.28%	2.28%	2.24%	2.23%	2.26%
	Mutton	1.57%	1.18%	1.93%	0.88%	0.82%	0.94%
	Beef	1.49%	1.16%	1.80%	0.42%	0.47%	0.37%
	Fish	0.99%	0.82%	1.15%	0.43%	0.34%	0.53%
	Others	0.58%	0.42%	0.73%	0.61%	0.68%	0.54%
	Egg	0.48%	0.44%	0.51%	0.60%	0.54%	0.66%
	Millets	0.02%	0.03%	0.01%	0.00%	0.00%	0.00%
	Maize	0.01%	0.01%	0.00%	0.00%	0.00%	0.00%
Non-Food Items	Personal Transport and Traveling	20.17%	22.11%	18.89%	20.02%	20.81%	19.20%
	Temptation goods	13.56%	16.80%	11.42%	14.00%	13.97%	14.03%
	Groceries	11.73%	14.04%	10.21%	12.15%	11.80%	12.50%
	Health	9.66%	13.25%	7.29%	11.45%	10.49%	12.45%
	Utilities	8.02%	7.78%	8.17%	8.11%	7.42%	8.84%
	Clothing and footwear	7.51%	9.27%	6.34%	7.45%	7.13%	7.78%
	Agriculture Related Expenditures (purchase of inputs)	5.88%	2.53%	8.09%	5.22%	4.74%	5.73%
	Livestock Related	5.05%	1.90%	7.13%	4.50%	5.21%	3.77%
	Any other payments	5.79%	0.62%	9.19%	0.97%	1.01%	0.94%
	Social Functions	3.75%	3.84%	3.68%	2.67%	2.75%	2.59%
	Agriculture Related Expenditure (renting in of machinery/implements)	1.80%	1.43%	2.05%	3.95%	3.61%	4.31%
	Purchase of House building, Furniture, durable households' goods	1.90%	2.10%	1.77%	3.30%	4.47%	2.07%
	Education	1.23%	1.10%	1.32%	1.36%	1.08%	1.65%
	Repair of durable households' goods	0.93%	1.23%	0.73%	0.93%	0.87%	1.00%
	Agriculture Related Expenditure (any payment to hired labour, taxes (abiyana etc)	0.63%	0.38%	0.80%	0.75%	0.85%	0.65%
	Agriculture Related Expenditure (renting in of land)	0.72%	0.45%	0.89%	0.61%	0.74%	0.47%
	Business	0.50%	0.21%	0.70%	0.80%	0.69%	0.91%
	Gift/cash given	0.53%	0.41%	0.61%	0.73%	0.69%	0.78%
	Animal shed building/repair	0.37%	0.21%	0.47%	0.64%	1.02%	0.25%
	Interest paid on loans	0.27%	0.33%	0.23%	0.38%	0.65%	0.09%

3.5 HOUSEHOLD ASSETS

This section presents households' various assets such as, access to utilities (toilet, electricity, drinking water) assets sold, and main reasons driving the decision to sell assets.

Toilet facilities: Table 24 presents household level information on toilet facilities and availability of electricity.   While about 45% of households in the late-treatment and about 47% in the early-treatment areas use open places/fields as toilets, comparable proportion of households use household latrines (about 44% in late-treatment and 45% in early-treatment villages). The remaining households use communal latrine (about 12% households in late-treatment and 8% in early-treatment areas). Among those households who use household latrine, majority (about 38% in late-treatment and about 31% in early-treatment) have their latrine connected to pit, while the next majority (about 22% in late-treatment and about 24% in early-treatment) have it connected to an open drainage system, and the third largest group (about 15% in late-treatment and about 18% in early-treatment) have it connected to public sewerage system. Dry raised latrine (14% in late-treatment and about 13% in early-treatment) and dry pit latrine (about 11% in late-treatment and 14% in early-treatment) are also commonly used.

Electricity: Next, looking at access to electricity, Table 24Table 24 shows that the majority (about 66% of households in late-treatment and 69% in early-treatment areas) are connected to the grid. While about 12% of households in late-treatment and 8% in early-treatment areas use solar energy, about 22% in late-treatment and about 24% in early-treatment areas still have no access to any form of electricity.

Table 24: Household availability of toilet and electricity facilities

		Late Treatment			Early Treatment		
		Overall (n=1,266)	0-23 (n=642)	24 and above (n=624)	Overall (n=1,340)	0-23 (n=709)	24 and above (n=631)
Where do the household members go for their toilet needs?	Fields / open places	44.6%	48.1%	41.0%	46.6%	50.9%	41.8%
	Communal latrine	11.7%	10.7%	12.7%	7.9%	8.9%	6.8%
	Household latrine	43.7%	41.1%	46.3%	45.1%	39.5%	51.3%
	Others	0.0%	0.0%	0.0%	0.4%	0.7%	0.0%
What type of toilet is used by your household?	Flush connected to public sewerage	14.8%	14.7%	14.9%	17.8%	16.4%	19.1%
	Flush connected to pit	37.7%	37.8%	37.5%	31.2%	30.5%	31.9%
	Flush connected to open drain	22.1%	21.0%	23.1%	24.3%	27.0%	21.8%
	Dry raised latrine	14.0%	14.1%	13.9%	12.7%	12.4%	13.1%
	Dry pit latrine	11.4%	12.3%	10.6%	14.0%	13.8%	14.2%
Do you have electricity in your house?	Yes, on grid (WAPDA)	66.1%	65.3%	67.0%	69.0%	65.3%	73.1%
	Yes, Off grid (Solar, etc.)	11.5%	11.8%	11.1%	7.5%	8.2%	6.7%
	No	22.4%	22.9%	22.0%	23.6%	26.5%	20.3%

Drinking water: presents households' access to drinking water. Accordingly, the main source of drinking water is hand-pumped water in the dwelling of households which is used by about 45% of households in the late-treatment and about 51% in the early-treatment group. The second widely used source of drinking water is a public borehole which is being used by about 24% of households in the late-treatment and 25% in early-treatment areas. The third main source of drinking water is piped water (into the dwelling but not inside the house), which is being used by

about 18% of households in the late-treatment and about 12% in early-treatment areas. Piped water into property serves only about 4% of households in the late-treatment group and about 3% in the early-treatment. Private boreholes (with motor pumps) also serve about 5% of households in late-treatment and about 2% in early-treatment areas. Underground water tube wells serve about 1% of households in late-treatment and about 4% in early-treatment areas. Other sources such as bottled water, filtration plants, carts with small tanks, protected well, public taps, surface water, tanker truck, and unprotected well each serve less than 1% of households in both late and early treatment areas.

About 49% of households in the late-treatment and 50% in early-treatment areas drink untreated water. Among those who use treated water, while the main source of treated water for households in the late-treatment areas is mineral water (100% usage rate but only among households with PSC 24 & above), in early-treatment areas, it is boiling the water (about 48%). The second most popular water treatment in late-treatment areas is the use of chlorine tablets (used by about 67%). Another popular method is the use of solar power to disinfect water, which is used by 50 % of households in both the late and early treatment areas. About 42% in the late-treatment and 58% in early-treatment areas have their water sources tested and 32% in late-treatment and 23% in early-treatment areas have been found to be undrinkable.

Table 25 presents households' access to drinking water. Accordingly, the main source of drinking water is hand-pumped water in the dwelling of households which is used by about 45% of households in the late-treatment and about 51% in the early-treatment group. The second widely used source of drinking water is a public borehole which is being used by about 24% of households in the late-treatment and 25% in early-treatment areas. The third main source of drinking water is piped water (into the dwelling but not inside the house), which is being used by about 18% of households in the late-treatment and about 12% in early-treatment areas. Piped water into property serves only about 4% of households in the late-treatment group and about 3% in the early-treatment. Private boreholes (with motor pumps) also serve about 5% of households in late-treatment and about 2% in early-treatment areas. Underground water tube wells serve about 1% of households in late-treatment and about 4% in early-treatment areas. Other sources such as bottled water, filtration plants, carts with small tanks, protected well, public taps, surface water, tanker truck, and unprotected well each serve less than 1% of households in both late and early treatment areas.

About 49% of households in the late-treatment and 50% in early-treatment areas drink untreated water. Among those who use treated water, while the main source of treated water for households in the late-treatment areas is mineral water (100% usage rate but only among households with PSC 24 & above), in early-treatment areas, it is boiling the water (about 48%). The second most popular water treatment in late-treatment areas is the use of chlorine tablets (used by about 67%). Another popular method is the use of solar power to disinfect water, which is used by 50 % of households in both the late and early treatment areas. About 42% in the late-treatment and 58% in early-treatment areas have their water sources tested and 32% in late-treatment and 23% in early-treatment areas have been found to be undrinkable.

Table 25: Household source of drinking water

		Late Treatment			Early Treatment		

		Overall (n=1,266)	0-23 (n=642)	24 and above (n=624)	Overall (n=1,340)	0-23 (n=709)	24 and above (n=631)
The main source of drinking water	Bottled Water	0.1%	0.2%	0.0%	0.5%	0.7%	0.3%
	Cart with small tank/drum	0.2%	0.3%	0.2%	0.2%	0.3%	0.2%
	Filtration Plant	0.6%	0.6%	0.6%	0.6%	0.1%	1.1%
	Hand Pump in the dwelling	45.1%	47.4%	42.8%	50.7%	51.1%	50.2%
	Piped into dwelling (but not inside dwelling)	18.3%	15.3%	21.5%	12.1%	12.1%	12.0%
	Piped Water piped into property	3.6%	3.4%	3.8%	3.3%	3.8%	2.7%
	Private Borehole (with motor pump)	4.7%	3.4%	6.1%	1.7%	2.0%	1.4%
	Protected Well (include dugs well)	0.1%	0.0%	0.2%	0.3%	0.1%	0.5%
	Public Borehole (with motor pump)	23.7%	26.3%	21.0%	24.5%	23.0%	26.1%
	Public tap / standpipe	0.6%	0.6%	0.6%	1.3%	1.8%	0.6%
	Surface Water (river or stream or dam or lake or pond or canal or irrigation channel)	1.3%	0.8%	1.8%	0.7%	0.4%	1.0%
	Tanker Truck	0.2%	0.2%	0.2%	0.1%	0.0%	0.3%
	Underground Water Tube well	1.3%	1.4%	1.3%	3.9%	4.4%	3.3%
	Unprotected well (include dugs well)	0.0%	0.0%	0.0%	0.1%	0.1%	0.0%
	Others	0.1%	0.2%	0.0%	0.1%	0.0%	0.2%
Method mostly adopted for treatment of drinking water	No treatment	94.6%	93.8%	95.5%	94.9%	94.8%	95.1%
	Boiling	2.4%	2.6%	2.1%	3.1%	2.8%	3.3%
	Solar water disinfection (SODIS)	1.6%	2.0%	1.1%	1.5%	1.8%	1.1%
	Chlorine tablets/drops	0.8%	0.8%	0.8%	0.4%	0.6%	0.2%
	Mineral water	0.1%	0.0%	0.2%	0%	0%	0%
	Filter water	0.6%	0.8%	0.3%	0.1%	0%	0.3%
Drinking water source ever been tested (Proper Laboratory Testing)?	Yes	35.3%	33.6%	37.0%	46.9%	47.1%	46.6%
	No	57.7%	59.7%	55.8%	47.8%	47.1%	48.7%
	Don't Know	7.0%	6.7%	7.2%	5.3%	5.8%	4.8%
If tested: is it drinkable?	Yes	68.0%	69.9%	66.2%	77.1%	79.3%	74.5%
	No	32.0%	30.1%	33.8%	22.9%	20.7%	25.5%

Table 26 presents the value of assets sold by household in the sample. Overall, about 97% of households in the late-treatment and 96% in early-treatment areas have some type of asset. The average value of assets sold is larger among those in the early-treatment group and those with a PSC of 24 & above. The proportion of households that have sold at least one asset is about 23% in late-treatment and 25% in early-treatment areas.

Table 26: Households' assets sales in last 12 months

	Late Treatment			Early Treatment		
	Overall (n=515)	0-23 (n=279)	24 and above (n=236)	Overall (n=600)	0-23 (n=327)	24 and above (n=273)
Average value of household total asset in possession (PKR)	765,916	360,616	1,182,907	1,236,120	1,218,862	1,25,512
Average amount earned from selling assets	67,989	58,822	78,059	42,927	39,338	47,545
% Households sold at least one asset	23%	23%	22%	25%	28%	23%
% Households did not sell any asset	77%	77%	78%	75%	72%	77%
% Households own at least one asset	97%	97%	97%	96%	94%	98%
% Households do not own any of the asset	3%	3%	3%	4%	6%	2%

The main reasons behind household's decision to sell their assets are presented in Table 27. Similar to the reasons for taking out loans presented above, the primary reason appears to be to cover everyday food expenses in both late-treatment (34%) and early-treatment areas (41%). Health expenses are the second most cited reason for asset selling among 20% of households in the late-treatment and 29% in early-treatment areas. Loan repayment and purchase of other assets are also important reasons for asset selling.

Table 27: Reasons for selling assets

	Late Treatment			Early Treatment		
	Overall (n=277)	0-23 (n=145)	24 and above (n=132)	Overall (n=327)	0-23 (n=184)	24 and above (n=143)
For food or every day running of household	34%	31%	37%	41%	40%	43%
Meet health expenses	20%	22%	18%	29%	31%	26%
Repay Loans	13%	6%	21%	15%	12%	18%
Purchase of assets	11%	11%	11%	15%	15%	15%
Any other purpose	13%	14%	11%	12%	14%	10%
Meet education expenses	3%	3%	2%	3%	4%	2%

3.6 ACCESS TO INFORMATION

Access to information is key to facilitating the adoption/utilization of services and exercising rights and obligations. Based on the information presented in Table 28 only slightly more than half of the households, i.e., 57% in late-treatment and 56% in early-treatment areas can recall the name of the Councillor in their UC and only about 55% in late-treatment and 56% in early-treatment areas can name the UC chairperson. Knowledge of the chairperson's office is even lower than half, where it is about 45% in late-treatment and 46% in early-treatment areas. Interestingly, knowledge of where to obtain services such as computerized national ID card (94% in late-treatment and 93% in early-treatment), birth certificate (78% in late-treatment and 70% in early-treatment), and vaccination (both for children and pregnant women, 94% in late-treatment and 93% in early-treatment areas, respectively) are higher in both late-treatment and early-treatment areas.

Table 28: Percentage of respondents aware of local government services

	Late Treatment			Early Treatment		
	Overall (n=1,266)	0-23 (n=642)	24 and above (n=624)	Overall (n=1,340)	0-23 (n=709)	24 and above (n=631)
Can recall name of UC Councilor(s)	57%	54%	60%	56%	55%	56%
Can recall name of UC Chairman	55%	52%	57%	56%	56%	56%
Know where the UC Chairman office is	45%	43%	48%	46%	46%	46%
Know where to get a birth certificate from	78%	75%	80%	70%	68%	72%
Know where to get a Computerized National Identity Card (CNIC)	94%	94%	94%	93%	91%	96%
Know who is the headmaster in a nearby school	68%	67%	69%	59%	57%	62%
Know where to get the young children vaccinated from	94%	94%	95%	93%	91%	94%
Know where to get the pregnant women vaccinated from	94%	93%	95%	93%	92%	94%

3.7 PERCEPTIONS TOWARDS ACCESS TO BASIC SERVICES

Table 29 presents the perceptions of sample households on the availability of basic services such as income, employment opportunities, credit availability, education and healthcare services, WASH facilities, transport and pavement, electricity and fuel, legal system, and other essential public services. The majority of the households (60% in late-treatment and 52% in early-treatment) believe that income is a very serious problem. This is also in line with the statistics presented below, where households on average spend more than they earn and have stated that they sell assets and take out loans for basic consumption.

Similarly, the majority have cited unemployment as a very serious problem. This slightly contradicts the information obtained from the main reasons for not working in Table 17, where only about 1% of households have cited a lack of jobs as the main reason for not working.

Lack of access to credit has also been cited as a very serious problem by a large share of respondents (32% in late-treatment and 31% in early-treatment), however, it is important to mention that about 20% of respondents have stated that lack of credit is not a problem at all.

Again, lack of access to education is a very serious problem for the majority of households in both late-treatment and early-treatment areas (cited by 28% of households in both areas). Similarly, lack of access to health care has been perceived as a very serious problem by 36% of households in late-treatment and 31% in early-treatment areas).

Similarly, access to clean drinking water and drainage system have been cited as very serious problems by 44% and 57% in late-treatment and by 28% and 42% in early-treatment areas, respectively. Lack of pavement and public transport is also a very serious problem for 51% and 33% of households in the late-treatment and 37% and 28% in early-treatment areas, respectively.

Lack of fuel is a very serious problem for 45% households in late-treatment and 47% in early-treatment areas. Similarly, lack of electricity is a very serious problem for 36% of households in late-treatment and 32% in early-treatment areas.

Lack of political representation appears to be a very serious problem for 41% of households in the late-treatment and 40% in early-treatment areas. Lack of a justice system and police services are cited as a very serious problem by 38% and 32% of households in the late-treatment and 36% and 29% of households in early-treatment areas, respectively.

Lack of district administration is a very serious problem for 37% of households in both the late-treatment and early-treatment areas. Lack of agriculture and livestock department is cited as a very serious problem by 35% of household in the late-treatment and 32% in early-treatment areas. Lastly, lack of access for agricultural water is cited as a very serious problem by 39% of households in the late-treatment and 35% in early-treatment areas.

Table 29: Respondents perceptions about issues around basic services

		Late Treatment			Early Treatment		
		Overall (n=1,266)	0-23 (n=642)	24 and above (n=624)	Overall (n=1,340)	0-23 (n=709)	24 and above (n=631)
Income	No problem	3%	2%	3%	3%	3%	3%
	Slight problem	10%	8%	12%	15%	14%	15%
	Serious problem	27%	29%	25%	29%	28%	31%
	Very serious problem	60%	60%	59%	52%	55%	49%
	Not Sure	1%	1%	1%	1%	1%	1%
Unemployment	No problem	2%	2%	2%	4%	5%	4%
	Slight problem	14%	13%	15%	15%	14%	16%
	Serious problem	28%	29%	28%	33%	31%	35%
	Very serious problem	56%	56%	55%	47%	50%	44%
	Not Sure	0%	1%	0%	0%	0%	0%
Lack of access for Credit	No problem	20%	18%	21%	20%	21%	20%
	Slight problem	20%	21%	20%	22%	21%	24%
	Serious problem	27%	27%	27%	25%	25%	25%
	Very serious problem	32%	32%	32%	31%	33%	30%
	Not Sure	1%	2%	0%	1%	1%	2%
Lack of access to Education	No problem	23%	21%	24%	25%	27%	23%
	Slight problem	24%	23%	26%	27%	25%	29%
	Serious problem	24%	24%	25%	19%	17%	23%
	Very serious problem	28%	32%	25%	28%	31%	25%
	Not Sure	0%	0%	0%	1%	0%	1%
Lack of access to Health Care	No problem	14%	13%	15%	18%	20%	16%
	Slight problem	21%	22%	21%	29%	27%	32%
	Serious problem	29%	27%	31%	22%	20%	25%
	Very serious problem	36%	38%	33%	31%	34%	27%
	Not Sure	0%	0%	0%	0%	0%	1%
Lack of clean drinking Water Supply	No problem	19%	19%	19%	34%	35%	34%
	Slight problem	18%	17%	18%	21%	19%	23%
	Serious problem	19%	19%	19%	16%	16%	17%
	Very serious problem	44%	45%	44%	28%	30%	26%
	Not Sure	0%	0%	0%	0%	1%	0%
Lack of Drainage facility	No problem	4%	4%	4%	9%	9%	8%
	Slight problem	13%	12%	13%	17%	17%	18%
	Serious problem	26%	25%	27%	32%	30%	33%
	Very serious problem	57%	59%	55%	42%	43%	41%
	Not Sure	1%	1%	1%	0%	0%	0%
Lack of Street Pavement	No problem	5%	6%	5%	10%	10%	9%
	Slight problem	17%	18%	17%	22%	21%	23%
	Serious problem	26%	24%	29%	32%	32%	32%
	Very serious problem	51%	52%	49%	37%	37%	36%
	Not Sure	0%	0%	1%	0%	0%	0%
Lack of public Transport	No problem	18%	17%	18%	21%	22%	19%
	Slight problem	27%	26%	28%	29%	26%	33%

		Late Treatment			Early Treatment		
		Overall (n=1,266)	0-23 (n=642)	24 and above (n=624)	Overall (n=1,340)	0-23 (n=709)	24 and above (n=631)
	Serious problem	22%	23%	21%	22%	22%	22%
	Very serious problem	33%	34%	32%	28%	30%	25%
	Not Sure	0%	0%	0%	0%	0%	1%
Lack of Fuel	No problem	24%	22%	26%	18%	16%	20%
	Slight problem	14%	14%	14%	12%	12%	13%
	Serious problem	17%	15%	18%	23%	22%	24%
	Very serious problem	45%	48%	41%	47%	50%	44%
	Not Sure	0%	0%	0%	0%	1%	0%
Lack of Electricity	No problem	24%	22%	27%	27%	26%	29%
	Slight problem	21%	20%	21%	20%	19%	21%
	Serious problem	18%	20%	16%	21%	21%	21%
	Very serious problem	36%	37%	36%	32%	33%	29%
	Not Sure	0%	1%	0%	0%	0%	0%
Lack of access to political representatives (MNA)	No problem	15%	14%	16%	14%	14%	13%
	Slight problem	19%	18%	19%	21%	19%	22%
	Serious problem	23%	22%	23%	22%	24%	20%
	Very serious problem	41%	43%	39%	40%	39%	41%
	Not Sure	3%	3%	3%	4%	4%	4%
Lack of access Justice System	No problem	15%	14%	17%	13%	13%	13%
	Slight problem	20%	20%	20%	23%	21%	24%
	Serious problem	22%	21%	23%	22%	23%	21%
	Very serious problem	38%	39%	37%	36%	37%	35%
	Not Sure	4%	5%	4%	6%	5%	6%
Lack of access to the district administration	No problem	14%	12%	16%	11%	10%	11%
	Slight problem	20%	19%	21%	21%	20%	22%
	Serious problem	25%	24%	25%	26%	26%	26%
	Very serious problem	37%	39%	35%	37%	39%	36%
	Not Sure	4%	6%	3%	6%	6%	5%
Lack of access to agriculture and livestock department of government	No problem	16%	16%	17%	16%	17%	16%
	Slight problem	20%	19%	21%	21%	20%	23%
	Serious problem	22%	21%	24%	24%	24%	25%
	Very serious problem	35%	37%	33%	32%	33%	30%
	Not Sure	6%	7%	5%	6%	6%	6%
Lack of access to police services	No problem	19%	18%	21%	20%	21%	19%
	Slight problem	22%	22%	22%	24%	23%	25%
	Serious problem	23%	22%	25%	22%	22%	23%
	Very serious problem	32%	34%	30%	29%	28%	29%
	Not Sure	3%	4%	3%	5%	6%	4%
Lack of water for agriculture	No problem	18%	17%	19%	18%	18%	18%
	Slight problem	15%	14%	17%	17%	16%	18%
	Serious problem	23%	22%	23%	26%	25%	27%
	Very serious problem	39%	41%	38%	35%	37%	32%
	Not Sure	5%	6%	3%	4%	4%	4%

Given that the main aim of the SUCCESS programme is to promote community-driven development by closely working with community organisations, it is important to see how these community organisations are perceived by community members. Table 30: Benefits of Community Organisation (Respondent's Perceptions)Table 30 presents information on respondent's perception of community organisations' benefits on various indicators such as, social cohesion, skills development, village infrastructure, personal development, conflict resolution, access to loans, access to technology, access to market, and improvements in natural resources. In all the indicators, the proportion of respondents who perceive the community organisations as "no benefit" is substantially higher than those who perceive them as having "very significant benefit" in both late-treatment and early-treatment areas and across the two PSC categories. It appears that community organisations are largely perceived as having no benefits with respect to village infrastructures and skills development indicators where for the former, 47% in the late treatment and 40% in early-treatment areas stated no benefit and for the later 45% in late-treatment and 44% in early-treatment areas stated that the community organisations have no benefit. The highest rated indicators of (perceived) performance for the organisations are improved natural resources (13% in late-treatment and 19% in early-treatment have stated that the COs have very significant benefits), access to loans (12% in late-treatment and 17% in early-treatment stated that the COs have very significant benefits), and skills (10% in both late and early treatment areas indicated that the COs have very significant benefits). The indicators that have the highest rating of slight benefit are social cohesion (41% in late-treatment and 35% in early-treatment), personal empowerment (38% in late-treatment and 39% in early-treatment), access to public services (39% in late-treatment and 40% in early-treatment), access to market (39% in late-treatment and 33% in early-treatment), and conflict resolution (34% in late-treatment and 38% in early-treatment).

Table 30: Benefits of Community Organisation (Respondent's Perceptions)

		Late Treatment			Early Treatment		
		Overall (n=1,266)	0-23 (n=642)	24 and above (n=624)	Overall (n=1,340)	0-23 (n=709)	24 and above (n=631)
Social Cohesion	No Benefit (Or Not Sure)	28%	29%	28%	27%	26%	27%
	Slight Benefit	41%	41%	41%	35%	35%	35%
	Significant Benefit	24%	23%	26%	28%	28%	29%
	Very Significant Benefit	7%	7%	6%	10%	11%	10%
Skills	No Benefit (Or Not Sure)	45%	48%	42%	44%	44%	45%
	Slight Benefit	26%	25%	28%	26%	26%	25%
	Significant Benefit	19%	17%	20%	20%	20%	21%
	Very Significant Benefit	10%	10%	11%	10%	11%	9%
Village Infrastructure	No Benefit (Or Not Sure)	47%	50%	45%	40%	40%	40%
	Slight Benefit	29%	26%	31%	31%	31%	32%
	Significant Benefit	17%	15%	19%	20%	20%	19%
	Very Significant Benefit	7%	9%	5%	9%	9%	9%
Personal Empowerment	No Benefit (Or Not Sure)	32%	33%	30%	29%	30%	27%
	Slight Benefit	38%	38%	38%	39%	38%	41%
	Significant Benefit	23%	22%	24%	22%	22%	23%

		Late Treatment			Early Treatment		
		Overall (n=1,266)	0-23 (n=642)	24 and above (n=624)	Overall (n=1,340)	0-23 (n=709)	24 and above (n=631)
	Very Significant Benefit	7%	7%	8%	9%	9%	9%
Conflict Resolution	No Benefit (Or Not Sure)	41%	44%	37%	36%	36%	36%
	Slight Benefit	34%	33%	36%	38%	39%	38%
	Significant Benefit	20%	18%	23%	21%	21%	21%
	Very Significant Benefit	5%	5%	4%	5%	5%	6%
Access to loans	No Benefit (Or Not Sure)	36%	37%	34%	33%	34%	31%
	Slight Benefit	33%	32%	35%	31%	29%	32%
	Significant Benefit	19%	19%	19%	20%	18%	22%
	Very Significant Benefit	12%	12%	12%	17%	18%	15%
Access to Public Services	No Benefit (Or Not Sure)	32%	34%	29%	28%	29%	26%
	Slight Benefit	39%	38%	39%	40%	38%	42%
	Significant Benefit	23%	20%	26%	22%	23%	22%
	Very Significant Benefit	7%	7%	6%	10%	10%	10%
Access to Technology	No Benefit (Or Not Sure)	37%	42%	33%	45%	46%	44%
	Slight Benefit	33%	33%	33%	25%	25%	25%
	Significant Benefit	22%	18%	26%	21%	20%	22%
	Very Significant Benefit	8%	7%	8%	9%	9%	10%
Access to Market	No Benefit (Or Not Sure)	35%	38%	32%	39%	39%	38%
	Slight Benefit	39%	38%	40%	33%	33%	32%
	Significant Benefit	20%	17%	23%	19%	19%	19%
	Very Significant Benefit	7%	7%	6%	10%	9%	11%
Improved Natural Resources	No Benefit (Or Not Sure)	35%	38%	32%	30%	30%	30%
	Slight Benefit	31%	30%	32%	27%	27%	27%
	Significant Benefit	21%	19%	22%	24%	25%	23%
	Very Significant Benefit	13%	13%	13%	19%	18%	20%

To see the extent to which respondents are engaged in COs, Table 33 presents the rate of participation in CO meetings and reasons for not participating in the meetings. In late-treatment areas, 57% of respondents regularly attend CO meetings. Regular attendance of CO meetings is higher in the early-treatment areas with 69% of the respondents, in both PSC categories attending the meetings. Among those who do not attend CO meetings, majority from both late-treatment (30%) and early-treatment (26%) areas, cited "meetings do not happen" as the primary reason for not attendings. Interestingly, larger share of respondents in early-treatment areas (16%) cited lack of permission from family as another reason for not attending CO meetings while only 12% in late-treatment cite the same reason. Other mostly cited reasons are "being too busy" (16% in late-treatment and 9% in early-treatment) and lack of immediate benefit to the household from the meetings (12% in late-treatment and 11% in early-treatment).

Table 31: CO meeting

		Late Treatment			Early Treatment		
		Overall	**0-23**	**24 and above**	**Overall**	**0-23**	**24 and above**
Do you regularly Attend CO meeting?	Yes	57%	57%	57%	69%	69%	69%
	No	43%	43%	43%	31%	31%	31%
If you do not attend CO meetings regularly, what is the main reason?	Meetings are not useful / waste of time	9%	11%	8%	12%	14%	10%
	Meetings are useful, but not beneficial for my household (already know the information)	12%	10%	14%	11%	10%	13%
	CO meeting place is far away	5%	6%	4%	5%	5%	5%
	Family does not allow to attend	12%	13%	12%	16%	18%	13%
	Too busy to actively participate	16%	13%	19%	9%	5%	14%
	Don't trust NRSP	1%	1%	1%	3%	4%	1%
	Meeting do not happen	30%	31%	28%	26%	26%	26%
	Did not get any programme benefits (CIF, IGG, MHI, TVST	7%	6%	7%	6%	8%	3%
	Other (Specify)	9%	11%	8%	12%	10%	15%

Table 32 presents the main contents of the CO meetings. In both early and late-treatment areas, the main topic covered is discussions about CIF and IGG related matters (20% in late-treatment and 19% in early-treatment areas) and the second most common topic of discussion is community awareness sessions by CRP (19% in late-treatment a d18% in early-treatment areas), and the third most cited topic of discussion is other SUCCESS programme related matters (14% in late-treatment and 15% in early-treatment). Activities such as Holy Recitations, member attendance and review of last activities are also part of the activities of the CO meetings as these are cited by about 12% of respondents in late-treatment and between 10 and 13% of respondents in early-treatment areas.

Table 32: What usually happens in the meetings

	Late Treatment			Early Treatment		
	Overall	**0-23**	**24 and above**	**Overall**	**0-23**	**24 and above**
Holy Recitations	12%	12%	12%	10%	10%	10%
Member Attendance	12%	12%	12%	13%	13%	13%
Review of past activities	12%	12%	12%	12%	11%	13%
Community awareness session by CRP	19%	19%	19%	18%	18%	19%
Discussion on CIF/IGG related matters	20%	20%	20%	19%	18%	19%
Discussion on other SUCCESS programme related matter	14%	14%	14%	15%	16%	15%
Discussion of community issues / issues of members	9%	9%	9%	10%	10%	9%
Others	2%	3%	2%	4%	4%	3%

3.8 CIVIC ENGAGEMENT

Civil engagement is another important input to the success of community-driven development programme s such as SUCCESS. Table 33 presents the involvement of women in various activities, such as, discussions with local government and elected representatives. Interestingly, participation appears higher in late-treatment areas than in early-treatment. For example, the proportion of households who discuss issues pertaining to access to basic services (clean drinking water, drainage, school. Road, electricity, water for agriculture etc) is 62% in late-treatment but only 52% in early-treatment areas. Similarly, while 52% of households in late-treatment areas have discusses political issues (such as performance of local government, elections, and voting etc), in early treatment areas, it is only 39%. While 33% of households in late-treatment areas have contacted or visited local government representatives, it is 29%. While 32% of households in late-treatment areas state that they have a direct contact with local councilor, it is 28% in early-treatment areas. While 30% of households in late-treatment areas have discussed local community issues with an elected representative, only 24% in early-treatment areas have.

Table 33: Percentage of respondents discussing issues with community members, local government, and elected representatives

	Late Treatment			Early Treatment		
	Overall (n=1,266)	0-23 (n=642)	24 and above (n=624)	Overall (n=1,340)	0-23 (n=709)	24 and above (n=631)
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?	62%	61%	64%	52%	50%	53%
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?	52%	49%	54%	39%	37%	40%
Contacted or visited local government representatives (such as UC councilor, UC chairman, vice chairman, district councilor, etc) in the last 12 months?	33%	32%	35%	29%	29%	28%
Has direct contact with a local councilor?	32%	30%	33%	28%	28%	27%
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?	30%	28%	31%	24%	25%	23%
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?	23%	21%	26%	21%	20%	21%

3.9 WOMEN'S INTRA-HOUSEHOLD DECISION-MAKING POWER

One of the main aims of the SUCCESS project is improving women's empowerment. To this end, it is important to existing levels of women empowerment in late-treatment and early-treatment areas. As can be seen in Table 34, the proportion of women who make their own decision to visit family and friends is 57% in late-treatment and 53% in treatment areas, however, 35% of women in late-treatment and 38% in treatment areas have to consult with their spouses. With regards to the decision to seek medical treatment, 42% of women in both late-treatment and treatment areas decide by consulting with their spouses. Decisions to seek medical treatment for children is also made in consultation with spouse by 44% of respondents in both areas. Decisions associated with children's education is mainly done in consultation with spouse (38% in late-treatment and 39% in treatment). However, the proportion of women who decide by themselves and the proportion of spouses is almost equal in both late-treatment and treatment areas, where it is 27% for spouses only and 26% for woman herself in late-treatment areas, and 25% for spouses and 26% for woman herself in treatment areas. Regarding the decision to use contraceptives, majority of women in both late-treatment and treatment areas have cited consultation with spouse (60% in late-treatment and 59% in early-treatment area). Slightly above half of respondents make the decision to buy everyday (non-food) household items unilaterally in both areas. 44% of women in both areas make the decision to attend any trainings, adult literacy courses, and meetings. When it comes to an important economic decision of whether to seek or remain in paid employment, 47% of women in both areas say that they need to consult their spouses. More than half of the respondents make the decisions with respect to the type of food purchased unilaterally in both late and early treatment areas.

Table 34: Married adult women perceptions about decision making at the household level

		Late Treatment			Early Treatment		
		Overall (n=1,266)	0-23 (n=642)	24 and above (n=624)	Overall (n=1,340)	0-23 (n=709)	24 and above (n=631)
Who in your household decides whether you (woman) can visit your family, friends and relatives?	Woman herself	57%	56%	58%	53%	51%	55%
	Woman in consultation with spouse	35%	35%	35%	38%	39%	36%
	Spouse alone	5%	6%	4%	7%	9%	6%
	Elders in the house	3%	3%	3%	2%	2%	3%
Who in your household decides if you can get medical advice or treatment for yourself?	Woman herself	52%	50%	53%	49%	46%	53%
	Woman in consultation with spouse	42%	43%	41%	42%	45%	39%
	Spouse alone	3%	3%	3%	6%	7%	4%
	Elders in the house	3%	3%	3%	3%	2%	4%
Who in your household decides to get medical advice or treatment for your children?	Woman herself	46%	44%	48%	45%	43%	46%
	Woman in consultation with spouse	44%	45%	44%	44%	45%	43%
	Spouse alone	4%	4%	4%	7%	8%	5%
	Elders in the house	3%	4%	3%	3%	3%	3%
	Not applicable	2%	2%	2%	2%	1%	3%
Who in your household decides to deal with children's school and teacher?	Woman herself	26%	24%	27%	26%	26%	26%
	Woman in consultation with spouse	38%	37%	38%	39%	38%	41%
	Spouse alone	27%	28%	25%	25%	27%	23%
	Elders in the house	3%	5%	2%	3%	3%	2%

		Late Treatment			Early Treatment		
		Overall (n=1,266)	0-23 (n=642)	24 and above (n=624)	Overall (n=1,340)	0-23 (n=709)	24 and above (n=631)
	Not applicable	7%	7%	7%	7%	7%	8%
Who in your household decides/will take decision to arrange marriage/Rishta of children?	Woman herself	20%	19%	21%	22%	21%	22%
	Woman in consultation with spouse	57%	58%	56%	54%	54%	53%
	Spouse alone	4%	4%	4%	4%	6%	3%
	Elders in the house	16%	17%	16%	19%	18%	19%
	Not applicable	3%	2%	4%	2%	1%	3%
Who in your household decides if you can use contraceptive method?	Woman herself	26%	25%	27%	26%	24%	27%
	Woman in consultation with spouse	60%	61%	58%	59%	59%	59%
	Spouse alone	2%	2%	2%	4%	5%	2%
	Elders in the house	4%	3%	4%	3%	4%	3%
	Not applicable	9%	8%	10%	8%	8%	9%
Who In your household decides to buy everyday (non-food) household items?	Woman herself	52%	51%	52%	51%	49%	54%
	Woman in consultation with spouse	42%	42%	42%	40%	41%	39%
	Spouse alone	4%	4%	4%	6%	8%	4%
	Elders in the house	2%	3%	1%	2%	2%	3%
Who in your household decides to buy large household assets?	Woman herself	27%	25%	30%	29%	27%	31%
	Woman in consultation with spouse	59%	61%	57%	55%	56%	54%
	Spouse alone	7%	7%	7%	8%	10%	6%
	Elders in the house	7%	7%	7%	8%	7%	8%
Who in your household decides whether you can attend any trainings / adult literacy courses / can attend CO/VO meetings?	Woman herself	44%	45%	42%	44%	43%	45%
	Woman in consultation with spouse	43%	41%	45%	40%	40%	40%
	Spouse alone	5%	6%	4%	7%	9%	6%
	Elders in the house	8%	7%	9%	8%	8%	9%
Who in your household decides whether you can seek or remain in paid employment?	Woman herself	33%	32%	34%	31%	31%	31%
	Woman in consultation with spouse	47%	46%	47%	47%	45%	49%
	Spouse alone	12%	14%	9%	12%	14%	10%
	Elders in the house	8%	8%	9%	10%	9%	10%
Who in your household decides what food items to buy?	Woman herself	54%	55%	52%	54%	49%	59%
	Woman in consultation with spouse	41%	38%	43%	37%	39%	34%
	Spouse alone	3%	4%	3%	6%	9%	3%
	Elders in the house	2%	3%	2%	3%	3%	3%

3.10 WOMEN'S PERCEPTIONS ABOUT THEIR CIVIC ENGAGEMENT

Table 35 presents the perceptions of women regarding their civic engagement, which overall appears to be positive, where majority of women agree to all the positive statements regarding women's civic engagement. For example, 92% of women in late-treatment and 86% in early-treatment areas strongly agree that it is appropriate for women to discuss politics; 94% in late-treatment and 90% in early-treatment areas strongly agree that it is appropriate for women to

vote in elections; 88% in late-treatment and 84% in early-treatment areas strongly agree that it is appropriate for women to express their preferences for public goods; and 87% of women in late-treatment and 83% in early-treatment areas believe that it is appropriate for women to run for elections.

Table 35: Women's perception of women civic engagement

		Late Treatment			Early Treatment		
		Overall (n=1,266)	0-23 (n=642)	24 and above (n=624)	Overall (n=1,340)	0-23 (n=709)	24 and above (n=631)
It's appropriate for women to discuss politics?	Very Strongly	63%	64%	62%	57%	56%	59%
	Strongly	29%	28%	30%	28%	28%	29%
	Somewhat	8%	8%	8%	14%	16%	12%
It's appropriate for women to vote in election?	Very Strongly	62%	63%	60%	60%	60%	61%
	Strongly	32%	31%	34%	30%	29%	30%
	Somewhat	6%	6%	6%	10%	11%	9%
It's appropriate for women to show/reveal her preferences for public good?	Very Strongly	57%	56%	57%	51%	51%	51%
	Strongly	31%	32%	31%	32%	32%	32%
	Somewhat	12%	12%	12%	16%	16%	16%
It's appropriate for women to vote for candidate of her choice?	Very Strongly	59%	60%	59%	59%	58%	60%
	Strongly	30%	29%	31%	27%	28%	25%
	Somewhat	10%	11%	9%	14%	14%	15%
It's appropriate for women to run for elections?	Very Strongly	58%	58%	58%	56%	56%	56%
	Strongly	29%	28%	30%	28%	28%	27%
	Somewhat	13%	14%	13%	17%	17%	16%

3.11 TRUST

Error! Reference source not found. presents generalized trust and trust in local institutions. Overall, generalized trust appears to be high with 82% in late-treatment and 77% in early-treatment areas. Trust in villagers is also similar to that of generalized trust where 80% in late-treatment and 87% in early-treatment say that they trust others in their village completely or trust them to some extent. Majority of the respondents also indicate that trust is important in borrowing and lending activities within their villages.

About 30% of respondents in late-treatment and 35% in early-treatment areas do not trust that local elected representatives' ability to address local problems. Similarly, 41% in late-treatment and 43% in early-treatment areas do not trust government officials' ability to address their local problems. Trust on the ability of NRSP staff to address their local problems is relatively higher that officials as 80% of respondents in both late-treatment and early-treatment areas have expressed to trust them completely or trust them somewhat.

Table 36: Respondents perceptions around trusting community members and local government

		Late Treatment			Early Treatment		
		Overall (n=1,266)	0-23 (n=642)	24 and above (n=624)	Overall (n=1,340)	0-23 (n=709)	24 and above (n=631)
Generally speaking, would you say that most people can be trusted or that you need to be very careful in dealing with people?	Most people can be trusted	82%	80%	84%	77%	76%	78%
	You need to be very careful	18%	20%	16%	23%	24%	22%
How much do you trust on people of your village?	Trust completely	58%	58%	59%	52%	53%	50%
	Trust somewhat	32%	31%	33%	35%	32%	38%
	Do not trust very much	5%	6%	4%	7%	8%	5%
	Do not trust at all	4%	5%	3%	7%	7%	6%
In your opinion how much do people in this village trust each other in matters of lending and borrowing?	Trust completely	57%	56%	59%	49%	50%	49%
	Trust somewhat	34%	34%	33%	37%	35%	39%
	Do not trust very much	5%	4%	5%	7%	8%	6%
	Do not trust at all	4%	6%	3%	7%	7%	7%
How much do you trust local elected representatives to address local problems?	Trust completely	28%	27%	29%	23%	23%	23%
	Trust somewhat	42%	42%	42%	42%	42%	43%
	Do not trust very much	19%	19%	18%	21%	22%	20%
	Do not trust at all	11%	12%	10%	14%	13%	14%
How much do you trust government officials to address your local problems?	Trust completely	20%	19%	21%	17%	18%	15%
	Trust somewhat	39%	39%	39%	40%	39%	41%
	Do not trust very much	27%	27%	27%	25%	25%	26%
	Do not trust at all	14%	15%	13%	18%	18%	18%
How much do you trust NRSP staff to address your local problems?	Trust completely	42%	42%	43%	44%	45%	44%
	Trust somewhat	38%	39%	38%	36%	35%	37%
	Do not trust very much	13%	13%	13%	11%	11%	13%
	Do not trust at all	6%	6%	7%	8%	10%	7%
How much do you trust leaders (office bearers of CO, VO, LSO) to work and lead the community for betterment? (ask this question only in treatment villages.	Trust completely	42%	42%	42%	40%	42%	37%
	Trust somewhat	38%	39%	38%	37%	33%	41%
	Do not trust very much	13%	13%	13%	13%	13%	13%
	Do not trust at all	7%	7%	7%	11%	12%	9%

3.12 MOVEMENT ACROSS PSC

Table 37 presents the movement of households from PSC score below 23 to that of 24 & above during endline data collection from the time of baseline data collection . As depicted though this table, at the time of baseline survey 59% households fell within the 0-23 PSC category whereas this percentage dropped to 52% in the endline. Interestingly, the treatment wise breakdown suggests that while both early and late treatment household distribution within these two PSC bands started out equal, the late treatment group has achieved higher gains in terms of a relatively higher percentage of households moving beyond the PSC 23 threshold.

Table 37: Movement of Households Across PSC Bands

	Baseline (2016)			Endline (2022)		
	Late Treatment	Early Treatment	Overall	Late Treatment	Early Treatment	Overall
PSC 0-23	59%	59%	59%	51%	53%	52%
PSC 24-100	41%	41%	41%	49%	47%	48%
Total	100%	100%	100%	100%	100%	100%

4. QUALITATIVE DATA FINDINGS

For the qualitative analysis, one late-treatment and one early-treatment group settlements were selected from the two union councils. The purpose of selecting these settlements was to compare the impact of intervention between the late-treatment and early-treatment areas.

As stated earlier, KIIs were conducted with NRSP officials in order to get their opinion about the SUCCESS programme, its interventions, and the impact the programme has had on beneficiary women. NRSP operates widely in district Tando Allah Yar and their officials point out that they are also supporting the Programme of Improved Nutrition (PINS), Technical and Vocational Skills Training (TVST), Income-Generating Grants (IGGs), Micro Health Insurance (MIH), Community Physical Infrastructure (CPIs), Community Investment Fund (CIF), Social Mobilisation (COs, VOs, LSOs) since 2016. The purpose of these programmes is to support the health, education, and livelihood of the community people, particularly women.

'Since 2016, SUCCESS is supporting these programmes to bring awareness to women and empower them. After the interventions, women have been empowered in various…such as access to health, education, and livelihood. since SUCCESS, male dominance has been reduced to some extent.' (NRSP official 1, KII)

Key informant interviews with NRSP staff revealed revenue generation to overcome poverty was prioritized in this programme. They trained women in income generation activities to strengthen their livelihood and empowered them.

'When the SUCCESS project was initiated, there were awareness-raising sessions designed by NRSP, RSPN and TRDP. In the toolkit, 12 sessions were planned such as family planning and birth control, mother and childcare, pre- and post-pregnancy care, CNIC, Form-B, death certificate, Nikkah registration, access to the clean drinking water system, AIDs control, natural calamities (flood and earthquake etc.), girls 'education and access to the basic health facility' (NRSP official 4, KII)

A challenge that hampered the intervention was the lack of women's participation at the initial stage. As the NRSP officials explained in their interviews that it was challenging to enter the community directly thus LSOs, VOs and COs are the platforms where community activists facilitate the NRSP staff. Still, they come across challenges in the process,

'VOs faced issues in the community, particularly it was difficult to ensure the participation and attendance of women till the end of the activity, i.e., community meeting, training and awareness raising session' (NRSP official 2, KII)

> *'Initially, they (CRP, CO) faced trust issues but after some time people accepted our (NRSP) intervention. They realized that it is for their betterment thus, they started participating in the awareness sessions.' (NRSP official 3, KII)*

It is observed that women in the early-treatment group were generally positive about the activities conducted by NRSP. The FGD with the women and girls not only confirmed the intervention of NRSP has improved the status of women empowerment in the community but they also commended NRSP for providing awareness-raising sessions in the intervention areas.

> *'We were sending our girls to school even before the intervention but after participating in the awareness training sessions of NRSP there has been an increase in our information. And now we are equally looking after the educational issues of our children. Otherwise previously only our men were taking care of such decisions.' (FGD Participant, Early- treatment group 2)*

> *'We are members of NRSP village committee, it was our responsibility to solve the domestic or village-level issues. We have played an active role in this process…after discussion with the community elders and other members of the community, we make the decision. And later our decision is implemented'. (CO member, Early- treatment group 1)*

Similarly, the key informants also discussed that women's empowerment is becoming more visible after the interventions of NRSP. According to the interview with NRSP officials, there are significant differences between early-treatment and late-treatment group in terms of women's empowerment, health, and education. Women's lives are deeply touched by the NRSP interventions that have triggered a self-transformation process-increased women's education.

> *'In settlement Shahpur Rizvi, there was a general secretary who was illiterate initially, in 2016 she attended Taleem-e-Balighan (education for adults) institute in the evening. She received basic education and was later able to sign even instead of thumb impression. She became a role model for many and encouraged 25 women of her community to receive basic education.' (NRSP official 1, KII)*

FDG with the women in the early-treatment group revealed that the community women including young girls viewed the intervention as to fill in gaps in access to and availability of services in the given contexts of the two UCs.

NRSP has recently done interventions in the late-treatment group as well. Despite this, some women remained sceptical about the awareness-raising session and mentioned that NRSP has conducted limited sessions in some regions.

> *There has been no training nor any kind of awareness raising session ever been conducted in our village…while an year ago there was only one session done on hygiene and health by NRSP. (FGD Participant, late-treatment group 1)*

Based on evidence from this endline survey, it appears NRSP-SUCCESS has effectively operated in the early-treatment areas. And the quantitative results of this survey also show that there are changes in the behaviour of the late and early treatment areas. But it was surprising that in some aspects the late treatment group has shown more positive responses as compared to the early-

treatment group, i.e. vaccination of pregnant women, enrolment of children in school, less children in labour (5-18 years), women participation in skilled labour. Though the difference was not very high but still worth knowing. As we wondered if there were any other interventions going in parrel to the NRSP-SUCCESS interventions in the late treatment group. To ensure that we probed on it in both late and early treatment group, through that we discovered that there was a strong support of local feudal or landlord (*Chaudhari)* in the UCs of late-treatment group, and also the late-treatment group community was comparatively financially stable.

> *'Our Chaudhari sahad (landlord) has a very nice attitude towards us. He takes care of his people. Though he himself lives in Karachi but does visit us every month. He is very much concerned about our living and provides us with the required necessities. Such as this all land is his inheritance, but we grow crops on it, he takes one part of that crop and gives the rest three parts to us. This improves our livelihood. Along with it almost 12 young men of our village are military officers, while some have shops and hotels in the city.' (FGD woman, Late-treatment group 2)*

It was observed that, in the early-treatment group, the majority of the community members were involved in agricultural labour, and the landlord was taking two parts (half) of the crop cultivated.

> *'We take two parts of the crop and along with it we are responsible for the cultivation expenditure as well. That is why we sometimes earn income from it sometimes never.' (FGD women, Early- treatment group 1)*

The level of engagement of landlords with the community people's lives affected their access to basic needs and uplifted their livelihood. In the FGD at the late-treatment group, it was mentioned that some members of the community are government employees and almost every household has livestock. Along with it late-treatment group settlements are mostly Hindu populated, and their women work in the field. While their men have inherited lands in Nanagar Parkar, which they use for cultivation. The income generated from those lands is used to buy gold items from Malti and Digri. These are the factors that more likely balance the late-treatment and early-treatment areas in multiple socioeconomic aspects.

In the FGDs, women raised their concerns about the complex procedure for CNIC registration and the unaffordable fees. While most of the eligible women and girls have CNIC as they were guided by other women it will be impossible to receive the BISP money without having CNIC.

> *'Usually, girls of age 18 years do not have CNIC as they make one in the name of their husband after marriage.' (FGD participant, Early-treatment group 2)*

The project has also established linkages between the community women, and institutions However, to repay loans they are usually selling their assets. But simultaneously women in the intervention areas have tangible guidance on how to generate income in an integrated manner. Some women do small-scale private businesses, like running shops, *rili* making, buying and selling of livestock etc.

> *'I had to repay a bank loan. So, I sold two goats. From which I repaid the bank loan and with the remaining amount I bought a sewing machine.' (FGD Participant, Early-treatment group 1)*

Similarly, the direct observations revealed that people still lived in poor conditions and have lack of access to basic needs. The quantitative data shows that the poverty score has been improved through loans, capacity building, and training on sustainable livelihood in the intervention areas. But still, due to inflation people, particularly men, do the migration to other cities for labour in both the late-treatment and early-treatment group. It was mentioned in FGD at the early-treatment group that about 16 young men have migrated to big cities for employment and are financially supporting their families. While in late-treatment group the ratio of migration was very less.

> 'Only two men have migrated for labour till date, one is at Karachi. They visit home after every 3 months. Due to migration their household income has increased, and their lifestyle is better now.' (CO member, Late- treatment group 2)

Additionally, the community members also sell their assets for expenditure and loan repayment as well. But it also revealed that women not only have late-treatment over buying and selling of their assets but are also involved in such decisions.

> I have sold gold that worth 5 lakh, and livestock due to inflation…and to pay for my husband's treatment. we buy wheat flour on credit, and later we sold our livestock to make that payment. (FGD participant, Early-treatment group 2)

> 'I sold a motorcycle for the treatment and also sold some livestock and other assets for a marriage expenditure' (CO member, Late- treatment group 1)

It is well known that Sindhi culture is also patriarchal and has male dominance. Though NRSP has brought change to some extent in the social practices still women are not completely independent in decision-making. The women do understand that their involvement in the decision-making process is crucial for them and their empowerment. But in some decisions, patriarchal hierarchies within the family still exist and women are dependent on the household head and other male members of the household. Engendered intra-household bargaining and male decision-making power with regard to limiting women's autonomy over their civic engagement was highlighted by some women and girls in the FGD.

> 'Men decide for us that whom we must vote for (in the election) …but the decisions like going to doctor and marriage etc are made by ourselves.' (FGD participant, Early-treatment group 2)

Enhancing skills and providing awareness to women on their rights will enable them to use their interactions with other community women and girls for encouraging them to seek more autonomy in decision-making over their livelihoods. It will also bridge the gender gap, and these young women can further advocate for the male members of their community whose consent for women to work, access basic human rights, and political participation be sought, enabling both to challenge patriarchal norms. It is suggested by the community women in the FGD that more awareness on the education of women must be focused on in the upcoming projects. The qualitative result also concludes that the mobility of women has been widely accepted in Sindh through NRSP initiatives and had expanded the traditional gendered space.

5. CONCLUSION

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 with an emphasis on empowering women. Moreover, support is provided to the government for allocating the budget or 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.

This report presents descriptive information based on the endline data collected from two UCs., disaggregated by early-treatment status and PSC categories. Given that this is only a descriptive report, it is not possible to make a causal comparison between early-treatment and late-treatment areas. However, certain differences between the two groups are worth highlighting here. For example, while late-treatment areas appear to outperform in the vaccination rates of pregnant women, more households in the early-treatment areas appear to have better access to electricity. Additionally, the late treatment areas have a higher average household income as well as an average per capita income than households in early treatment areas. While piped water into the dwelling (but not inside the dwelling) is the most common source of drinking water in the late-treatment areas, in early-treatment areas it is hand-pumped water in the dwelling the most common source of drinking water. Additionally, households in early-treatment areas outperform those in late-treatment areas in the average value of their assets and access to loans. However, they also have higher expenditures than their counterparts in late-treatment areas.

To improve the effectiveness of the programme, and hopefully measurably increase income, assets, role of women in economic activities and decision making several issues emerged. Among the training beneficiaries, not all managed to put their training to good use. More support in finding jobs post training, or assisting with access to affordable capital, necessary to start a business, would enable beneficiaries to find new income streams more reliably. The awareness sessions about civic rights and vaccination were done in early-treatment areas a year and a half ago, community is not practicing all what they learned, however, in the late-treatment group, improvement in these areas was noticed due to fresh activities as the late-treatment area is no more late-treatment now and all are treatment.

BIBLIOGRAPHY

Aftab, A. (2009). Macroeconomic indicators improve but poverty worsen. The News International, Monday 2 March 2009.

Akhter, J., & Cheng, K. (2020). Sustainable empowerment initiatives among rural women through microcredit borrowings in Bangladesh. *Sustainability*, *12*(6), 2275.

Al-Shami, S. S. A., Razali, R. M., & Rashid, N. (2018). The effect of microcredit on women empowerment in welfare and decisions making in Malaysia. *Social Indicators Research*, *137*(3), 1073-1090.

Cheston, S., & Kuhn, L. (2002). Empowering women through microfinance. *Draft, Opportunity International*, *64*, 1-64.

GOP (2014). Economic Survey of Pakistan, 2013-14. Economic Advisor's wing, Finance Division, Islamabad. June 2014.

GOP (2019). Economic Survey of Pakistan, 2018-19. Ministry of Planning, Development & Special Initiatives. 2019.

Hanmer, L., & Klugman, J. (2016). Exploring women's agency and empowerment in developing countries: Where do we stand?. *Feminist Economics*, *22*(1), 237-263.

Marshall, H., McMillan, M., Andrews, R. M., Macartney, K., & Edwards, K. (2016). Vaccines in pregnancy: the dual benefit for pregnant women and infants. *Human Vaccines & Immunotherapeutics*, *12*(4), 848-856.

Memon, P. A., Kalhoro, M. R., Tariq, K., Sindhu, P., & Shaikh, S. (2022). Socio-Economic Impact of the Interest-Free Community Investment Fund: A Case Study of Rural Sindh, Pakistan. *Economies*, *10*(1), 18.UNICEF (2018). UNICEF Immunization Roadmap 2018-2030https://www.unicef.org/sites/default/files/2019-01/

The State of Poverty in Pakistan, PIDE report (2021)

Retrieved from the World bank website on 26 October, 2022. https://data.worldbank.org/country/pakistan?view=chart

UNICEF_Immunization_Roadmap_2018.pdfWorld Bank (2006). Securing Sindh's Future the Prospects Challenges Ahead Poverty Reduction and Economic Management Sector Unit South Asia Region. World Bank Report.

ANNEX 1: QUESTIONNAIRE

Final_Success_RSPN_05June

Field	Question	Answer
enum_id *(required)*	Enumerator ID	
enumverify	Please Verify that your name is **[enumnamepull]** *If correct go Next otherwise go back and correct your ID*	
guidline	Guidelines for Enumerator. Questionnaire to be filled by a female enumerator from Women CO member of the selected household in treatment group and from any adult women available at the time of survey from control group. For household level information like income, expenditure, loan, debt, use of loan, another household member who have best knowledge may also answer. Questions regarding women decision making will be asked only from the originally selected women respondent.	
[A] Household Identification		

HHID *(required)*	Household ID
	Write from assignment sheet
	  Response constrained to: ((string-length(.)>=9 and string-length(.)<=9) and not(regex(.,'^(.)[\p{Alpha}](.*)$')) and*
	  not(regex(.,'^(.)\s(.*)$')) and not(regex(.,'^(.*)[\p{Punct}](.*)$')))*	

verify	Please verify the following Household Head Name: **[headnamepull]** Parentage: **[headparentpull]** UC: [ucnamepull] RV:[rvnamepull] Goth: [setnamepull] Address: [addresspull] If the details above is mismached, please go back and correct Household ID.	
note_cons	My name is [enumnamepull] and I am representing Rural Support Programmes Network. We are conducting a survey about socio-economic conditions of households and their access to public services [e.g.: drinking water, education, health facilities] in your area. The information we collect will help the National Rural Support Programme better understand the current socio-economic conditions of households and how access to public services affects the economic situation of households living in Sindh. There are no direct benefits to you for participating in this survey. However, the results of this survey will help the [name of RSP], government and other development organization to develop programmes and policies for socio-economic empowerment of women and poor in Sindh. Your household has been randomly selected for the survey, like many other households in this area. We will be asking questions about your household members, age, education, health, income and assets. We think that the whole discussion will not pose any risk to you and your household members. The interview usually takes about 40-60 minutes. Your answers will remain confidential and will be used anonymously in the survey report. The survey results will not mention any names of you or your household members. Your views are important and will help to improve the work and knowledge of National Rural Support Programmes and other organizations working for the development of Sindh. We understand that sometimes some people choose not to participate in the survey for many reasons. You are free to choose whether or not to participate in this survey. If you do choose to participate, you are free to withdraw from the survey at any time. If you choose not to participate or you choose to withdraw, your decision will not adversely affect your position in community or relationship with National Rural Support Programmes working in your area.	
HHC *(required)*	Do you wish to participate in this survey?	1 yes
		2 Refused to give interview
		3 Household not available at the time of survey
Start of Questionnaire		
Group relevant when: ${HHC} =1		
A05a *(required)*	Name of current Household Head	
A05b *(required)*	Sex of Household Head	1 male
		2 female
A05c *(required)*	Is Household Head same as Midline?	1 yes
		2 no
A05d *(required)*	Why has the Household Head changed since Baseline? *Question relevant when: ${A05c} =2*	1 Permanently migrated from household
		2 died
		3 temporarily left household
A09 *(required)*	Respondent's CNIC number *[For enumerator: please enter 13 digits without hypens. In case CNIC not available, then write 13 times 1. for example 1111111111111* *Response constrained to: regex(.,'^[0-9]{13}$')*	
A07 *(required)*	Household Address	
A08 *(required)*	Name of Respondent	

Field	Question	Answer	
A06 *(required)*	Household Head CNIC *[For enumerator: please enter 13 digits without hypens. In case CNIC not available, then write 13 times 1. for example 1111111111111* *Response constrained to: regex(.,'^[0-9]{13}$')*		
A9a *(required)*	Respondent Phone Number *(if not available then phone number of any other HH member or neighbor through which respondent can be reached)* *Response constrained to: regex(.,'^[0-9]{11}$')*		
A10 *(required)*	Is the respondent CO member? *(Question is for treatment area only)*	1	yes
		2	no
A10a *(required)*	If respondent is not the CO Member then reason *Question relevant when: ${A10} =2*	1	Other household member is CO Member
		2	This household is not a part of SUCCESS programme
		3	CO member is no more part of the household (Died, married, etc.)
A11 *(required)*	If the respondent is not a CO member, name of the CO member *Question relevant when: ${A10a} =1*		
A12 *(required)*	Name of the Interviewer		
A13 *(required)*	Name of the Supervisor		
Start of Questionnaire > [B] Household Demography and Health			
note_b	Household Demography and Health Next, I would like to talk with you about your household and household members. A household corresponds to a person or a group of persons (either related or not) who habitually live in one house—whether it is fully or partially occupied, share expenditure and who cook in one cooking pot. One household might be composed of one or more families. I would like to talk about all the household members that are currently present or left for short period of time (less than 6 months). Now please give the names of all members of your household. Start with head of the household and the following question one by one.		
HHM *(required)*	How many people usually live in the household? *Enumerator: Please explain clear definition of Household to the respondent. Please do not include guests.*		
Start of Questionnaire > [B] Household Demography and Health > HH Roster (1)		(Repeated group)	
B01 *(required)*	name		
B02 *(required)*	Sex	1	male
		2	female
		3	transgender
B03 *(required)*	Relationship With Head of HH	1	Head
		2	Husband/Wife
		3	Son/daughter
		4	Brother/sister
		5	Grandfather/mother
		6	Son/daughter in law
		7	Father/mother in law
		8	Brother/sister in law
		9	Father/mother
		10	Grandchild
		11	Nephew/niece
		12	uncle/aunt
		13	other relative
		14	Not relative
B04 *(required)*	Age (completing Years)		
B05 *(required)*	Does he/she have CNIC / Birth Certificate	1	Has Birth Certificate/CNIC
		2	Applied for Birth Certificate/CNIC
		3	No Birth Certificate/CNIC
B05a *(required)*	If No birth certificate/CNIC, Why? *Question relevant when: indexed-repeat(${hh_r}/B05 , ${hh_r} , index()) =3*	1	Don't Know where to get it
		2	Do not see a need for it
		3	Don't Know the process
		4	The process is hectic
		5	Don't have money to visit the office
		999	Other (Specify)
B05a_oth *(required)*	If Other, Specify. *Question relevant when: indexed-repeat(${hh_r}/B05a , ${hh_r} , index()) =999*		

Field	Question	Answer		
B06 *(required)*	What is your Marital Status? *Enumerator: please ask this question for household members of age 9 & above years.* *Question relevant when: indexed-repeat(${hh_r}/B04 , ${hh_r} , index()) >=9*	1	Unmarried	
		2	Married	
		3	Divorced	
		4	Widow	
		5	Separated	
B07 *(required)*	If Married/Divorced, Widow, Separated, what was the age at the time of first marriage? *Question relevant when: indexed-repeat(${hh_r}/B04 , ${hh_r} , index()) >=9 and indexed-repeat(${B06} , ${hh_r} , index())!=1*			
Start of Questionnaire > [B] Household Demography and Health > HH Roster (1) > Female Specific				
Group relevant when: indexed-repeat(${hh_r}/B04 , ${hh_r} , index()) >=9 and indexed-repeat(${B02} , ${hh_r} , index()) =2 and indexed-repeat(${B06} , ${hh_r} , index()) !=1				
B08 *(required)*	Is she pregnant?	1	yes	
		2	no	
B09 *(required)*	If Pregnant, has she been vaccinated? *Question relevant when: indexed-repeat(${hh_r}/fe_sp/B08 , ${hh_r} , index()) =1*	1	yes	
		2	no	
B10 *(required)*	Has she given birth to a child in last 12 months?	1	yes	
		2	no	
B11 *(required)*	If Yes, was this birth attended by a medical professional (qualified mid wife or a doctor)? *Question relevant when: indexed-repeat(${B10} , ${hh_r} , index()) =1*	1	yes	
		2	no	
B12 *(required)*	If [B01] had serious illness in the last 12 months and treated by a medical professional?	1	Yes and treated by a medical professional	
		2	Yes but not treated by a medical professional	
		3	Not applicable (did not fall sick)	
B13 *(required)*	Has [B01] any apparent disability?	1	yes	
		2	no	
B14 *(required)*	If yes, mention all apparent disabilities *Question relevant when: indexed-repeat(${hh_r}/B13 , ${hh_r} , index()) =1*	1	visually impaired	
		2	Deaf and Dumb and Blind	
		3	Mental disorder	
		4	Physical /Limb disability	
		5	Polio	
		6	Speech Disability	
		7	Other	
Start of Questionnaire > [C] Education (1)		(Repeated group)		
nam_hh	[names]			
C01 *(required)*	What is [names] 's highest education level? *Enumerator: please ask this question for household age 5 & above years.* *Question relevant when: indexed-repeat(${hh_r}/B04 , ${hh_r} , index()) >=5*	99	Never Attended school and cannot read and write	
		88	Never Attended School but can read and write one line in any language with understanding	
		1	Primary School (Class 1-5)	
		2	Middle School (Class 6-8)	
		3	High School (Class 9-10)	
		4	College (Class 11-14)	
		5	Masters (Class 15-16)	
		6	Higher (over 16)	
		8	Adult Literacy	
C01a *(required)*	Does [names] have any professional diploma/degree/certificate? *Question relevant when: indexed-repeat(${hh_r}/B04 , ${hh_r} , index()) >=5 and indexed-repeat(${education}/C01 , ${education} , index()) !=99 and indexed-repeat(${education}/C01 , ${education} , index()) !=88*	1	yes	
		2	no	
C02 *(required)*	If [names] age is 5-16 years, is she/he currently attending or enrolled in School? *Question relevant when: (indexed-repeat(${hh_r}/B04 , ${hh_r} , index()) >=5 and indexed-repeat(${hh_r}/B04 , ${hh_r} , index()) <=16) and indexed-repeat(${education}/C01 , ${education} , index()) <9*	1	Yes	
		2	no, dropped out of school	
C03 *(required)*	If [names] is currently enrolled in school, in which type of educational institution, she/he is studying? *Question relevant when: indexed-repeat(${education}/C02 , ${education} , index()) =1*	1	Govt.	
		2	Private	
		3	Madrasah/Masjid/Maktab School	
		999	Other Please specify	
C03_oth *(required)*	يتو بيان صصریو *Question relevant when: indexed-repeat(${education}/C03 , ${education} , index()) =999*			

Field	Question	Answer
C04 *(required)*	If [names] is not attending school, what is the one main reason for not attending school or for drop out? *Question relevant when: (indexed-repeat(${hh_r}/B04 , ${hh_r} , index()) >=5 and indexed-repeat(${education}/C01 , ${education} , index()) <9) and indexed-repeat(${C02} , ${education} , index()) =2*	1 Education is complete 2 Education is costly 3 School is far away 4 Has to help in household chores/grazing of livestock 5 Marriage/pregnancy 6 Teacher not available/sub-standard education 7 Don't believe education is useful 8 Parents do not permit 9 child is not ready/interested 10 Poverty 11 Incapacitated/disability 12 Could not get admission due to age restriction (overage/underage) 999 Other (please record)
C04_oth *(required)*	بیو بیان حضربو *Question relevant when: indexed-repeat(${education}/C04 , ${education} , index()) =999*	
Start of Questionnaire > [D] Work Status (1)		(Repeated group)
D01 *(required)*	What is [namesd] 's Work status? During the last year? *Enumerator: Please ask this question from household members of age 5 years & above.* *Question relevant when: indexed-repeat(${hh_r}/B04 , ${hh_r} , index()) >=5*	1 Working (doing paid work against cash, kind or both) 2 own work(own agriculture or business) 3 Only own Household Work chores 4 Did not work during last year
D02 *(required)*	If [namesd] worked during the last year, what was the primary occupation? *Question relevant when: indexed-repeat(${D01} , ${work_status} , index()) <3*	1 Own farming 2 Farm labour (cultivation/harvesting on contract/wages, 3 Livestock labourer (only) 4 Off-farm unskilled labour/mazdoor 5 Off-farm skilled labour (driver, mason, carpenter, plumber etc) 6 Business/ trade 7 Government job 8 Private job 999 other specify 0 cultivation on partnership/share cropper on others farm)
D02_oth *(required)*	If Other, Specify *Question relevant when: indexed-repeat(${D02} , ${work_status} , index()) =999*	
D02a *(required)*	How many Months did [namesd] work during the last year? *Question relevant when: indexed-repeat(${D02} , ${work_status} , index()) >1 and indexed-repeat(${D01} , ${work_status} , index()) <3*	
Start of Questionnaire > [D] Work Status (1) > How much did [namesd] earn (in cash or cash equivalent if paid in kind during last year?) (In Rupees) *Group relevant when: indexed-repeat(${D02} , ${work_status} , index()) >1 and indexed-repeat(${D01} , ${work_status} , index()) <3*		
D02bm *(required)*	earned per month? *Question relevant when: indexed-repeat(${D01} , ${work_status} , index()) =1 or indexed-repeat(${D01} , ${work_status} , index()) =2*	
D02by *(required)*	earned during the entire year? *Question relevant when: indexed-repeat(${D01} , ${work_status} , index()) =1 or indexed-repeat(${D01} , ${work_status} , index()) =2*	

Field	Question	Answer	
D03 *(required)*	If [namesd] did Not work last year what was the reason? *Question relevant when: indexed-repeat(${D01} , ${work_status} , index()) =3 or indexed-repeat(${D01} , ${work_status} , index()) =4*	1	Unemployed (Looking for work but not finding one)
		2	Student
		3	Old/ minor/retired
		4	Handicapped/incapability
		5	Pregnancy/ Temporary illness/injury
		6	Idle (not willing to work)
		7	Learning to work
		8	Off season
		9	Calamity
		10	Not allowed to work due to social and cultural constraints
		999	other specify
		11	busy in household chores
D03_oth *(required)*	If Other, Specify *Question relevant when: indexed-repeat(${D03} , ${work_status} , index()) =999*		
Start of Questionnaire > [E] Household Income			
E01	What was the household total income from non-farm activities in the last 12 months (last year) ۱۲ ماہی سیٹری ہی کل آمدنی جی گھر مان سکم جی غیر زرعی ہینں.		
E01a *(required)*	Wages/Salary Income (includes paid farm work such as cotton picking or wheat harvesting, casual labour, mason work, driving, Job salary, mazdoori, etc.)		
E01b *(required)*	Pension		
E01c *(required)*	Zakat, Baitul Mal		
E01d *(required)*	BISP		
E01e *(required)*	Rental income from property (e.g house, shop, etc		
E01f *(required)*	NRSP Income Generating Grant		
E01g *(required)*	Any other grant from NRSP or other NGOs		
E01h *(required)*	Any gift from family, friends, landlord etc.		
E01i *(required)*	Any business activity report HH OWN share ONLY in case of shared business)		
E01j *(required)*	Profit on savings/loan/bank account		
E01k *(required)*	Remittances received from inside Pakistan (that will not be returned)		
E01l *(required)*	Remittances received from outside Pakistan (that will not be returned)		
display	Total income from non-farm activities in the last 12 months is: 0		
E02	What was the household total income from farm activities in the last 12 month? *Enumerator make sure household only reports for OWN household shares ONLY.*		
E02a *(required)*	Crops and by-products (sold) *Dear enumerator please NOTE: in case of sharecropping, make sure HH is only reporting own share of sales amount Rs_____*		
E02b *(required)*	Crops and by-products (/kept for home consumption) Rs_		
E02c *(required)*	Crops and by-products (given away, as in-kind wage etc.) Rs, _		
E02d *(required)*	Agricultural Land rented out /		
E02e *(required)*	Agricultural Machinery / implements rented out Rs. _		
dis2	Total income from farm activities in the last 12 months: [TE02]		
E03	What was the household total income from livestock during the last 12 month		
E03a *(required)*	Livestock and by-products (sold)		
E03b *(required)*	Livestock and by-products (Keep for home consumption).		
E03c *(required)*	Livestock and by-products (given away)		
E03d *(required)*	Livestock and by-products (rented out)		
dis3	Total income from livestock in the last 12 months: [TE03]		
E04 *(required)*	Income from selling assets (land, livestock, machinery, durable goods) sold during last 12 months		
E05 *(required)*	Income from any other source during the last 12 months (not included already)		
dis4	Total Household Income: 0		
Start of Questionnaire > [F] Household Expenditure			
HH_Exp	Household Expenditure CONSUMED shall cover goods and services actually consumed by the household and distinguished from total household purchases. Goods and services received on credit and in barter transactions and actually consumed as well as goods and services, paid for in cash, should also be included. Should also include unpaid but consumed. Business related consumption of the household should be excluded.		
Start of Questionnaire > [F] Household Expenditure > Household Food Consumption (last week)			

Field	Question	Answer
F01a *(required)*	weight of wheat *kg*	
F01a_a *(required)*	expenditure of wheat *PKR*	
Start of Questionnaire > [F] Household Expenditure > Household Food Consumption (last week) > rice		
F01b *(required)*	weight of rice	
F01b_b *(required)*	expenditure of rice	
Start of Questionnaire > [F] Household Expenditure > Household Food Consumption (last week) > millets		
F01c *(required)*	weight of millets	
F01c_c *(required)*	expenditure of millets	
Start of Questionnaire > [F] Household Expenditure > Household Food Consumption (last week) > maize		
F01d *(required)*	weight of maize	
F01d_d *(required)*	expenditure of maize	
Start of Questionnaire > [F] Household Expenditure > Household Food Consumption (last week) > pulses		
F01e *(required)*	weight of pulses	
F01e_e *(required)*	expenditure of pulses	
Start of Questionnaire > [F] Household Expenditure > Household Food Consumption (last week) > Vegitables Roots and Tubers (carrots, potatoes, beets, turnips)		
F01fi *(required)*	weight of Roots and Tubers (carrots, potatoes, beets, turnips)	
F01fi_fi *(required)*	expenditure of Roots and Tubers (carrots, potatoes, beets, turnips)	
Start of Questionnaire > [F] Household Expenditure > Household Food Consumption (last week) > Green, leafy, and Cruciferous Vegetables (spinach and its types, lettuce, cabbage, cauliflower, broccoli)		
F01fii *(required)*	weight of Green, leafy, and Cruciferous Vegetables (spinach and its types, lettuce, cabbage, cauliflower, broccoli)	
F01fii_fii *(required)*	expenditure of Green, leafy, and Cruciferous Vegetables (spinach and its types, lettuce, cabbage, cauliflower, broccoli)	
Start of Questionnaire > [F] Household Expenditure > Household Food Consumption (last week) > Other vegetables (pumpkin, cucumber, zucchini; onion, garlic etc.)		
F01fiii *(required)*	weight of Other vegetables (pumpkin, cucumber, zucchini; onion, garlic etc.)	
F01fiii_fiii *(required)*	expenditure of Other vegetables (pumpkin, cucumber, zucchini; onion, garlic etc.)	
Start of Questionnaire > [F] Household Expenditure > Household Food Consumption (last week) > beef		
F01g *(required)*	weight of beef	
F01g_g *(required)*	expenditure of beef	
Start of Questionnaire > [F] Household Expenditure > Household Food Consumption (last week) > Mutton		
F01h *(required)*	weight of Mutton	
F01h_h *(required)*	expenditure of Mutton	
Start of Questionnaire > [F] Household Expenditure > Household Food Consumption (last week) > Fish		
F01I *(required)*	weight of Fish	
F01i_i *(required)*	expenditure of Fish	
Start of Questionnaire > [F] Household Expenditure > Household Food Consumption (last week) > egg		
F01J *(required)*	Number of eggs	
F01J_J *(required)*	expenditure of egg	
Start of Questionnaire > [F] Household Expenditure > Household Food Consumption (last week) > chicken		
F01K *(required)*	weight of chicken	
F01K_K *(required)*	expenditure of chicken	
Start of Questionnaire > [F] Household Expenditure > Household Food Consumption (last week) > Sugar		
F01L *(required)*	weight of Sugar	
F01L_L *(required)*	expenditure of Sugar	
Start of Questionnaire > [F] Household Expenditure > Household Food Consumption (last week) > milk		
F01M *(required)*	weight of milk	
F01M_M *(required)*	expenditure of milk	
Start of Questionnaire > [F] Household Expenditure > Household Food Consumption (last week) > fruits		
F01N *(required)*	weight of fruits	
F01N_N *(required)*	expenditure of fruits	
Start of Questionnaire > [F] Household Expenditure > Household Food Consumption (last week) > Fat/Oil/Ghee/Butter		
F01O *(required)*	weight of Fat/Oil/Ghee/Butter	
F01O_O *(required)*	expenditure of Fat/Oil/Ghee/Butter	
Start of Questionnaire > [F] Household Expenditure > Household Food Consumption (last week) > Tea		
F01P *(required)*	weight of Tea	
F01P_P *(required)*	expenditure of Tea	
Start of Questionnaire > [F] Household Expenditure > Household Food Consumption (last week) > others		
F01Q_oth_ *(required)*	Specify other expenses name	
F01Q *(required)*	weight of others	
F01Q_Q *(required)*	expenditure of other	

Field	Question	Answer	
F01qi *(required)*	Expenditure on food consumed away from home and readymade food bought and consumed at home		
dis10	Total Weekly food expenditure: 0		
dis11	Total Annual food expenditure: 0		
F02 *(required)*	Groceries such as soap, broom, Match box, Candles, Mantle, etc: a. During the last 1 month		
dis12	During last 12 months: 0		
F03 *(required)*	Utilities (gas/cooking fuel, electricity, telephone/mobile, water, house rent etc): a. During the last 1 month		
dis13	During last 12 months: 0		
F04 *(required)*	Temptation goods (Cigarettes and lighters, Pan, sweets, guttka, tea at khoka etc): a. During the last 1 month		
dis14	During last 12 months: 0		
F05 *(required)*	Personal Transport and Traveling (bus, train, taxi, riksha, motor cycle etc) for example on petrol/diesel or fares paid a. During the last 1 month)		
dis15	During last 12 months: 0		
F06 *(required)*	Health expenditure (Doctor consultations, medicines, hospitalization, ambulance, Hakim, dai etc costs and transport to hospital) during the last 12 month		
F07 *(required)*	Education expenditure including fee, books, uniforms, stationery and transport to school (during the last 12 months)		
F08 *(required)*	Clothing and foot wear (during the last 12 months)		
F09 *(required)*	Social Functions (death, marriages, and other social events) during the last 12 months		
F10 *(required)*	Purchase of House building, Furniture, durable households goods(mobile phone/furniture/television/fan/any jewelry, motorbike etc) (during the last 12 months)		
F10a *(required)*	Repair of durable households goods(mobile phone/furniture/television/fan/any jewelry, motorbike etc) during the last 12 months		
F11 *(required)*	Animal shed building/repair (during the last 12 months)		
F12 *(required)*	Gift/cash given to friends, family and relatives during the last 12 months		
F13 *(required)*	Interest paid on loans during the last 12 months		
F14a *(required)*	Agriculture Related Expenditures (purchase of inputs) during the last 12 months [enumerator make sure HH reports own share in expenditures only in case of sharecropping] *If HH is not engaged in agriculture, write 44*		
F14b *(required)*	Agriculture Related Expenditure (renting in of land) during the last 12 months *Question relevant when: ${F14a} !=44*		
F14c *(required)*	Agriculture Related Expenditure (renting in of machinery/implements) during the last 12 months [enumerator make sure HH reports own share in expenditures only in case of sharecropping] *Question relevant when: ${F14a} !=44*		
F14d *(required)*	Agriculture Related Expenditure (any payment to hired labour, taxes (abiyana etc), and any other agricultural related costs) during the last 12 months. [enumerator make sure HH reports own share in expenditures only in case of sharecropping] *Question relevant when: ${F14a} !=44*		
F15 *(required)*	Livestock Related Expenditures (purchase of feed and other inputs, any payments to hired labour, animal vaccination) during the last 12 months [enumerator make sure HH reports own share in expenditures only in case of shared animals]		
F16 *(required)*	Expenditure on business related activities (including rent, utilities, purchase of any items, any salaries paid etc.) during the last 12 months (enumerator make sure HH reports own share in expenditures only in case of shared / joint business)		
F17 *(required)*	Any other payments or expenditures during the last 12 months that have not been covered above.		
dis5	Total annual Household expenditure: [F18]		
Start of Questionnaire > Income Expenditure Balance Sheet Validation Check			
ratio	The ratio is equal to: [ratio_t]		
IN_EX_Ratio *(required)*	Is the ratio > 0.85? *Ratio (6. Annual Household Income/4. Annual Household Expenditure) 1=Yes (Balance complete) 2. No (Verify from the HH, why the expenditures are so higher than income and make necessary corrections)*	1	yes
		2	no
Start of Questionnaire > Income Expenditure Balance Sheet Validation Check > [FA] Household Assets			
Start of Questionnaire > Income Expenditure Balance Sheet Validation Check > [FA] Household Assets > refrigerator			
Start of Questionnaire > Income Expenditure Balance Sheet Validation Check > [FA] Household Assets > refrigerator > current assets			
FA01 *(required)*	Does the household own asset [Name]	1	yes
		2	no
FA01_a *(required)*	If yes [asset name], how many (Numbers *Question relevant when: ${FA01} =1*		
FA01_b *(required)*	Current market value (Rs) of [asset name) *Question relevant when: ${FA01} =1*		
FA01_c *(required)*	Did the household sell asset [name] during the last 12 months	1	yes
		2	no
FA01_d *(required)*	If [asset name] sold, Value Rs *Question relevant when: ${FA01_c} =1*		
Start of Questionnaire > Income Expenditure Balance Sheet Validation Check > [FA] Household Assets > freezer			
Start of Questionnaire > Income Expenditure Balance Sheet Validation Check > [FA] Household Assets > freezer > current assets			

Field	Question	Answer	
FA02 *(required)*	Does the household own asset [Name]	1	yes
		2	no

FA02_a *(required)*	If yes [asset name], how many (Numbers *Question relevant when: ${FA02} =1*		
FA02_b *(required)*	Current market value (Rs) of [asset name) *Question relevant when: ${FA02} =1*		
FA02_c *(required)*	Did the household sell asset [name) during the last 12 months	1	yes
		2	no
FA02_d *(required)*	If [asset name] sold, Value Rs *Question relevant when: ${FA02_c} =1*		
Start of Questionnaire > Income Expenditure Balance Sheet Validation Check > [FA] Household Assets > air conditioner			
Start of Questionnaire > Income Expenditure Balance Sheet Validation Check > [FA] Household Assets > air conditioner > current assets			
FA03 *(required)*	Does the household own asset [Name]	1	yes
		2	no
FA03_a *(required)*	If yes [asset name], how many (Numbers *Question relevant when: ${FA03} =1*		
FA03_b *(required)*	Current market value (Rs) of [asset name) *Question relevant when: ${FA03} =1*		
FA03_c *(required)*	Did the household sell asset [name) during the last 12 months	1	yes
		2	no
FA03_d *(required)*	If [asset name] sold, Value Rs *Question relevant when: ${FA03_c} =1*		
Start of Questionnaire > Income Expenditure Balance Sheet Validation Check > [FA] Household Assets > air cooler			
Start of Questionnaire > Income Expenditure Balance Sheet Validation Check > [FA] Household Assets > air cooler > current assets			
FA04 *(required)*	Does the household own asset [Name]	1	yes
		2	no
FA04_a *(required)*	If yes [asset name], how many (Numbers *Question relevant when: ${FA04} =1*		
FA04_b *(required)*	Current market value (Rs) of [asset name) *Question relevant when: ${FA04} =1*		
FA04_c *(required)*	Did the household sell asset [name) during the last 12 months	1	yes
		2	no
FA04_d *(required)*	If [asset name] sold, Value Rs *Question relevant when: ${FA04_c} =1*		
Start of Questionnaire > Income Expenditure Balance Sheet Validation Check > [FA] Household Assets > Fan (Ceiling, Table, Pedestal, Exhaust)			
Start of Questionnaire > Income Expenditure Balance Sheet Validation Check > [FA] Household Assets > Fan (Ceiling, Table, Pedestal, Exhaust) > current assets			
FA05 *(required)*	Does the household own asset [Name]	1	yes
		2	no
FA05_a *(required)*	If yes [asset name], how many (Numbers *Question relevant when: ${FA05} =1*		
FA05_b *(required)*	Current market value (Rs) of [asset name) *Question relevant when: ${FA05} =1*		
FA05_c *(required)*	Did the household sell asset [name) during the last 12 months	1	yes
		2	no
FA05_d *(required)*	If [asset name] sold, Value Rs *Question relevant when: ${FA05_c} =1*		
Start of Questionnaire > Income Expenditure Balance Sheet Validation Check > [FA] Household Assets > Furniture and fixture e.g sofa, bed, table etc			
Start of Questionnaire > Income Expenditure Balance Sheet Validation Check > [FA] Household Assets > Furniture and fixture e.g sofa, bed, table etc > current assets			
FA06 *(required)*	Does the household own asset [Name]	1	yes
		2	no
FA06_a *(required)*	If yes [asset name], how many (Numbers *Question relevant when: ${FA06} =1*		
FA06_b *(required)*	Current market value (Rs) of [asset name) *Question relevant when: ${FA06} =1*		
FA06_c *(required)*	Did the household sell asset [name) during the last 12 months	1	yes
		2	no
FA06_d *(required)*	If [asset name] sold, Value Rs *Question relevant when: ${FA06_c} =1*		

Start of Questionnaire > Income Expenditure Balance Sheet Validation Check > [FA] Household Assets > Gold, silver, stones and other jewellery

Field	Question		Answer

Start of Questionnaire > Income Expenditure Balance Sheet Validation Check > [FA] Household Assets > Gold, silver, stones and other jewellery > current assets

| FA07 *(required)* | Does the household own asset [Name] | 1 | yes |
| | | 2 | no |

FA07_a *(required)*	If yes [asset name], how many (Numbers *Question relevant when: ${FA07} =1*		
FA07_b *(required)*	Current market value (Rs) of [asset name) *Question relevant when: ${FA07} =1*		
FA07_c *(required)*	Did the household sell asset [name) during the last 12 months	1	yes
		2	no
FA07_d *(required)*	If [asset name] sold, Value Rs *Question relevant when: ${FA07_c} =1*		

Start of Questionnaire > Income Expenditure Balance Sheet Validation Check > [FA] Household Assets > What are the total savings held by your household at present (e.g. in a bank account, in cash, given as credit to others, in committees etc.)?

Start of Questionnaire > Income Expenditure Balance Sheet Validation Check > [FA] Household Assets > What are the total savings held by your household at present (e.g. in a bank account, in cash, given as credit to others, in committees etc.)? > current assets

FA08 *(required)*	Does the household own asset [Name]	1	yes
		2	no
FA08_a *(required)*	If yes [asset name], how many (Numbers *Question relevant when: ${FA08} =1*		
FA08_b *(required)*	Current market value (Rs) of [asset name) *Question relevant when: ${FA08} =1*		
FA08_c *(required)*	Did the household sell asset [name) during the last 12 months	1	yes
		2	no
FA08_d *(required)*	If [asset name] sold, Value Rs *Question relevant when: ${FA08_c} =1*		

Start of Questionnaire > Income Expenditure Balance Sheet Validation Check > [FA] Household Assets > Geyser (Gas, Electric)

Start of Questionnaire > Income Expenditure Balance Sheet Validation Check > [FA] Household Assets > Geyser (Gas, Electric) > current assets

FA09 *(required)*	Does the household own asset [Name]	1	yes
		2	no
FA09_a *(required)*	If yes [asset name], how many (Numbers *Question relevant when: ${FA09} =1*		
FA09_b *(required)*	Current market value (Rs) of [asset name) *Question relevant when: ${FA09} =1*		
FA09_c *(required)*	Did the household sell asset [name) during the last 12 months	1	yes
		2	no
FA09_d *(required)*	If [asset name] sold, Value Rs *Question relevant when: ${FA09_c} =1*		

Start of Questionnaire > Income Expenditure Balance Sheet Validation Check > [FA] Household Assets > Washing machine/dryer

Start of Questionnaire > Income Expenditure Balance Sheet Validation Check > [FA] Household Assets > Washing machine/dryer > current assets

FA10 *(required)*	Does the household own asset [Name]	1	yes
		2	no
FA10_a *(required)*	If yes [asset name], how many (Numbers *Question relevant when: ${FA10} =1*		
FA10_b *(required)*	Current market value (Rs) of [asset name) *Question relevant when: ${FA10} =1*		
FA10_c *(required)*	Did the household sell asset [name) during the last 12 months	1	yes
		2	no
FA10_d *(required)*	If [asset name] sold, Value Rs *Question relevant when: ${FA10_c} =1*		

Start of Questionnaire > Income Expenditure Balance Sheet Validation Check > [FA] Household Assets > camera

Start of Questionnaire > Income Expenditure Balance Sheet Validation Check > [FA] Household Assets > camera > current assets

FA11 *(required)*	Does the household own asset [Name]	1	yes
		2	no
FA11_a *(required)*	If yes [asset name], how many (Numbers *Question relevant when: ${FA11} =1*		
FA11_b *(required)*	Current market value (Rs) of [asset name) *Question relevant when: ${FA11} =1*		
FA11_c *(required)*	Did the household sell asset [name) during the last 12 months	1	yes

Field	Question	Answer	
FA11_d *(required)*	If [asset name] sold, Value Rs		
	Question relevant when: ${FA11_c} =1		
Start of Questionnaire > Income Expenditure Balance Sheet Validation Check > [FA] Household Assets > cooking stove			
Start of Questionnaire > Income Expenditure Balance Sheet Validation Check > [FA] Household Assets > cooking stove > current assets			

Field	Question	Answer	
FA12 *(required)*	Does the household own asset [Name]	1	yes
		2	no
FA12_a *(required)*	If yes [asset name], how many (Numbers		
	Question relevant when: ${FA12} =1		
FA12_b *(required)*	Current market value (Rs) of [asset name)		
	Question relevant when: ${FA12} =1		
FA12_c *(required)*	Did the household sell asset [name) during the last 12 months	1	yes
		2	no
FA12_d *(required)*	If [asset name] sold, Value Rs		
	Question relevant when: ${FA12_c} =1		
Start of Questionnaire > Income Expenditure Balance Sheet Validation Check > [FA] Household Assets > Cooking Range, Microwave oven			
Start of Questionnaire > Income Expenditure Balance Sheet Validation Check > [FA] Household Assets > Cooking Range, Microwave oven > current assets			
FA13 *(required)*	Does the household own asset [Name]	1	yes
		2	no
FA13_a *(required)*	If yes [asset name], how many (Numbers		
	Question relevant when: ${FA13} =1		
FA13_b *(required)*	Current market value (Rs) of [asset name)		
	Question relevant when: ${FA13} =1		
FA13_c *(required)*	Did the household sell asset [name) during the last 12 months	1	yes
		2	no
FA13_d *(required)*	If [asset name] sold, Value Rs		
	Question relevant when: ${FA13_c} =1		
Start of Questionnaire > Income Expenditure Balance Sheet Validation Check > [FA] Household Assets > heater			
Start of Questionnaire > Income Expenditure Balance Sheet Validation Check > [FA] Household Assets > heater > current assets			
FA14 *(required)*	Does the household own asset [Name]	1	yes
		2	no
FA14_a *(required)*	If yes [asset name], how many (Numbers		
	Question relevant when: ${FA14} =1		
FA14_b *(required)*	Current market value (Rs) of [asset name)		
	Question relevant when: ${FA14} =1		
FA14_c *(required)*	Did the household sell asset [name) during the last 12 months	1	yes
		2	no
FA14_d *(required)*	If [asset name] sold, Value Rs		
	Question relevant when: ${FA14_c} =1		
Start of Questionnaire > Income Expenditure Balance Sheet Validation Check > [FA] Household Assets > Cart/Trolley			
Start of Questionnaire > Income Expenditure Balance Sheet Validation Check > [FA] Household Assets > Cart/Trolley > current assets			
FA15 *(required)*	Does the household own asset [Name]	1	yes
		2	no
FA15_a *(required)*	If yes [asset name], how many (Numbers		
	Question relevant when: ${FA15} =1		
FA15_b *(required)*	Current market value (Rs) of [asset name)		
	Question relevant when: ${FA15} =1		
FA15_c *(required)*	Did the household sell asset [name) during the last 12 months	1	yes
		2	no
FA15_d *(required)*	If [asset name] sold, Value Rs		
	Question relevant when: ${FA15_c} =1		
Start of Questionnaire > Income Expenditure Balance Sheet Validation Check > [FA] Household Assets > bicycle			
Start of Questionnaire > Income Expenditure Balance Sheet Validation Check > [FA] Household Assets > bicycle > current assets			
FA16 *(required)*	Does the household own asset [Name]	1	yes
		2	no
FA16_a *(required)*	If yes [asset name], how many (Numbers		
	Question relevant when: ${FA16} =1		
FA16_b *(required)*	Current market value (Rs) of [asset name)		
	Question relevant when: ${FA16} =1		
FA16_c *(required)*	Did the household sell asset [name) during the last 12 months	1	yes

Field	Question	Answer	
FA16_c *(required)*	Did the household sell asset [name] during the last 12 months	1	yes
Field	**Question**	**Answer**o	
FA16_d *(required)*	If [asset name] sold, Value Rs		
	Question relevant when: ${FA16_c} =1		
Start of Questionnaire > Income Expenditure Balance Sheet Validation Check > [FA] Household Assets > rickshaw			
Start of Questionnaire > Income Expenditure Balance Sheet Validation Check > [FA] Household Assets > rickshaw > current assets			

Field	Question	Answer	
FA17 *(required)*	Does the household own asset [Name]	1	yes
		2	no
FA17_a *(required)*	If yes [asset name], how many (Numbers		
	Question relevant when: ${FA17} =1		
FA17_b *(required)*	Current market value (Rs) of [asset name)		
	Question relevant when: ${FA17} =1		
FA17_c *(required)*	Did the household sell asset [name) during the last 12 months	1	yes
		2	no
FA17_d *(required)*	If [asset name] sold, Value Rs		
	Question relevant when: ${FA17_c} =1		
Start of Questionnaire > Income Expenditure Balance Sheet Validation Check > [FA] Household Assets > Motorcycle/scooter			
Start of Questionnaire > Income Expenditure Balance Sheet Validation Check > [FA] Household Assets > Motorcycle/scooter > current assets			
FA18 *(required)*	Does the household own asset [Name]	1	yes
		2	no
FA18_a *(required)*	If yes [asset name], how many (Numbers		
	Question relevant when: ${FA18} =1		
FA18_b *(required)*	Current market value (Rs) of [asset name)		
	Question relevant when: ${FA18} =1		
FA18_c *(required)*	Did the household sell asset [name) during the last 12 months	1	yes
		2	no
FA18_d *(required)*	If [asset name] sold, Value Rs		
	Question relevant when: ${FA18_c} =1		
Start of Questionnaire > Income Expenditure Balance Sheet Validation Check > [FA] Household Assets > Car / Vehicle			
Start of Questionnaire > Income Expenditure Balance Sheet Validation Check > [FA] Household Assets > Car / Vehicle > current assets			
FA19 *(required)*	Does the household own asset [Name]	1	yes
		2	no
FA19_a *(required)*	If yes [asset name], how many (Numbers		
	Question relevant when: ${FA19} =1		
FA19_b *(required)*	Current market value (Rs) of [asset name)		
	Question relevant when: ${FA19} =1		
FA19_c *(required)*	Did the household sell asset [name) during the last 12 months	1	yes
		2	no
FA19_d *(required)*	If [asset name] sold, Value Rs		
	Question relevant when: ${FA19_c} =1		
Start of Questionnaire > Income Expenditure Balance Sheet Validation Check > [FA] Household Assets > tractor			
Start of Questionnaire > Income Expenditure Balance Sheet Validation Check > [FA] Household Assets > tractor > current assets			
FA20 *(required)*	Does the household own asset [Name]	1	yes
		2	no
FA20_a *(required)*	If yes [asset name], how many (Numbers		
	Question relevant when: ${FA20} =1		
FA20_b *(required)*	Current market value (Rs) of [asset name)		
	Question relevant when: ${FA20} =1		
FA20_c *(required)*	Did the household sell asset [name) during the last 12 months	1	yes
		2	no
FA20_d *(required)*	If [asset name] sold, Value Rs		
	Question relevant when: ${FA20_c} =1		
Start of Questionnaire > Income Expenditure Balance Sheet Validation Check > [FA] Household Assets > TV			
Start of Questionnaire > Income Expenditure Balance Sheet Validation Check > [FA] Household Assets > TV > current assets			
FA21 *(required)*	Does the household own asset [Name]	1	yes
		2	no
FA21_a *(required)*	If yes [asset name], how many (Numbers		
	Question relevant when: ${FA21} =1		
FA21_b *(required)*	Current market value (Rs) of [asset name)		
	Question relevant when: ${FA21} =1		
FA21_c *(required)*	Did the household sell asset [name) during the last 12 months	1	yes

Field	Question	Answer	
FA21_c *(required)*	Did the household sell asset [name] during the last 12 months	1	yes
FA21_d *(required)*	If [asset name] sold, Value Rs		
	Question relevant when: ${FA21_c} =1		
Start of Questionnaire > Income Expenditure Balance Sheet Validation Check > [FA] Household Assets > Sewing/Knitting Machine			
Start of Questionnaire > Income Expenditure Balance Sheet Validation Check > [FA] Household Assets > Sewing/Knitting Machine > current assets			
FA22 *(required)*	Does the household own asset [Name]	1	yes
		2	no
FA22_a *(required)*	If yes [asset name], how many (Numbers		
	Question relevant when: ${FA22} =1		
FA22_b *(required)*	Current market value (Rs) of [asset name)		
	Question relevant when: ${FA22} =1		
FA22_c *(required)*	Did the household sell asset [name) during the last 12 months	1	yes
		2	no
FA22_d *(required)*	If [asset name] sold, Value Rs		
	Question relevant when: ${FA22_c} =1		
Start of Questionnaire > Income Expenditure Balance Sheet Validation Check > [FA] Household Assets > Personal Computer/laptop			
Start of Questionnaire > Income Expenditure Balance Sheet Validation Check > [FA] Household Assets > Personal Computer/laptop > current assets			
FA23 *(required)*	Does the household own asset [Name]	1	yes
		2	no
FA23_a *(required)*	If yes [asset name], how many (Numbers		
	Question relevant when: ${FA23} =1		
FA23_b *(required)*	Current market value (Rs) of [asset name)		
	Question relevant when: ${FA23} =1		
FA23_c *(required)*	Did the household sell asset [name) during the last 12 months	1	yes
		2	no
FA23_d *(required)*	If [asset name] sold, Value Rs		
	Question relevant when: ${FA23_c} =1		
Start of Questionnaire > Income Expenditure Balance Sheet Validation Check > [FA] Household Assets > Mobile Phones set			
Start of Questionnaire > Income Expenditure Balance Sheet Validation Check > [FA] Household Assets > Mobile Phones set > current assets			
FA24 *(required)*	Does the household own asset [Name]	1	yes
		2	no
FA24_a *(required)*	If yes [asset name], how many (Numbers		
	Question relevant when: ${FA24} =1		
FA24_b *(required)*	Current market value (Rs) of [asset name)		
	Question relevant when: ${FA24} =1		
FA24_c *(required)*	Did the household sell asset [name) during the last 12 months	1	yes
		2	no
FA24_d *(required)*	If [asset name] sold, Value Rs		
	Question relevant when: ${FA24_c} =1		
Start of Questionnaire > Income Expenditure Balance Sheet Validation Check > [FA] Household Assets > Goat			
Start of Questionnaire > Income Expenditure Balance Sheet Validation Check > [FA] Household Assets > Goat > current assets			
FA25 *(required)*	Does the household own asset [Name]	1	yes
		2	no
FA25_a *(required)*	If yes [asset name], how many (Numbers		
	Question relevant when: ${FA25} =1		
FA25_b *(required)*	Current market value (Rs) of [asset name)		
	Question relevant when: ${FA25} =1		
FA25_c *(required)*	Did the household sell asset [name) during the last 12 months	1	yes
		2	no
FA25_d *(required)*	If [asset name] sold, Value Rs		
	Question relevant when: ${FA25_c} =1		
Start of Questionnaire > Income Expenditure Balance Sheet Validation Check > [FA] Household Assets > Sheep			
Start of Questionnaire > Income Expenditure Balance Sheet Validation Check > [FA] Household Assets > Sheep > current assets			
FA26 *(required)*	Does the household own asset [Name]	1	yes
		2	no
FA26_a *(required)*	If yes [asset name], how many (Numbers		
	Question relevant when: ${FA26} =1		
FA26_b *(required)*	Current market value (Rs) of [asset name)		
	Question relevant when: ${FA26} =1		
FA26_c *(required)*	Did the household sell asset [name) during the last 12 months	1	yes

Field	Question	Answer	
~~FA26_c (required)~~	~~Did the household sell asset [name] during the last 12 months~~	1	yes
FA26_d (required)	If [asset name] sold, Value Rs		
	Question relevant when: ${FA26_c} =1		

Start of Questionnaire > Income Expenditure Balance Sheet Validation Check > [FA] Household Assets > Cow/Ox

Start of Questionnaire > Income Expenditure Balance Sheet Validation Check > [FA] Household Assets > Cow/Ox > current assets

Field	Question	Answer	
FA27 (required)	Does the household own asset [Name]	1	yes
		2	no
FA27_a (required)	If yes [asset name], how many (Numbers		
	Question relevant when: ${FA27} =1		
FA27_b (required)	Current market value (Rs) of [asset name)		
	Question relevant when: ${FA27} =1		
FA27_c (required)	Did the household sell asset [name) during the last 12 months	1	yes
		2	no
FA27_d (required)	If [asset name] sold, Value Rs		
	Question relevant when: ${FA27_c} =1		

Start of Questionnaire > Income Expenditure Balance Sheet Validation Check > [FA] Household Assets > Buffalo/Bull

Start of Questionnaire > Income Expenditure Balance Sheet Validation Check > [FA] Household Assets > Buffalo/Bull > current assets

Field	Question	Answer	
FA28 (required)	Does the household own asset [Name]	1	yes
		2	no
FA28_a (required)	If yes [asset name], how many (Numbers		
	Question relevant when: ${FA28} =1		
FA28_b (required)	Current market value (Rs) of [asset name)		
	Question relevant when: ${FA28} =1		
FA28_c (required)	Did the household sell asset [name) during the last 12 months	1	yes
		2	no
FA28_d (required)	If [asset name] sold, Value Rs		
	Question relevant when: ${FA28_c} =1		

Start of Questionnaire > Income Expenditure Balance Sheet Validation Check > [FA] Household Assets > Horse/Mule

Start of Questionnaire > Income Expenditure Balance Sheet Validation Check > [FA] Household Assets > Horse/Mule > current assets

Field	Question	Answer	
FA29 (required)	Does the household own asset [Name]	1	yes
		2	no
FA29_a (required)	If yes [asset name], how many (Numbers		
	Question relevant when: ${FA29} =1		
FA29_b (required)	Current market value (Rs) of [asset name)		
	Question relevant when: ${FA29} =1		
FA29_c (required)	Did the household sell asset [name) during the last 12 months	1	yes
		2	no
FA29_d (required)	If [asset name] sold, Value Rs		
	Question relevant when: ${FA29_c} =1		

Start of Questionnaire > Income Expenditure Balance Sheet Validation Check > [FA] Household Assets > Donkey

Start of Questionnaire > Income Expenditure Balance Sheet Validation Check > [FA] Household Assets > Donkey > current assets

Field	Question	Answer	
FA30 (required)	Does the household own asset [Name]	1	yes
		2	no
FA30_a (required)	If yes [asset name], how many (Numbers		
	Question relevant when: ${FA30} =1		
FA30_b (required)	Current market value (Rs) of [asset name)		
	Question relevant when: ${FA30} =1		
FA30_c (required)	Did the household sell asset [name) during the last 12 months	1	yes
		2	no
FA30_d (required)	If [asset name] sold, Value Rs		
	Question relevant when: ${FA30_c} =1		

Start of Questionnaire > Income Expenditure Balance Sheet Validation Check > [FA] Household Assets > Camel

Start of Questionnaire > Income Expenditure Balance Sheet Validation Check > [FA] Household Assets > Camel > current assets

Field	Question	Answer	
FA31 (required)	Does the household own asset [Name]	1	yes
		2	no
FA31_a (required)	If yes [asset name], how many (Numbers		
	Question relevant when: ${FA31} =1		
FA31_b (required)	Current market value (Rs) of [asset name)		
	Question relevant when: ${FA31} =1		
FA31_c (required)	Did the household sell asset [name) during the last 12 months	1	yes

Field	Question	Answer	
FA31_c *(required)*	Did the household sell asset [name] during the last 12 months	1	yes
FA31_d *(required)*	If [asset name] sold, Value Rs		
	Question relevant when: ${FA31_c} =1		

Start of Questionnaire > Income Expenditure Balance Sheet Validation Check > [FA] Household Assets > chicken

Start of Questionnaire > Income Expenditure Balance Sheet Validation Check > [FA] Household Assets > chicken > current assets

Field	Question	Answer	
FA32 *(required)*	Does the household own asset [Name]	1	yes
		2	no
FA32_a *(required)*	If yes [asset name], how many (Numbers		
	Question relevant when: ${FA32} =1		
FA32_b *(required)*	Current market value (Rs) of [asset name)		
	Question relevant when: ${FA32} =1		
FA32_c *(required)*	Did the household sell asset [name) during the last 12 months	1	yes
		2	no
FA32_d *(required)*	If [asset name] sold, Value Rs		
	Question relevant when: ${FA32_c} =1		

Start of Questionnaire > Income Expenditure Balance Sheet Validation Check > [FA] Household Assets > Cultivable agriculture land (in acres)

Start of Questionnaire > Income Expenditure Balance Sheet Validation Check > [FA] Household Assets > Cultivable agriculture land (in acres) > current assets

Field	Question	Answer	
FA33 *(required)*	Does the household own asset [Name]	1	yes
		2	no
FA33_a *(required)*	If yes [asset name], how many (Numbers		
	Question relevant when: ${FA33} =1		
FA33_b *(required)*	Current market value (Rs) of [asset name)		
	Question relevant when: ${FA33} =1		
FA33_c *(required)*	Did the household sell asset [name) during the last 12 months	1	yes
		2	no
FA33_d *(required)*	If [asset name] sold, Value Rs		
	Question relevant when: ${FA33_c} =1		

Start of Questionnaire > Income Expenditure Balance Sheet Validation Check > [FA] Household Assets > Non-agriculture land (in acres)

Start of Questionnaire > Income Expenditure Balance Sheet Validation Check > [FA] Household Assets > Non-agriculture land (in acres) > current assets

Field	Question	Answer	
FA34 *(required)*	Does the household own asset [Name]	1	yes
		2	no
FA34_a *(required)*	If yes [asset name], how many (Numbers		
	Question relevant when: ${FA34} =1		
FA34_b *(required)*	Current market value (Rs) of [asset name)		
	Question relevant when: ${FA34} =1		
FA34_c *(required)*	Did the household sell asset [name) during the last 12 months	1	yes
		2	no
FA34_d *(required)*	If [asset name] sold, Value Rs		
	Question relevant when: ${FA34_c} =1		

Start of Questionnaire > Income Expenditure Balance Sheet Validation Check > [FA] Household Assets > House (including animal shed)

Start of Questionnaire > Income Expenditure Balance Sheet Validation Check > [FA] Household Assets > House (including animal shed) > current assets

Field	Question	Answer	
FA35 *(required)*	Does the household own asset [Name]	1	yes
		2	no
FA35_a *(required)*	If yes [asset name], how many (Numbers		
	Question relevant when: ${FA35} =1		
FA35_b *(required)*	Current market value (Rs) of [asset name)		
	Question relevant when: ${FA35} =1		
FA35_c *(required)*	Did the household sell asset [name) during the last 12 months	1	yes
		2	no
FA35_d *(required)*	If [asset name] sold, Value Rs		
	Question relevant when: ${FA35_c} =1		

Start of Questionnaire > Income Expenditure Balance Sheet Validation Check > [FA] Household Assets > Commercial buildings (Kanal, Sq. Feet etc.)

Start of Questionnaire > Income Expenditure Balance Sheet Validation Check > [FA] Household Assets > Commercial buildings (Kanal, Sq. Feet etc.) > current assets

Field	Question	Answer	
FA36 *(required)*	Does the household own asset [Name]	1	yes
		2	no
FA36_a *(required)*	If yes [asset name], how many (Numbers		
	Question relevant when: ${FA36} =1		
FA36_b *(required)*	Current market value (Rs) of [asset name)		

Field	Question	Answer	
	Question relevant when: ${FA36} =1		
FA36_c *(required)*	Did the household sell asset [name] during the last 12 months	1	yes
		2	no
FA36_d *(required)*	If [asset name] sold, Value Rs		
	Question relevant when: ${FA36_c} =1		
Start of Questionnaire > Income Expenditure Balance Sheet Validation Check > [FA] Household Assets > Value of the business			
Start of Questionnaire > Income Expenditure Balance Sheet Validation Check > [FA] Household Assets > Value of the business > current assets			

Field	Question	Answer	
FA37 *(required)*	Does the household own asset [Name]	1	yes
		2	no
FA37_a *(required)*	If yes [asset name], how many (Numbers		
	Question relevant when: ${FA37} =1		
FA37_b *(required)*	Current market value (Rs) of [asset name)		
	Question relevant when: ${FA37} =1		
FA37_c *(required)*	Did the household sell asset [name] during the last 12 months	1	yes
		2	no
FA37_d *(required)*	If [asset name] sold, Value Rs		
	Question relevant when: ${FA37_c} =1		
Start of Questionnaire > Income Expenditure Balance Sheet Validation Check > [FA] Household Assets > Any Other			
Start of Questionnaire > Income Expenditure Balance Sheet Validation Check > [FA] Household Assets > Any Other > current assets			
FA38 *(required)*	Does the household own asset [Name]	1	yes
		2	no
FA38_a *(required)*	If yes [asset name], how many (Numbers		
	Question relevant when: ${FA38} =1		
FA38_b *(required)*	Current market value (Rs) of [asset name)		
	Question relevant when: ${FA38} =1		
FA38_c *(required)*	Did the household sell asset [name] during the last 12 months	1	yes
		2	no
FA38_d *(required)*	If [asset name] sold, Value Rs		
	Question relevant when: ${FA38_c} =1		
dis6	Total value of sold items/assets: 0		
Start of Questionnaire > Income Expenditure Balance Sheet Validation Check > [FA] Household Assets > Assest Sold Money Expenditure details			
Group relevant when: ${FA39} >0			
FA40 *(required)*	Write purpose wise expended amount in Pak rupee		
FA40a *(required)*	How much of the received amount from the assets sold in the last 12 months was used to meet household expenditure (for food or everyday running of household) ?		
FA40b *(required)*	How much of the received amount from the assets sold in the last 12 months was used to Repay Loan ?		
FA40c *(required)*	How much of the received amount from the assets sold in the last 12 months was used to Meet health expenses ?		
FA40d *(required)*	How much of the received amount from the assets sold in the last 12 months was used to Meet education expenses ?		
FA40e *(required)*	How much of the received amount from the assets sold in the last 12 months was used to Purchase other assets ?		
FA40f *(required)*	How much of the received amount from the assets sold in the last 12 months was used for any other purposes?		
dis7	Total of used amount of overall received from sold assets: [FA41]		
Start of Questionnaire > Income Expenditure Balance Sheet Validation Check > [G] Loans Taken in last 12 months and overall Outstanding Debt as of today (Rs.)			
G01a *(required)*	Amount of loan taken from friend/relatives in last 12 months?		
G01ai *(required)*	Was this loan taken mainly because of difficulties faced due to coronavirus/lockdown situation?	1	Yes
	Question relevant when: ${G01a} > 0	2	No
		3	Parially
G01b *(required)*	Overall outstanding debt amount against loan taken from friends/relatives		
G02a *(required)*	Amount of loan taken from Shopkeepers (non-agriculture related) in last 12 months.		
G02ai *(required)*	Was this loan taken mainly because of difficulties faced due to coronavirus/lockdown situation?	1	Yes
	Question relevant when: ${G02a} > 0	2	No
		3	Parially
G02b *(required)*	Overall outstanding debt amount against loan taken from shopkeepers(non-agriculture related)		
G02c *(required)*	Amount of loan taken from agriculture commission agent/input dealer in the last 12 months		
G02ci *(required)*	Was this loan taken mainly because of difficulties faced due to coronavirus/lockdown situation?	1	Yes
	Question relevant when: ${G02c} > 0	2	No
		3	Parially
G02d *(required)*	Overall outstanding debt amount against loan taken from agricultural commission agent / input dealer		
G03a *(required)*	Amount of loan taken from Banks in last 12 months Amount taken		
G03ai *(required)*	Was this loan taken mainly because of difficulties faced due to coronavirus/lockdown situation?	1	Yes
	Question relevant when: ${G03a} > 0	2	No

Field	Question	Answer	
		3	Parially
G03b *(required)*	Overall outstanding debt amount against loan taken from banks		
G04a *(required)*	Amount of loan taken from NGOs in last 12 months Amount taken		
G04ai *(required)*	Was this loan taken mainly because of difficulties faced due to coronavirus/lockdown situation?	1	Yes
	Question relevant when: ${G04a} > 0	2	No
		3	Parially
G04b *(required)*	Overall outstanding debt amount against loan taken from NGOs		
G05a *(required)*	Amount of loan taken from Community Org in last 12 months Amount taken		
G05ai *(required)*	Was this loan taken mainly because of difficulties faced due to coronavirus/lockdown situation?	1	Yes
	Question relevant when: ${G05a} > 0	2	No
		3	Parially
G05b *(required)*	Overall outstanding debt amount against loan taken from Community Organisation		
G06a *(required)*	Amount of loan taken from all other sources in last 12 months Amount taken		
G06ai *(required)*	Was this loan taken mainly because of difficulties faced due to coronavirus/lockdown situation?	1	Yes
	Question relevant when: ${G06a} > 0	2	No
		3	Parially
dis16	Total Loan Taken from all sources in last 12 months: [G07]		
dis8	Total outstanding debt amount against loan taken from all sources: [G08]		
Start of Questionnaire > Income Expenditure Balance Sheet Validation Check > [H] Use of Loans taken in the last 12 months (Rs)			
Group relevant when: ${G07} >0			
H01 *(required)*	Land		
H02 *(required)*	Livestock		
H03 *(required)*	Machinery		
H04 *(required)*	Farm Inputs		
H05 *(required)*	Business		
H06 *(required)*	Housing(building and repairing)		
H07 *(required)*	Cash Available		
H08a *(required)*	Food Consumption		
H08b *(required)*	General household Consumption		
H09 *(required)*	Social Functions		
H10 *(required)*	Health Care		
H11 *(required)*	Education		
H12 *(required)*	Repay Loans		
H13 *(required)*	Other asset purchases (not covered above)		
H14 *(required)*	Other Uses		
dis9	Total loan: 0		
Start of Questionnaire > Income Expenditure Balance Sheet Validation Check > [I] Vaccination during last 12 months (1)		(Repeated group)	
I01 *(required)*	Does [namesv] have EPI card?	1	Yes
	Question relevant when: indexed-repeat(${hh_r}/B04 , ${hh_r} , index()) <2	2	No
		3	Don't Know
I02 *(required)*	If [namesv] has card, has [namesv] been vaccinated as per card?	1	Yes, fully
	Question relevant when: indexed-repeat(${I01} , ${vacc} , index()) =1	2	Yes partially
		3	No (enumerator to see the card and record response accordingly)
I03 *(required)*	If [namesv] does not have card, has [namesv] been vaccinated according to memory?	1	Yes fully
	Question relevant when: indexed-repeat(${I01} , ${vacc} , index()) =2	2	Yes, Partially
		4	Don't Know
Start of Questionnaire > Income Expenditure Balance Sheet Validation Check > [IA] Deaths in the household during last 12 months			
I04 *(required)*	Has any death occurred in the household in last 12 months?	1	yes
		2	no
I05 *(required)*	If Yes, then how many?		
	Question relevant when: ${I04} =1		
Start of Questionnaire > Income Expenditure Balance Sheet Validation Check > [IA] Deaths in the household during last 12 months > Deaths (1)		(Repeated group)	
Group relevant when: ${I04} =1			
I06 *(required)*	Name of person who died (start from the elder one)		
I07 *(required)*	Sex of the [I06]	1	male
		2	female
I08 *(required)*	Age of [I06] at the time of death	1	under 1 year
		2	over 1 but under 5 years
		3	6 to 18 years

Field	Question	Answer	
		4	40 to 55 years
		5	over 55 years
I09 *(required)*	One main reason of death of[I06]		
Start of Questionnaire > Income Expenditure Balance Sheet Validation Check > [J] Access to information about local government and services			
J01 *(required)*	Who are the councilors of your union council (UC)? Do you [respondent] recall name/family name/tribal name of at least one UC councilors of your union council?	1	yes
		2	no

Field	Question	Answer	
J01a *(required)*	did you ask someone this information or heard it somewhere. *Question relevant when: ${J01} =1*	1	I asked someone
		2	I heard it somewhere / from someone
J01b *(required)*	Who did you asked *Question relevant when: ${J01a} =1*	1	Members of my CO/VO/LSO
		2	NRSP Staff / CRP
		3	Family /Friends
		999	Others (Specify)
J01b_oth *(required)*	If Other, Specify *Question relevant when: ${J01b} =999*		
J01c *(required)*	Where / who did you hear it from? *Question relevant when: ${J01a} =2*	1	Members of my CO/VO/LSO
		2	NRSP Staff / CRP
		3	Family /Friends
		999	Others (Specify)
		5	I knew it before SUCCESS
J01c_oth *(required)*	If Other, Specify *Question relevant when: ${J01c} =999*		
J02 *(required)*	Who is the chairman of your union council (UC)? Do you [respondent] recall name/family name/tribal name of your UC chairman?	1	yes
		2	no
J02a *(required)*	did you ask someone this information or heard it somewhere. *Question relevant when: ${J02} =1*	1	I asked someone
		2	I heard it somewhere / from someone
J02b *(required)*	Who did you asked *Question relevant when: ${J02a} =1*	1	Members of my CO/VO/LSO
		2	NRSP Staff / CRP
		3	Family /Friends
		999	Others (Specify)
J02b_oth *(required)*	If Other, Specify *Question relevant when: ${J02b} =999*		
J02c *(required)*	Where / who did you hear it from? *Question relevant when: ${J02a} =2*	1	Members of my CO/VO/LSO
		2	NRSP Staff / CRP
		3	Family /Friends
		999	Others (Specify)
		5	I knew it before SUCCESS
J02c_oth *(required)*	If Other, Specify *Question relevant when: ${J02c} =999*		
J03 *(required)*	Do you [respondent] know where the office of the Union Council (UC) Chairman is?	1	yes
		2	no
J03a *(required)*	did you ask someone this information or heard it somewhere. *Question relevant when: ${J03} =1*	1	I asked someone
		2	I heard it somewhere / from someone
J03b *(required)*	Who did you asked *Question relevant when: ${J03a} =1*	1	Members of my CO/VO/LSO
		2	NRSP Staff / CRP
		3	Family /Friends
		999	Others (Specify)
J03b_oth *(required)*	If Other, Specify *Question relevant when: ${J03b} =999*		
J03c *(required)*	Where / who did you hear it from? *Question relevant when: ${J03a} =2*	1	Members of my CO/VO/LSO
		2	NRSP Staff / CRP
		3	Family /Friends
		999	Others (Specify)
		5	I knew it before SUCCESS
J03c_oth *(required)*	If Other, Specify *Question relevant when: ${J03c} =999*		
J04 *(required)*	Do you [respondent] know where to get a birth certificate from?	1	yes

Field	Question	Answer	
J04 *(required)*	Do you [respondent] know where to get a birth certificate from?	1	yes
J04a *(required)*	did you ask someone this information or heard it somewhere.	1	I asked someone
	Question relevant when: ${J04} =1	2	I heard it somewhere / from someone

Field	Question	Answer	
J04b *(required)*	Who did you asked	1	Members of my CO/VO/LSO
	Question relevant when: ${J04a} =1	2	NRSP Staff / CRP
		3	Family /Friends
		999	Others (Specify)
J04b_oth *(required)*	If Other, Specify		
	Question relevant when: ${J04b} =999		
J04c *(required)*	Where / who did you hear it from?	1	Members of my CO/VO/LSO
	Question relevant when: ${J04a} =2	2	NRSP Staff / CRP
		3	Family /Friends
		999	Others (Specify)
		5	I knew it before SUCCESS
J04c_oth *(required)*	If Other, Specify		
	Question relevant when: ${J04c} =999		
J05 *(required)*	Do you [respondent] know where to get a Computerized National Identity Card (CNIC)/ID card from?	1	yes
		2	no
J05a *(required)*	did you ask someone this information or heard it somewhere.	1	I asked someone
	Question relevant when: ${J05} =1	2	I heard it somewhere / from someone
J05b *(required)*	Who did you asked	1	Members of my CO/VO/LSO
	Question relevant when: ${J05a} =1	2	NRSP Staff / CRP
		3	Family /Friends
		999	Others (Specify)
J05b_oth *(required)*	If Other, Specify		
	Question relevant when: ${J05b} =999		
J05c *(required)*	Where / who did you hear it from?	1	Members of my CO/VO/LSO
	Question relevant when: ${J05a} =2	2	NRSP Staff / CRP
		3	Family /Friends
		999	Others (Specify)
		5	I knew it before SUCCESS
J05c_oth *(required)*	If Other, Specify		
	Question relevant when: ${J05c} =999		
J06 *(required)*	Who is the headmaster/mistress of primary school in your area? Do you [respondent] recall his/her name/family name/tribe name?	1	yes
		2	no
J06a *(required)*	did you ask someone this information or heard it somewhere.	1	I asked someone
	Question relevant when: ${J06} =1	2	I heard it somewhere / from someone
J06b *(required)*	Who did you asked	1	Members of my CO/VO/LSO
	Question relevant when: ${J06a} =1	2	NRSP Staff / CRP
		3	Family /Friends
		999	Others (Specify)
J06b_oth *(required)*	If Other, Specify		
	Question relevant when: ${J06b} =999		
J06c *(required)*	Where / who did you hear it from?	1	Members of my CO/VO/LSO
	Question relevant when: ${J06a} =2	2	NRSP Staff / CRP
		3	Family /Friends
		999	Others (Specify)
		5	I knew it before SUCCESS
J06c_oth *(required)*	If Other, Specify		
	Question relevant when: ${J06c} =999		
J07 *(required)*	Do you [respondent] know where to get the young children vaccinated from?	1	yes
		2	no

Field	Question	Answer	
J07a (required)	did you ask someone this information or heard it somewhere. *Question relevant when: ${J07} =1*	1	I asked someone
		2	I heard it somewhere / from someone
J07b (required)	Who did you asked *Question relevant when: ${J07a} =1*	1	Members of my CO/VO/LSO
		2	NRSP Staff / CRP
		3	Family /Friends
		999	Others (Specify)
J07b_oth (required)	If Other, Specify *Question relevant when: ${J07b} =999*		
J07c (required)	Where / who did you hear it from? *Question relevant when: ${J07a} =2*	1	Members of my CO/VO/LSO
		2	NRSP Staff / CRP
		3	Family /Friends
		999	Others (Specify)
		5	I knew it before SUCCESS
J07c_oth (required)	If Other, Specify *Question relevant when: ${J07c} =999*		
J08 (required)	Do you [respondent] know where to get the pregnant women vaccinated from?	1	yes
		2	no
J08a (required)	did you ask someone this information or heard it somewhere. *Question relevant when: ${J08} =1*	1	I asked someone
		2	I heard it somewhere / from someone
J08b (required)	Who did you asked *Question relevant when: ${J08a} =1*	1	Members of my CO/VO/LSO
		2	NRSP Staff / CRP
		3	Family /Friends
		999	Others (Specify)
J08b_oth (required)	If Other, Specify *Question relevant when: ${J08b} =999*		
J08c (required)	Where / who did you hear it from? *Question relevant when: ${J08a} =2*	1	Members of my CO/VO/LSO
		2	NRSP Staff / CRP
		3	Family /Friends
		999	Others (Specify)
		5	I knew it before SUCCESS
J08c_oth (required)	If Other, Specify *Question relevant when: ${J08c} =999*		
Start of Questionnaire > Income Expenditure Balance Sheet Validation Check > [K] Civic engagement			
K01	Rank each of the following issues in your village/settlement from 0 to 4, where 0=no problem; 1=slight problem; 2=serious problem; 3=very serious problem and 9= not sure		
K101 (required)	Lack of access to Education	0	no problem
		1	slight problem
		2	serious problem
		3	very serious problem
		4	not sure
K102 (required)	Lack of access to Health care	0	no problem
		1	slight problem
		2	serious problem
		3	very serious problem
		4	not sure
K103 (required)	Lack of clean drinking Water Supply	0	no problem
		1	slight problem
		2	serious problem
		3	very serious problem
		4	not sure
K104 (required)	Lack of Drainage facility	0	no problem
		1	slight problem
		2	serious problem
		3	very serious problem
		4	not sure
K105 (required)	Lack of Street Pavement	0	no problem
		1	slight problem
		2	serious problem

Field	Question	Answer	
		3	very serious problem
		4	not sure
K106 *(required)*	Lack of public Transport	0	no problem
		1	slight problem
		2	serious problem
		3	very serious problem
		4	not sure
K107 *(required)*	Lack of Fuel Supply (gas)	0	no problem
		1	slight problem
		2	serious problem
		3	very serious problem
		4	not sure
K108 *(required)*	Lack of Electricity	0	no problem
		1	slight problem
		2	serious problem
		3	very serious problem
		4	not sure
K109 *(required)*	Unemployment	0	no problem
		1	slight problem
		2	serious problem
		3	very serious problem
		4	not sure
K110 *(required)*	Lack of access to Credit/capital	0	no problem
		1	slight problem
		2	serious problem
		3	very serious problem
		4	not sure
K111 *(required)*	Lack of access to political representatives (MNA/MPA/District and union councillors)	0	no problem
		1	slight problem
		2	serious problem
		3	very serious problem
		4	not sure
K112 *(required)*	Lack of access to justice system	0	no problem
		1	slight problem
		2	serious problem
		3	very serious problem
		4	not sure
K113 *(required)*	Lack of ownership of land	0	no problem
		1	slight problem
		2	serious problem
		3	very serious problem
		4	not sure
K114 *(required)*	Lack of access to district administration	0	no problem
		1	slight problem
		2	serious problem
		3	very serious problem
		4	not sure
K115 *(required)*	Lack of access to agriculture and livestock department of government	0	no problem
		1	slight problem
		2	serious problem
		3	very serious problem
		4	not sure
K116 *(required)*	Lack of access to police services	0	no problem
		1	slight problem
		2	serious problem
		3	very serious problem
		4	not sure
K117 *(required)*	Lack of water for agriculture	0	no problem

Field	Question	Answer	
K117 *(required)*	Lack of water for agriculture	0	no problem
		1	slight problem
		2	serious problem
		3	very serious problem
		4	not sure
K118 *(required)*	Income (Poverty)	0	no problem
		1	slight problem
		2	serious problem
		3	very serious problem
		4	not sure

Field	Question	Answer	
K02 *(required)*	Did you [respondent] or anyone from your household discuss these local community issues or other issues such as 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?	1	yes
		2	no
K03 *(required)*	Did you [respondent] or anyone from your household 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?	1	yes
		2	no
K04 *(required)*	Did you [respondent] or anyone from your household contacted or visited local government representative (such as UC councillor, UC chairman, vice chairman, district councillor etc) in the last 12 months?	1	yes
		2	no
K04a *(required)*	If yes, who contacted or visited local government representative (such as UC councillor, UC chairman, vice chairman, district councillor etc) in the last 12 months? [MULTIPLE SELECTION ALLOWED] *Question relevant when: ${K04} =1*	1	Household CO member
		2	Other female member(s) of HH
		3	Male members of HH
K04b *(required)*	What was the aim of the visit? *Question relevant when: ${K04} =1*	1	Request community development project
		2	Request service for my household
		999	Other (specify
K04b_oth *(required)*	If Other, Specify *Question relevant when: ${K04b} =999*		
K04c *(required)*	Did he/she meet the local councillor alone or were other people with you? [ASK ONLY IF K04a == 1] *Question relevant when: ${K04a} =1*	1	Alone
		2	With CO members
		3	With other people (non-CO members)
K05 *(required)*	Do [respondent] or anyone from your household has a direct contact with a local councillor?	1	yes
		2	no
directcontwho *(required)*	If yes, who has direct contact? *Question relevant when: ${K05} =1*	1	Household CO member
		2	Other female member(s) of HH
		3	Male members of HH
K06 *(required)*	Did you [respondent] or anyone from your household discuss local community issues with an elected representative (such as UC councillor, UC chairman, vice chairman, district councillor, MPA, MNA) in the last 12 months?	1	yes
		2	no
K07 *(required)*	Did you [respondent] or anyone from your household 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?	1	yes
		2	no
Start of Questionnaire > Income Expenditure Balance Sheet Validation Check > [L] Household Facilities (availability and access)			
L01 *(required)*	How many rooms do you have in the house? This will include only bedrooms and living rooms. Please do not count bathrooms, toilet, kitchen and place for business		
L02 *(required)*	What is the one main source of drinking water for the household?	1	Bottled Water
		2	Cart with small tank/drum
		3	Filtration Plant
		4	Hand Pump in the dwelling
		5	Piped into dwelling (but not inside dwelling)
		6	Piped Water piped into property
		7	Private Borehole (with motor pump)
		8	Protected Spring
		9	Protected Well (include dugs well)
		10	Public Borehole (with motor pump)

Field	Question	Answer	
			pump)
			Public tap / standpipe
		12	Rainwater collection
		13	Surface Water (river or stream or dam or lake or pond or canal or irrigation channel)
		14	Tanker Truck
		15	Underground Water Tube well
		16	Unprotected well (include dugs well)
		17	Other

Field	Question	Answer	
L03 *(required)*	Which method is mostly adopted for treatment of drinking water at household level?	1	No treatment
		2	Boiling
		3	Solar water disinfection (SODIS)
		4	Chlorine tablets/drops
		5	Mineral water
		6	Filter water
L04 *(required)*	Has the drinking water source ever been tested	1	Yes
		2	No
		3	Don't Know
L05 *(required)*	If tested: is it drinkable? *Question relevant when: ${L04} =1*	1	yes
		2	no
L06 *(required)*	Where do the household members go for their toilet needs?	1	Fields / open places
		2	Communal latrine
		3	Household latrine
		999	others (specify)
L06_oth *(required)*	If Other, Specify *Question relevant when: ${L06} =999*		
L07 *(required)*	What type of toilet is used by your household? *Question relevant when: ${L06} !=1*	1	Flush connected to public sewerage
		2	Flush connected to pit
		3	Flush conn. to open drain
		4	Dry raised latrine
		5	Dry pit latrine
L08 *(required)*	Do you have electricity in your house?	1	Yes on grid (WAPDA)
		2	Yes Off grid (Solar, etc.)
		3	No
Start of Questionnaire > Income Expenditure Balance Sheet Validation Check > [M] Trust			
M01 *(required)*	Generally speaking, would you say that most people can be trusted or that you need to be very careful in dealing with people?	1	Most people can be trusted
		2	You need to be very careful
M02 *(required)*	How much do you trust on people of your village?	1	Trust completely
		2	Trust somewhat
		3	Do not trust very much
		4	Do not trust at all
M03 *(required)*	In your opinion how much do people in this village trust each other in matters of lending and borrowing?	1	Trust completely
		2	Trust somewhat
		3	Do not trust very much
		4	Do not trust at all
M04 *(required)*	How much do you trust local elected representatives to address local problems?	1	Trust completely
		2	Trust somewhat
		3	Do not trust very much
		4	Do not trust at all
M05 *(required)*	How much do you trust government officials to address your local problems?	1	Trust completely
		2	Trust somewhat
		3	Do not trust very much
		4	Do not trust at all
M06 *(required)*	How much do you trust NRSP staff to address your local problems?	1	Trust completely
		2	Trust somewhat
		3	Do not trust very much

Field	Question	Answer	
M07 *(required)*	How much do you trust leaders (office bearers of CO, VO, LSO) to work and lead the community for betterment? (ask this question only in treatment villages.	4	Do not trust at all
		1	Trust completely
		2	Trust somewhat
		3	Do not trust very much
		4	Do not trust at all

Field	Question	Answer	
N01 *(required)*	Who in your household decides whether you (woman) can visit your family, friends and relatives?	1	Woman herself
		2	Woman in consultation with her spouse
		3	Spouse alone
		4	Elders in house such as Head/Father/Brother of the household/Mother in law decide
N02 *(required)*	Who in your household decides if you can get medical advice or treatment for yourself?	1	Woman herself
		2	Woman in consultation with her spouse
		3	Spouse alone
		4	Elders in house such as Head/Father/Brother of the household/Mother in law decide
N03 *(required)*	Who in your household decides to get medical advice or treatment for your children?	1	Woman herself
		2	Woman in consultation with her spouse
		3	Spouse alone
		4	Elders in house such as Head/Father/Brother of the household/Mother in law decide
		99	Not applicable if no children in the household
N04 *(required)*	Who in your household decides to deal with children's school and teacher?	1	Woman herself
		2	Woman in consultation with her spouse
		3	Spouse alone
		4	Elders in house such as Head/Father/Brother of the household/Mother in law decide
		99	Not applicable if no children in the household
N05 *(required)*	Who in your household decides/will take decision to arrange marriage/Rishta of children?	1	Woman herself
		2	Woman in consultation with her spouse
		3	Spouse alone
		4	Elders in house such as Head/Father/Brother of the household/Mother in law decide
		99	Not applicable if no children in the household
N06 *(required)*	Who in your household decides if you can use contraceptive method?	1	Woman herself
		2	Woman in consultation with her spouse
		3	Spouse alone
		4	Elders in house such as

Field	Question	Answer	
			Head/Father/Brother of the household/Mother in law decide
		5	Not applicable

N07 (required)	Who In your household decides to buy everyday (non-food) household items?	1	Woman herself
		2	Woman in consultation with her spouse
		3	Spouse alone
		4	Elders in house such as Head/Father/Brother of the household/Mother in law decide
N08 (required)	Who in your household decides to buy large household assets?	1	Woman herself
		2	Woman in consultation with her spouse
		3	Spouse alone
		4	Elders in house such as Head/Father/Brother of the household/Mother in law decide
N09 (required)	Who in your household decides whether you can attend any trainings / adult literacy courses / can attend CO/VO meetings?	1	Woman herself
		2	Woman in consultation with her spouse
		3	Spouse alone
		4	Elders in house such as Head/Father/Brother of the household/Mother in law decide
N10 (required)	Who in your household decides whether you can seek or remain in paid employment?	1	Woman herself
		2	Woman in consultation with her spouse
		3	Spouse alone
		4	Elders in house such as Head/Father/Brother of the household/Mother in law decide
N11 (required)	Who in your household decides what food items to buy?	1	Woman herself
		2	Woman in consultation with her spouse
		3	Spouse alone
		4	Elders in house such as Head/Father/Brother of the household/Mother in law decide

Start of Questionnaire > Income Expenditure Balance Sheet Validation Check > [O] Women in Decision Making & Civic Engagement (Ask only from female member between age 13 to 19 years of the household)

rs_nam (required)	Respondent Name		
O01 (required)	Do you believe that it's appropriate for women to discuss politics?	1	very strongly
		2	strongly
		3	somewhat
O02 (required)	Do you believe that it's appropriate for women to vote in election?	1	very strongly
		2	strongly
		3	somewhat
O03 (required)	Do you believe that it's appropriate for women to show/reveal her preferences for public good i.e. what kind of goods and services government should be providing and prioritising?	1	very strongly
		2	strongly

Field	Question	Answer	
	services government should be providing and prioritising?	2	strongly
			somewhat
O04 (required)	Do you believe that it's appropriate for women to vote for candidate of her choice?	1	very strongly
		2	strongly
		3	somewhat
O05 (required)	Do you believe that it's appropriate for women to run for elections?	1	very strongly
		2	strongly
		3	somewhat
Start of Questionnaire > Income Expenditure Balance Sheet Validation Check > [R] Experience with COs and SUCCESS Programme			
R1	Benefits of Community Organisation (Perceptions)		
R1a (required)	Social Cohesion	0	no benefit (or not sure)
		1	slight benefit
		2	significant benefit
		3	very significant benefit
R1b (required)	Skills	0	no benefit (or not sure)
		1	slight benefit
		2	significant benefit
		3	very significant benefit
R1c (required)	Village Infrastructure	0	no benefit (or not sure)
		1	slight benefit
		2	significant benefit
		3	very significant benefit
R1d (required)	Personal Empowerment	0	no benefit (or not sure)
		1	slight benefit
		2	significant benefit
		3	very significant benefit
R1e (required)	Conflict Resolution	0	no benefit (or not sure)
		1	slight benefit
		2	significant benefit
		3	very significant benefit
R1f (required)	Access to loans	0	no benefit (or not sure)
		1	slight benefit
		2	significant benefit
		3	very significant benefit
R1g (required)	Access to public services	0	no benefit (or not sure)
		1	slight benefit
		2	significant benefit
		3	very significant benefit
R1h (required)	Access to technology	0	no benefit (or not sure)
		1	slight benefit
		2	significant benefit
		3	very significant benefit
R1i (required)	Access to Market	0	no benefit (or not sure)
		1	slight benefit
		2	significant benefit
		3	very significant benefit
R1j (required)	Improved Natural Resources	0	no benefit (or not sure)
		1	slight benefit
		2	significant benefit
		3	very significant benefit
R2 (required)	Do you regularly attend CO meetings?	1	yes
	Question relevant when: ${comemstatuspull} ='1'	2	no
R3 (required)	In the past 12 months, how many CO meetings did you (or the CO member in your HH) attend?		
	Question relevant when: ${comemstatuspull} ='1' and ${R2} =1		
R4 (required)	In the meetings you have attended, on average, how many other CO members were there?		
	Question relevant when: ${comemstatuspull} ='1' and ${R2} =1		
R5 (required)	On average, how long the meetings last?		
	Question relevant when: ${comemstatuspull} ='1' and ${R2} =1		
R6 (required)	Can you describe what usually happens in the meetings you attend?	1	Holy Recitations
	Note to Enumerator: Do not read out answers to respondent, rather check all that she answers		

Field	Question		Answer
	Note to Enumerator: Do not read out answers to respondent, rather check all that she answers	2	Member Attendance
	Question relevant when: ${comemstatuspull} ='1' and ${R2} =1	3	review of past activities
		4	community awareness session by CRP
		5	discussion on CIF/IGG related matters
		6	discussion on other SUCCESS programme related matter
		7	discussion of community issues / issues of members
		8	others

Field	Question		Answer
R7 *(required)*	What do you like most about the COs? *Question relevant when: ${comemstatuspull} ='1' and ${R2} =1*	1	A platform to meet new friends
		2	A platform to discuss issues with other women
		3	A platform to save
		4	A platform to learn about education, health etc
		5	A platform to learn how to deal with government
		999	Others (specify)
R7_oth *(required)*	If Other, Specify *Question relevant when: ${R7} =999*		
R8 *(required)*	If you do not attend CO meetings regularly, what is the main reason? *Question relevant when: ${comemstatuspull} ='1' and ${R2} =2*	1	Meetings are not useful / waste of time
		2	Meetings are useful, but not beneficial for my household (already know the information)
		3	CO meeting place is far away
		4	Family does not allow to attend
		5	Too busy to actively participate
		6	Don't trust NRSP
		7	Meeting do not happen
		8	Did not get any program benefits (CIF, IGG, MHI, TVST
		999	Other (Specify)
R8_oth *(required)*	If Other, Specify *Question relevant when: ${R8} =999*		
R9 *(required)*	How much savings do you have with the CO? *Question relevant when: ${comemstatuspull} ='1'*		
R10 *(required)*	How often do you interact with other members of CO outside of formal meetings. *Question relevant when: ${comemstatuspull} ='1'*	1	At least once daily
		2	A few times a week
		3	Once a week
		4	A few times month
		5	Once a month
		6	Only meet them at CO meeting.
R11 *(required)*	Why did you not join a CO? *For HHs who did not enroll in SUCCESS* *Question relevant when: ${comemstatuspull} ='0'*	1	COs are not useful / waste of time
		2	COs are useful, but not beneficial for us
		3	There is no CO in our community or CO is far away
		4	Family did not allow to join
		5	Too busy to actively participate
		6	Don't trust NGOs

Field	Question	Answer	
		999	Other (Specify)
R11_oth *(required)*	If Other, Specify		
	Question relevant when: ${R11} =999		

Field	Question	Answer	
		999	Other (Specify)
R11_oth *(required)*	If Other, Specify		
	Question relevant when: ${R11} =999		

Field	Question	Answer	
R12 *(required)*	Reason for not using CIF? *For HHs who did not use CIF facility: (PSC 10-23)* *Question relevant when: ${cifstatuspull} ='0'*	1	CIF not available in CO
		2	Applied for CIF but did not get loan
		3	Did not apply as did not need loan
		4	Did not apply as could not pay it back
		5	Don't trust NGOs
		6	Did not get CIF because of no gurantor
		999	Other (Specify)
R12_oth *(required)*	If Other, Specify *Question relevant when: ${R12} =999*		
R13 *(required)*	Reason for not obtaining IGG? *For HHs who did not use IGG Facility (PSC 0-9)* *Question relevant when: ${iggstatuspull} ='0'*	1	IGG not available in CO
		2	Applied for IGG but did not get the grant
		3	Did not apply for it as grant not needed
		4	Don't trust NGOs
		999	Others (Specify)
R13_oth *(required)*	If Other, Specify *Question relevant when: ${R13} =999*		
R14 *(required)*	Why did you not enroll in any technical skills training offered by SUCCESS? *For HHs who did not get training (PSC 0- 23)* *Question relevant when: ${tvststatuspull} ='0'*	1	trainings not available in area
		2	was not interested in offered trainings
		3	trainings of no use
		4	training timing was inconvenient / training too long
		5	family did not allow
		999	Others (Specify)
R14_oth *(required)*	If Other, Specify *Question relevant when: ${R14} =999*		
[Q] Overall Assessment (to be filled by the interviewer)			
Q02 *(required)*	Behaviour of the respondent	2	Normal
		3	reluctant/hesitant
		4	non serious/talkative
Q03 *(required)*	Enumerator comments / observation about household or respondent		

ANNEX 3: DISAGGREGATED ANALYSES BY UCS

Appendix 1: Education Status of the sampled households

		Overall			Dad Jarwar			Massoo Bozdar		
Late Treatment		**Overall**	**0-23**	**24 & above**	**Overall**	**0-23**	**24 & above**	**Overall**	**0-23**	**24 & above**
Number of household members										
		7,111	3,708	3,403	4,514	2,269	2,245	2,597	1,439	1,158
What is highest education level?	Primary School (Class 1-5)	24.8%	24.3%	25.4%	22.3%	20.4%	24.1%	29.3%	30.4%	27.9%
	Middle School (Class 6-8)	6.3%	5.8%	6.9%	6.8%	6.8%	6.9%	5.4%	4.2%	6.8%
	High School (Class 9-10)	4.4%	4.1%	4.7%	4.9%	4.5%	5.3%	3.5%	3.5%	3.5%
	College (Class 11-14)	3.6%	2.7%	4.6%	3.6%	2.9%	4.3%	3.5%	2.4%	5.0%
	Masters (Class 15-16)	0.3%	0.2%	0.3%	0.3%	0.3%	0.4%	0.1%	0.1%	0.2%
	Higher (over 16)	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.0%	0.0%	0.1%
	Adult Literacy	0.1%	0.1%	0.1%	0.0%	0.0%	0.1%	0.3%	0.3%	0.2%
	Never Attended school and cannot read and write	0.5%	0.4%	0.5%	0.3%	0.1%	0.4%	0.8%	0.8%	0.8%
	Never Attended School but can read and write one line in any language with understanding	60.0%	62.4%	57.4%	61.6%	64.9%	58.3%	57.1%	58.3%	55.5%
Has have any professional diploma?	Yes	10%	10%	11%	9%	9%	9%	12%	10%	14%
	No	90%	90%	89%	91%	91%	91%	88%	90%	86%
		Overall			Dad Jarwar			Massoo Bozdar		
Early Treatment		**Overall**	**0-23**	**24 & above**	**Overall**	**0-23**	**24 & above**	**Overall**	**0-23**	**24 & above**
Number of household members										
		7,642	4,062	3,580	4,442	2,455	1,987	3,200	1,607	1,593
What is highest education level?	Primary School (Class 1-5)	23.2%	23.1%	23.3%	20.4%	20.3%	20.5%	27.0%	27.3%	26.7%
	Middle School (Class 6-8)	6.2%	5.3%	7.2%	6.4%	5.7%	7.2%	5.9%	4.7%	7.0%
	High School (Class 9-10)	4.5%	4.0%	5.1%	4.8%	4.4%	5.3%	4.2%	3.5%	4.9%
	College (Class 11-14)	3.2%	2.5%	4.1%	2.8%	2.0%	3.7%	3.9%	3.2%	4.6%
	Masters (Class 15-16)	0.4%	0.2%	0.5%	0.5%	0.3%	0.7%	0.2%	0.1%	0.3%
	Higher (over 16)	0.1%	0.0%	0.2%	0.2%	0.0%	0.3%	0.0%	0.0%	0.0%
	Adult Literacy	0.1%	0.2%	0.0%	0.2%	0.2%	0.1%	0.1%	0.2%	0.0%
	Never Attended school and cannot read and write	1.0%	1.1%	0.9%	0.9%	1.0%	0.8%	1.1%	1.1%	1.1%
	Never Attended School but can read and write one line in any language with understanding	61.3%	63.6%	58.7%	64.0%	66.1%	61.4%	57.6%	59.9%	55.3%
	Yes	5%	4%	5%	3%	4%	3%	7%	5%	9%

| Has have any professional diploma? | No | | 31% | 30% | 33% | 27% | 28% | 27% | 38% | 33% | 44% |

Appendix 2: Percentage of pregnant women vaccinated

Late Treatment		Overall			Dad Jarwar			Massoo Bozdar		
		Overall	0-23	24 & above	Overall	0-23	24 & above	Overall	0-23	24 & above
Number of Pregnant Women		119	64	55	79	42	37	40	22	18
If Pregnant, has she been vaccinated?	Yes	78%	73%	84%	81%	79%	84%	73%	64%	83%
	No	22%	27%	16%	19%	21%	16%	28%	36%	17%
Has she given birth to a child in last 12 months?	Yes	10%	11%	10%	8%	9%	7%	14%	14%	15%
	No	90%	89%	90%	92%	91%	93%	86%	86%	85%
was this birth attended by a medical professional (qualified mid wife or a doctor)?	Yes	85%	83%	87%	89%	85%	95%	81%	81%	80%
	No	15%	17%	13%	11%	15%	5%	19%	19%	20%

Early Treatment		Overall			Dad Jarwar			Massoo Bozdar		
		Overall	0-23	24 & above	Overall	0-23	24 & above	Overall	0-23	24 & above
Number of Pregnant Women		118	68	50	63	43	20	55	25	30
If Pregnant, has she been vaccinated?	Yes	63%	65%	60%	60%	70%	40%	65%	56%	73%
	No	37%	35%	40%	40%	30%	60%	35%	44%	27%
Has she given birth to a child in last 12 months?	Yes	11%	13%	10%	11%	12%	9%	13%	14%	12%
	No	89%	87%	90%	89%	88%	91%	87%	86%	88%
was this birth attended by a medical professional (qualified mid wife or a doctor)?	Yes	85%	86%	85%	85%	86%	83%	86%	85%	87%
	No	15%	14%	15%	15%	14%	18%	14%	15%	13%

Appendix 3: Percentage of population with access to medical professionals and disability status

Late Treatment		Overall			Dad Jarwar			Massoo Bozdar		
		Overall	0-23	24 & above	Overall	0-23	24 & above	Overall	0-23	24 & above
Number of household members		8,039	4,205	3,834	5,062	2,559	2,503	2,977	1,646	1,331
Had serious illness in the last 12 months and treated by a medical professional?	Yes and treated by a medical professional	7%	8%	6%	5%	5%	6%	10%	12%	8%
	Yes but not treated by a medical professional	16%	15%	16%	16%	17%	16%	15%	13%	17%

Late Treatment		Overall			Dad Jarwar			Massoo Bozdar		
		Overall	0-23	24 & above	Overall	0-23	24 & above	Overall	0-23	24 & above
	Not applicable (did not fall sick)	77%	77%	77%	78%	78%	79%	75%	76%	75%
Has any apparent disability?	Yes	2%	2%	2%	2%	2%	2%	2%	3%	1%
	No	98%	98%	98%	98%	98%	98%	98%	97%	99%
Disabilities	Visually impaired	11%	12%	8%	9%	10%	9%	13%	16%	5%
	Deaf and Dumb and Blind	12%	15%	7%	13%	19%	6%	9%	9%	10%
	Mental disorder	26%	23%	31%	26%	23%	30%	25%	22%	33%
	Physical /Limb disability	33%	34%	32%	35%	34%	35%	32%	34%	24%
	Polio	11%	8%	15%	9%	5%	13%	14%	12%	19%
	Speech Disability	4%	4%	4%	4%	4%	4%	4%	3%	5%
	Other	4%	4%	4%	4%	4%	4%	4%	3%	5%

Early Treatment		Overall			Dad Jarwar			Massoo Bozdar		
		Overall	0-23	24 & above	Overall	0-23	24 & above	Overall	0-23	24 & above
Number of household members		8,667	4,641	4,026	4,973	2,768	2,205	3,694	1,873	1,821
Had serious illness in the last 12 months and treated by a medical professional?	Yes and treated by a medical professional	7%	6%	7%	5%	5%	5%	8%	7%	9%
	Yes but not treated by a medical professional	12%	11%	14%	12%	10%	15%	12%	11%	13%
	Not applicable (did not fall sick)	81%	83%	79%	83%	85%	80%	79%	81%	77%
Has any apparent disability?	Yes	2%	2%	2%	2%	2%	2%	2%	2%	2%
	No	98%	98%	98%	98%	98%	98%	98%	98%	98%
Disabilities	Visually impaired	11%	16%	7%	6%	14%	0%	18%	18%	18%
	Deaf and Dumb and Blind	13%	13%	13%	15%	16%	14%	10%	8%	13%
	Mental disorder	22%	19%	24%	21%	16%	26%	22%	24%	21%
	Physical /Limb disability	30%	25%	35%	37%	32%	41%	21%	16%	26%
	Polio	13%	16%	10%	13%	14%	12%	13%	18%	8%
	Speech Disability	5%	6%	5%	4%	4%	3%	8%	8%	8%
	Other	5%	6%	5%	4%	4%	3%	8%	8%	8%

Appendix 4: Children Age 5-16 years of school attendance status and reasons for not attending

Late Treatment		Overall			Dad Jarwar			Massoo Bozdar		
		Overall	0-23	24 & above	Overall	0-23	24 & above	Overall	0-23	24 & above
Number		1,580	803	777	953	451	502	627	352	275
If age is 5-16 years, is she currently attending or enrolled in School?	Yes	20.0%	19.5%	20.4%	18.9%	17.7%	20.0%	21.8%	22.4%	21.2%
	No, dropped out of school	2.3%	2.1%	2.4%	2.2%	2.2%	2.3%	2.3%	2.1%	2.6%
If is currently enrolled in school, in which type of educational institution, she/he is studying?	Govt.	87.9%	90.9%	84.9%	89.6%	90.8%	88.4%	85.5%	91.0%	78.4%
	Private	9.7%	7.2%	12.4%	7.3%	7.2%	7.3%	13.4%	7.1%	21.6%
	Madrasah/Masjid/Maktab School	2.0%	1.7%	2.4%	2.8%	1.7%	3.8%	0.9%	1.6%	0.0%
	Others	0.3%	0.3%	0.3%	0.4%	0.2%	0.4%	0.2%	0.3%	0.0%
If is not attending school, what is the main reason for not attending school or for drop out?	Education is complete	8.1%	6.3%	9.8%	10.9%	8.2%	13.5%	3.3%	3.3%	3.3%
	Education is costly	11.2%	8.9%	13.4%	14.9%	12.2%	17.3%	5.0%	3.3%	6.7%
	School is far away	19.9%	10.1%	29.3%	15.8%	8.2%	23.1%	26.7%	13.3%	40.0%
	Has to help in household chores/grazing of livestock	4.3%	5.1%	3.7%	3.0%	4.1%	1.9%	6.7%	6.7%	6.7%
	Marriage/pregnancy	0.6%	0.0%	1.2%	1.0%	0.0%	1.9%	0.0%	0.0%	0.0%
	Teacher not available/sub-standard education	5.0%	3.8%	6.1%	5.9%	4.1%	7.7%	3.3%	3.3%	3.3%
	Don't believe education is useful	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	Parents do not permit	10.6%	13.9%	7.3%	9.9%	12.2%	7.7%	11.7%	16.7%	6.7%
	child is not ready/interested	21.1%	20.3%	22.0%	19.8%	18.4%	21.2%	23.3%	23.3%	23.3%
	Poverty	14.9%	26.6%	3.7%	15.8%	28.6%	3.8%	13.3%	23.3%	3.3%
	Incapacitated/disability	2.5%	2.5%	2.4%	2.0%	4.1%	0.0%	3.3%	0.0%	6.7%
	Could not get admission due to age restriction (overage/underage)	0.6%	1.3%	0.0%	0.0%	0.0%	0.0%	1.7%	3.3%	0.0%
	Others	1.2%	1.3%	1.2%	1.0%	0.0%	1.9%	1.7%	3.3%	0.0%

Early Treatment		Overall			Dad Jarwar			Massoo Bozdar		
		Overall	0-23	24 & above	Overall	0-23	24 & above	Overall	0-23	24 & above

Number		1,453	784	669	759	423	336	694	361	333
If age is 5-16 years, is she currently attending or enrolled in School?	Yes	2.4%	2.8%	2.0%	2.7%	2.9%	2.5%	2.1%	2.7%	1.4%
	No, dropped out of school	16.6%	16.5%	16.7%	14.4%	14.4%	14.4%	19.6%	19.7%	19.5%
If is currently enrolled in school, in which type of educational institution, she/he is studying?	Govt.	59.6%	50.0%	69.9%	66.0%	57.7%	74.1%	44.4%	34.6%	57.9%
	Private	26.5%	34.6%	17.8%	22.6%	26.9%	18.5%	35.6%	50.0%	15.8%
	Madrasah/Masjid/Maktab School	9.3%	9.0%	9.6%	9.4%	11.5%	7.4%	8.9%	3.8%	15.8%
	Others	4.6%	6.4%	2.7%	1.9%	3.8%	0.0%	11.1%	11.5%	10.5%
If is not attending school, what is the main reason for not attending school or for drop out?	Education is complete	2.8%	3.7%	1.4%	0.9%	1.5%	0.0%	6.5%	7.3%	4.8%
	Education is costly	22.3%	21.1%	24.3%	23.9%	20.6%	28.6%	19.4%	22.0%	14.3%
	School is far away	2.2%	2.8%	1.4%	0.9%	1.5%	0.0%	4.8%	4.9%	4.8%
	Has to help in household chores/grazing of livestock	0.6%	0.9%	0.0%	0.9%	1.5%	0.0%	0.0%	0.0%	0.0%
	Marriage/pregnancy	8.9%	8.3%	10.0%	11.1%	8.8%	14.3%	4.8%	7.3%	0.0%
	Teacher not available/sub-standard education	2.2%	0.9%	4.3%	0.9%	0.0%	2.0%	4.8%	2.4%	9.5%
	Don't believe education is useful	6.1%	7.3%	4.3%	4.3%	7.4%	0.0%	9.7%	7.3%	14.3%
	Parents do not permit	35.8%	39.4%	30.0%	35.9%	47.1%	20.4%	35.5%	26.8%	52.4%
	child is not ready/interested	14.5%	9.2%	22.9%	17.1%	5.9%	32.7%	9.7%	14.6%	0.0%
	Poverty	1.1%	1.8%	0.0%	0.0%	0.0%	0.0%	3.2%	4.9%	0.0%
	Incapacitated/disability	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	Could not get admission due to age restriction (overage/underage)	3.4%	4.6%	1.4%	4.3%	5.9%	2.0%	1.6%	2.4%	0.0%
	Others	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Appendix 5: Work Status with Age brackets

	Late Treatment		Overall				Dad Jarwar			Massoo Bozdar		
			Overall		**0-23**	**24 & above**	**Overall**	**0-23**	**24 & above**	**Overall**	**0-23**	**24 & above**
Male	Overall	Working	1,819	49%	49%	49%	48%	48%	48%	51%	51%	51%
		Own work	61	2%	1%	2%	1%	1%	2%	2%	1%	4%
		Only own Household Work chores	226	6%	6%	6%	6%	6%	6%	6%	6%	6%
		Did not work during last year	1,599	43%	44%	43%	45%	45%	44%	41%	42%	39%
	1_ 5 to 13	Working	63	5%	5%	6%	4%	3%	5%	7%	6%	7%
		Own work	-	0%	0%	0%	0%	0%	0%	0%	0%	0%
		Only own Household Work chores	141	11%	13%	10%	11%	12%	9%	13%	13%	12%
		Did not work during last year	1,042	84%	83%	84%	85%	84%	87%	81%	81%	81%
	2_ 14 to 18	Working	258	43%	44%	42%	39%	40%	38%	52%	50%	55%
		Own work	1	0%	0%	0%	0%	0%	0%	0%	0%	0%
		Only own Household Work chores	43	7%	7%	8%	8%	8%	8%	6%	5%	8%
		Did not work during last year	297	50%	50%	49%	53%	52%	54%	42%	45%	37%
	3_ 19 to 55 Years	Working	1,378	84%	85%	83%	83%	83%	83%	87%	90%	84%
		Own work	52	3%	2%	4%	3%	2%	3%	4%	2%	6%
		Only own Household Work chores	32	2%	1%	3%	2%	1%	3%	2%	1%	2%
		Did not work during last year	171	10%	11%	10%	12%	14%	11%	7%	7%	7%
	4_ Above 55	Working	120	53%	53%	53%	57%	54%	61%	46%	52%	40%
		Own work	8	4%	2%	5%	2%	1%	3%	5%	2%	9%
		Only own Household Work chores	10	4%	4%	4%	6%	6%	6%	2%	2%	2%
		Did not work during last year	89	39%	41%	38%	35%	39%	30%	46%	44%	49%
Female	Overall	Working	773	23%	23%	23%	22%	20%	24%	24%	27%	21%
		Own work	11	0%	0%	0%	0%	0%	0%	0%	0%	0%
		Only own Household Work chores	701	21%	20%	22%	20%	19%	20%	22%	20%	24%
		Did not work during last year	1,922	56%	57%	55%	58%	61%	55%	54%	53%	55%
	1_ 5 to 13	Working	76	1%	1%	1%	1%	1%	1%	2%	2%	1%
		Own work	-	0%	0%	0%	0%	0%	0%	0%	0%	0%
		Only own Household Work chores	125	2%	2%	1%	1%	1%	1%	2%	2%	2%
		Did not work during last year	881	11%	11%	10%	11%	11%	10%	11%	11%	11%
	2_ 14 to 18	Working	111	21%	21%	22%	20%	18%	22%	24%	27%	22%
		Own work	-	0%	0%	0%	0%	0%	0%	0%	0%	0%
		Only own Household Work chores	129	25%	26%	24%	25%	25%	25%	25%	27%	23%
		Did not work during last year	278	54%	53%	54%	55%	57%	53%	51%	47%	55%

Late Treatment			Overall				Dad Jarwar			Massoo Bozdar		
			Overall		0-23	24 & above	Overall	0-23	24 & above	Overall	0-23	24 & above
3_ 19 to 55 Years		Working	548	35%	35%	34%	33%	31%	36%	37%	42%	31%
		Own work	10	1%	1%	0%	1%	1%	1%	0%	1%	0%
		Only own Household Work chores	411	26%	25%	27%	24%	24%	24%	30%	27%	33%
		Did not work during last year	614	39%	39%	38%	42%	44%	40%	33%	31%	36%
4_ Above 55		Working	38	17%	18%	16%	16%	17%	15%	19%	20%	18%
		Own work	1	0%	0%	1%	1%	0%	1%	0%	0%	0%
		Only own Household Work chores	36	16%	8%	24%	19%	12%	25%	12%	4%	23%
		Did not work during last year	148	66%	74%	59%	65%	72%	59%	69%	76%	60%

Early Treatment			Overall				Dad Jarwar			Massoo Bozdar		
			Overall		0-23	24 & above	Overall	0-23	24 & above	Overall	0-23	24 & above
Male	Overall	Working	1,892	48%	47%	49%	46%	45%	47%	51%	50%	52%
		Own work	82	2%	2%	2%	3%	3%	2%	2%	1%	2%
		Only own Household Work chores	233	6%	6%	6%	7%	6%	7%	5%	6%	5%
		Did not work during last year	1,715	44%	45%	43%	45%	46%	43%	42%	43%	42%
	1_ 5 to 13	Working	90	1%	1%	1%	0%	1%	0%	1%	1%	1%
		Own work	2	0%	0%	0%	0%	0%	0%	0%	0%	0%
		Only own Household Work chores	146	1%	1%	1%	1%	1%	1%	1%	1%	1%
		Did not work during last year	1,169	7%	8%	7%	7%	8%	6%	8%	8%	8%
	2_ 14 to 18	Working	238	42%	44%	40%	33%	34%	32%	56%	60%	51%
		Own work	5	1%	1%	1%	1%	1%	1%	1%	1%	1%
		Only own Household Work chores	57	10%	10%	10%	13%	12%	13%	6%	7%	6%
		Did not work during last year	262	47%	44%	49%	54%	53%	54%	37%	32%	42%
	3_ 19 to 55 Years	Working	1,435	84%	84%	83%	81%	82%	80%	88%	89%	87%
		Own work	67	4%	4%	3%	5%	5%	4%	3%	3%	2%
		Only own Household Work chores	24	1%	1%	2%	2%	1%	2%	1%	1%	1%
		Did not work during last year	192	11%	10%	12%	13%	12%	14%	9%	8%	10%
	4_ Above 55	Working	129	55%	56%	55%	57%	56%	58%	54%	55%	53%
		Own work	8	3%	4%	3%	4%	6%	2%	3%	2%	4%
		Only own Household Work chores	6	3%	3%	3%	2%	2%	2%	4%	4%	4%
		Did not work during last year	90	39%	38%	40%	38%	36%	39%	40%	39%	40%
Female	Overall	Working	918	25%	28%	21%	20%	23%	16%	31%	35%	28%

Late Treatment			Overall				Dad Jarwar			Massoo Bozdar		
			Overall		0-23	24 & above	Overall	0-23	24 & above	Overall	0-23	24 & above
		Own work	6	0%	0%	0%	0%	0%	0%	0%	0%	0%
		Only own Household Work chores	705	19%	17%	21%	20%	18%	23%	17%	16%	17%
		Did not work during last year	2,091	56%	55%	58%	60%	59%	60%	52%	49%	54%
1_ 5 to 13		Working	100	0%	1%	0%	0%	0%	0%	1%	1%	1%
		Own work	-	0%	0%	0%	0%	0%	0%	0%	0%	0%
		Only own Household Work chores	175	1%	1%	1%	1%	1%	1%	1%	1%	1%
		Did not work during last year	1,022	4%	5%	4%	4%	5%	4%	4%	5%	4%
2_ 14 to 18		Working	144	27%	29%	25%	19%	22%	16%	38%	39%	37%
		Own work	-	0%	0%	0%	0%	0%	0%	0%	0%	0%
		Only own Household Work chores	120	22%	21%	24%	22%	18%	26%	23%	25%	21%
		Did not work during last year	271	51%	50%	51%	59%	60%	58%	39%	35%	42%
3_ 19 to 55 Years		Working	630	38%	44%	31%	32%	37%	26%	47%	56%	39%
		Own work	6	0%	0%	0%	0%	0%	0%	0%	0%	1%
		Only own Household Work chores	373	23%	20%	25%	26%	23%	30%	17%	16%	19%
		Did not work during last year	647	39%	35%	43%	42%	39%	45%	35%	27%	42%
4_ Above 55		Working	44	19%	25%	15%	20%	26%	14%	18%	23%	15%
		Own work	-	0%	0%	0%	0%	0%	0%	0%	0%	0%
		Only own Household Work chores	37	16%	19%	14%	18%	21%	16%	13%	15%	12%
		Did not work during last year	150	65%	56%	72%	62%	53%	70%	69%	62%	73%

Centre for Evaluation and Development

C4ED

O7, 3
68161 Mannheim, Germany

Email: info@c4ed.org

www.c4ed.org

Center for Evaluation
and Development