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Functional Limitation and Participation Barriers

In Earthquake Affected Areas of AJK and NWFP

PPAF started an "Earthquake Disability Project" with the help of World Bank financial assistance in earthquake affected areas of AJK and NWFP with the objective to improve the quality of life of people with functional limitations and their families, by ensuring better mobility, improved physical and mental health, increased participation in social and economic life, and strengthened empowerment. This report describes the prevalence of functional limitation in these areas along with the participation barriers faced by these persons

Mansoor Hasan Khan

Pakistan Poverty Alleviation Fund (PPAF)



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List of Abbreviations

Rehabilitation and Reconstruction Project	RnR
Persons with Functional Limitation	PWFL
Pakistan Poverty Alleviation Fund	PPAF
National Rural Support Program	NRSP
Sarhad Rural Support Program	SRSP
Sungi Development Foundation	Sungi
Disability Service Provider	DSP
Partner Organization	PO
Persons With Functional Limitation	PWFL
All Functional Limitation	AFL
Restricted Functional Limitation	RFL
Complete Functional Limitation	CFL
Azad Jammu & Kashmir	AJK
North West Frontier Province	NWFP
Community Organization	CO
Non Government Organization	NGO

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0 Executive Summary

0.1 Introduction

The most devastating earthquake that hit the northern areas of Pakistan on October 8, 2005 had left over 80, 000 dead, half a million homeless and innumerable without livelihoods. Beside these losses it is believed that many people who survived the earthquake had developed physical and mental functional limitations. The initially collected data on the damage assessment of housing due to earthquake had also indicated the presence of persons with functional limitation (PWFL) in the earthquake-affected areas of AJK and NWFP regions.

In response to the situation, PPAF started an “Earthquake Disability Project” with the help of World Bank financial assistance in earthquake affected areas. The post-traumatic stress left PWFL with grief and depression that requires counseling and support from specialized service providers and local communities. The types of functional limitations that were expected among the community included physical, mental or sensory, including visual, hearing and speech or in general any restriction or lack (resulting from impairment) of ability to perform an activity in the manner or within the range considered normal for a human beings.

The specific objective of the project is to improve the quality of life of people with functional limitations and their families in earthquake affected area of AJK and NWFP, by ensuring better mobility, improved physical and mental health, increased participation in social and economic life, and strengthened empowerment.

0.2 Sample Survey

Under this project a sample survey was conducted to identify and assess the needs of persons with functional limitation (PWFL) with the help of PPAF partner organization (PO) namely; National Rural Support Program (NRSP), Sarhad Rural Support Program (SRSP) and Sungi Development Foundation (SDF) in the selected villages of 22 earthquake affected Union Councils of AJK and NWFP.

In this survey a total of 19, 508 household (8,988 household in AJK and 10,520 households in NWFP) were reached for capturing socio-economic data of household and identification of persons having functional limitation in randomly selected villages of earth quake affected union councils covering 15.8% of total population (17.2% of total population in AJK and 14.8% of total population in NWFP).

The survey uses the questionnaire developed by Daniel M. Mont of World Bank for capturing the information of persons with functional limitation and it covers functional limitation of households’ members in the domains of vision, hearing, walking, lifting, remembering or concentrating, learning, self care and communication.

It also investigates the participation and barriers of persons having functional limitation in education, sports, job, community organizations, family decision making, community decision making and in obtaining health care services beside their needs for assistive devices. Finally, it examines the cost of disability by exploring the family member assistance needed by persons

having functional limitation with basic activities like dressing, washing, eating or moving about and then attempts to determine the economic cost required for such assistance.

0.3 Main Findings

0.3.1 Household Characteristics

In the sampled villages the most prevalent religion practiced is Islam, the most commonly spoken languages are “Hindko”, “Pahari” and “Gojri” and the most dominant casts are “Abbasi”, “Gugar” and “Awan”. The majority of population in sampled villages has been residing there for more than 20 years and also owns the mortgage free agricultural land. Of the total household in selected villages (23.1%) own agriculture land between 2 to 5 kanels. It is found that in general household in AJK have higher agriculture land holdings than household in NWFP.

0.3.2 Household Dwellings

In overall sample, 90.5% of head of household own their dwelling units. It is found that after earthquake, mud houses have reduced from 68.8% to 21.9% and cemented and semi cemented houses have increased from 31.2% to 73.2% indicating that the structures of houses have been significantly improved. Furthermore it is evaluated that the dwellings in AJK are much more commodious than those in NWFP as these have more number of rooms. Moreover, 66.7% of dwellings have piped water facility and the rest use surface water, public tap water and open public well water. Similarly, 37.1% of dwellings have no drainage /toilet facilities; 42.7% use owned pit toilet/latrine system and 9.4% use own flush toilet.

0.3.3 Household Remittance Status

It is observed that 3.3% of total households are receiving remittance, 2.2% are giving remittance and 2.4% are both receiving as well as giving remittance. Further, based on sample data it is observed that 7.8% of the household in the sample villages are involved in the practice of remittance and this practice is little higher in AJK than in NWFP.

0.3.4 Household Health Facilities

It is found that in overall sample, 58.7% of households have no access to any type of health facilities and access to health facility is a major problem in NWFP where 77.0% of household reported no health facility as compared to 36.3% of household in AJK. Major health facilities present in surveyed villages are “Government Dispensaries” (16.1%), “BHU” (8.2%), “Government Hospital” (5.9%) and “Private Clinics Run by non MBBS doctor” (4.9%).

On the average it takes 2.1 hrs to cover a distance of 6.0km in order to reach to the nearest health facility in the sampled villages. The three important methods of transportation to reach health facilities are walking (78.9%); public transport (64.21%) and rented vehicle (34.9%). Only 16.2% of respondents in the sample villages indicated the presence of rehabilitation services in the health facilities available to them.

The main actions taken by the head of households in order to meet the financial cost triggered by earth quake are:-

- Received support from NGO (74.3%)

- Government assistance (54.3%)
- Borrowed / took support from family and friends (21.9%)
- Spent from buffer savings (20.2%)
- Reduced consumption (18.0%)
- Increased work (16.4%)

0.3.5 Household Demography

The household in sample villages have a total population of 119,865 living in 19,508 household; of which 46.79% are females and 53.21% are males. of which 50.7% are females and 49.3% are males. Of the female population 46.5% are children, 47.7% are adults and the rest (5.8%) are elders. Similarly, of the male population 47.1% are children, 49.1% are adults and remaining 3.7% are elders. The average household size in overall sample is approximately 5.7 people, with 3 adults per family.

The sex ratio is 97.2% indicating lesser number of males in population. The dependency ratio in the overall sample is 106.5%. It is observed that child dependency (96.1%) is significantly higher than aged dependency (9.8%). Similarly the child/women ratio in the overall sample is 38.4% again indicating higher number of minors in population. This is further confirmed with age distribution of respondents in which 38.4% of the total population is less than 15 years old; 30.7% are between 16 to 30 years; 16.3% are between 31 to 45 years, 9.9% are between 46-60 years; 3.8% are between 61-75 years and remaining 0.9% are over 75 years.

In the overall sample it is observed that 59.6% of population is never married; 37.4% of population is married; 2.8% is living as widowed; 0.1% is living as divorced / separated and 0.1% is living as deserted. The percent ratio of married males to females is 88.6% in overall sample indicating that more females are married than males in both AJK and NWFP.

0.3.6 Household Literacy & Work Status

It is observed that in overall sample 37.6% have no education or illiterate out of which 22.2% are females and 15.3% are males. This difference in the proportion of male and female is also statistically significant indicating that illiteracy is more common in females than in males. It is further observed that 30.1% have education below and equal to primary, 14.0% have education between primary and middle, 12.0% have education between middle and matric, 3.8% have education between matric and intermediate and only 2.5% have the education level of graduate and above.

The working status of household members greater than 18 years indicated that females are either the housewives (40.2%), or doing the domestic work (2.8%) or student (2.7%). Similarly, the working status of males indicates that 9.0% are non agricultural laborer, 6.8% are government employees, 4.6% are working as agriculture laborer, 4.3% are government employee or doing their own business and 3.3% are students. It is further observed that 0.7% of females and 4.7% of males are not working but are available for work.

0.3.7 Prevalence of Functional Limitations

Three approaches are used for measuring the prevalence of functional limitation in various domains like vision, hearing, walking, lifting, remembering, learning, self care or communicating. These include:

- All Functional Limitations: if response is some difficulty, a lot of difficulty, or Unable to do at all in any domain of functional limitation.
- Restricted Functional Limitations: If response is a lot of difficulty or unable to do at all in any domain of functional limitation.
- Complete Functional Limitations: if response is unable to do at all in any domain of functional limitation.

The three approaches differ in terms of their use of survey information about positive response and range from very broad to quite specific, corresponding to an increasingly restrictive definition of a positive response of a "Functional Limitation". The methodology for measuring prevalence follows closely the methods defined by UN Washington Group on Disability Statistics (UN-WGDS).

Functional Limitation

According to "All Functional Limitations" definition, the overall prevalence in population is 10.2% (12.5% in AJK and 8.2% in NWFP). Similarly, according to "Restricted Functional Limitations" the overall prevalence is 5.2% (5.8% in AJK and 4.7% in NWFP) and according to "Complete Functional Limitations" the prevalence is 1.2% (1.5% in AJK and 0.9% in NWFP). The data also gave statistical evidence that with all the three definitions of functional limitation, the prevalence in both AJK and NWFP is different.

Functional Limitation by Gender

With the definition of "All Functional Limitations", the overall prevalence in females is 9.7% and in males is 1.0%. Similarly, by the definition of "Restricted Functional Limitations", the overall prevalence in females and males is 4.8%. Also, by using the definition of "Complete Functional Limitations", the prevalence in females is 1.1% and in males is 1.3%. Also, all the three definition of functional limitations indicated that these are spread equally in both genders. However, via the three definitions of functional limitation, the prevalence in males and in females is found different between sampled villages of both districts.

Functional Limitation by Age Group

According to "All Functional Limitations" definition, the overall prevalence in children between 0-15 years of age is between 4.5% and then it increases with age; 6.8% for persons in the age group of 16-30 years; 11.9% for persons in the age group of 31-45 years; 24.3% for persons in the age group of 46-60 years; 40.4% for persons in the age group of 61-75 years and 33.1% for the persons in the age group of 75 years and above.

Similarly, according to "Restricted Functional Limitation" definition, the overall prevalence in children between 0-15 years of age is 2.9% and then it increases with age; 3.8% for persons in the age group of 16-30 years; 5.1% for persons in the age group of 31-45 years; 9.1% for persons

in the age group of 46-60 years; 21.6% for persons in the age group of 61-75 years and 33.1% for the persons in the age group of 75 years and above.

Finally, according to “Complete Functional Limitation” definition, the overall prevalence in children between 0-15 years of age is 0.8% and then it increases with age; 1.0% for persons in the age group of 16-30 years; 1.0% for persons in the age group of 31-45 years; 1.9% for persons in the age group of 46-60 years; 4.1% for persons in the age group of 61-75 years and 7.3% for the persons in the age group of 75 years and above.

Functional Limitation by Type

Using the three definitions (“All Functional Limitations”, “Restricted Functional Limitations” and “Complete Functional Limitations”), functional limitations in the domain of vision are 4.6%, 1.6% and 0.2% respectively; in domain of hearing are 2.4%, 1.3% and 0.3% respectively; in the domain of walking are 5.4%, 2.9% and 0.4% respectively, in the domain of lifting are 3.4%, 2.0% and 0.3% respectively; in domain of remembering are 2.8%, 1.5% and 0.2% respectively; in domain of learning are 3.6%, 1.8% and 0.3% respectively, in the domain of self care are 2.2%, 1.4% and 0.3% respectively and in the domain of communicating are 2.6%, 1.7% and 0.3% respectively.

With the definition of “All Functional Limitation”, the important functional limitations present in the sample villages are walking and vision. Similarly, by the definition of “Restricted Functional Limitation”, the important functional limitations present in the sample villages are mobility (walking and lifting). Finally, by using the definition of “Complete Functional Limitation”, the important functional limitations present in the sample villages are mobility (walking and lifting).

Multiple Functional Limitation

According to “All Functional Limitation” definition, 36.0% reported single and 64.0% reported multiple functional limitations. Similarly, according to “Restricted Functional Limitation” definition, 22.2% reported single and 77.8% reported multiple functional limitations. Finally, according to “Complete Functional Limitation” definition, 12.1% reported single and 87.9% reported multiple functional limitations. The data gave evidence that population in the sampled villages of AJK and NWFP is in general having multiple functional limitations.

Cause of Functional Limitation

According to “All Functional Limitation” definition the most important cause are “illness / health condition not related to earth quake” (48.7%), “birth” (20.5%), “accident / injury not related to earthquake” (8.5%) and “illness / health condition not related to earth quake” (8.2%). Other less important reasons reported by respondents are “age” (6.8%), “accident / injury related to earthquake” (3.7%). 2.6% of respondents are unaware or unable to state their reason for functional limitation especially in AJK.

According to “Restricted Functional Limitation” definition the most important cause are “illness / health condition not related to earth quake” (36.8%) and “birth” (30.0%). Other less important reasons reported by respondents are “accident / injury not related to earth quake” (9.8%), “illness / health condition related to earth quake” (8.2%), “Age” (7.2%) and “accident / injury related to earthquake” (4.5%). 3.6% of respondents are unaware or unable to state their reason for functional limitation especially in AJK.

According to “Complete Functional Limitation” definition the most important cause are “birth” (39.6%) and “illness / health condition not related to earth quake” (31.0%). Other less important reasons reported by respondents are “accident / injury not related to earth quake” (9.9%) and “illness / health condition related to earth quake” (7.1%) and “Age” (5.3%). Also 2.2% of respondents are unaware or unable to state their reason for functional limitation.

0.3.8 Participation and Barriers

Using only the broadest definition of functional Limitation (i.e. “All Functional Limitation”), the major participation restriction faced by persons having functional limitations in the sample villages of AJK and NWFP are described below.

Education & Training

In overall sample, it is found that 78.9% of persons having functional limitation (Between 5 to 60 years) have never attempted to get an education or training in past 5 years. The important reasons identified for not getting education or training are “lack of financial resources” (22.8%), followed by “age” (15.3%), “Do not believe I can be successful” (14.7%), “No education facilities available” (13.6%) and “No need for more information”(10.1%). Similarly, 21.1% of respondents having functional limitation are able to get education or training out of which 13.6% failed in getting education or training. The important reason for failure are “Lack of education resources” (20.6%), “Program was not able to accommodate my health needs” (17.0%), “Lack of confidence” (15.5%) and “Building inaccessible”(12.3%) indicating the environment does not help or support and provide opportunities to persons having functional limitation for education or training.

Sports and Leisure Activities

In overall sample, it is found that 76.7% of persons having functional limitation (5 years and greater) have never participated in sports and in leisure activities in past 5 years. The important reasons identified for not participating in sports or leisure activities are “Did not want to” (24.0%), followed by “lack of financial resources” (23.9%) and “Do not believe I can be successful” (20.1%). Similarly, 23.3% of the total persons with functional limitation consisting of 10.4% females and 12.9% males are able to participate in sports or leisure activities out of which 6.2% remained unsuccessful in sports or leisure activities. The main reasons for failure are “Facilities inaccessible” (27.1%), “Lack of financial resources”(16.0%), “Lack of family support”(14.2%) and “Inadequate transportation” (12.5%).

Employment

In overall sample, it is found that 70.5% of persons having functional limitation (18 years and greater) have never tried for getting employment or job in past 5 years. The difference between genders for non participation in employment is found significantly different in selected sample that leads to conclusion that males are more active in seeking employment than females. The important reasons identified for non participation in employment are “No employer will accept me” (18.8%), followed by “Did not want a job” (17.7%), and “Lack of financial resources” (16.0%). Similarly, 29.5% of respondents consisting of 12.5% females and 17.0% males are able to participate in employment out of which 18.9% remained unsuccessful in their employment

experience. The main reasons for unsuccessful employment experience are “Lack of confidence” (20.9%), “Lack of financial resources” (20.5%), “Building inaccessible” (17.2%), and “Lack of family support” (15.2%).

Joining Community Organization

In overall sample, it is found that 69.5% of persons having functional limitation (18 years and greater) have never attempted to join any community organization (CO) in past 5 years. The important reasons identified for not joining a CO are “Lack of family support” (24.3%), followed by “Did not want to be a member” (23.9%), “CO didn't think I was able to participate” (13.5%) and “Lack of financial resources” (10.6%). Similarly, 30.5% of respondents consisting of 13.5% females and 17.0% males reported to attempt joining a CO out of which 69.5% remained unsuccessful. The main reasons identified for failure in joining a CO are “Lack of family support” (32.6%), “Lack of Confidence” (32.3%), and “Lack of financial resources” (32.2%).

Family Decision Making

In overall sample, it is found that 17.2% of persons having functional limitation (18 years and greater) have not involved themselves in family decision making in past 5 years. The difference between genders for non participation in family decision making is found significantly different in selected sample that leads to conclusion that males are more actively involved in family decision making than females. The important reasons identified for not participating in family decision making are “Lack of family support” (23.1%), followed by “Do not believe I should” (19.7%), “Problems communicating” (18.8%) and “Because I am disabled” (16.7%).

Community Decision Making

In overall sample, it is found that 64.1% of persons having functional limitation (18 years and greater) have not involved themselves in community/jirga decision making in past 5 years. The important reasons identified for not participating in community/ jirga decision making are “Did not want to participate” (17.3%), followed by “Lack of family support” (17.0%), “Members didn't think I was able to participate” (12.2%), “Because women are not allowed” (12.2%) and “Do not believe I can participate” (11.6%). Similarly, 35.9% of respondents reported to participate in Jirga/ Community decision making out of which 9.9% remained unsuccessful in their participation. The main reasons identified for failure are “Lack of family support” (31.7%), “Could not meet Community / Jirga requirements for participation” (29.9%) and “Lack of confidence” (29.9%).

Obtaining Health Care Services

In overall sample, it is found that 10.0% of persons having functional limitation (5 years and greater) have never tried to obtain health care services in past 5 years. The important reasons identified for not getting health care services are “Lack of financial resources” (26.6%), followed by “No facility available” (20.6%) and “Do not think health facility can help me” (15.9%). Similarly, 74.9% of respondents reported to obtain health care services out of which 5.1% failed in getting any health services. The main reasons identified for failure are “Lack of financial resources” (26.1%), “Building inaccessible” (16.9%) and “Could not find a health facility” (15.4 %).

Other Social Activities

In overall sample, it is found that respondents with functional limitation (5 years and greater) are participating in various other activities like visiting respondents having functional limitation are active in visiting “friends /relatives” (72.6%), “BHU” (41.9%), “School”, (53.9%), Mosque” (48.3%), and “Market” (42.2%). The most widely performed activity is visiting relatives / freinds and the least performed activity is going to college.

Need for Assistive Devices and Trainings

According to 73.1% of respondents with functional limitation (5 years and greater), the assistive devices needed by them are glasses (18.9%), wheel chair (17.0%), learning aid (17.0%) and walking aid(16.9%). It is also observed that nearly all devices are needed for repondents in AJK and NWFP. Similarly, only 67.6% respondents reported the need for any training that will help them participating in various activities. The trainings idenfied are “Life skill training” (28.3%), “Personal counseling” (27.1%), “Family counseling” (24.8%), and “Communicating training” (19.9%).

0.3.9 Cost of Disability

Using only the broadest definition of functional Limitation (i.e. “All Functional Limitation”), the major assistance needed by persons having functional limitations in the sample villages of AJK and NWFP are described below.

Family Assistance

It is observed that in overall sample, 20.8% of the respondents having functional limitation required the assistance of family members to perform their daily activities like dressing, washing or moving about. Among these respondents 46.2% are females and 53.8% are males. Further these respondents, on the average, require 6.3 hours per day assistance of their family members.

Time for Family Assistance

Among the functionally limited respondents who needed assistance for their daily activities, 68.1% required the family assistance in morning, 73.4% required the family assistance during work day, and 60.0% require the family assistance in evening and 61.3% required the family assistance at night. It was also observed that in AJK the numbers of respondents who require family assistance during morning, in evening and at nights are higher than in NWFP. Similarly, in NWFP the numbers of respondents who require family assistance during work day are higher than in AJK.

Assistance by Children

It is observed that in overall sample that 30.1% of respondents (38.1% in AJK and 22.1% in NWFP) require the assistance of children where as 69.9% do not require such help. It is further observed that the difference in the percentage of AJK and NWFP requiring child assistance is statistically significant meaning that respondents in AJK are more dependent on their children for performing their basic daily activities like dressing, washing or moving about.

The frequency at which children assistance after school is needed by respondents having functional limitation to perform their daily activities indicated that 40.6% and 31.9% of respondents having functional limitation require children help after school at home every day and more than one day a week respectively. This shows that child play an important role in helping the family members having functional limitation.

Loss of Work in Assistance

It is observed that in overall sample 31.5% (33.3% in AJK and 29.7% in NWFP) of functionally limited respondents require assistance to carry out their daily activities from an adult assistance at home that causes them to miss 15.5 hours per week of work. Among such respondents who require assistance from some adult at home 21.8% are females and 24.3% are males indicating that care of functionally limited persons cause loss of work.

The frequency at which loss of work occurs to adult household member for giving assistance to functionally limited persons in performing their daily activities shows that 41.5% and 29.3% of such respondents having cause loss of work to their adult assistant every day and more than one day a week respectively. This further strengthens the fact that functional limitation cause economic loss to members of household. It is also observed that respondents in AJK cause more loss of work to their adult assistance than in NWFP.

Cost of Health Services

It is observed that in overall sample 47.5% of respondents are aware of the cost spent by their household members in order to treat functional limitation. It is found that on the average household has spent Rs41, 855.0 (Rs52, 812.2 in AJK and Rs36, 200.7) in NWFP) for the treatment of functional limitation persons. It is further observed that average amount spent on the treatment of persons having functional limitation in AJK is significantly higher than amount spent in NWFP indicating that households in AJK tend to spent more money on the treatment of persons having functional limitation.

1 Introduction

1.1 Project Background

The most devastating earthquake that hit the northern areas of Pakistan on October 8, 2005 had left over 80, 000 dead, half a million homeless and innumerable without livelihoods. Beside these losses it is believed that many people who survived the earthquake had developed physical and mental functional limitations. The initially collected data on the damage assessment of housing due to earthquake had also indicated the presence of persons with functional limitation (PWFL) in the earthquake-affected areas of AJK and NWFP regions.

In response to the situation, PPAF started an “Earthquake Disability Project” with the help of World Bank financial assistance in earthquake affected areas. The post-traumatic stress left PWFL with grief and depression that requires counseling and support from specialized service providers and local communities. The types of functional limitations that were expected among the community included physical, mental or sensory, including visual, hearing and speech or in general any restriction or lack (resulting from impairment) of ability to perform an activity in the manner or within the range considered normal for a human beings.

1.2 Project Objectives

The general objectives of the projects includes:-

1. Improved quality of life of the PWFL through better health services, improved mobility and increased capacity to take care of themselves by participation in the social and economic spheres.
2. Improved mental health and post trauma condition through psycho-social therapy and counseling.
3. Increased PWFL capacity development through community based service providers and specialized institutions to provide good quality rehabilitation services.
4. Develop an environment where PWFL, their families and communities can take action on disability.

The specific objective of the project is to improve the quality of life of people with functional limitations and their families in earthquake affected area of AJK and NWFP, by ensuring better mobility, improved physical and mental health, increased participation in social and economic life, and strengthened empowerment. Accordingly, top priorities for persons with functional limitations are:

1. Physical Rehabilitation
2. Physical Accessibility
3. Income Security
4. Access to Credit
5. Advocacy
6. Human Rights Protection

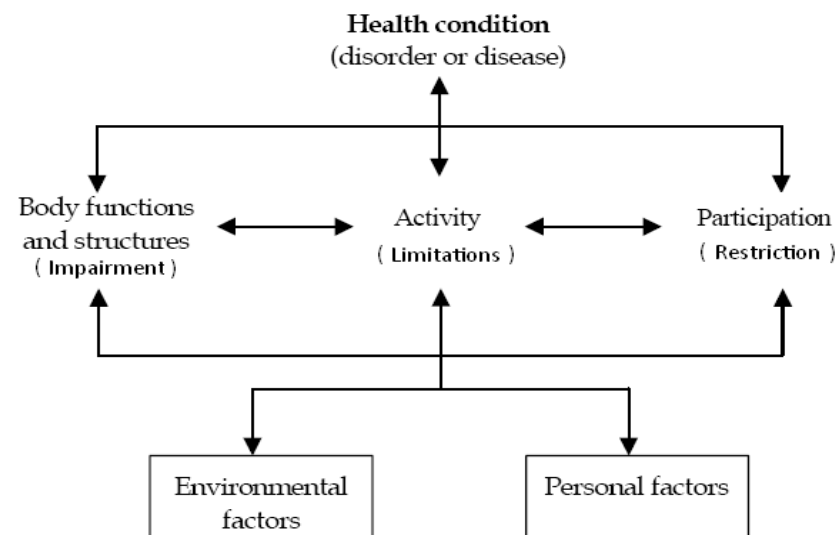
In order to achieve these, the desirable process is through mobilizing community resources, promoting social capital (e.g. forming self-help mutual support groups, and networking), which is required for both securing income and gaining dignity and enjoying human rights.

1.3 Disability: Concepts and Definitions

1.3.1 Defining Disability

Disability is currently recognized as a multidimensional concept, relating to the body functions and structures of people, the activities they do, the life areas in which they participate, and the factors in their environment that affect these experiences. Disability is the umbrella term for any or all of: an impairment of body structure or function, a limitation in activities, or a restriction in participation. The International Classification of Functioning, Disability and Health (ICF), (WHO-ICF) developed by the World Health Organization (WHO, 1948) provide a widely accepted framework for conceptualizing disability.

Figure 1-1: The ICF Model



Source: WHO 2001a

The conceptual framework of ICF consists of three components: body functions and structures, activities and participation, and environmental factors as shown in figure 1-1. These components are defined 'in the context of health' to distinguish disability from other circumstances, such as poverty, that may contribute to restricting a person's participation in society.

The first of these domains – body structure and function – is the most closely related to the medical model as it refers to the physiological and psychological functions of body systems. Body structures are defined by the ICF as "anatomic parts of the body such as organs, limbs and their components" and body functions are defined as "the physiological functions of body systems". The 'Body functions' classification is a neutral list of functions that can be used to record positive or neutral body function as well as impairment of body function. 'Impairments' of body functions are problems in body functions such as a loss or significant departure from population standards or averages. This domain relates to very specific capabilities, for example being able to lift one's arm over one's head or produce articulate speech sounds.

Activity is the execution of a task or action by an individual. It pertains to a wide range of deliberate actions performed by an individual to accomplish a task, such as getting dressed or feeding oneself. Activity limitations are difficulties an individual may have in executing these activities.

Participation refers to activities that are integral to economic and social life and the social roles that accomplish that life, such as being able to attend school or hold a job. Participation restrictions are 'problems an individual may experience in involvement in life situations' such as participation in education, sports and employment

Environmental factors "make up the physical, social and attitudinal environment in which people live and conduct their lives". For example, a given level of impairment in the body function domain will not necessarily translate into an activity or participation limitation if the environment accommodates a person's different functional status.

Personal factors are "the particular background of an individual's life and living" such as age, sex and Indigenous status. Participations are not part of the classification because of the large social and cultural variance associated with them.

1.3.2 Measuring Prevalence of Functional Limitation

This report uses three approaches to provide prevalence estimates for each domain of functional limitation. A person is identified as having a 'Functional Limitation' by the survey if he/she has responded positively in one or more of survey questions that restricts basic activities. The three approaches differ in terms of their use of survey information about positive response as follows:

- All Functional Limitations: if response is some difficulty, a lot of difficulty, or Unable to do at all
- Restricted Functional Limitations: if response is a lot of difficulty or unable to do at all
- Complete Functional Limitations: if response is unable to do at all

The estimates based on "All Functional Limitations" include all positive responses reported in any domain of functional limitation irrespective of its degree of severity (some difficulty, a lot of difficulty or unable to do at all). This estimate separates persons having functional limitation from those that do not have.

The estimates based on "Restricted Functional Limitation" include all positive responses reported in any domain but excluding those responses that reported "some difficulty". In fact this approach is a tapered version of previous approach and is obtained by applying a filter to include a higher degree of restriction in functional limitation.

The estimates based on "Complete Functional Limitation" include only those positive responses that are unable to do at all the core activities included in survey. Again this approach is a more restricted version of "Restricted Functional Limitation" and is obtained by using a more exclusive filter on the positive response.

Clearly these approaches range from very broad to quite specific, corresponding to an increasingly restrictive definition of a positive response of a "Function Limitation". Using these measures a matrix is prepared for the eight domains as follows:

Table 1-1 Functional Limitation Matrix

Core Domain	Functional Limitation		
	ALL	Restricted	Complete
Vision			
Hearing			
Walking			
Lifting			
Remembering			
Learning			
Self-Care			
Communicating			

This matrix is then utilized to yield the three prevalence estimates of functional limitation: using "All Functional Limitation", "Restricted Functional Limitation" and "Complete Functional Limitation." Prevalence of multiple functional limitations is then computed by counting positive responses in more than one domain in any definition. This general approach for defining prevalence follows closely the UN Washington Group on Disability Statistics (UN-WGDS).

1.4 Objectives of Report

Under this project a survey was conducted to identify and assess the needs of persons with functional limitation (PWFL). This report attempts to answer the most basic question: How many persons with functional limitations are there in the population? Once this basic question is answered, a host of additional questions arise:

- What types of functional limitations do persons in the population have?
- What is the prevalence of each type of functional limitation?
- How does prevalence of functional limitation vary by age, gender and geographic area?
- How many persons with functional limitations are without access to the special appliances or aids that they need?
- How many people with functional limitations require full-time care from a family member or some other person?
- What are the major participation barriers in the social and physical environment that create exclusion for persons with functional limitations?

These questions highlight the increasing need for statistics on functional limitation to support effective policy formulation, programming and implementation. This report utilizes the information collected in survey earthquake affected areas of AJK and NWFP to report the number of persons who were affected by type of functional limitation, age, sex, and region. It also provides insights into the socio-economic profile of persons having functional limitation with respect to their level of education, participation and access to basic amenities and services. It is hoped that the findings emanating from this report will provide inputs into the achievement of the objectives of the PPAF effort to rehabilitate needs.

2 Methodology

2.1 Introduction

Sample survey is a methodology to obtain information about a large aggregate or population by selecting and measuring a sample from that population. Due to the variability of characteristics among items in the population, samples are selected scientifically to reduce the risk of a distorted view of the population, and then inferences about the population are drawn based on the information from the sample survey data. In order to make statistically valid inferences for the population, they must incorporate the sample design in the data analysis

This chapter focuses on the methodology of the survey like what are the objectives and scope of survey, what instrument is used to collect information and how data is collected from fields.

2.2 Survey Objective

The primary objective of the survey was to collect data of persons having functional limitation in earthquake affected areas of AJK and NWFP. This data is then used to analyze the prevalence of functional limitation in various domain like vision, hearing, walking, lifting, remembering or concentrating, learning, self care and communication and the difficulties faced by such persons in education, sports, health, job and decision making.

2.3 Survey Area

The survey is carried out with the help of PPAF partner organization (PO) namely; National Rural Support Program (NRSP), Sarhad Rural Support Program (SRSP) and Sungi Development Foundation (SDF) in the selected villages of 22 earthquake affected Union Councils of AJK and NWFP (refer to Table 2-1 for details).

Table 2-2: Details of Survey Area

NWFP		AJK	
District: Mansehra		District: Bagh	
PO: SRSP		PO: NRSP	
1.Bhogarmong		13.Bani Passari	
2.Jabbar Devli		14.Chanjel	
3.Gariat		15.Hill Surang	
4.Hilkot		16.Kala Moola	
5.Icherian		17.Sanghal	
6.Jabori		18.Sawanj	
7.Sacha Kalan		19.Topi	
8.Satbani			
9.Sum Ellahi Mang			
District: Abbottabad		District: Rawalakot	
PO: SDF		PO: NRSP	
10.Boi		20.Bangoi	
11.Dalola		21.Dhamni	
12.Kukmang		22.Dhootan	

These partner organizations have developed their well-organized communities in these areas and were therefore selected to conduct this survey. The survey included approximately all household in selected villages and hamlets of these union councils.

2.4 Survey Questionnaire

The questionnaire developed by Daniel M. Mont of World Bank was used in the data collection of PWFL from each household of selected villages in sample (see [Annex-2](#) for actual questionnaire) which included the following sections:-

2.4.1 Section 0: Identification of Respondents

The main purpose of this section is to identify the geography (Global Positioning Coordinates and Altitude); various ground facts (hamlet, patwari circle, post office, district, union council, revenue village, police station etc); and head of the household to be interviewed. It also captures details necessary to indentify the interviewer and supervisor along with date and time of interview.

2.4.2 Section 1: Information Related to Household Members

The objective of this section is to capture extensive information about socio-economic aspects of households' members and included following areas:

- Demographic composition of the household members
- Educational status of household members
- Work Status of household members

2.4.3 Section 2: Information Related to Functional Limitation

The primary aim of this section is to take information about functional limitation of households' members in the domains of vision, hearing, walking, lifting, remembering or concentrating, learning, self care and communication. The responses are scaled from "no difficulty" to "unable to do" and include "some difficulty" and "a lot of difficulty" as intermediate response giving a better option to pick persons with functional limitations.

2.4.4 Section 3: Household Characteristics

The main reason for this section is to get various characteristics of households in project area like dwelling owner ship, state of dwelling before and after earthquake, number of rooms in dwelling, main source of drinking water, toilet facilities, agriculture land ownership, status of remittance and religion, language and cast of head of household.

2.4.5 Section 4: Health infrastructure

The key objective of this section is to get information about the heath infra structure / facilities available to household in project area. The main focus in this section was on the type of health facilities available to household, the time, distance and mode of transportation available to reach the nearest such health facility. Beside this it also investigates the presence of rehabilitation services available in these health facilities and the actions taken by the head of the households to meet the financial cost triggered by the earthquake.

2.4.6 Section 5: Participation & Barriers

This section captures data needed to determine the participation and barriers faced by persons having functional limitation. It covers the participation in education, sports, job, community organizations, family decision making and community decision making. It also covers the participation of this person in their general day to day life routines like visiting, mosque, post office, bank, school etc.

Further the questionnaire also examines the difficulties faced by such persons in obtaining health care services and their needs for assistive devices. It also investigates various trainings needed by persons having functional limitation.

2.4.7 Section 6: Cost of Disability

This section captures information needed to determine the cost of disability by investigating the family member assistance needed by persons having functional limitation with basic activities like dressing, washing, eating or moving about. It also attempts to determine the economic cost required for assistance of persons with functional disability.

2.5 Survey Planning

2.5.1 Survey Sample Design

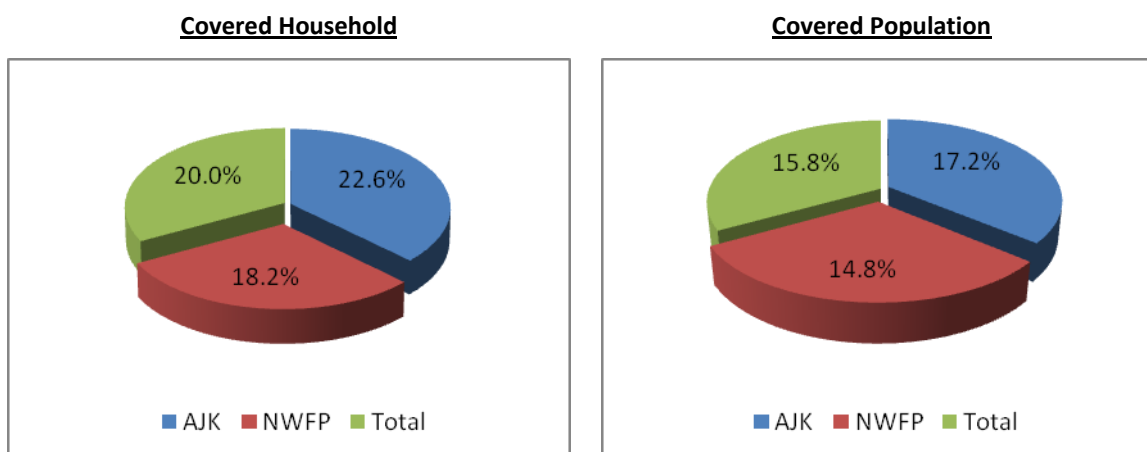
The sample villages are selected at random from the list of revenue villages in each union council of both AHK and NWFP (Please see Annex-2 for detailed list of revenue villages). Approximately all household in selected villages are visited to identify the persons with functional limitation. The details of total household and population in survey area and covered household and population in sample with respect to AJK and NWFP are given in Table 2-2.

Table 2-3: Overall Sample Composition

Description	Total	Sample	Covered %
Household			
AJK	39,750	8,988	22.6%
NWFP	57,889	10,520	18.2%
Total	97,639	19,508	20.0%
Population			
AJK	301,940	52,066	17.2%
NWFP	397,944	58,792	14.8%
Total	699,884	110,858	15.8%

It is observed that in AJK a total of 8,988 households are selected and 52, 066 persons are reached for identification and need assessments of persons with functional limitation. As a result in AJK the selected sample constitute 22.6% of the total household covering a 17.2% of the total population. Similarly, in NWFP a total of 10,520 households are selected and 58, 792 persons are reached for identification and need assessments of persons with functional limitation. Consequently, in NWF the selected sample constitute 18.2% of the total household covering a 14.8% of the total population. Finally, in overall sample, 20.0% households are reached for capturing socio-economic data of household and identification of persons having functional limitation covering 15.8% of the total population in earthquake affected areas of AJK and NWFP (See Figure 2-1 for details).

Figure 2-2: Household and Population Coverage



2.5.2 Survey Staff Training

Training for survey staff was designed to ensure survey procedures are carried out properly and to maximize response rate. Training covered the following aspects

- Survey Purpose
- Functional Limitation: Concepts and Definitions
- How to Find Households
- How to Approach Respondents
- How to Handle Exceptions
- Behavior and Courtesy
- Tentative Deployment and Schedule

2.5.3 Survey Database

A database in Microsoft Access was developed by PPAF which served as the repository for holding questions before the execution of household census. Various data verification measures were placed at database field and record level which helped the data entry operator and supervisor to detect and locate the error. The database was tested thoroughly before it was handed over to survey staff.

2.5.4 Data Cleaning

Once the data has been collected from field and entered into database, a comprehensive cleaning of data was performed to ensure the accuracy of data. The procedure adopted for data cleaning included checking for logic and consistency in the answers of the respondents and eliminating outliers in the data based on the mean and standard deviation. This cleaned data is utilized in analyzing the prevalence of functional limitation in various domain like vision, hearing, walking, lifting, remembering or concentrating, learning, self care and communication and the difficulties faced by such persons in education, sports, health, job and decision making.

3 Household Characteristics

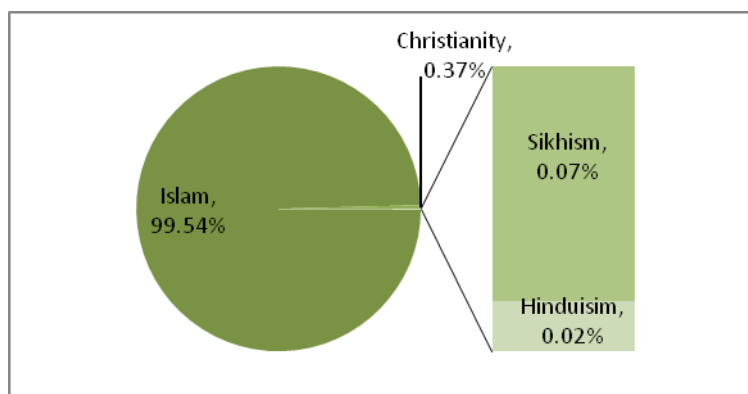
3.1 Introduction

In this section various characteristics of household (like religion, language, ownership of agriculture land, type of dwelling before and after earthquake, dwelling ownership etc) and facilities (like source of drinking water, toilet facilities, health facilities etc) available to household in covered union councils of AJK and NWFP are described. The analysis highlights the major difference in characteristics and facilities of households and gives a deeper understanding of the living conditions of respondents in survey area.

3.2 Household Religion

The distribution of households according to their religion is shown in figure 3-1. Clearly the most dominant religion practiced in the sampled villages of districts is Islam (99.54%). Other religions practiced are Christianity (0.37%), Sikhism (0.07%) and Hinduism (0.02%).

Figure 3-1 Religion of Household



3.3 Household Language

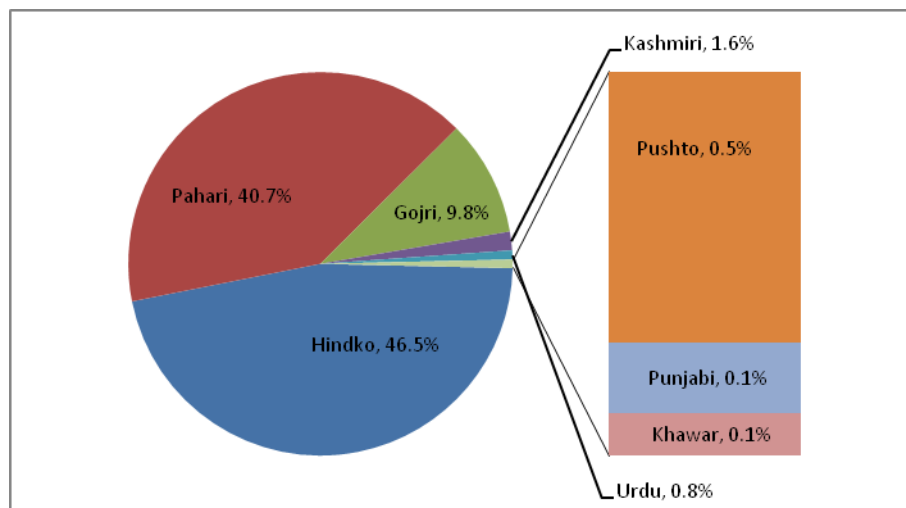
The distribution of household according to language spoken is shown in table 3-1. It is observed that most commonly spoken language in AJK is “Pahari” (88.2%) whereas in NWFP “Hindko” (85.6%) is the most commonly spoken language.

Table 3-1 Language of Household Head

Language	AJK	NWFP	Total
Gojri	6.0%	12.9%	9.8%
Hindko	0.7%	85.6%	46.5%
Kashmiri	3.4%	0.0%	1.6%
Khawar	0.1%	0.0%	0.1%
Pahari	88.2%	0.1%	40.7%
Punjabi	0.1%	0.2%	0.1%
Pushto	0.1%	0.9%	0.5%
Urdu	1.3%	0.3%	0.8%
Total	100.00%	100.00%	100.00%

Overall, the most well know languages in sampled villages are “hindko” (46.5%) and “Pahari” (40.7%) followed by Gojri (9.8%). The details of language spoken in overall sample are given in figure 3-2 below.

Figure 3-2 Religion of Household Head



3.4 Household Cast

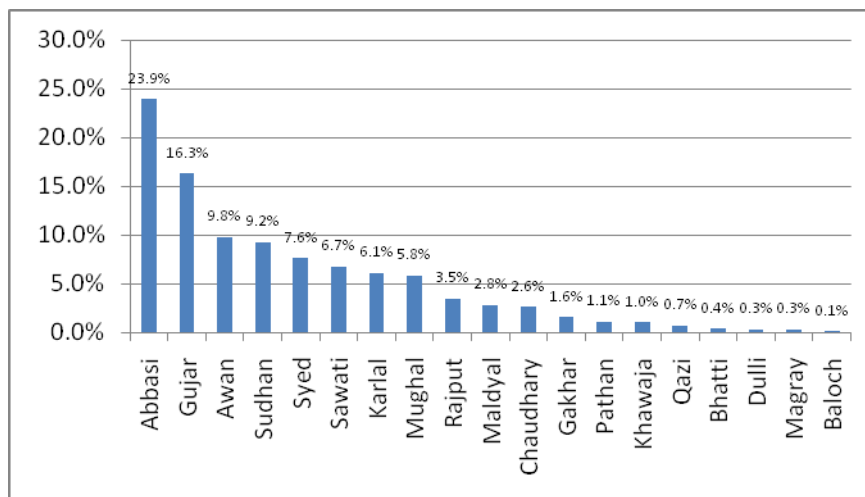
Castes are hereditary systems of occupation, endogamy, social culture, social class, and political power. In a caste society, the assignment of individuals in the social hierarchy is determined by social group and cultural heritage. The distribution of households according to caste is shown in table 3-2.

Table 3-2 Caste of Household Head

Caste	AJK	NWFP	Total
Abbasi	30.9%	18.0%	23.9%
Gujar	5.1%	25.9%	16.3%
Awan	2.5%	16.0%	9.8%
Sudhan	19.8%	0.2%	9.2%
Syed	5.3%	9.6%	7.6%
Sawati	0.1%	12.4%	6.7%
Karlal	0.2%	11.1%	6.1%
Mughal	10.0%	2.2%	5.8%
Rajput	6.6%	0.8%	3.5%
Maldyal	6.1%	0.0%	2.8%
Chaudhary	5.1%	0.5%	2.6%
Gakhar	1.4%	1.7%	1.6%
Pathan	1.4%	0.9%	1.1%
Khawaja	1.8%	0.4%	1.0%
Qazi	1.4%	0.1%	0.7%
Bhatti	0.5%	0.2%	0.4%
Dulli	0.7%	0.0%	0.3%
Magray	0.6%	0.0%	0.3%
Baloch	0.1%	0.0%	0.1%
Total	100.0%	100.0%	100.0%

The most prominent caste in AJK is “Abbasi” (30.9%) and in NWFP is “Gujar” (5.1%). In overall sample, the most dominant cast of households are “Abbasi”(23.9%) and “Gujar” (16.3%). The details of other cast present in the survey area are shown in figure 3-3

Figure 3-3 Cast of Household



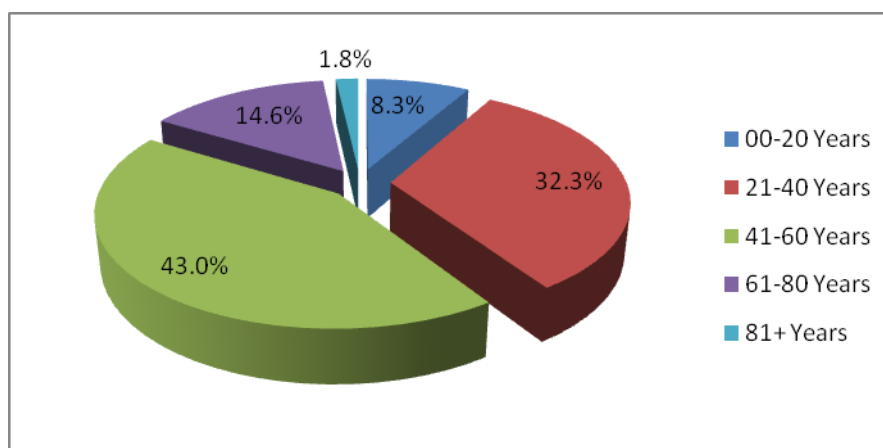
3.5 Duration of Settlement of Household Head

The duration of household living in sampled villages of AJK and NWFP is given in table 3-4. It is observed that majority of respondents (59.3%) in selected villages have been living for more than 40 years. This shows that respondents in selected sample are local to their area. The duration of settlement of household in overall sample is given in figure 3-4.

Table 3-3 Duration of Household Settlement

Living Duration in Years	AJK	NWFP	Total
00-20	7.3%	9.2%	8.3%
21-40	28.6%	35.5%	32.3%
41-60	48.2%	38.5%	43.0%
61-80	14.0%	15.1%	14.6%
81+	2.0%	1.7%	1.8%
Total	100.0%	100.0%	100.0%

Figure 3-4 Overall Duration of Household Settlement



3.6 Household Agriculture Land

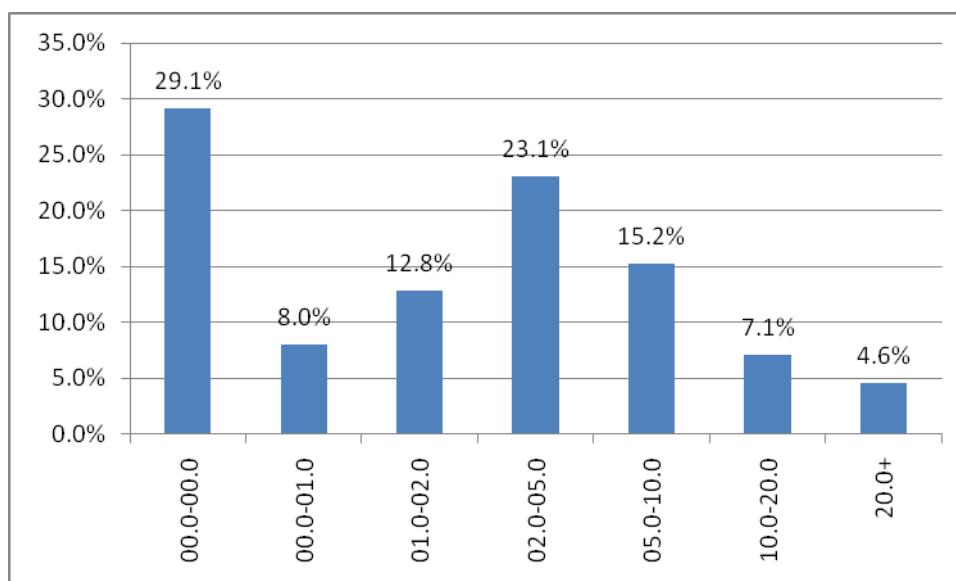
The ownership of agriculture land as indicated by the household shows that 18.9% of respondents in AJK and 37.9% of respondents in NWFP in selected villages do not own any agriculture land. It is further observed that majority of respondents (27.3% in AJK and 19.4% in NWFP) own agriculture land between 2 to 5 kanel (See table 3-4 for details).

Table 3-4 Household Agriculture Land (Kanel)

Agriculture Land	AJK	NWFP	Total
00.0-00.0	18.9%	37.9%	29.1%
00.0-01.0	6.1%	9.7%	8.0%
01.0-02.0	12.0%	13.5%	12.8%
02.0-05.0	27.3%	19.4%	23.1%
05.0-10.0	19.8%	11.3%	15.2%
10.0-20.0	9.5%	5.0%	7.1%
20.0+	6.4%	3.1%	4.6%
Total	100.0%	100.0%	100.0%

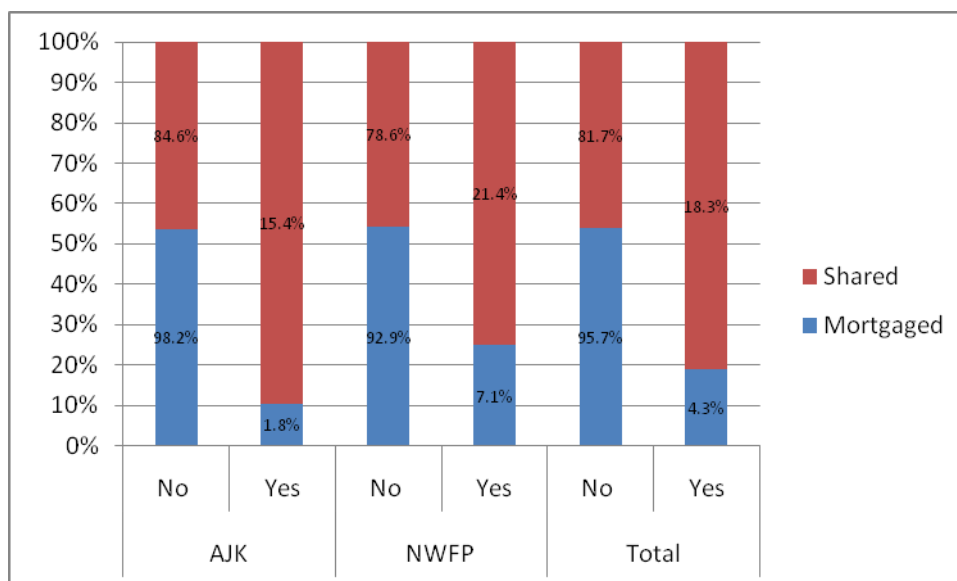
It is also observed that in overall sample 29.0% of households do not own any agriculture land. Majority of respondents in (23.1%) in selected villages own agriculture land between 2 to 5 kanel (See figure 3-5 for details).

Figure 3-5 Household Ownership of Agriculture Land (Kanel)



It is also observed that in AJK 98.2% of the households reported that their agriculture land is mortgaged free and 84.6% of the household reported not to share their agriculture land. Similarly, in NWFP 92.9% of the households have their agriculture land mortgaged free and 78.6% of the household reported not to share their agriculture land. In overall sample 95.7% of the households reported that their agriculture land is mortgaged free and 81.7% of the household reported not to share their agriculture land (see figure 3-6 for details). This shows that household in selected villages do not prefer to mortgage their land.

Figure 3-6 Status of Agriculture Land



3.7 Household Dwelling Structure

The physical environment of dwelling for the households is described in table 3-6. The overall sample indicated that 90.5% of respondents own their dwelling units (94.1% in AJK and 87.4% in NWFP) and very few respondents (1.4%) in the sampled villages do not own their own dwellings.

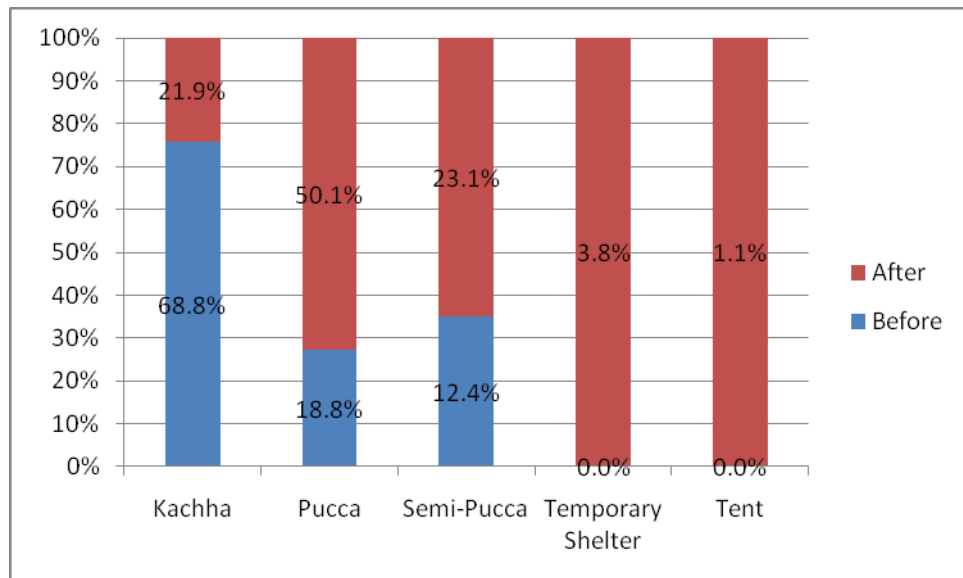
Table 3-5 Household Dwelling Status and Structure

Dwelling Status	AJK	NWFP	Total
Dwelling Ownership			
No Dwelling Unit	0.2%	2.5%	1.4%
Owned	94.1%	87.4%	90.5%
Rent Free	3.8%	6.7%	5.4%
Rented/Tenant	1.9%	3.4%	2.7%
Dwelling Structure (Before Earth Quake)			
Kachha	72.4%	65.8%	68.8%
Pucca	15.2%	21.8%	18.8%
Semi-Pucca	12.4%	12.5%	12.4%
Dwelling Structure (After Earth Quake)			
Kachha	23.2%	20.8%	21.9%
Pucca	51.7%	48.7%	50.1%
Semi-Pucca	22.8%	23.4%	23.1%
Temporary Shelter	1.5%	5.7%	3.8%
Tent	0.7%	1.4%	1.1%
Number of Rooms in Dwelling			
1-2	31.7%	64.5%	46.5%
3-5	40.1%	22.7%	32.3%
5+	28.2%	12.7%	21.2%

It is observed that after earthquake the numbers of “Kachha” houses drops from 68.8% to 21.9% in overall sample. Similarly, the number of “Pucca” houses has increased from 18.8% to

50.1% and the number of “Semi Pucca” houses has also increased from 12.4% to 23.1 (refer to figure 3-7 for details).

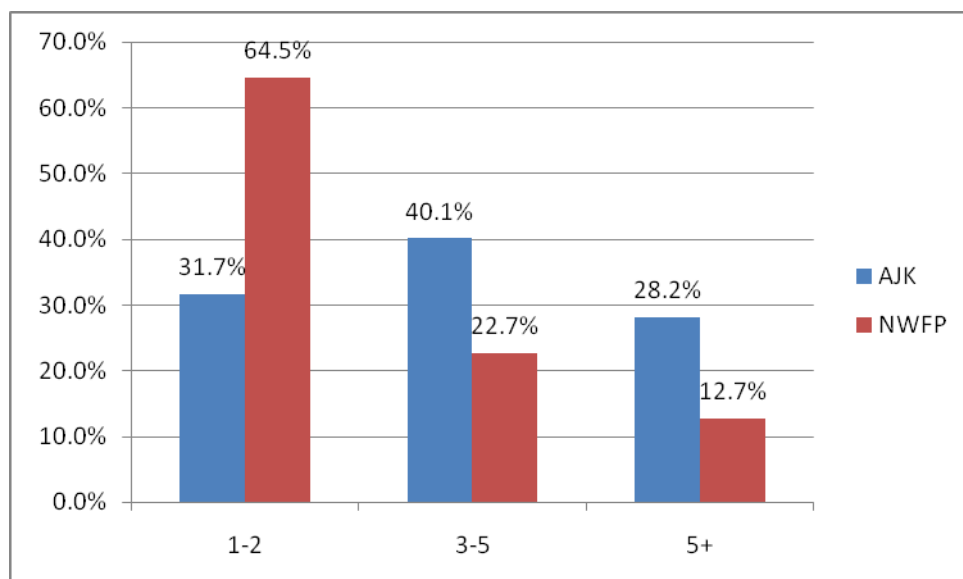
Figure 3-7 Dwelling Structure Before and After Earthquake



This indicates that after earthquake the structure of dwelling has changed significantly in earthquake affected union councils of AJK and NWFP.

It is also observed that the number of dwellings having one to two rooms in NWFP is greater than AJK whereas the numbers of dwellings having 3 or more rooms in AJK are greater than NWFP. Therefore it is concluded that in general dwellings in AJK have more rooms than NWFP (see figure 3-8 for details).

Figure 3-8 No of Rooms in Dwellings



3.8 Household Dwelling Facilities

The main sources of drinking water available in the household dwellings are described in table 3-7. The overall sample indicated that 55.63% of respondents have piped water facility, 22.50% use surface water, 6.26% use public tap water and 6.10% uses open public well water in their dwellings.

Table 3-6 Household Dwelling Facilities

Source of Drinking Water	AJK	NWFP	Total
Piped Water into Residence	61.17%	51.63%	55.63%
Surface Water	19.13%	24.93%	22.50%
Public Tap	5.68%	6.68%	6.26%
Open Public Well	5.87%	6.27%	6.10%
Public Tank	5.68%	0.14%	2.46%
Covered Public Well	0.95%	3.27%	2.30%
Public Hand pump	0.00%	3.81%	2.22%
Hand Pump in Residence	1.14%	0.95%	1.03%
Open Well in Residence	0.38%	1.36%	0.95%
Covered Well in Residence	0.00%	0.95%	0.55%

The main toilet systems in the household dwellings are described in table 3-8. The overall sample indicated that 61.41% have no drainage /toilet facilities in their dwellings; 15.37% use own flush/toilet system and 14.90% use owned pit toilet/latrine system in their dwelling. Remaining 8.32% respondents reported to use shared flush toilet, pit toilet/latrine, public pit toilet/latrine and public flush toilets.

Table 3-7 Household Dwelling Facilities

Main Toilet System	AJK	NWFP	Total
No Toilet Facility-Open Defecation	67.61%	56.95%	61.41%
Own Flush Toilet	12.12%	17.71%	15.37%
Owned Pit Toilet/Latrine	9.47%	18.80%	14.90%
Shared Flush Toilet	6.44%	1.77%	3.72%
Shared Pit Toilet/Latrine	2.08%	3.68%	3.01%
Public Pit Toilet/Latrine	2.08%	1.09%	1.51%
Public Flush Toilet	0.19%	0.00%	0.08%

3.9 Household Remittance Status

Remittances are transfers of money by foreign workers to their home countries (receiving Remittance) or vice versa (giving remittance). Remittances play an important role in the economy of country, contributing to economic growth and to the livelihoods of needy people. As remittance receivers often have a higher propensity to own a bank account, remittances promote access to financial services for the sender and recipient, an essential aspect of leveraging remittances to promote economic development. The status of both (giving and receiving) remittance in the surveyed villages is given in table 3-9.

In overall sample, only 2.85% of total households are receiving remittance, 5.71% are giving remittance and 5.47% are both receiving as well as giving remittance. The numbers of households that are giving as well as receiving remittance in district NWFP are higher (6.81%)

than district AJK (3.60%). However, the numbers of households that are giving remittance are slightly higher in district AJK (6.63%) than district NWFP (5.04%). Similarly, the numbers of households that are receiving remittance are slightly higher in district AJK (3.41%) than district NWFP (2.45%). It is concluded on the basis of sample data that 14.03% of the households in the sample villages are involved in the practice of remittance.

Table 3-8 Household Remittance Status

Remittance	AJK	NWFP	Total
Household Receiving Remittance			
No	96.59%	97.55%	97.15%
Yes	3.41%	2.45%	2.85%
Household Giving Remittance			
No	93.37%	94.96%	94.29%
Yes	6.63%	5.04%	5.71%
Household Receiving & Giving Remittance			
No	96.40%	93.19%	94.53%
Yes	3.60%	6.81%	5.47%
Household Remittance of Any Type			
No	86.36%	85.69%	85.97%
Yes	13.64%	14.31%	14.03%

4 Household Access to Health Facilities

4.1 Introduction

The objective of public health is to fulfill “society’s interest in assuring conditions in which persons can be healthy.” Public health engages both private and public organizations and individuals in accomplishing this mission. Responsibilities encompass preventing epidemics and the spread of disease, protecting against environmental hazards, preventing injuries, encouraging healthy behavior, helping communities to recover from disasters, and ensuring the quality and accessibility of health services.

In this section various type of health facilities available to the households of sample villages are described. The analysis highlights the major difference in accessing these facilities available to households in the surveyed villages. This helps in understanding the health conditions of surveyed villages.

4.2 Household Access to of Health Facilities

It is observed that in overall sample 58.7% of household has no access to any type of health facility. It is also found that access to health facility is a major problem in NWFP where 77.0% of household reported no health facility as compared to 36.3% of household in AJK (see table 4-1 for details). Major health facilities present in surveyed villages are “Government Dispensaries” (16.1%), “BHU” (8.2%), “Government Hospital” (5.9%) and “Private Clinics Run by non MBBS doctor” (4.9%).

Table 4-1 Type of Health Facilities

Health Facilities	AJK	NWFP	Total
None	36.3%	77.0%	58.3%
Government Dispensary	31.8%	2.8%	16.1%
BHU	6.1%	10.0%	8.2%
Government Hospital	9.5%	2.8%	5.9%
Private Clinic Run By Non MBBS Doctor	4.7%	5.0%	4.9%
RHC	3.3%	0.2%	1.6%
Private Hospital	2.1%	0.9%	1.5%
Pir/Faqir	2.1%	0.6%	1.3%
Private Dispensary	1.4%	0.1%	0.7%
Private Clinic Run By MBBS Doctor	0.8%	0.4%	0.6%
Unani Dawa Khana	0.9%	0.1%	0.5%
Hakeem	0.5%	0.1%	0.3%
Homeopath	0.4%	0.1%	0.3%

4.3 Household Average Time to Reach Health Facilities

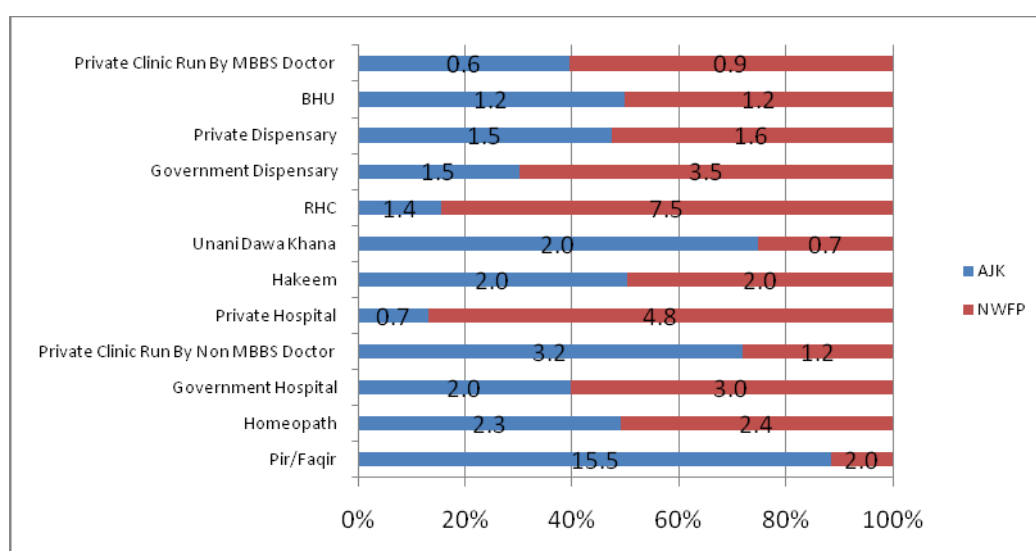
The average time to reach the nearest health facility as reported by household heads is described in table 4-2. It shows that in overall sample it takes about 2.1 hrs to reach to the nearest health facility. The average time taken in AJK (2.1 hrs) to reach the nearest health facility of any type is greater than in NWFP (1.9 hrs). This means that health facilities are relatively

accessed quickly in NWFP than in AJK. The comparison of average time for two provinces to reach to nearest health facility is depicted in figure 4-1.

Table 4-2 Average Time (hrs) to Reach Nearest Health Facility

Health Facilities	AJK	NWFP	Total
Government Hospital	2.0	3.0	2.2
Government Dispensary	1.5	3.5	1.7
BHU	1.2	1.2	1.2
RHC	1.4	7.5	1.8
Private Hospital	0.7	4.8	2.0
Private Clinic Run By MBBS Doctor	0.6	0.9	0.7
Private Clinic Run By Non MBBS Doctor	3.2	1.2	2.1
Unani Dawa Khana	2.0	0.7	1.8
Hakeem	2.0	2.0	2.0
Homeopath	2.3	2.4	2.3
Private Dispensary	1.5	1.6	1.5
Pir/Faqir	15.5	2.0	12.0
Grand Total	2.1	1.9	2.1

Figure 4-1 Average Time (hrs) to Reach Nearest Health Facility in AJK & NWFP



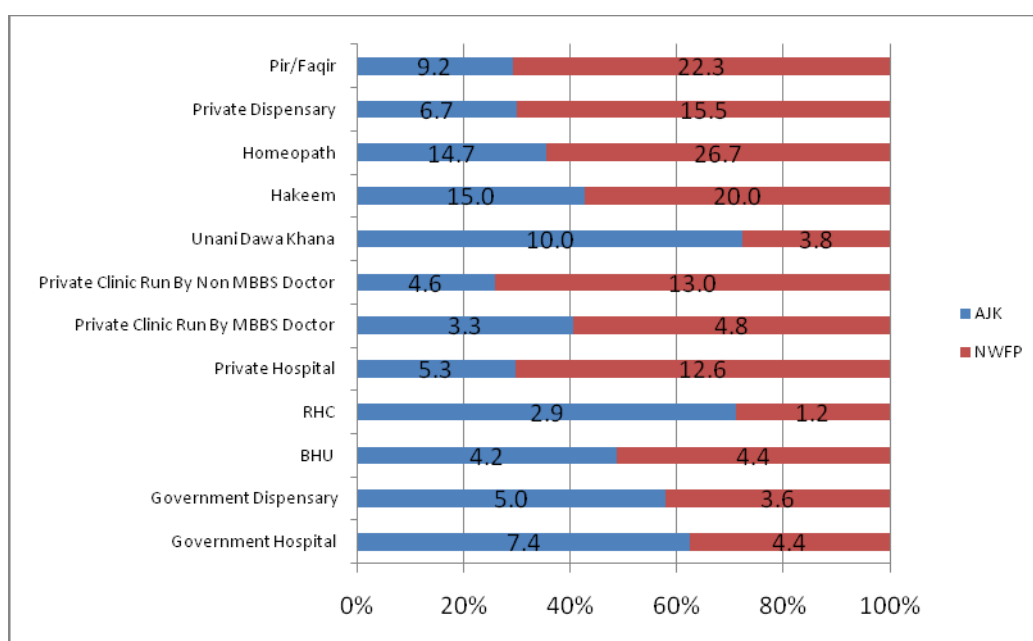
4.4 Household Average Distance to Reach Health Facilities

The average distance travelled to reach the nearest health facility as reported by households shows that in overall sample respondent have to travel 6.0 kilometers to reach to the nearest health facility (see table 4-3 for details). The average distance travelled in district AJK (5.4 kms) to reach the nearest health facility of any type is lesser than in NWFP (5.98 kms). This means that health facilities are relatively at lesser distance in AJK than in NWFP. The comparison of average distance for two provinces to reach to nearest health facility is shown in figure 4-2.

Table 4-3 Average Distance (km) to Reach Nearest Health Facility

Health Facilities	AJK	NWFP	Total
Government Hospital	7.4	4.4	6.2
Government Dispensary	5.0	3.6	4.9
BHU	4.2	4.4	4.3
RHC	2.9	1.2	2.7
Private Hospital	5.3	12.6	7.9
Private Clinic Run By MBBS Doctor	3.3	4.8	3.7
Private Clinic Run By Non MBBS Doctor	4.6	13.0	10.0
Unani Dawa Khana	10.0	3.8	8.1
Hakeem	15.0	20.0	15.5
Homeopath	14.7	26.7	16.5
Private Dispensary	6.7	15.5	7.1
Pir/Faqir	9.2	22.3	18.5
Grand Total	5.4	7.4	6.0

Figure 4-2 Average Time (hrs) to Reach Nearest Health Facility in AJK & NWFP



4.5 Household Transportation Method to Reach Health Facilities

In past five years households in surveyed villages have reported to visit the health facility. It indicates that 93.2% of respondents in sample villages have visited the health facility in last 5 years (see figure 4-3).

The method of transportation to visit these health facilities is given table 4-4. The three important methods of transportation to reach health facilities are walking (78.9%); public transport (64.2%) and rented vehicle (34.9%) as shown in figure 4-4. Other methods include; carried by person (7.2%), animal transport (6.2%) and own vehicle (2.8%).

Figure 4-3 Respondent Visiting Health Facility

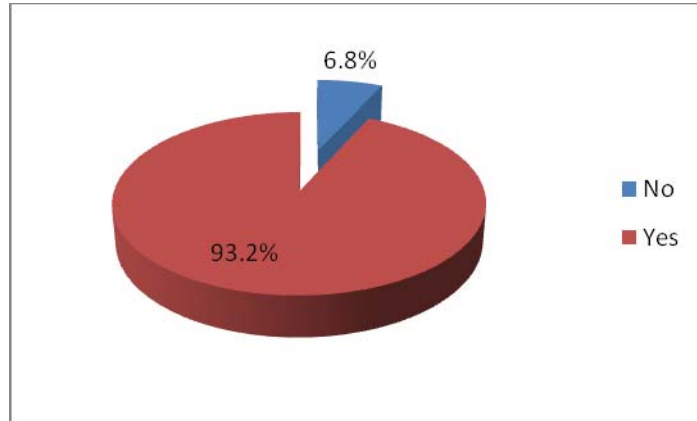
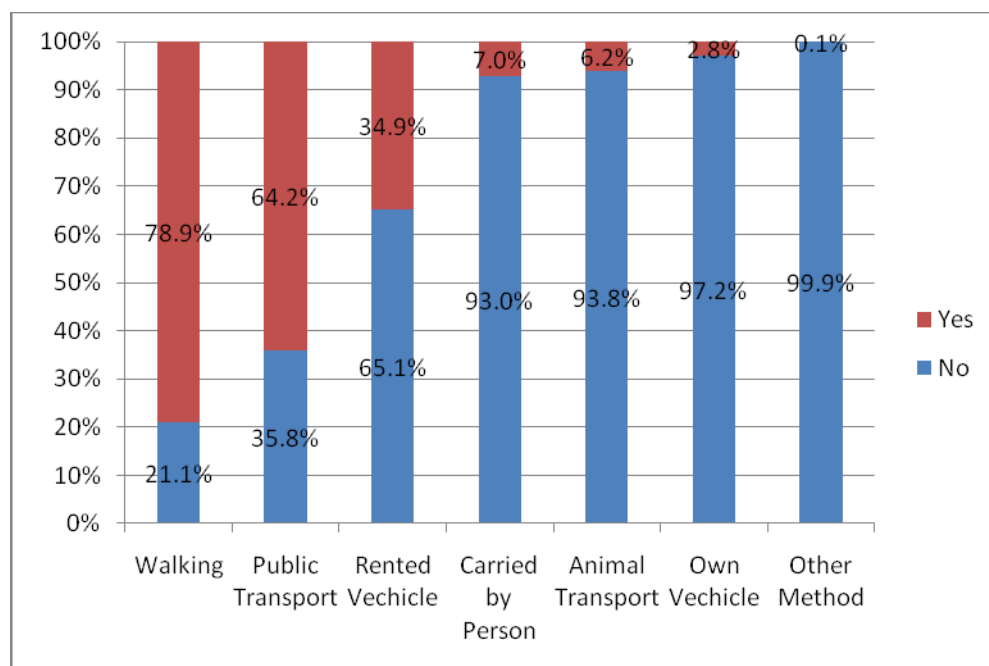


Table 4-4 Transportation Method to Reach Nearest Health Facility

Transportation Method	Response	AJK	NWFP	Total
Walking	No	14.1%	26.8%	21.1%
	Yes	85.9%	73.2%	78.9%
Public Transport	No	36.6%	35.3%	35.8%
	Yes	63.4%	64.7%	64.2%
Rented Vehicle	No	96.6%	97.7%	97.2%
	Yes	3.4%	2.3%	2.8%
Carried by Person	No	57.4%	71.3%	65.1%
	Yes	42.6%	28.7%	34.9%
Animal Transport	No	88.2%	98.3%	93.8%
	Yes	11.8%	1.7%	6.2%
Own Vehicle	No	86.9%	97.9%	93.0%
	Yes	13.1%	2.1%	7.0%
Other Method	No	99.9%	100.0%	99.9%
	Yes	0.1%	0.0%	0.1%

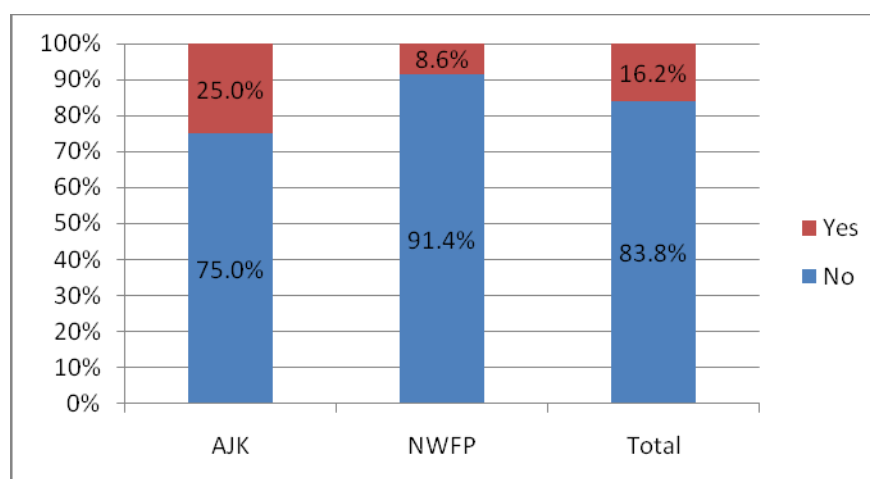
Figure 4-4 Respondent Visiting Health Facility



4.6 Rehabilitation Services in Health Facilities

Rehabilitation services help people with disabilities to achieve their employment and independent living goals, making them a productive member of society. Only 16.2% of respondents in the sampled villages indicated the presence of such services in the health facilities available to them (see figure 4-5 for details).

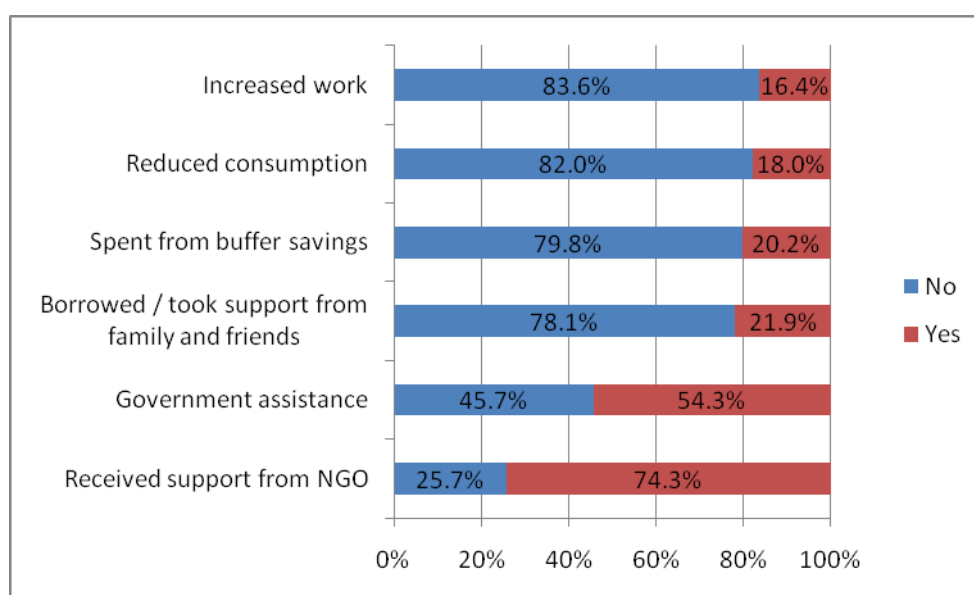
Figure 4-5 Rehabilitation Services in Health Facility



4.7 Household Fiscal Action after Earthquake

The important actions taken by households in sampled villages to meet the financial cost triggered by an earthquake are reflected in figure 4-6. It shows that 74.3% of households received support from NGOs, 54.3% received assistance from the government, 21.9% took support from family and friends, 20.2% spent from buffer savings, 18.0% reduced consumption, and 16.4% increased work. The details of the main actions taken by the head of the household are given in table 4-5.

Figure 4-6 Important Action Taken by Household after Earthquake



It is therefore concluded that the main actions taken by the head of households in order to meet the financial cost triggered by earth quake are

- Received support from NGO
- Government assistance
- Borrowed / took support from family and friends
- Spent from buffer savings
- Reduced consumption
- Increased work

Table 4-5 Rehabilitation Services in Health Facility

Action Taken After Earthquake	No	Yes
Received support from NGO	25.7%	74.3%
Government assistance	45.7%	54.3%
Borrowed / took support from family and friends	78.1%	21.9%
Spent from buffer savings	79.8%	20.2%
Reduced consumption	82.0%	18.0%
Increased work	83.6%	16.4%
Increased use of forest resources	94.0%	6.0%
Moved to relative house	95.5%	4.5%
Sent family workers to work outside village	96.6%	3.4%
Stopped intervention /treatment for a family member with functional limitation / impairment	97.1%	2.9%
Sold Assets	97.2%	2.8%
Mortgaged assets	97.6%	2.4%
Received charity	97.7%	2.3%
Took loan from CO of which a member	98.0%	2.0%
Withdrew children from school	98.0%	2.0%
Took loan from formal sector	98.5%	1.5%
Left job to reconstruct the house	98.5%	1.5%

Took loan from informal sector	98.9%	1.1%
Begging	99.5%	0.5%

5 Household Demography

5.1 Introduction

Demography is the statistical and mathematical study of the size, composition, and spatial distribution of human populations and how these features change over time. Therefore, it is important to answer the question like: What is the population size of the community? What is its age structure? What is its dependency ratio (number of young and old in comparison to those of working and productive ages)? Is the age pyramid flat or tall? Population size and composition is an important factor that independently affects social variables, and is also a dependent variable affected by social variables.

In this chapter the socio economic characteristics of the sample households is focused that include age, education, demography etc. The analysis highlights the demographic structure of the sample villages and the major difference in the demographic structure of villages surveyed in the two districts.

5.2 Demographic Structure of Households

The demographic structure of the household is described in table 5-1. It indicates that household in sample villages have a total population of 119,865 living in 19508 households; of which 50.7% are females and 49.3% are males. Of the female population 46.5% are children, 47.7% are adults and the rest (5.8%) are elders. Similarly, of the male population 47.1% are children, 49.1% are adults and remaining 3.7% are elders.

Table 5-1 Household Demographic Structure

	AJK	NWFP	Total
Total Households	8988	10520	19508
Total Population	52066	58799	110865
Female	48.8%	52.4%	50.7%
00. Children (00-18 Years)	43.7%	48.9%	46.5%
01. Adult (19-60 Years)	50.2%	45.7%	47.7%
Elders (Over 60 Years)	6.2%	5.4%	5.8%
Male	51.2%	47.6%	49.3%
00. Children (00-18 Years)	44.0%	50.1%	47.1%
01. Adult (19-60 Years)	52.3%	46.2%	49.1%
Elders (Over 60 Years)	3.8%	3.7%	3.7%
Sex Ratio (Male: Female)	105.0%	90.8%	97.2%
Dependency Ratio	95.2%	117.7%	106.5%
Child Dependency Ratio	85.5%	107.7%	96.7%
Aged Dependency Ratio	9.7%	10.0%	9.8%
Child Women Ratio	29.6%	47.7%	38.4%
Average Household Size	5.8	5.6	5.7
Adults Per Household	3.3	2.8	3.0

The average household size in overall sample is 5.7 people per household, with 3 adults per family. Also no significant difference is observed in the average household size of both districts.

Sex ratio gives the proportion of males to females in a given population and is usually expressed as the number of males per 100 females. In overall sample the sex ratio is 97.2%. This ratio for district AJK is 105.0% and for district NWFP is 90.8%. The higher ratio indicates that female population is less than male population indicating that in overall samples females are slightly more than males.

The dependency ratio in the overall sample is 106.5% (95.2% in AJK and 117.7% in NWFP). This higher value of dependency ratio indicated the presence of a greater number of dependents in overall sample and therefore, the (total) dependency ratio is partitioned into the child dependency ratio and the aged dependency ratio to determine the segment of population responsible for this increase. The child dependency ratio for AJK is 85.5% and for NWFP is 107.7% and in overall sample is 96.1%. In contrast, the aged dependency ratio is 9.7% in AJK, 10.0% in NWFP and 9.8% in the overall population. Clearly, child dependency is significantly higher than aged dependency in both districts.

Similarly the child/women ratio in the overall sample is 38.4% with 29.6% and 47.7% in AJK and NWFP respectively. This also shows that in NWFP there are more dependent children for women than in AJK and this difference found statistically insignificant.

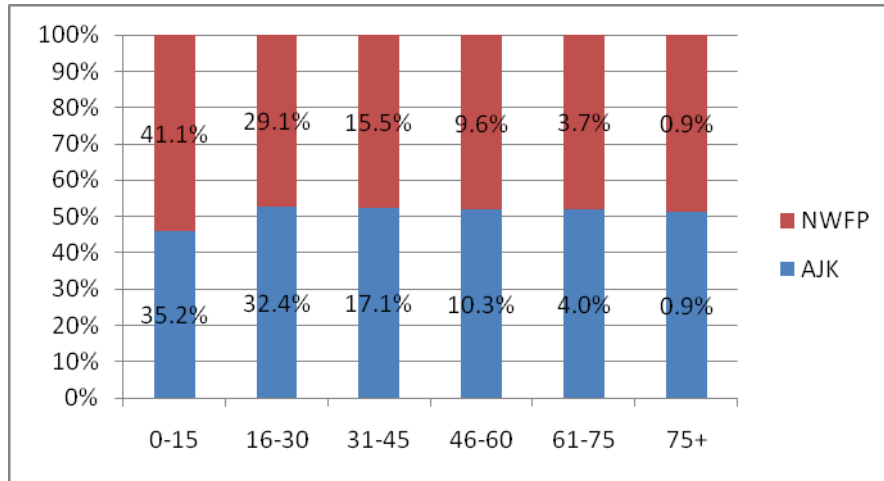
5.3 Age of Household Members

The distribution of household members in different age groups is given in table 5-2. The overall sample indicated that 38.4% of the total population is less than 15 years old; 30.7% are between 16 to 30 years; 16.3% are between 31 to 45 years, 9.9% are between 46-60 years; 3.8% are between 61-75 years and remaining 0.9% are over 75 years. The province wise comparison is given in figure 5-1.

Table 5-2 Age Distribution of Household Members

Age Group	AJK	NWFP	Total
0-15 Years	35.2%	41.1%	38.4%
16-30 Years	32.4%	29.1%	30.7%
31-45 Years	17.1%	15.5%	16.3%
46-60 Years	10.3%	9.6%	9.9%
61-75 Years	4.0%	3.7%	3.8%
75+ Years	0.9%	0.9%	0.9%

Figure 5-1 Age Distribution by Province



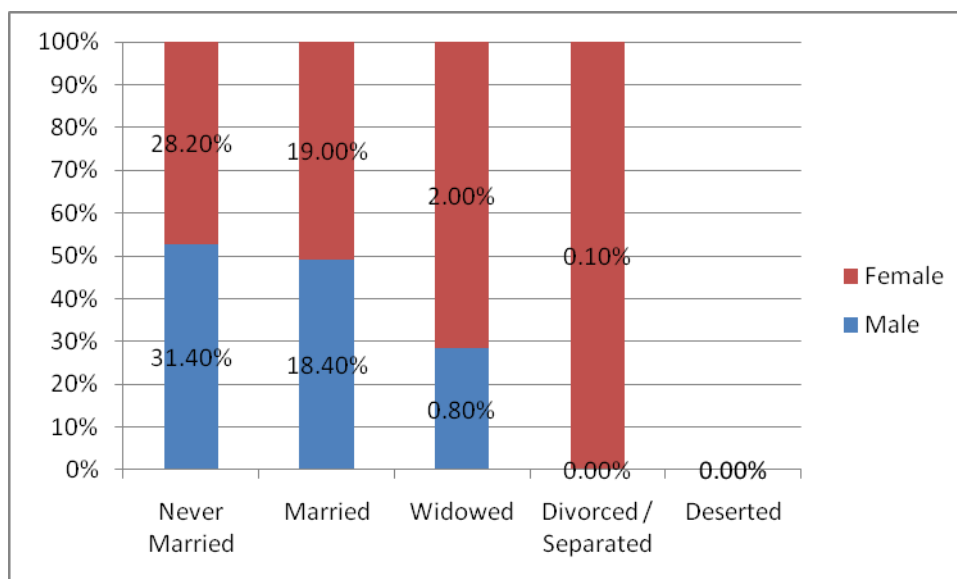
5.4 Marital Status of Household Members

Table 5-3 shows the marital status of adult (16 years or over) males and females in the population. In the overall sample it is observed that 59.6% of population is never married; 37.4% of population is married; 2.8% is living as widowed; 0.1% is living as divorced / separated and 0.1% is living as deserted. No significant difference is observed in the marital status of two provinces. The comparison of marital status by gender is given in figure 5-2. The percent ratio of married males to females is 88.6% (88.6% in AJK and 104.4% in NWFP).

Table 5-3 Marital Status of Household Members

Marital Status	AJK	NWFP	Total
Female	51.2%	47.6%	49.3%
1. Never Married	29.0%	27.5%	28.2%
2. Married	20.2%	18.0%	19.0%
3. Widowed	1.9%	2.0%	2.0%
4. Divorced / Separated	0.1%	0.0%	0.1%
5. Deserted	0.0%	0.0%	0.0%
Male	48.8%	52.4%	50.7%
1. Never Married	30.0%	32.6%	31.4%
2. Married	17.9%	18.8%	18.4%
3. Widowed	0.8%	0.9%	0.8%
4. Divorced / Separated	0.0%	0.0%	0.0%
5. Deserted	0.0%	0.0%	0.0%
All Gender			
1. Never Married	59.1%	60.2%	59.6%
2. Married	38.0%	36.8%	37.4%
3. Widowed	2.7%	2.8%	2.8%
4. Divorced / Separated	0.1%	0.1%	0.1%
5. Deserted	0.1%	0.0%	0.1%
Married Ratio (Male: Female)	88.6%	104.4%	96.8%
Married Persons Per Household	2.2	2.1	2.1

Figure 5-2 Marital Status by Gender



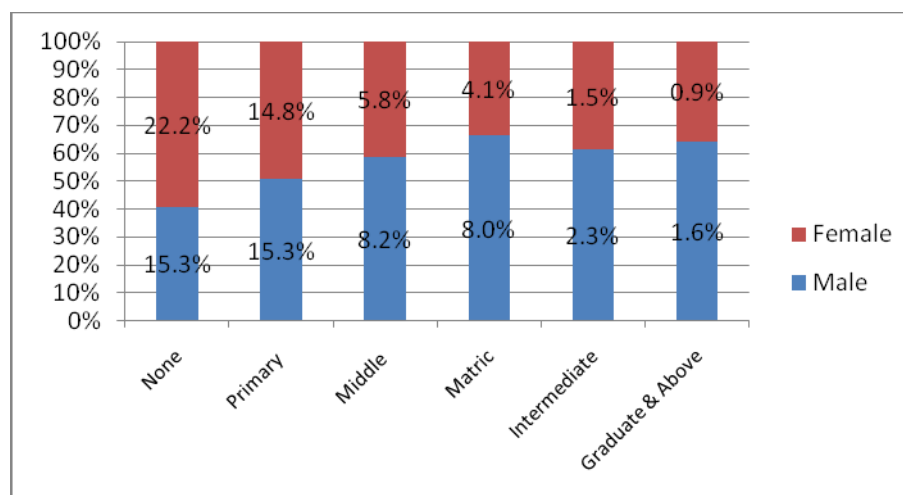
5.5 Educational Status of Household Members

The literacy level of household members (5 years and greater) is given in table 5-4. It indicates that in overall sample 37.6% have no education or illiterate out of which 22.2% are females and 15.3% are females. This difference in the proportion of male and female is also statistically significant and helps to conclude that illiteracy is more common in women than men. This is probably because of women had fewer opportunities than men to attend school in this region (see figure 5-2 for details).

Table 5-4 Education Status of Household Members

Marital Status	AJK	NWFP	Total
Female	51.2%	47.6%	49.3%
00. None	18.1%	25.9%	22.2%
01. Primary	16.0%	13.8%	14.8%
02. Middle	8.0%	3.8%	5.8%
03. Matric	5.6%	2.7%	4.1%
04. Intermediate	2.2%	0.8%	1.5%
05. Graduate & Above	1.3%	0.5%	0.9%
Male	48.8%	52.4%	50.7%
00. None	11.5%	18.7%	15.3%
01. Primary	15.3%	15.2%	15.3%
02. Middle	9.5%	7.1%	8.2%
03. Matric	8.1%	7.9%	8.0%
04. Intermediate	2.7%	2.1%	2.3%
05. Graduate & Above	1.7%	1.5%	1.6%
All Genders			
00. None	29.6%	44.6%	37.6%
01. Primary	31.3%	29.1%	30.1%
02. Middle	17.5%	10.9%	14.0%
03. Matric	13.7%	10.6%	12.0%
04. Intermediate	4.9%	2.9%	3.8%
05. Graduate & Above	3.0%	2.0%	2.5%

Figure 5-3 Gender wise Educational Status



In the overall sample, it is observed that 30.1% have education below and equal to primary, 14.0% have education between primary and middle, 12.0% have education between middle and matric, 3.8% have education between matric and intermediate and only 2.5% have the education level of graduate and above.

5.6 Work Status of Household Members

The working status of household members greater than 18 years is given in table 5-5. It is observed that females are either the housewives (40.2%), or doing the domestic work (2.8%) or student (2.7%) indicating that majority of females in the sampled villages are doing household work. Further, 0.7% of female are not working but are available for work.

Table 5-5 Working Status of Population by Gender

Marital Status	AJK	NWFP	Total
Female	51.1%	47.0%	49.0%
Housewife	38.7%	41.6%	40.2%
Domestic Work	4.0%	1.6%	2.8%
Student	3.9%	1.4%	2.7%
Not Available for Work	0.9%	0.9%	0.9%
Not Working but Available for Work	1.1%	0.4%	0.7%
Government Employee	1.0%	0.3%	0.7%
Non Government Regular/Salaried Worker	0.9%	0.4%	0.6%
Non Agriculture Laborer	0.9%	0.3%	0.6%
Retired without Pension	0.7%	0.2%	0.4%
Petty Business / Small Shop Owner	0.5%	0.1%	0.3%
Agriculture Laborer	0.3%	0.1%	0.2%
Receive Rent or Remittance	0.3%	0.0%	0.2%
Charity / Alam	0.1%	0.2%	0.1%
Small Artisan in HH and Cottage Industry	0.2%	0.1%	0.1%
Retired with Pension/Benefit	0.2%	0.0%	0.1%
Cultivator	0.1%	0.1%	0.1%
Male	48.9%	53.0%	51.0%
Non Agriculture Laborer	6.4%	11.6%	9.0%
Non Government Regular/Salaried Worker	6.6%	7.0%	6.8%
Not Working but Available for Work	4.5%	4.9%	4.7%
Agriculture Laborer	4.0%	5.2%	4.6%

Marital Status	AJK	NWFP	Total
Government Employee	4.7%	3.9%	4.3%
Petty Business / Small Shop Owner	4.4%	4.1%	4.3%
Student	4.2%	2.4%	3.3%
Not Available for Work	2.8%	3.6%	3.2%
Cultivator	2.2%	3.4%	2.8%
Others	2.5%	2.1%	2.3%
Receive Rent or Remittance	3.2%	0.9%	2.0%
Small Artisian in HH and Cottage Industry	0.9%	2.4%	1.7%
Retired with Pension/Benefit	1.5%	0.8%	1.1%
Retired without Pension	0.8%	0.3%	0.5%
Charity / Alam	0.1%	0.3%	0.2%
Domestic Work	0.1%	0.2%	0.2%

Similarly, the working status of males indicates that 9.0% are non agricultural laborer, 6.8% are government employees, 4.6% are working as agriculture laborer, 4.3% are government employee or doing their own business and 3.3% are students. Further, 4.7% of males are not working but are available for work.

6 Prevalence of Functional Limitation

6.1 Introduction

Operational definitions and approaches to measuring functional limitation vary substantially, depending on the purpose for which they are developed. The identification of activity limitation may focus on certain types of activities, and the identification of participation restriction may be limited to certain domains of participation.

This chapter focuses on the prevalence of functional limitation in terms of persons affected in various domains like vision, hearing, walking, lifting, remembering, learning, self care or communicating. It uses three definitions for functional limitation:

- All Functional Limitations (AFL): if response is some difficulty, a lot of difficulty, or Unable to do at all in any domain of functional limitation.
- Restricted Functional Limitations (RFL): If response is a lot of difficulty or unable to do at all in any domain of functional limitation.
- Complete Functional Limitations (CFL): if response is unable to do at all in any domain of functional limitation.

The three approaches differ in terms of their use of survey information about positive response and range from very broad to quite specific, corresponding to an increasingly restrictive definition of a positive response of a "Functional Limitation". The analysis highlights the major difference in the prevalence functional limitation using different definition in the surveyed villages. The methodology for measuring prevalence follows closely the methods defined by UN Washington Group on Disability Statistics (UN-WGDS).

6.2 Functional Limitation

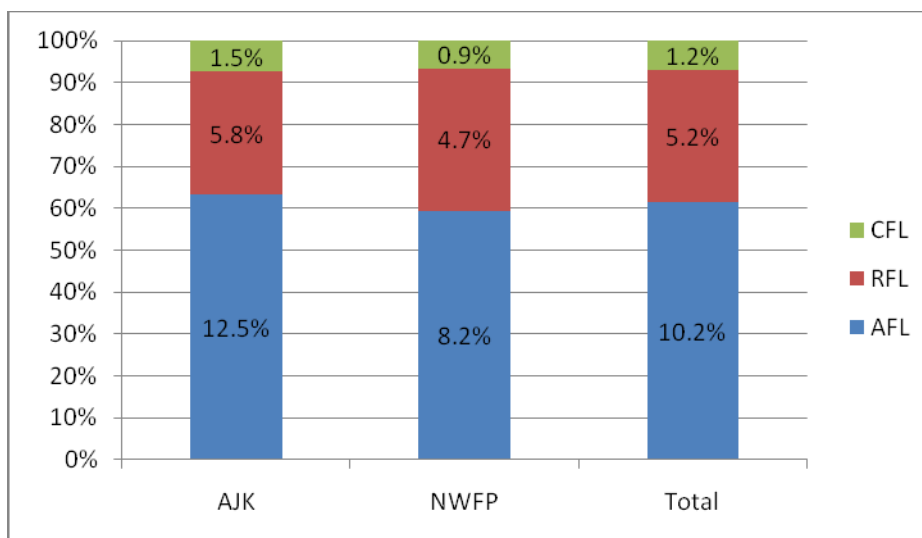
The overall prevalence of functional limitation, using the three definitions, is summarized in table 6-1. According to “All Functional Limitations” definition, the overall prevalence in population is 10.2% (12.5% in AJK and 8.2% in NWFP). Similarly, according to “Restricted Functional Limitations” the overall prevalence is 5.2% (5.8% in AJK and 4.7% in NWFP) and according to “Complete Functional Limitations” the prevalence is 1.2% (1.5% in AJK and 0.9% in NWFP).

Table 6-1 Overall Functional Limitation

	AJK	NWFP	Total
Total Population	52066	58799	110865
Persons Without Functional Limitations			
All Functional Limitations	87.5%	91.8%	89.8%
Restricted Functional Limitations	94.2%	95.3%	94.8%
Complete Functional Limitations	98.5%	99.1%	98.8%
Persons With Functional Limitation			
All Functional Limitations	12.5%	8.2%	10.2%
Restricted Functional Limitations	5.8%	4.7%	5.2%
Complete Functional Limitations	1.5%	0.9%	1.2%

With all the three definitions, the difference in percentages of functional limitation in sampled villages of both districts are found statistically significant at 95% confidence interval indicating that prevalence of functional limitation in both districts is different. This is more apparent in figure 6-1.

Figure 6-1 Overall Functional Limitation by Provinces



6.3 Functional Limitation by Gender

The overall prevalence of functional limitation in genders, using the three definitions, is summarized in table 6-2.

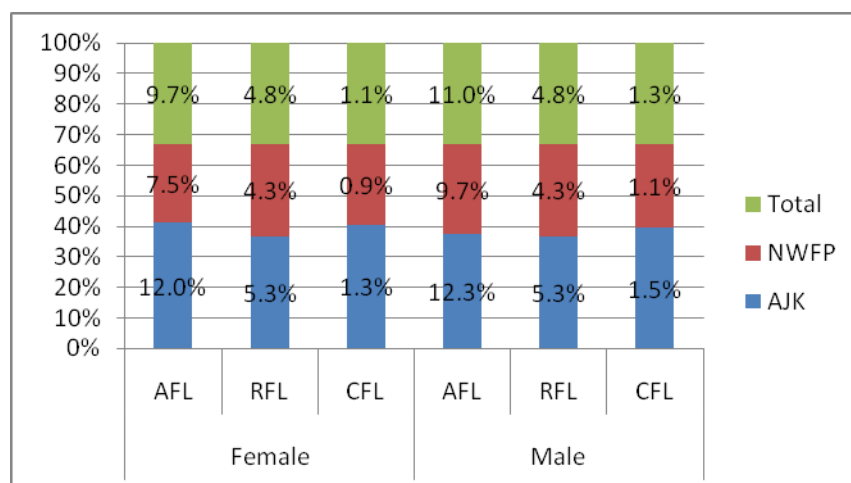
Table 6-2 Functional Limitation by Gender

	AJK	NWFP	Total
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	AJK	NWFP	Total
Total Population	52,066	58,799	110,865
Female	26,668	27,974	54,642
Male	25,398	30,825	56,223
Persons Without Functional Limitations			
Female			
All Functional Limitations	88.0%	92.5%	90.3%
Restricted Functional Limitations	94.7%	95.7%	95.2%
Complete Functional Limitations	98.7%	99.1%	98.9%
Male			
All Functional Limitations	87.1%	91.2%	89.3%
Restricted Functional Limitations	99.4%	86.8%	92.5%
Complete Functional Limitations	98.4%	99.0%	98.7%
Persons With Functional Limitations			
Female			
All Functional Limitations	12.0%	7.5%	9.7%
Restricted Functional Limitations	5.3%	4.3%	4.8%
Complete Functional Limitations	1.3%	0.9%	1.1%
Male			
All Functional Limitations	12.3%	9.7%	11.0%
Restricted Functional Limitations	5.3%	4.3%	4.8%
Complete Functional Limitations	1.5%	1.1%	1.3%

According to “All Functional Limitations” definition, the overall prevalence in females is 9.7% (12.0% in AJK and 7.5% in NWFP). Similarly, according to “Restricted Functional Limitations” definition, the overall prevalence in females is 4.8% (5.3% in AJK and 4.3% in NWFP) and according to “Complete Functional Limitations” definition, the prevalence in females is 1.1% (1.3% in AJK and 0.9% in NWFP). Similarly, according to “All Functional Limitations” definition, the overall prevalence in males is 11.0% (12.3% in AJK and 9.7% in NWFP). Similarly, according to “Restricted Functional Limitations” definition, the overall prevalence in males is 4.8% (5.3% in AJK and 4.3% in NWFP) and according to “Complete Functional Limitations” definition, the prevalence in males is 1.3% (1.5% in AJK and 1.1% in NWFP).

Figure 6-2 Functional Limitation by Gender



No significant difference is observed in prevalence of functional limitation (using all the three definitions) among males and females leading to conclusion that it is present equally in both sexes. Also no significant difference is observed among males and females with in each district which also strengths the previous conclusion. However, the prevalence of functional limitation (using all the three definitions) in both genders is found significant at 95% confidence interval among sampled villages of both Provinces indicating that the functional limitation in AJK and NWFP (see figure 6-2 for details).

6.4 Functional Limitation by Age

The overall prevalence of functional limitation in different age groups, using the three definitions, is summarized in table 6-3. According to “All Functional Limitations” definition, the overall prevalence in children between 0-15 years of age is between 4.5% and then it increases with age; 6.8% for persons in the age group of 16-30 years; 11.9% for persons in the age group of 31-45 years; 24.3% for persons in the age group of 46-60 years; 40.4% for persons in the age group of 61-75 years and 33.1% for the persons in the age group of 75 years and above.

Similarly, according to “Restricted Functional Limitation” definition, the overall prevalence in children between 0-15 years of age is 2.9% and then it increases with age; 3.8% for persons in the age group of 16-30 years; 5.1% for persons in the age group of 31-45 years; 9.1% for persons in the age group of 46-60 years; 21.6% for persons in the age group of 61-75 years and 33.1% for the persons in the age group of 75 years and above.

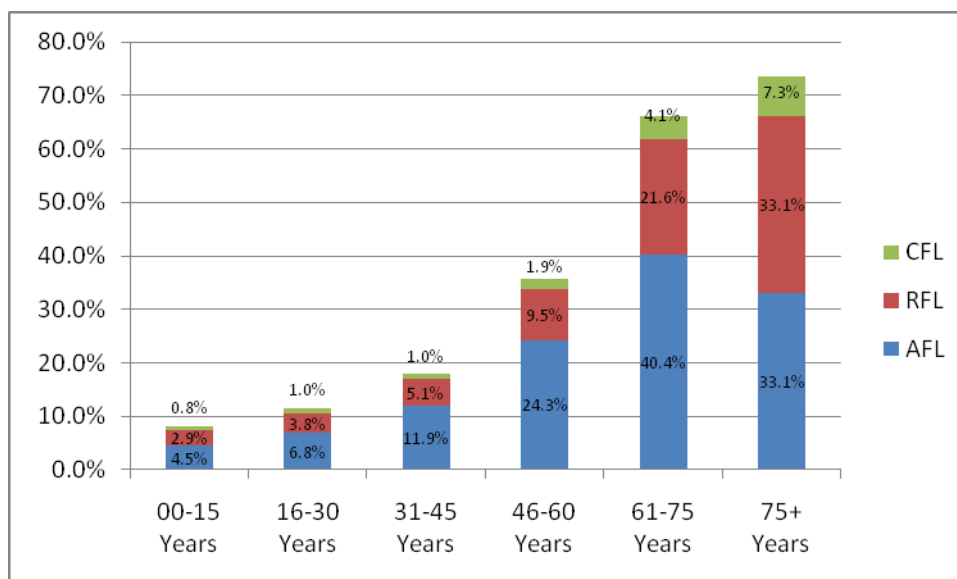
Table 6-3 Overall Functional Limitation by Age

Description	AJK	NWFP	Total
Total Population			
0-15	18,336	24,182	42,518
16-30	16,857	17,131	33,988
31-45	8,920	9,141	18,061
46-60	5,378	5,639	11,017
61-75	2,082	2,175	4,257
75+	493	531	1,024
<u>0-15 Years</u>			
<u>Persons Without Functional Limitations</u>			
All Functional Limitations	94.4%	96.4%	95.5%
Restricted Functional Limitations	96.5%	97.5%	97.1%
Complete Functional Limitations	99.0%	99.4%	99.2%
<u>Persons With Functional Limitation</u>			
All Functional Limitations	5.6%	3.6%	4.5%
Restricted Functional Limitations	3.5%	2.5%	2.9%
Complete Functional Limitations	1.0%	0.6%	0.8%
<u>16-30 Years</u>			
<u>Persons Without Functional Limitations</u>			
All Functional Limitations	92.0%	94.3%	93.2%
Restricted Functional Limitations	95.7%	96.7%	96.2%
Complete Functional Limitations	98.8%	99.3%	99.0%
<u>Persons With Functional Limitation</u>			
All Functional Limitations	8.0%	5.7%	6.8%

Description	AJK	NWFP	Total
Restricted Functional Limitations	4.3%	3.3%	3.8%
Complete Functional Limitations	1.2%	0.7%	1.0%
<u>31-45 Years</u>			
<u>Persons Without Functional Limitations</u>			
All Functional Limitations	85.5%	90.6%	88.1%
Restricted Functional Limitations	94.7%	95.1%	94.9%
Complete Functional Limitations	99.0%	99.1%	99.0%
<u>Persons With Functional Limitation</u>			
All Functional Limitations	14.5%	9.4%	11.9%
Restricted Functional Limitations	5.3%	4.9%	5.1%
Complete Functional Limitations	1.0%	0.9%	1.0%
<u>46-60 Years</u>			
<u>Persons Without Functional Limitations</u>			
All Functional Limitations	69.6%	81.6%	75.7%
Restricted Functional Limitations	89.3%	91.6%	90.5%
Complete Functional Limitations	97.7%	98.6%	98.1%
<u>Persons With Functional Limitation</u>			
All Functional Limitations	30.4%	18.4%	24.3%
Restricted Functional Limitations	10.7%	8.4%	9.5%
Complete Functional Limitations	2.3%	1.4%	1.9%
<u>61-75 Years</u>			
<u>Persons Without Functional Limitations</u>			
All Functional Limitations	55.1%	64.0%	59.6%
Restricted Functional Limitations	78.1%	78.7%	78.4%
Complete Functional Limitations	94.8%	97.0%	95.9%
<u>Persons With Functional Limitation</u>			
All Functional Limitations	44.9%	36.0%	40.4%
Restricted Functional Limitations	21.9%	21.3%	21.6%
Complete Functional Limitations	5.2%	3.0%	4.1%
<u>75+ Years</u>			
<u>Persons Without Functional Limitations</u>			
All Functional Limitations	69.6%	64.4%	66.9%
Restricted Functional Limitations	69.6%	64.4%	66.9%
Complete Functional Limitations	91.5%	93.8%	92.7%
<u>Persons With Functional Limitation</u>			
All Functional Limitations	30.4%	35.6%	33.1%
Restricted Functional Limitations	30.4%	35.6%	33.1%
Complete Functional Limitations	8.5%	6.2%	7.3%

Also, according to “Complete Functional Limitation” definition, the overall prevalence in children between 0-15 years of age is 0.8% and then it increases with age; 1.0% for persons in the age group of 16-30 years; 1.0% for persons in the age group of 31-45 years; 1.9% for persons in the age group of 46-60 years; 4.1% for persons in the age group of 61-75 years and 7.3% for the persons in the age group of 75 years and above.

Figure 6-3 Functional Limitation by Age



The same pattern is followed in selected villages of both districts i.e. functional limitation (using all the three definitions) increases with age. Also, by using all the three definition of functional limitations, the difference of percentages in sampled villages of AJK and NWFP is found statistically significant at 95% confidence for all age indicating that prevalence of functional limitation in each age group of AJK and NWFP is significantly different (see figure 6-3).

6.5 Functional Limitation by Type

The overall prevalence by type, with the three definitions of functional limitation, is summarized in table 6-4. With the definition of “All Functional Limitation”, the highest type of functional limitation reported is walking (5.4%) and vision (4.6%) which together constitutes the functional limitation in mobility (10.0%). The next highest functional limitation reported in sample villages is of learning (3.6%), followed by lifting (3.4%), remembering (2.8%), communicating (2.6%), hearing (2.4%) and self care (2.2%).

Table 6-4 Functional Limitation by Type

	AJK	NWFP	Total
<u>Vision</u>			
All Functional Limitations	6.2%	3.2%	4.6%
Restricted Functional Limitations	2.0%	1.3%	1.6%
Complete Functional Limitations	0.3%	0.1%	0.2%
<u>Hearing</u>			
All Functional Limitations	2.6%	2.3%	2.4%
Restricted Functional Limitations	1.4%	1.2%	1.3%
Complete Functional Limitations	0.4%	0.2%	0.3%
<u>Walking</u>			
All Functional Limitations	6.7%	4.2%	5.4%
Restricted Functional Limitations	3.0%	2.8%	2.9%
Complete Functional Limitations	0.5%	0.3%	0.4%
<u>Lifting</u>			

All Functional Limitations	3.8%	3.1%	3.4%
Restricted Functional Limitations	2.1%	1.9%	2.0%
Complete Functional Limitations	0.4%	0.3%	0.3%
<u>Remembering</u>			
All Functional Limitations	3.2%	2.4%	2.8%
Restricted Functional Limitations	1.7%	1.3%	1.5%
Complete Functional Limitations	0.3%	0.2%	0.2%
<u>Learning</u>			
All Functional Limitations	4.3%	2.9%	3.6%
Restricted Functional Limitations	2.2%	1.5%	1.8%
Complete Functional Limitations	0.4%	0.2%	0.3%
<u>Self Care</u>			
All Functional Limitations	2.4%	2.0%	2.2%
Restricted Functional Limitations	1.6%	1.2%	1.4%
Complete Functional Limitations	0.4%	0.3%	0.3%
<u>Communicating</u>			
All Functional Limitations	2.8%	2.4%	2.6%
Restricted Functional Limitations	1.9%	1.5%	1.7%
Complete Functional Limitations	0.4%	0.3%	0.3%

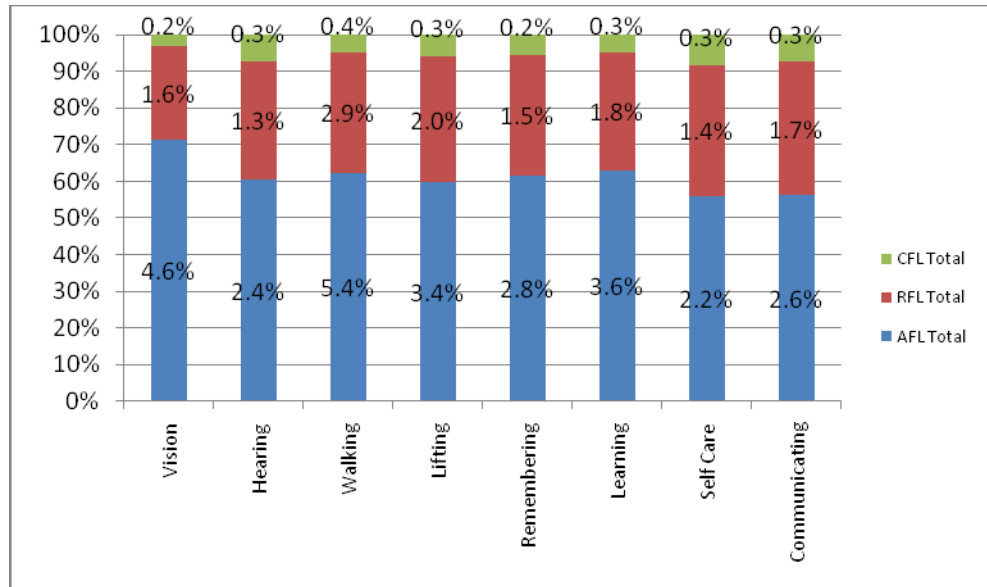
By the definition of “Restricted Functional Limitations”, the highest type of functional limitation reported is walking (2.9%) and lifting (2.0%) which together (4.9%) constitutes the functional limitation in mobility. The next highest functional limitation reported in sample villages is of learning (1.8%), followed by communicating (1.7%), vision (1.6%), remembering (1.5%), self care (1.4%) and hearing (1.3%).

Similarly by using the definition of “Complete Functional Limitations”, the highest type of functional limitation reported is walking (0.4%) and lifting (0.3%) which together (0.7%) constitutes the functional limitation in mobility. The next highest functional limitation reported in sample villages is of communicating (0.3%), followed by self care (0.3%), hearing (0.3%) learning (0.3%), remembering (0.2%), and vision (0.2%),.

The difference in percentages of two districts in each domain is found statistically significant at 95% confidence interval with all definitions of functional limitations. This means that prevalence of functional limitation in each domain is different in each district.

With the definition of “All Functional Limitation”, the important functional limitations present in the sample villages are walking and vision. Similarly, by the definition of “Restricted Functional Limitation”, the important functional limitations present in the sample villages are mobility (walking and lifting). Finally, by using the definition of “Complete Functional Limitation”, the important functional limitations present in the sample villages are mobility (walking and lifting). This is shown in figure 6-4.

Figure 6-4 All Functional Limitation by Type



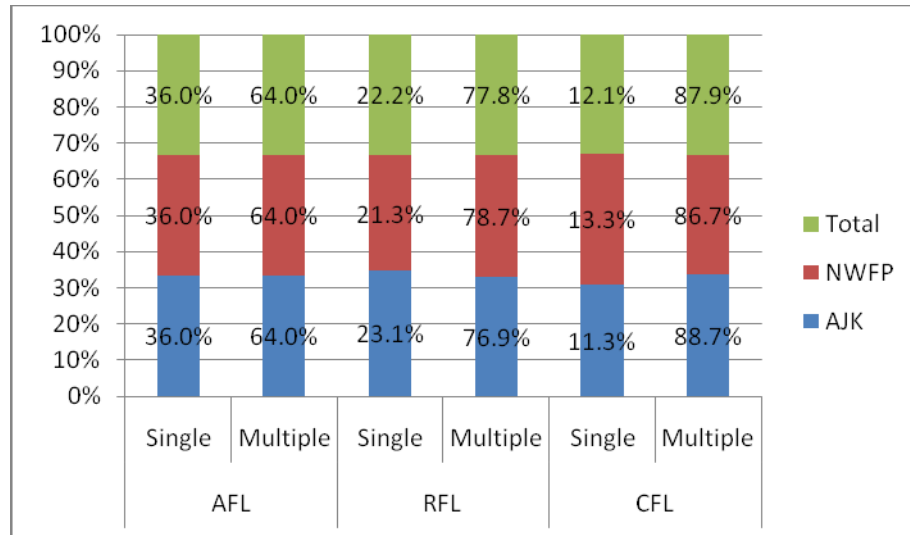
6.6 Multiple Functional Limitation

The multiple functional limitations, according to the three definitions adopted in this report and as reported by respondents are given in table 6-5. It shows that according to “All Functional Limitation” definition, 36.0% reported single and 64.0% reported multiple functional limitations. It shows that population in the sampled villages of two districts is in general have multiple functional limitation. Similarly, according to “Restricted Functional Limitation” definition, 22.2% reported single and 77.8% reported multiple functional limitations. Finally, according to “Complete Functional Limitation” definition, 12.1% reported single and 87.9% reported multiple functional limitations. Also no statistically significant difference is observed in the percentages of two districts indicating that multiple disabilities are present or distributed equally in both districts (see figure 6-5 for details)

Table 6-5 Overall Multiple Functional Limitation

Multiple Functional Limitation	AJK	NWFP	Total
<u>All Functional Limitation</u>			
Single Limitation	36.0%	36.0%	36.0%
Multiple Limitation	64.0%	64.0%	64.0%
<u>Restricted Functional Limitation</u>			
Single Limitation	23.1%	21.3%	22.2%
Multiple Limitation	76.9%	78.7%	77.8%
<u>Complete Functional Limitation</u>			
Single Limitation	11.3%	13.3%	12.1%
Multiple Limitation	88.7%	86.7%	87.9%

Figure 6-5 Multiple Functional Limitations by Type and Region



6.7 Cause of Functional Limitation

Using the three definitions for functional limitations (“All Functional Limitation”, “Restricted Functional Limitation” and “Complete Functional Limitation”), the main cause of functional limitation as reported by respondents is summarized in table 6-6. According to “All Functional Limitation” definition the most important cause are “illness / health condition not related to earth quake” (48.7%), “birth” (20.5%), “accident / injury not related to earthquake” (8.5%) and “illness / health condition not related to earth quake” (8.2%). Other less important reasons reported by respondents are “age” (6.8%), “accident / injury related to earthquake” (3.7%). 2.6% of respondents are unaware or unable to state their reason for functional limitation especially in AJK.

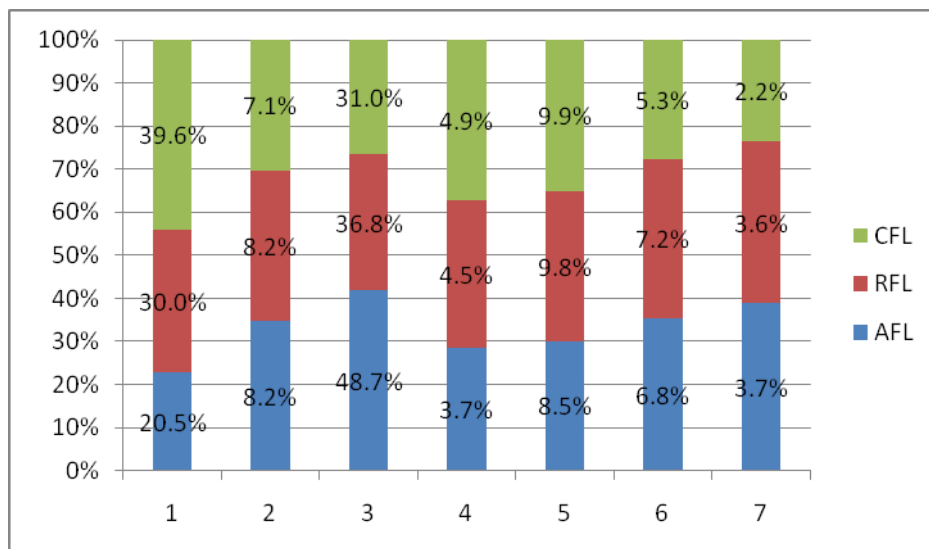
According to “Restricted Functional Limitation” definition the most important cause are “illness / health condition not related to earth quake” (36.8%) and “birth” (30.0%). Other less important reasons reported by respondents are “accident / injury not related to earth quake” (9.8%), “illness / health condition related to earth quake” (8.2%), “Age” (7.2%) and “accident / injury related to earthquake” (4.5%). 3.6% of respondents are unaware or unable to state their reason for functional limitation especially in AJK.

Table 6-6 Cause of Functional Limitation

Cause / Reason	AJK	NWFP	Total
All Functional Limitation			
Birth	18.6%	22.9%	20.5%
Illness / Health Condition Related to Earthquake	7.9%	8.5%	8.2%
Illness / Health Condition Not Related to Earthquake	56.6%	38.1%	48.7%
Accident / Injury Related to Earthquake	2.6%	5.3%	3.7%
Accident / Injury Not Related to Earthquake	7.0%	10.4%	8.5%
Age	4.5%	9.9%	6.8%
Unable to Say	2.7%	5.0%	3.7%
Restricted Functional Limitation			
Birth	30.5%	29.5%	30.0%
Illness / Health Condition Related to Earthquake	7.7%	8.6%	8.2%
Illness / Health Condition Not Related to Earthquake	39.7%	33.6%	36.8%
Accident / Injury Related to Earthquake	3.6%	5.5%	4.5%

Accident / Injury Not Related to Earthquake	10.2%	9.3%	9.8%
Age	5.1%	9.5%	7.2%
Unable to Say	3.2%	4.0%	3.6%
Complete Functional Limitation			
Birth	36.2%	44.5%	39.6%
Illness / Health Condition Related to Earthquake	6.3%	8.2%	7.1%
Illness / Health Condition Not Related to Earthquake	33.8%	26.9%	31.0%
Accident / Injury Related to Earthquake	5.1%	4.5%	4.9%
Accident / Injury Not Related to Earthquake	10.9%	8.4%	9.9%
Age	5.8%	4.7%	5.3%
Unable to Say	1.8%	2.8%	2.2%

Figure 6-6 Cause of Functional Limitation



Notes:

- 1 *Birth*
- 2 *Illness / Health Condition Related to Earthquake*
- 3 *Illness / Health Condition Not Related to Earthquake*
- 4 *Accident / Injury Related to Earthquake*
- 5 *Accident / Injury Not Related to Earthquake*
- 6 *Age*
- 7 *Unable to Say*

According to “Complete Functional Limitation” definition the most important cause are “birth” (39.6%) and “illness / health condition not related to earth quake” (31.0%). Other less important reasons reported by respondents are “accident / injury not related to earth quake” (9.9%) and “illness / health condition related to earth quake” (7.1%) and “Age” (5.3%). Also 2.2% of respondents are unaware or unable to state their reason for functional limitation. The difference in percentages of cause of each type of functional limitation is more apparent in figure 6-6.

7 Participation and Barriers

7.1 Introduction

Participation refers to activities that are integral to economic and social life and the social roles that accomplish that life, such as being able to attend school or hold a job. Participation restrictions are ‘problems an individual may experience in involvement in life situations’ such as participation in education, sports and employment.

In this chapter the difficulties faced by persons having functional limitation in education, sports, job, community organizations, family decision making, community decision making and in obtaining health care services are focused using only the “All Functional Limitation” definition. The analysis highlights the major participation restriction faced by persons having functional limitations in the sample villages of AJK and NWFP.

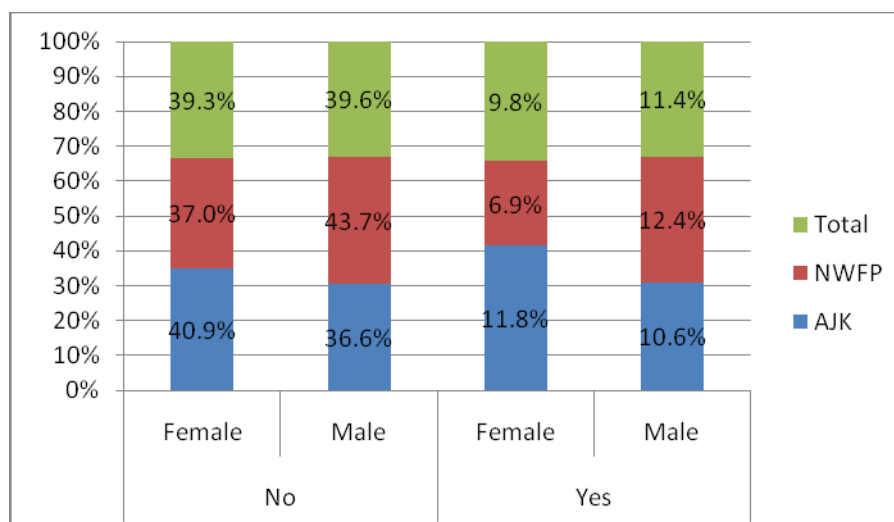
7.2 Participation in Education

The participation of persons having functional limitation (Between 5 to 60 years), in education or training is given in table 7-1. It indicates that in last 5 years 78.9% of respondents having functional limitation never attempted to get education or training among which 39.3% are females and 39.6% are males. The comparison between two provinces is given in figure 7-1.

Table 7-1: Participation in Education

Participation / Gender	AJK	NWFP	Total
No	77.5%	80.7%	78.9%
Female	40.9%	37.0%	39.3%
Male	36.6%	43.7%	39.6%
Yes	22.5%	19.3%	21.1%
Female	11.8%	6.9%	9.8%
Male	10.6%	12.4%	11.4%
Grand Total	77.5%	80.7%	78.9%

Figure 7-1: Participation in Education



The difference in the percentages of two districts is found statistically insignificant indicating that a majority of people having functional limitation avoids education or training in sampled villages of AJK and NWFP. The important reasons as reported by these respondents for not getting education or training are summarized in table 7-2. These include “lack of financial resources” (22.8%), followed by “age” (15.3%), “Do not believe I can be successful” (14.7%), “No education facilities available” (13.6%) and “No need for more information”(10.1%). The reason financial resources is at top is because these are needed for getting education or training which is not available with them.

Table 7-2: Reasons for not Getting Education

Primary Reason	AJK	NWFP	Total
Lack financial resources	21.7%	24.2%	22.8%
Age	14.0%	17.0%	15.3%
Do not believe I can be successful	13.4%	16.4%	14.7%
No education facilities available	13.1%	14.4%	13.6%
No need for more information	14.5%	4.3%	10.1%
No program could accommodate my health needs	9.0%	8.1%	8.6%
No program would accept me	5.0%	6.4%	5.6%
Lack of family support	5.2%	5.5%	5.3%
No program could accommodate my non health needs	4.0%	3.8%	3.9%

The respondents who reported to get education or training in last 5 years constitute 21.1% of the total persons with functional limitation consisting of 9.8% females and 11.4% males. Out of these, 13.6% failed in getting education or training. The reasons reported by persons who attempted to educate or trained themselves but failed are summarized in table 7-3.

Table 7-3: Reasons for Failure in Education

Primary Reason	AJK	NWFP	Total
Lack of educational resources	22.0%	18.2%	20.6%
Program was not able to accommodate my health needs	16.3%	18.2%	17.0%
Lack of confidence	13.4%	19.0%	15.5%
Building inaccessible	15.9%	6.2%	12.3%

Inadequate transportation	9.3%	5.0%	7.7%
Lack of family support	4.1%	11.6%	6.9%
Teacher or staff negative attitude toward me	6.1%	7.0%	6.4%
No educational facilities available	5.7%	6.2%	5.9%
Program was not able to accommodate my other needs	4.1%	7.4%	5.3%
Toilets inaccessible	3.2%	1.2%	2.4%

The important reason for failure are “Lack of education resources” (20.6%), “Program was not able to accommodate my health needs” (17.0%), “Lack of confidence” (15.5%) and “Building inaccessible”(12.3%). This indicates that the environment does not help or support and provide opportunities to persons having functional limitation for education or training.

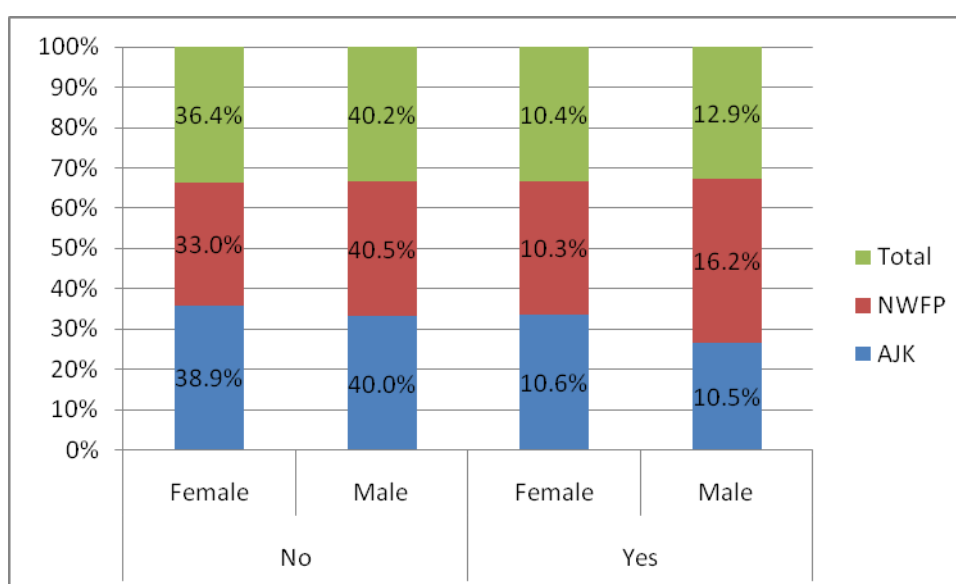
7.3 Participation in Sports

The participation of persons having functional limitation (5 years and greater), in sports or leisure activities is given in table 7-4. It indicates that in last 5 years 76.7% of respondents having functional limitation have never attempted to participate in sports or leisure activities consisting of 36.4% females and 40.2% males. The comparison between sampled villages in AJK and NWFP indicated that majority of people having functional limitation avoids sports or leisure activities (see figure 7-2 for details).

Table 7-4: Participation in Sports

	AJK	NWFP	Total
No	78.9%	73.5%	76.7%
Female	38.9%	33.0%	36.4%
Male	40.0%	40.5%	40.2%
Yes	21.1%	26.5%	23.3%
Female	10.6%	10.3%	10.4%
Male	10.5%	16.2%	12.9%
Grand Total	100.0%	100.0%	100.0%

Figure 7-2: Participation in Sports



The reasons as reported by these respondents for not participating in sports or leisure activities are summarized in table 7-5. These include “Did not want to” (24.0%), followed by “lack of financial resources” (23.9%) and “Do not believe I can be successful” (20.1%).

Table 7-5: Reasons for not Participation in Sports

Primary Reason	AJK	NWFP	Total
Did not want to	23.4%	24.9%	24.0%
Lack of financial resources	23.0%	25.3%	23.9%
Do not believe I can be successful	18.3%	22.8%	20.1%
Lacked accommodation	14.7%	14.0%	14.4%
Lack of family support	12.2%	8.0%	10.5%
Others would not accept me	8.4%	5.0%	7.0%

The respondents who reported to participate in sports or other leisure activities in last 5 years constitute 23.3% of the total persons with functional limitation consisting of 10.4% females and 12.9% males. Out of these, 6.2% remained unsuccessful in sports or leisure activities. The important reasons of failure as stated by these respondents are summarised in table 7-6. It includes “Facilities inaccessible” (27.1%), “Lack of financial resources”(16.0%), “Lack of family support”(14.2%) and “Inadequate transportation” (12.5%).

Table 7-6: Reasons for not Participation in Sports

Primary Reason	AJK	NWFP	Total
Facilities inaccessible	28.7%	24.9%	27.1%
Lack of financial resources	15.8%	16.4%	16.0%
Lack of family support	10.0%	19.9%	14.2%
Inadequate transportation	15.4%	8.5%	12.5%
Toilets inaccessible	12.9%	6.5%	10.2%
Unable to have my needs accommodated	5.7%	12.9%	8.8%
Others negative attitude towards me	6.8%	6.0%	6.5%
Lack of confidence	4.7%	5.0%	4.8%

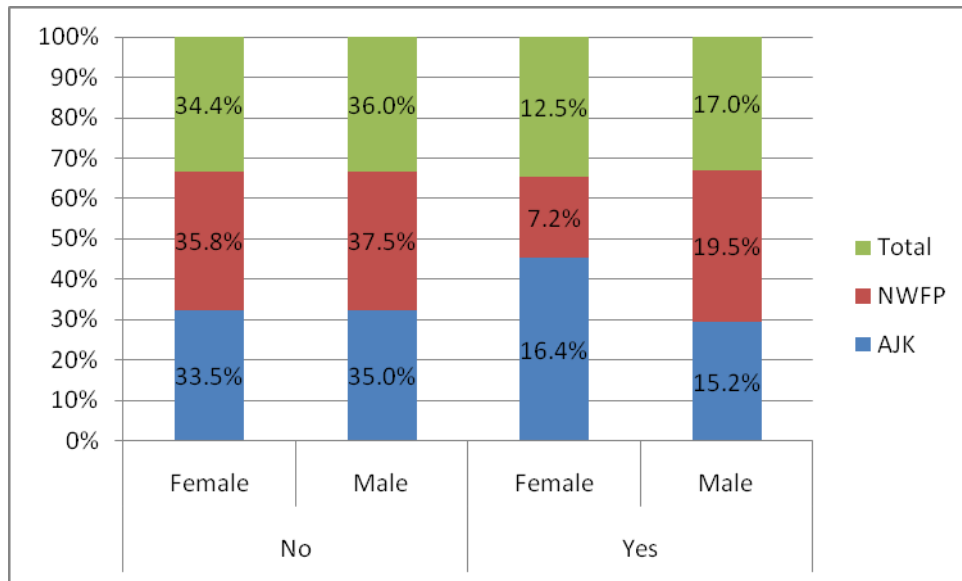
7.4 Participation in Employment

The efforts of persons having functional limitation (18 years and greater), in getting a job is described in table 7-7. It indicates that in last 5 years 70.5% of respondents having functional limitation have never attempted to get any job consisting of 34.4% females and 36.0% males. The comparison between sampled villages in AJK & NWFP is shown in figure 7-3.

Table 7-7: Participation in Employment

	AJK	NWFP	Total
No	68.5%	73.2%	70.5%
Female	33.5%	35.8%	34.4%
Male	35.0%	37.5%	36.0%
Yes	31.5%	26.8%	29.5%
Female	16.4%	7.2%	12.5%
Male	15.2%	19.5%	17.0%
Grand Total	100.0%	100.0%	100.0%

Figure 7-3: Participation in Employment



The high percentage of males in this category can be explained by the presence of limited number of job in community. All jobs are related to physical health like cultivator, agriculture and non agriculture laborer. If the person is functionally limited then he has no opportunity for such jobs. Similarly, the higher percentage of females in this category is as females are normally engaged in the household work.

The important reasons reported by these respondents for not trying to get a job are summarized in table 7-8. These include “No employer will accept me” (18.8%), followed by “Did not want a job” (17.7%), and “Lack of financial resources” (16.0%).

Table 7-8: Reasons for not trying to get Employment

Primary Reason	AJK	NWFP	Total
No employer would accept me	18.6%	19.0%	18.8%
Did not want a job	18.5%	16.7%	17.7%
Lack of financial resources	15.1%	17.1%	16.0%
No work place could accommodate my health needs	11.9%	11.1%	11.6%
Do not believe I can be successful	10.2%	11.7%	10.9%
Family responsibilities	8.0%	9.0%	8.5%
No work place could accommodate my needs	7.6%	6.8%	7.2%
Lack of family support	6.8%	5.8%	6.4%
Did not know how	3.2%	2.8%	3.0%

The respondents who tried to get a job constitute 29.5% of the total persons having functional limitation and consists of 12.5% females and 17.0% males. Out of these, 18.9% remained unsuccessful in their employment experience. The reasons reported by persons having functional limitations, who remained unsuccessful in their employment, are summarized in table 7-9. The important reason includes “Lack of confidence” (20.9%), “Lack of financial resources” (20.5%), “Building inaccessible” (17.2%), and “Lack of family support” (15.2%).

Table 7-9: Reasons for Failure in Employment

Primary Reason	AJK	NWFP	Total
Lack of confidence	16.9%	25.1%	20.9%
Lack of financial resources	21.3%	19.7%	20.5%
Building inaccessible	19.1%	15.3%	17.2%
Lack of family support	12.1%	18.4%	15.2%
Inadequate transportation	10.9%	10.7%	10.8%
Program cannot accommodate my needs	11.5%	7.5%	9.5%
Toilets inaccessible	4.4%	1.5%	3.0%
Employees negative attitude towards me	3.7%	1.7%	2.7%

7.5 Participation in CO

The status of persons having functional limitation (18 years and greater), in joining CO (Community Organization) is described in table 7-10. It indicates that in last 5 years 69.5% of respondents having functional limitation, have not attempted to join any CO at all. This percentage consists of 33.5% females and 36.0% males. The comparison between sampled villages of AJK and NWFP is given in figure 7-4. The difference in percentages of both provinces is found statistically significant leading to conclusion that the more respondents, having functional limitation, in AJK are not able to join CO than respondents in NWFP or respondents in NWFP have more opportunities for joining a CO than respondents in AJK.

Table 7-10: Participation in CO

	AJK	NWFP	Total
No	83.1%	50.6%	69.5%
Female	40.9%	23.3%	33.5%
Male	42.2%	27.3%	36.0%
Yes	16.9%	49.4%	30.5%
Female	8.9%	19.8%	13.5%
Male	8.0%	29.6%	17.0%
Grand Total	83.1%	50.6%	69.5%

Figure 7-4: Participation in CO

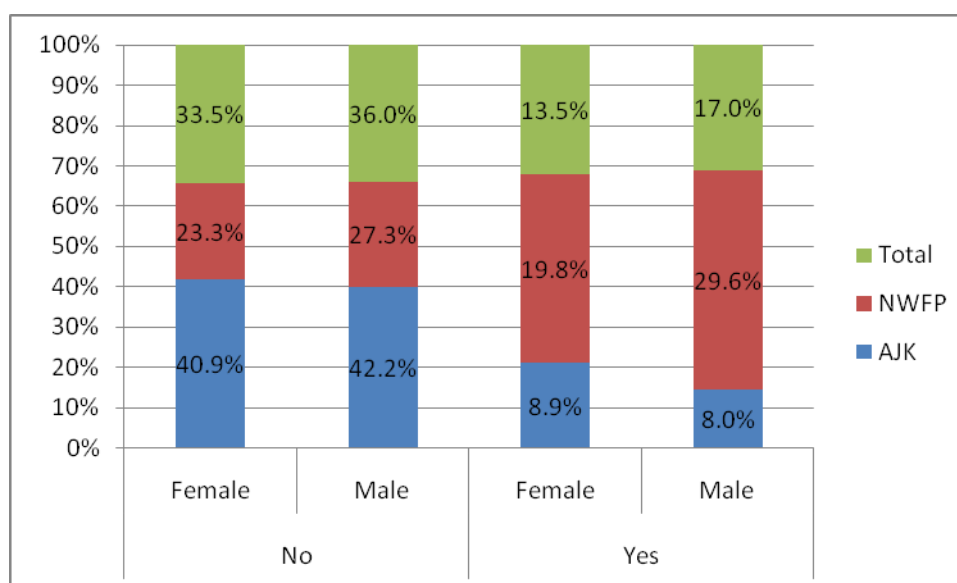


Table 7-11: Reasons for not Joining CO

Primary Reason	AJK	NWFP	Total
Lack of family support	23.3%	26.5%	24.3%
Did not want to be a member	23.4%	25.2%	23.9%
CO didn't think I was able to participate	14.0%	12.3%	13.5%
Lack of financial resources	9.7%	12.5%	10.6%
CO never contacted me	9.7%	5.1%	8.3%
Do not believe I can be successful	7.4%	10.0%	8.2%
There is no CO	6.3%	3.9%	5.6%
CO could not accommodate my needs	4.6%	3.1%	4.2%
CO would not accept me	1.5%	1.3%	1.5%

The important reasons as reported by these respondents for not joining a CO are summarized in table 7-11. These include “Lack of family support” (24.3%), followed by “Did not want to be a member” (23.9%), “CO didn't think I was able to participate” (13.5%) and “Lack of financial resources” (10.6%). The other less important reasons reported by respondents are “CO never contacted me” and “do not believe I can be successful”.

The respondents with functional limitation who reported to attempt joining a CO, constitute 30.5% of the total such respondents, consisting of 13.5% females and 17.0% males. The percentages between AJK and NWFP are found statistically insignificant indicating the opportunities for joining a CO is same in overall sample. Among these respondents, 69.5% of respondents failed in their attempt to join a CO. The important reasons reported by such respondents includes “Lack of family support” (32.6%), “Lack of Confidence” (32.3%), and “Lack of financial resources” (32.2%).

Table 7-12: Reasons for Failure in Joining CO

Primary Reason	AJK	NWFP	Total
Lack of family support	32.1%	32.7%	32.6%
Lack of confidence	32.1%	32.4%	32.3%
Lack of financial resources	32.3%	32.1%	32.2%
Could not meet CO requirements for participation	0.9%	1.1%	1.0%
CO members negative attitude towards me	0.6%	0.5%	0.6%
CO was not able to accommodate my needs	0.6%	0.4%	0.5%
Building inaccessible	0.6%	0.3%	0.4%
Toilets inaccessible	0.4%	0.3%	0.3%
Inadequate transportation	0.2%	0.2%	0.2%

7.6 Participation in Family Decision Making

The status of persons having functional limitation (18 years and greater), in family decision making is described in table 7-13. It indicates that in last 5 years 17.2% of respondents having functional limitation (18.6% females and 8.4% males) are never involved in family decision making. The comparison between sampled villages of AJK and NWFP is given in figure 7-5.

Table 7-13: Participation in Family Decision Making

	AJK	NWFP	Total
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No	18.7%	14.9%	17.2%
Female	8.6%	7.1%	8.0%
Male	10.1%	7.9%	9.2%
Yes	81.3%	85.1%	82.8%
Female	41.2%	36.0%	39.0%
Male	40.0%	49.1%	43.8%
Grand Total	100.0%	100.0%	100.0%

The difference in percentages between males and females for no involvement in family decision is found statistically significant leading to conclusion that female respondents in general do not involve themselves in family decision making. Similarly, the difference in percentages of AJK and NWFP is found statistically significant leading to conclusion that respondents living in the sampled villages of NWFP have lesser opportunities in family decision making than respondents living in sampled villages of district AJK.

The important reasons as reported by respondents for not participating in family decision making are summarized in table 7-14. These include “Lack of family support” (23.1%), followed by “Do not believe I should” (19.7%), “Problems communicating”(18.8%) and “Because I am disabled” (16.7%).

Figure 7-5: Participation in Family Decision Making

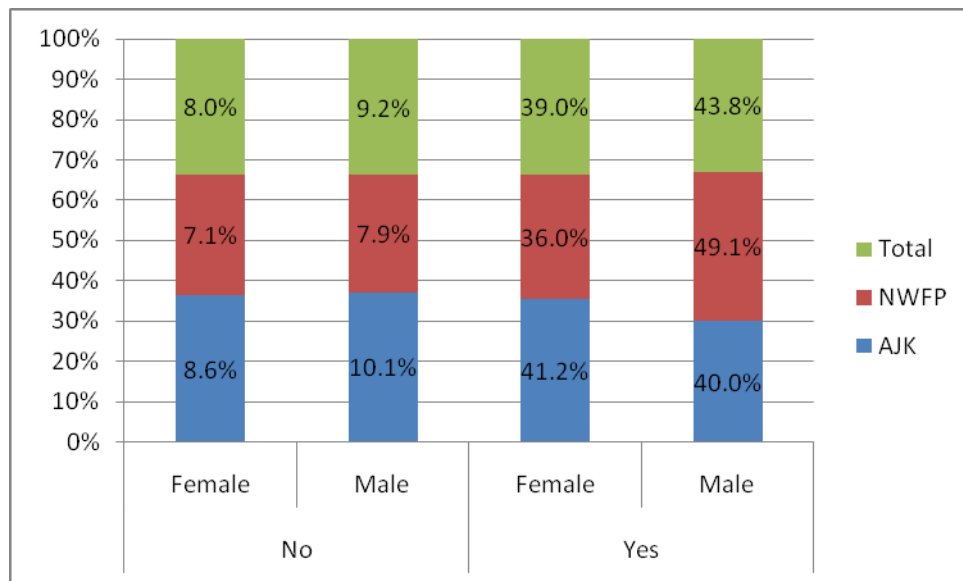


Table 7-14: Reasons for Failure in Family Decision Making

Primary Reason	AJK	NWFP	Total
Lack of family support	23.3%	22.8%	23.1%
Do not believe I should	21.3%	16.9%	19.7%
Problems communicating	16.8%	22.4%	18.8%
Because I am disabled	16.4%	17.3%	16.7%
Did not want to be	13.5%	12.7%	13.2%
Because i am a women	8.7%	7.8%	8.4%

7.7 Participation in Community Decision Making

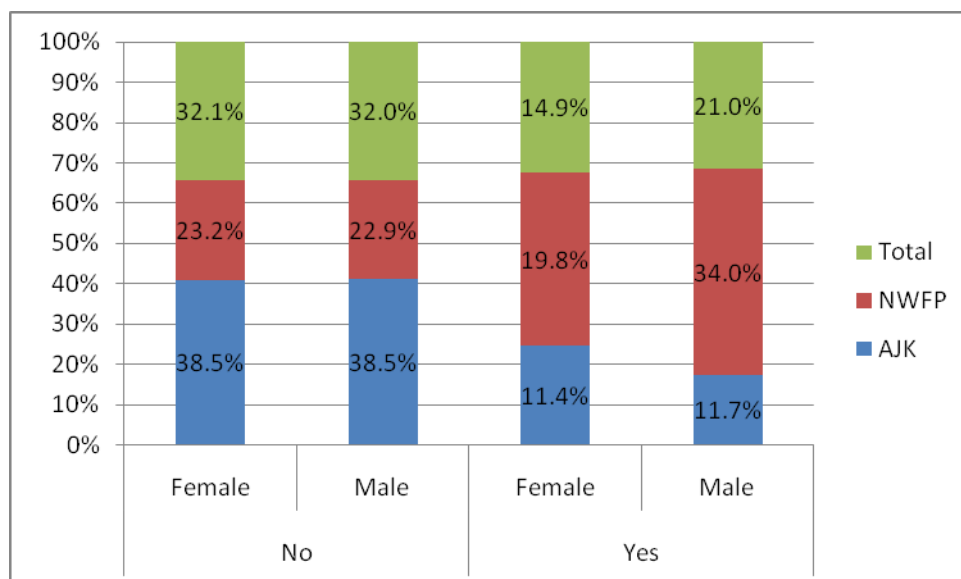
The status of persons having functional limitation (18 years and greater) in community / jirga decision making is described in table 7-15. It indicates that in last 5 years 64.1% of respondents having functional limitation, have been never involved in community / jirga decision making, consisting of 32.1% females and 32.0% males.

Table 7-15: Participation in Community Decision Making

	AJK	NWFP	Total
No	76.9%	46.2%	64.1%
Female	38.5%	23.2%	32.1%
Male	38.5%	22.9%	32.0%
Yes	23.1%	53.8%	35.9%
Female	11.4%	19.8%	14.9%
Male	11.7%	34.0%	21.0%
Grand Total	76.9%	46.2%	64.1%

The comparison between sampled villages in AJK and NWFP is given in figure 7-6. It is observed that more people in AJK are not involved in community decision making as the difference in percentages of AJK and NWF is found statistically significant. However, no significant difference is observed between males and females leading to conclusion that in general both females and males are less involved in community decision making, in overall sample.

Figure 7-6: Participation in Community Decision Making



The important reasons as reported by these respondents for not participating in community decision making, are summarized in table 7-16. These include “Did not want to participate” (17.3%), followed by “Lack of family support” (17.0%), “Members didn't think I was able to participate” (12.2%), “Because women are not allowed” (12.2%) and “Do not believe I can participate” (11.6%).

Table 7-16: Reasons for Failure in Community Decision Making

Primary Reason	AJK	NWFP	Total
Did not want to participate	17.3%	17.5%	17.3%
Lack of family support	16.0%	19.5%	17.0%
Members didn't think I was able to participate	11.4%	14.0%	12.2%
Because women are not allowed	12.4%	11.3%	12.0%
Do not believe I can participate	11.9%	10.9%	11.6%
Members would not accept me	9.6%	7.2%	8.9%
There was none	8.7%	4.9%	7.6%
Jirga or Community never contacted me	6.0%	5.5%	5.9%
Lack of financial resources	5.0%	7.1%	5.7%

The respondents who have been involved in community decision making constitute 35.9% of the total persons having functional limitation consisting of 14.9% females and 21.0% males. Out of these 9.9% remained unsuccessful in their participation in community / jirga decision making.

Table 7-17: Reasons for Failure in Community Decision Making

Primary Reason	AJK	NWFP	Total
Lack of family support	31.4%	32.3%	31.7%
Could not meet Jirga or Community requirements for participation	31.7%	25.9%	29.9%
Lack of confidence	30.8%	27.9%	29.9%
Lack of financial resources	2.1%	7.1%	3.6%
Jirga or Community members negative attitude towards me	1.2%	1.7%	1.4%
Jirga or Community was not able to accommodate my needs	0.8%	2.0%	1.1%

The important reasons reported by these persons includes “Lack of family support” (31.7%), “Could not meet Community / Jirga requirements for participation” (29.9%) and “Lack of confidence” (29.9%). For details of reasons reported by these respondents please see table 7-17.

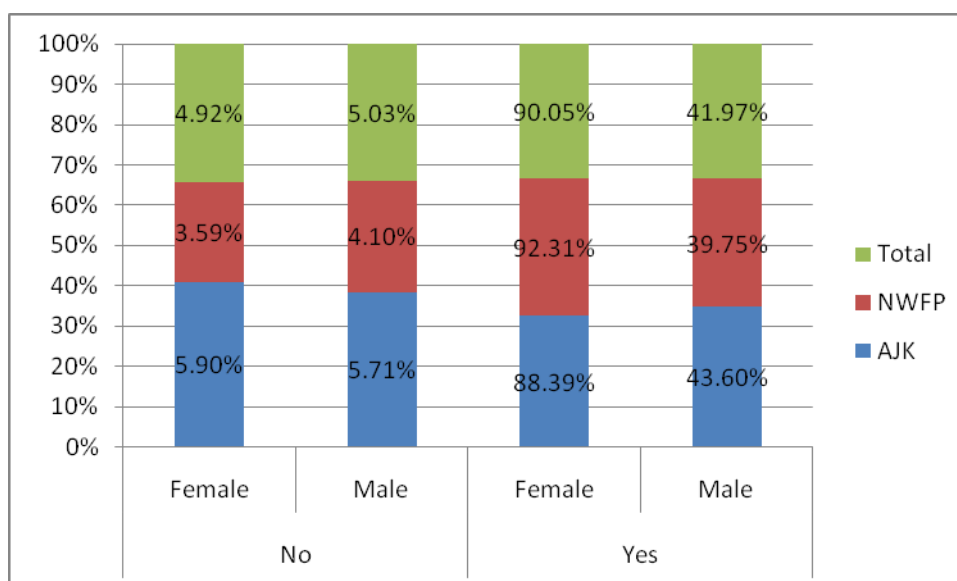
7.8 Obtaining Health Services

The status of persons having functional limitation (5 years and greater) who tried to obtain health care services is described in table 7-18. It indicates that in last 5 years 10.0% of respondents having functional limitation have never obtained any health care services. This percentage consists of 4.9% females and 5.0% males.

Table 7-18: Participation in Getting Health Care Services

	AJK	NWFP	Total
No	11.6%	7.7%	10.0%
Female	5.9%	3.6%	4.9%
Male	5.7%	4.1%	5.0%
Yes	88.4%	92.3%	90.0%
Female	43.6%	39.8%	42.0%
Male	44.8%	52.6%	48.1%
Grand Total	11.6%	7.7%	10.0%

Figure 7-7: Participation in Getting Health Care Services



The comparison between sampled villages in AJK and NWFP is shown in figure 7-7. No statistically difference is observed in the percentages of males and females indicating that the situation of health is similar between genders. Similarly, no difference is observed in the selected villages of in AJK and NWFP confirming the previous result. This indicates that approximately one tenth of the total population having functional limitation never gets any medical/health care services.

The important reasons as reported by respondents for not getting health care services are summarized in table 7-19. These include “Lack of financial resources” (26.6%), followed by “No facility available” (20.6%) and “Do not think health facility can help me” (15.9%).

Table 7-19: Reasons for not Getting Health Care Services

Primary Reason	AJK	NWFP	Total
Lack of financial resources	26.7%	26.2%	26.6%
No facility available	20.7%	20.4%	20.6%
Do not think health facility can help me	16.3%	15.1%	15.9%
Lack of trust in health facility	13.3%	12.4%	13.0%
Lack of family support	13.4%	11.7%	12.9%
Did not need to go	3.4%	6.7%	4.5%
Health facility could not accommodate my needs	3.5%	4.2%	3.7%
Health facility would not accept me	2.5%	3.4%	2.8%

The respondents who reported to get health care services constitute 74.9% of the total persons having functional limitation which consists of 42.0% females and 48.1% males. Out of these, 5.1% remained unsuccessful in visiting health facilities. The main reasons reported by these respondents includes “Lack of financial resources” (26.1%), “Building inaccessible” (16.9%), and “Could not find a health facility” (15.4 %). For details of others reasons reported by these respondents please see table 7-20.

Table 7-20: Reasons for Failure in Getting Health Care Services

Primary Reason	AJK	NWFP	Total
Lack of financial resources	27.8%	21.9%	26.1%

Building inaccessible	19.6%	10.0%	16.9%
Could not find a health facility	18.4%	7.7%	15.4%
Lack of family support	6.6%	13.5%	8.6%
Health care was not able to accommodate my needs	9.2%	5.6%	8.2%
Experience maltreatment	5.6%	11.9%	7.4%
Lack of confidence	3.0%	14.5%	6.2%
Inadequate transportation	5.4%	7.5%	5.9%
Staff negative attitude towards me	1.4%	6.8%	2.9%

7.9 Participation in Other Activities

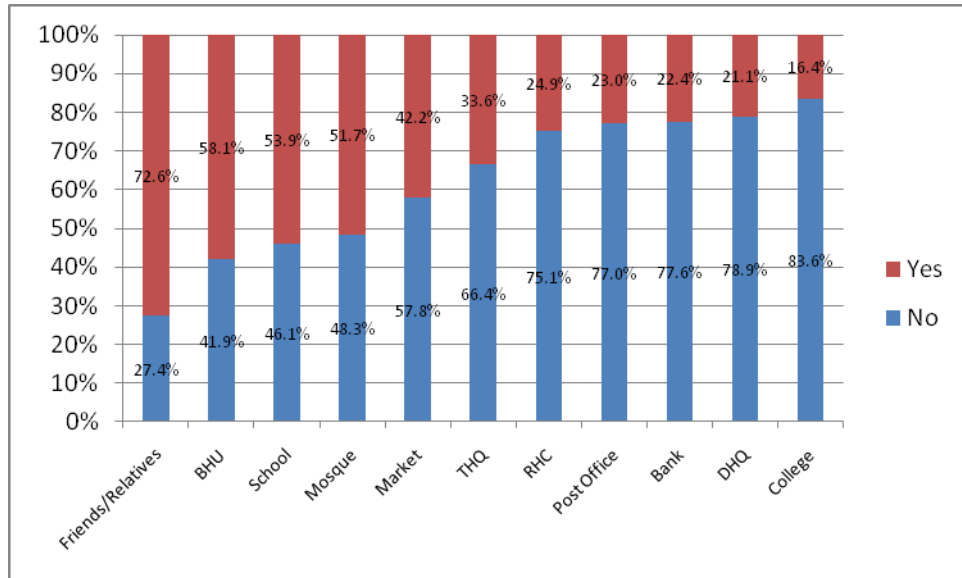
The status of participation in other activities, by persons with functional limitation (5 years and greater), are summarized in table 7-21.

Table 7-21: Participation in Participation in Visits to Places

Visit To	AJK		NWFP		Total	
	No	Yes	No	Yes	No	Yes
School	45.0%	55.0%	47.5%	52.5%	46.1%	53.9%
College	79.5%	20.5%	89.2%	10.8%	83.6%	16.4%
BHU	40.0%	60.0%	44.5%	55.5%	41.9%	58.1%
RHC	77.7%	22.3%	71.5%	28.5%	75.1%	24.9%
THQ	62.2%	37.8%	72.2%	27.8%	66.4%	33.6%
DHQ	82.2%	17.8%	74.5%	25.5%	78.9%	21.1%
Bank	78.6%	21.4%	76.3%	23.7%	77.6%	22.4%
Post Office	77.7%	22.3%	76.1%	23.9%	77.0%	23.0%
Market	58.9%	41.1%	56.4%	43.6%	57.8%	42.2%
Mosque	49.7%	50.3%	46.5%	53.5%	48.3%	51.7%
Friends/Relatives	30.3%	69.7%	23.4%	76.6%	27.4%	72.6%

It indicates that respondents having functional limitation are active in visiting “friends /relatives” (72.6%), “BHU” (41.9%), “School”, (53.9%), Mosque” (48.3%), and “Market” (42.2%). Figure 7-8 gives more details of the activities performed. The most widely performed activity is visiting relatives / friends and the least performed activity is going to college. Also no statistical difference is observed in the percentages between districts leading to conclusion that the pattern of these activities is similar in sampled villages of each district.

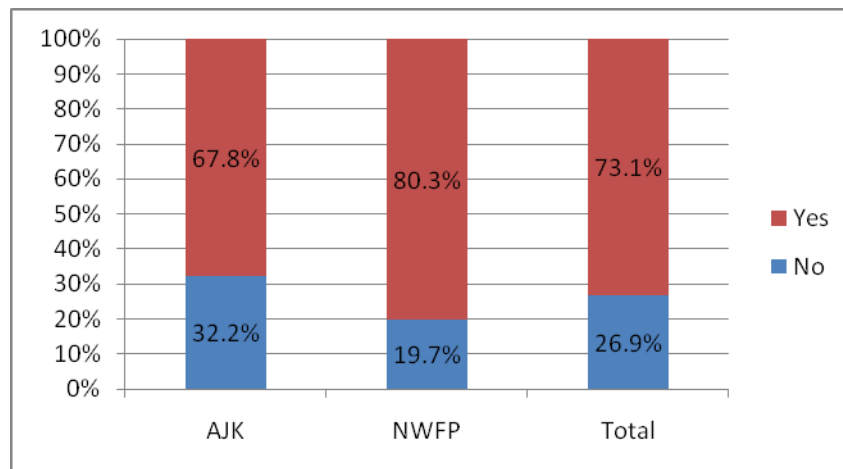
Figure 7-8: Participation in Visits to Places



7.10 Assistive Devices

According to respondents, having functional limitation (5 years and greater), the need for assistive devices is given in figure 7-9. It indicates that 26.9% of respondents do not feel any need of assistive devices whereas 73.1% of respondents feel to have assistive devices.

Figure 7-9: Need for Assistive Devices by Respondents



The type of devices identified by respondents are summarized in table 7-22. Nearly all devices are needed but the first four important devices are glasses (18.9%), wheel chair (17.0%), learning aid (17.0%) and walking aid (16.9%).

Table 7-22: Need for Assistive Devices by Respondents

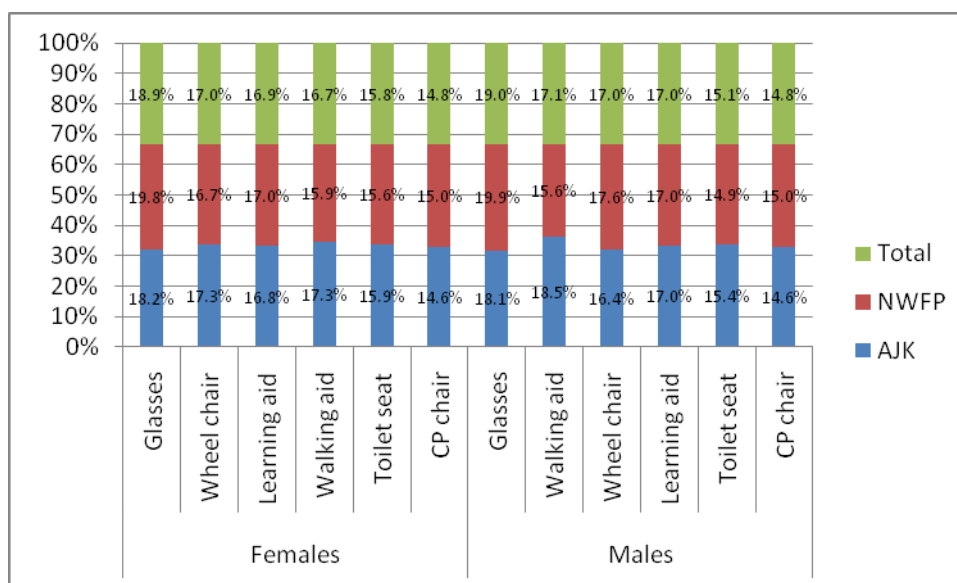
Devices	AJK	NWFP	Total
Glasses	18.1%	19.8%	18.9%
Wheel chair	16.9%	17.2%	17.0%
Learning aid	16.9%	17.0%	17.0%
Walking aid	17.9%	15.7%	16.9%
Toilet seat	15.6%	15.2%	15.4%
CP chair	14.6%	15.0%	14.8%

The most needed device for females is “glasses” (18.9%) and “wheel chair” (17.0%). Similarly, the most needed device for males is “glasses” (19.0%) and “walking aid” (17.1%). The details of needed devices by gender is given in table 7-23 and the comparison is also given in figure 7-10.

Table 7-23: Need for Assistive Devices by Gender

Devices	AJK	NWFP	Total
Female			
Glasses	18.2%	19.8%	18.9%
Wheel chair	17.3%	16.7%	17.0%
Learning aid	16.8%	17.0%	16.9%
Walking aid	17.3%	15.9%	16.7%
Toilet seat	15.9%	15.6%	15.8%
CP chair	14.6%	15.0%	14.8%
Males			
Glasses	18.1%	19.9%	19.0%
Walking aid	18.5%	15.6%	17.1%
Wheel chair	16.4%	17.6%	17.0%
Learning aid	17.0%	17.0%	17.0%
Toilet seat	15.4%	14.9%	15.1%
CP chair	14.6%	15.0%	14.8%

Figure 7-10: Need for Assistive Devices by Gender



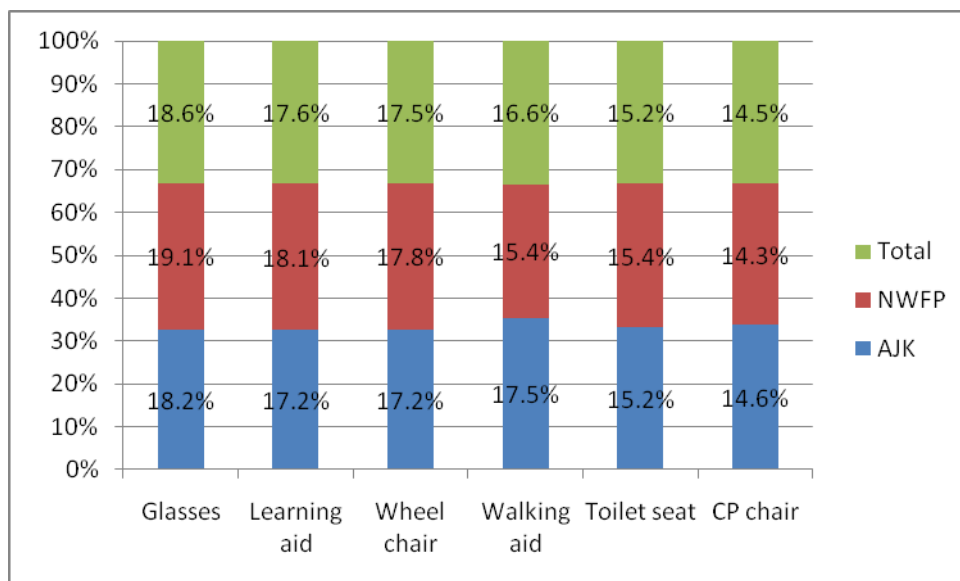
It is observed that females need “glasses” (18.9%) and “wheel chair” (17.0%) whereas males need “glasses” (19.0%) and “walking aid” (17.1%). However, no significant difference is observed in the percentages of type of devices needed by both genders.

Table 7-24: Need for Assistive Devices by Age Groups

Devices	AJK	NWFP	Total
Children (05-18 Years)			
Glasses	18.2%	19.1%	18.6%
Learning aid	17.2%	18.1%	17.6%

Devices	AJK	NWFP	Total
Wheel chair	17.2%	17.8%	17.5%
Walking aid	17.5%	15.4%	16.6%
Toilet seat	15.2%	15.4%	15.2%
CP chair	14.6%	14.3%	14.5%
Adults (19-60 Years)			
Glasses	18.2%	20.2%	19.0%
Walking aid	17.9%	15.7%	16.9%
Learning aid	17.1%	16.6%	16.9%
Wheel chair	16.6%	17.1%	16.8%
Toilet seat	15.5%	15.0%	15.3%
CP chair	14.8%	15.4%	15.0%
Elders (Over 60 Years)			
Glasses	17.9%	19.7%	18.9%
Walking aid	18.4%	16.1%	17.2%
Wheel chair	17.4%	17.0%	17.2%
Learning aid	15.9%	17.0%	16.5%
Toilet seat	16.5%	15.6%	16.0%
CP chair	13.9%	14.6%	14.3%

Figure 7-11: Need for Assistive for Children (05-18 Years)



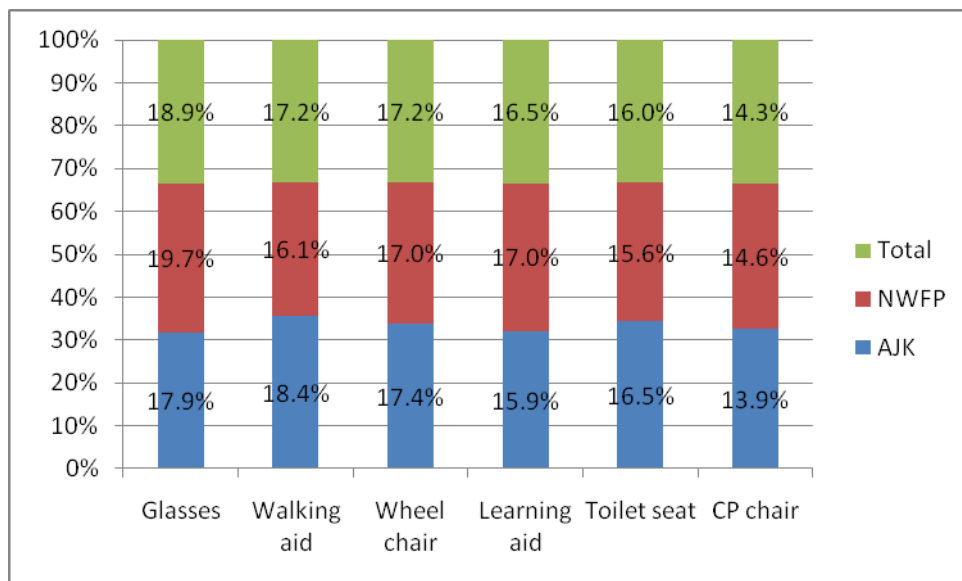
The type of devices needed by respondents in various age groups are summarized in table 7-24. It is observed that for children(05-18 Years), the most needed device are “glasses” (18.6%), followed by “learning aid” (17.6%) and “wheel chair”(25.3%). For more details about the type of devices need by children refer to figure 7-11.

Figure 7-12: Need for Assistive for Adults (17-60 Years)



Similarly, for adults the most needed device are “glasses” (19.0%), followed by “walking aid” (16.9%), “learning aid” (22.3%) and “wheel chair”. For more details about the type of devices need by adults refer to figure 7-12.

Figure 7-13: Need for Assistive for Elders (Over 60 years)

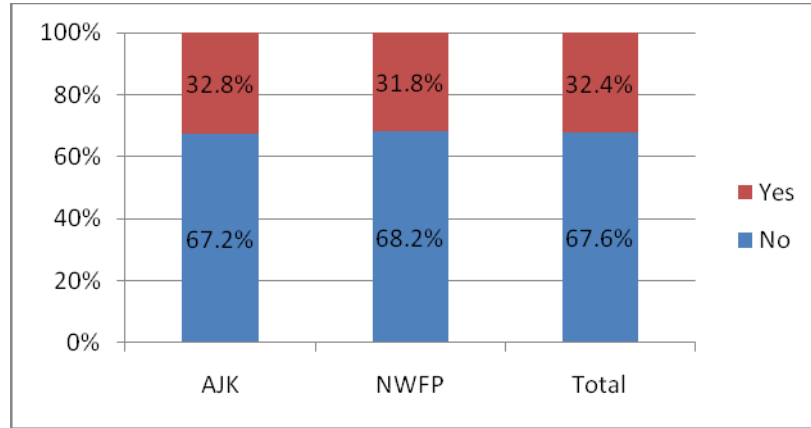


Also, for elders the most needed device are “glasses” (18.9%), followed by “walking aid” (17.2%) and “wheel chair” (17.2%). For more details about the type of devices need by adults refer to figure 7-13.

7.11 Assistive Trainings

According to respondents, 67.6% do feel the need for any trainings to help them participate in their daily activities. Only 32.4% of respondents answered positively for such trainings (figure 7-14 gives the details).

Figure 7-14: Need for Assistive Trainings

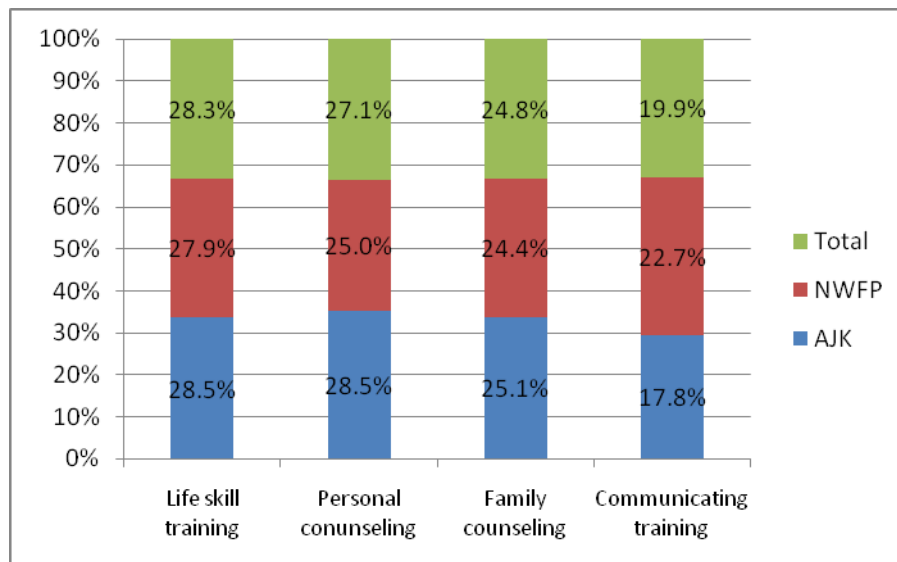


Also the trainings needed in sample villages of AJK and NWFP are summarized in table 7-23. The most needed trainings are “Life skill training” (28.3%), “Personal counseling” (27.1%), “Family counseling” (24.8%), and “Communicating training” (19.9%). The province wise comparison for need of assistive training is given in figure 7-15.

Table 7-25: Overall Need for Assistive Trainings

Visit To	AJK	NWFP	Total
Life skill training	28.5%	27.9%	28.3%
Personal counseling	28.5%	25.0%	27.1%
Family counseling	25.1%	24.4%	24.8%
Communicating training	17.8%	22.7%	19.9%

Figure 7-15: Need for Assistive Trainings



The type of trainings needed by gender are summarized in table 7-26. For both genders the most needed training are “Life skill training (28.1%), “Personal counseling” (27.7%), followed by “Family counseling” (25.2%) and “Communicating training” (19.2%). The comparison between gender reveals no statistical evidence for the difference in the type of training.

Table 7-26: Need for Assistive Trainings by Gender

Devices	AJK	NWFP	Total
---------	-----	------	-------

Females			
Life skill training	27.8%	28.6%	28.1%
Personal counseling	29.1%	25.0%	27.5%
Family counseling	25.5%	24.6%	25.2%
Communicating training	17.5%	21.9%	19.2%
Males			
Life skill training	29.2%	27.3%	28.4%
Personal counseling	28.0%	25.1%	26.7%
Family counseling	24.7%	24.2%	24.5%
Communicating training	18.1%	23.4%	20.5%

Table 7-27: Need for Assistive Trainings by Age Groups

Devices	AJK	NWFP	Total
Children (05-18 Years)			
Life skill training	60.4%	44.1%	53.7%
Communicating training	18.3%	27.3%	21.9%
Personal counseling	11.9%	12.6%	12.2%
Family counseling	9.4%	16.0%	12.1%
Adult (19-60 Years)			
Life skill training	56.7%	43.7%	51.5%
Communicating training	20.9%	30.6%	24.8%
Personal counseling	11.1%	13.8%	12.2%
Family counseling	11.3%	11.9%	11.5%
Elders (Over 60 Years)			
Life skill training	56.0%	48.9%	52.6%
Communicating training	20.1%	32.1%	25.9%
Family counseling	12.3%	9.5%	10.9%
Personal counseling	11.6%	9.5%	10.6%

The type of trainings needed by respondents in various age groups are summarized in table 7-27. It is apparent that training needs does not changes with age group. It is observed that for children(05-18 Years), the most needed training is “Life skill training” (53.7%). For more details about the type of devices need by adults refer to figure 7-16. Similarly, for adults (19-60 years) the most needed training is “Life skill training” (53.7%). For more details about the type of devices need by adults refer to figure 7-17. Finally, for elders (over 60 years) the most needed training is again “Life skill training” (53.7%). For more details about the type of devices need by adults refer to figure 7-18.

Figure 7-16: Need for Assistive Trainings by Children (05-18 Years)

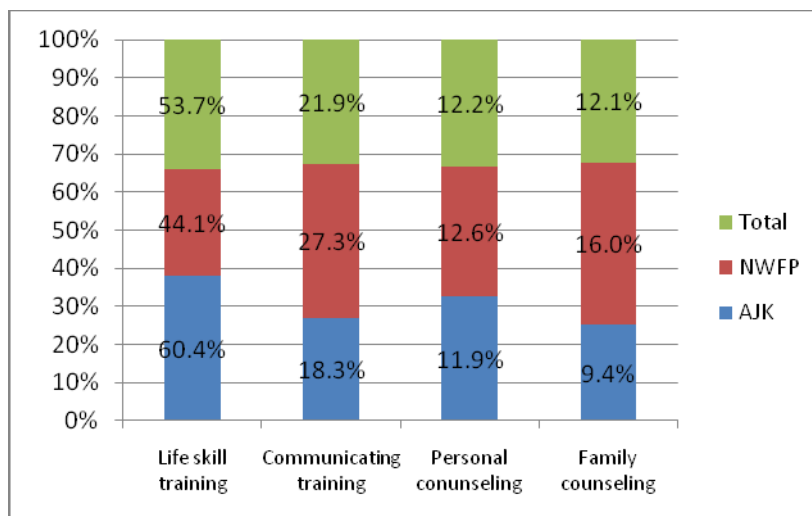


Figure 7-17: Need for Assistive Trainings by Adults (17-60 Years)

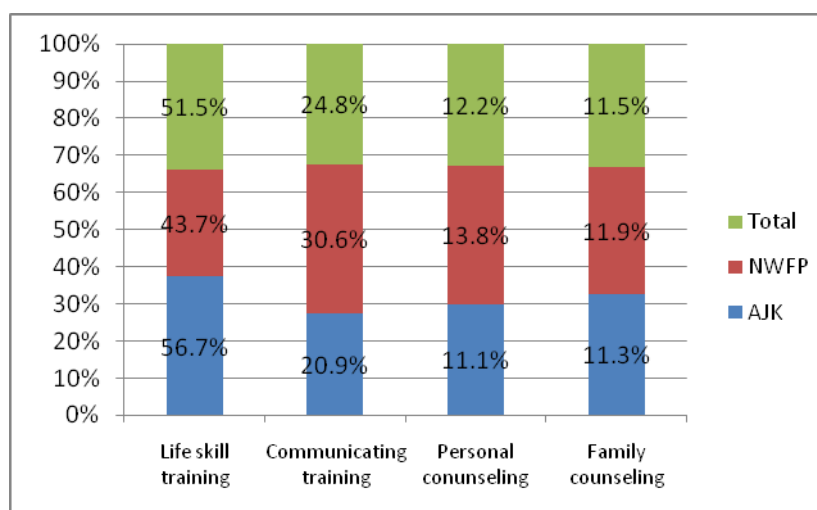
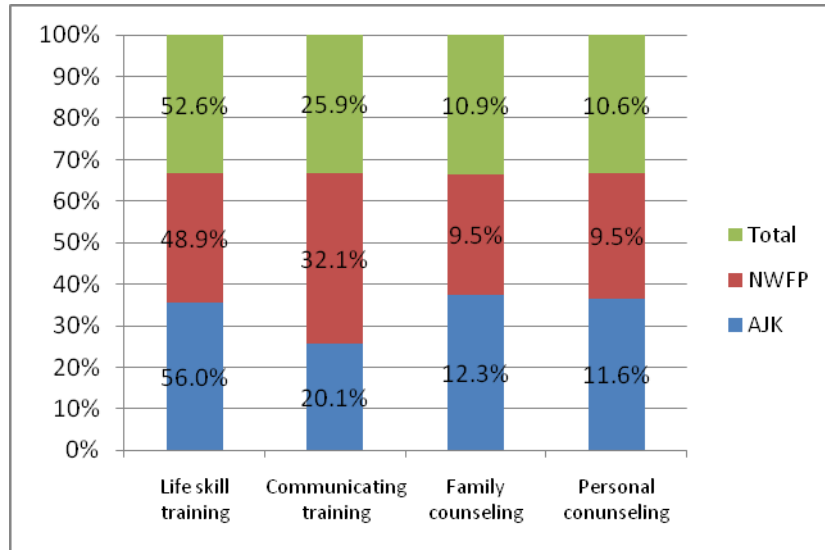


Figure 7-18: Need for Assistive Trainings by Elders (Over 60 years)



8 Cost of Functional Limitation

8.1 Introduction

A person having functional limitations (depending on its type and severity) usually requires additional help of their family members in order to perform their basic daily activities like dressing, washing, eating or moving about etc. This assistance in terms of time and money creates some additional liabilities on household members and it is therefore believed that a functional limitation of a person carries additional cost.

However, there is little disagreement with the idea that functional limitation imposes extra costs on individuals and their households as it is really difficult to define and agree 'extra cost of functional limitation'. Accordingly, this chapter majorly focuses only on the assistance of family members needed by the persons having functional limitation instead of computing their actual or extra cost of functional limitation.

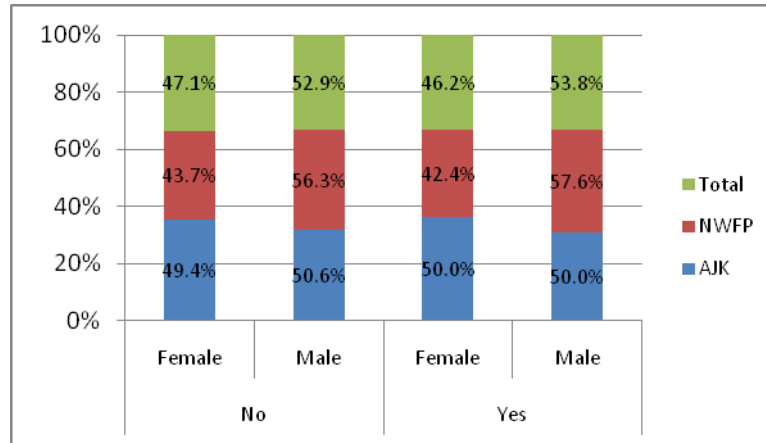
8.2 Family Assistance

According to respondents having functional limitation, 20.8% required the assistance of family members with basic activities like dressing, washing or moving about which consists of 46.2% females and 53.8% males (see table 8-1 for details). It is observed that on the average these persons require 6.3 hours per day assistance of their family members. The gender wise comparison of persons having functional limitation and requiring assistance of family members in AJK and NWFP is given in figure 8-1.

Table 8-1: Need for Family Assistance

	AJK	NWFP	Total
No	82.0%	75.4%	79.2%
Female	49.4%	43.7%	47.1%
Male	50.6%	56.3%	52.9%
Yes	18.0%	24.6%	20.8%
Female	50.0%	42.4%	46.2%
Male	50.0%	57.6%	53.8%
Hours per Day	5.4	7.2	6.3

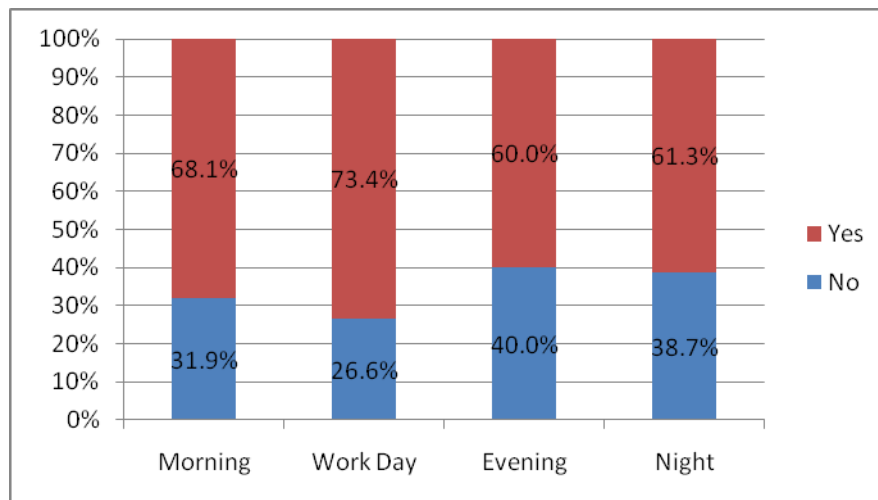
Figure 8-1: Need for Family Assistance by Gender



8.3 Time for Family Assistance

According to respondents having functional limitation who needed assistance, 68.1% required the family assistance in morning, 73.4% required the family assistance during work day, and 60.0% require the family assistance in evening and 61.3% required the family assistance at night for performing their daily activities like dressing, washing or moving about etc and is shown in figure 8-2.

Figure 8-2: Need for Family Assistance by Gender



The province wise comparison reveals that functionally limited respondents who require the family assistance during morning, in evening and at nights are higher in AJK than in NWFP. Similarly, in NWFP the number of respondents requiring family assistance during work day is higher than in AJK (see table 8-2 for details). Further, the difference in the percentages of time required by respondents needing family assistance is found statistically significant indicating that time for family assistance in AJK and NWFP is different.

Table 8-2: Time for Assistance

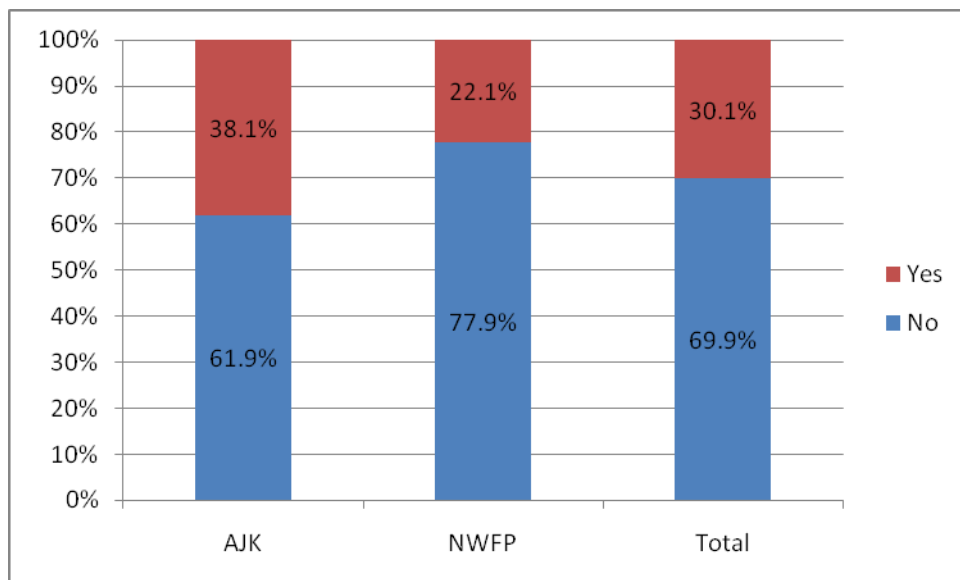
	AJK	NWFP	Total
Early in Morning			
No	28.5%	35.2%	31.9%
Yes	71.5%	64.8%	68.1%
During Work Day			

No	36.3%	16.9%	26.6%
Yes	63.7%	83.1%	73.4%
In Evening			
No	31.8%	48.2%	40.0%
Yes	68.2%	51.8%	60.0%
At Nights			
No	34.2%	43.2%	38.7%
Yes	65.8%	56.8%	61.3%

8.4 Assistance by Children

The details of functionally limited respondents who require assistance of some child after school is given figure 8-3. It is observed that 30.1% of such respondents (38.1% in AJK and 22.1% in NWFP) requires the assistance of children where as 69.9% do not require such help. It is further observed that the difference in the percentage of AJK and NWFP requiring child assistance is statistically significant meaning that respondents in AJK are more dependent on their children for performing their basic daily activities like dressing, washing or moving about.

Figure 8-3: Assistance by Children



The frequency at which children assistance after school is needed by respondents having functional limitation to perform their daily activities is summarized in table8-3. It is observed that 40.6% and 31.9% of functionally limited respondents require children help after school at home every day and more than one day a week respectively. This shows that child play an important role in helping the family members having functional limitation.

It is also observed that respondents in AJK are more dependent on their children than respondent in NWFP. In AJK, 53.8% and 37.0% of respondents require the help of their children every day and more than one day a week respectively where as in NWFP 26.4% of respondents require the assistance of child at least one day a month, 26.4% of respondents require child help about one day a week and only 23.2% of respondents reported requiring help of their child more than one day a week (see table 8-3 for details). This shows that persons having functional limitation in AJK are more dependent on their children for performing their daily activities.

Table 8-3: Frequency for Children Assistance

	AJK	NWFP	Total
Every Day	53.8%	18.1%	40.6%
More than one day a Week	37.0%	23.2%	31.9%
About one day a week	4.6%	26.0%	12.5%
At least one day a month	3.4%	26.4%	11.9%
Less than one day a month	1.1%	6.3%	3.0%

8.5 Loss of Work in Assistance

It is observed that in overall sample 31.5% (33.3% in AJK and 29.7% in NWFP) of respondents having functional limitation require assistance to carry out their daily activities from an adult at home that causes him loss of work (see figure 8-4). This adult assistance causes them to miss 15.5 hours per week of work. Among such respondents who require assistance from some adult at home 21.8% are females and 24.3% are males (see table 8-4 for details). Also no, statistical evidence is observed in the difference of percentages between provinces indicating that care of functionally limited persons cause loss of work in AJK and NWFP.

Figure 8-4: Loss of Work in Assistance

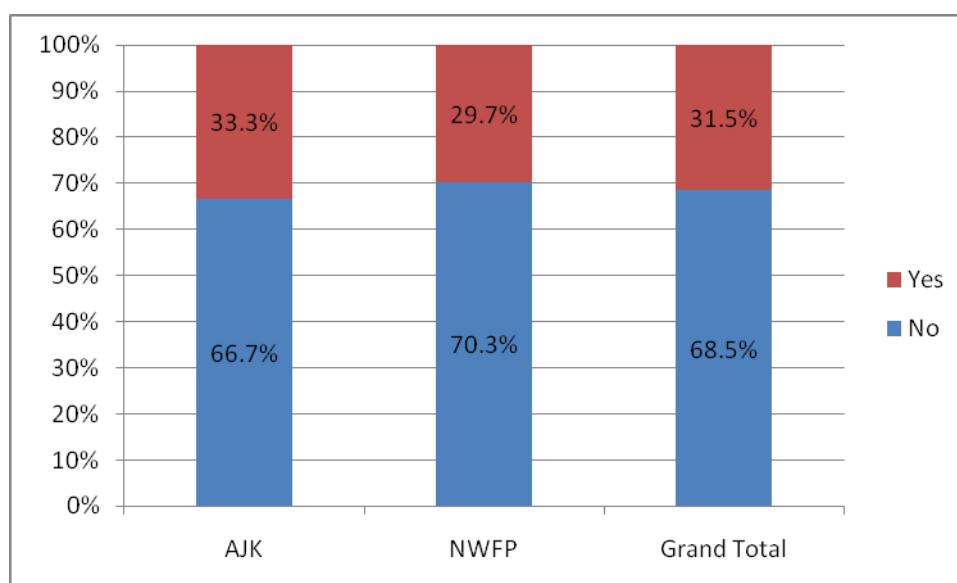


Table 8-4: Loss of Work in Assistance to PWFL

Work	AJK	NWFP	Total
No	66.7%	70.3%	68.5%
Female	48.8%	42.7%	45.6%
Male	51.2%	57.3%	54.4%
Yes	33.3%	29.7%	31.5%
Female	26.1%	17.6%	21.8%
Male	23.8%	24.7%	24.3%
Hours Per Week	15.0	15.7	15.3

The frequency at which loss of work occurs to adult household member for giving assistance to persons having functional limitation in performing their daily activities is summarized in table 8-5. It is observed that 41.5% and 29.3% of respondents having functional limitation cause loss of

work to their adult assistance at home every day and more than one day a week respectively. This further strengthens the fact that functional limitation cause economic loss to members of household. It is also observed that respondents in AJK having functional limitation cause more loss of work to their adult assistance than in NWFP

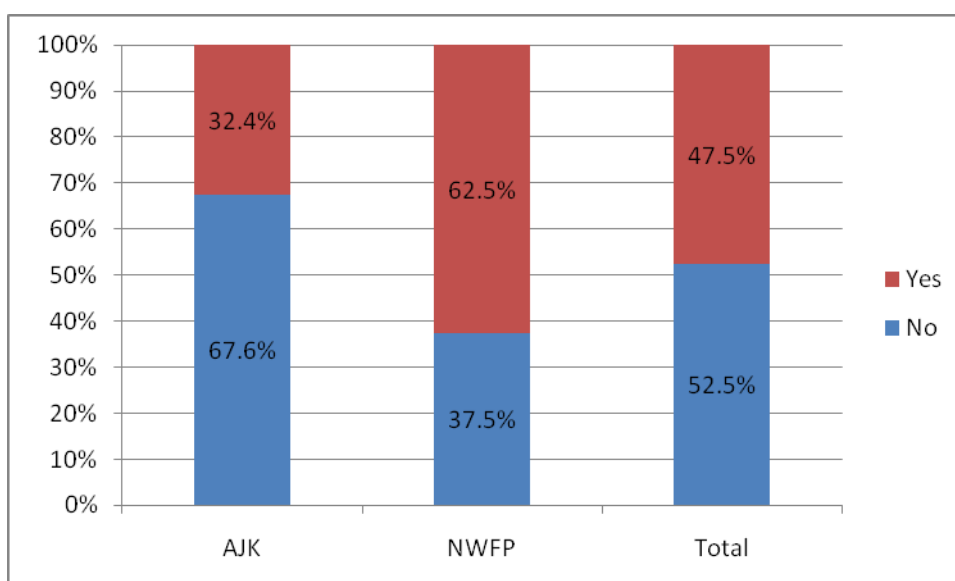
Table 8-5: Frequency for Children Assistance

	AJK	NWFP	Total
Every Day	63.4%	17.0%	41.5%
More than one day a Week	28.9%	29.6%	29.3%
About one day a week	5.8%	22.6%	13.7%
At least one day a month	1.8%	23.8%	12.2%
Less than one day a month	0.0%	7.0%	3.3%

8.6 Cost of Health Services

It is observed that in overall sample 47.5% of respondents are aware of the cost spent by their household members in order to treat functional limitation (see figure 8-5 for details). It is found that on the average household has spent Rs41, 855.0 (Rs52, 812.2 in AJK and Rs36, 200.7) in NWFP) for the treatment of functional limitation persons. It is further observed that average amount spent on the treatment of persons having functional limitation in AJK is significantly higher than amount spent in NWFP indicating that households in AJK tend to spent more money on the treatment of persons having functional limitation.

Figure 8-5: Respondents Aware of Cost Spent for Treatment



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Annex 1: The Questionnaire

Pakistan Poverty Alleviation Fund (PPAF)

(PO : _____)

Rehabilitation and Reconstruction (RNR) Unit

Household Questionnaire for Rapid Social Assessment of Persons with Disabilities

001	COMMUNITY ID	□□□□□□
002	HOUSEHOLD ID	□□□□□□
003	FACILITATOR	
004	MOU NUMBER	□□□□□□
005	HAMLET	
006	PATWAR CIRCLE	
007	TEHSIL	
008	POST OFFICE	
009	DISTRICT	
010	UNION COUNCIL	
011	REVENUE VILLAGE	
012	POLICE STATION	
013	GPS READING	□□□□□□ N
014		□□□□□□ E
015		□□□□ Alt.

016	NAME OF THE HEAD OF HOUSEHOLD (or respondent) _____	
017	CNIC NUMBER OF HEAD OF HOUSEHOLD (or respondent)	□□□□□□□□□□□□
018	INTERVIEWER'S NAME	
019	SUPERVISOR'S NAME	
020	INTERPRETOR USED	
		Yes 1
		No 2
021	DATE OF INTERVIEW (DD/MM/YY)	□□/□□/□□
022	START TIME OF INTERVIEW (Railway time)	□□□□ hours

My name is..... and I am working with the PPAF. We are undertaking this study to take assess the needs of people who are experiencing functional difficulties. This study will benefit people who are limited in what they can do in the community because of difficulties they have doing the usual activities of daily life. I am going to ask you some questions and your answers will be used strictly for the purposes of PPAF's earthquake project. Your honest answer to these questions will help us better understand your experiences and problems. This will be very useful to us in designing our program and delivering services. We would greatly appreciate your help in responding to this survey. However, if you feel uncomfortable at any point of time, you could discontinue the proceedings. Would you be willing to participate?

Given Consent: Yes- 1 _____ → **Continue**
 No- 2 _____ → **End**

Signature of the interviewer _____

Signature of the Interviewee (Thumb impression) _____

SECTION 1: Information related to Household Members (ADDRESS TO THE HEAD OF HOUSEHOLD OR OTHER KNOWLEDGEABLE MEMBER)

P e r s o n #	Name of Household Member	Gender		Age (In Years) (If <1 year, enter 0)	Relationship to head of household (Refer to Codes below)	Marital Status (Refer to Codes Below) (If code =1, skip to 8)	Interfamily Marriage?	Highest Grade of School Completed (Refer to Codes Below)	Type of School (Refer to Codes Below)	Vocational/Technical Training (Refer to Codes Below)	Did this person migrate outside the village in the last one year for paid wage work?	Status (Refer to Codes Below)	
		M	F									Principal	Secondary
(1)	(2)	(3)		(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	
		M	F									Principal	Secondary
1.		1	2										
2.		1	2										
3.		1	2										
4.		1	2										
5.		1	2										
6.		1	2										
7.		1	2										
8.		1	2										
9.		1	2										
10.		1	2										

(5) Relationship: 1= Head; 2= Spouse; 3= Married child; 4= Spouse of married child; 5= Unmarried child; 6= Grand child; 7= Parent; 8= Parent in law; 9= Brother/ Sister in law;

10=Sister/Brother; 11= Grand parent; 12= Niece/Nephew; 13= Cousin; 14 Aunt or Uncle; 15 Other Relative; 16 Employee/ Non Relative

(6) Marital Status: 1= Never married; 2= Married; 3= Widowed; 4= Divorced/separated; 5= Deserted; 6= other

(7) Interfamily Marriage: 0=Non Relative, 1=First Cousins i.e. (Maternal/Paternal: Aunt/Uncle), 2= Other Relative

(8) Highest Grade Completed: 0=None, 1=1st, 2=2nd, 3=3rd, 4=4th, 5=5th, 6=6th, 7=7th, 8=8th, 9=9th, 10=10th, 11=11th, 12=12th, 13= Graduate and above, 14=Religious School Student

(9) Type of School: 1=Public, 2=Private; 3=Special, 4=Informal, 5=Religious, 6=Other

(10) Vocational/Technical Training: 0=None, 1=Public, 2=Informal/NGO, 3=Apprenticeship, 4=Other

(11) Migration: 1=Yes (More than 3 month), 2=No (Less than 3 month)

(12) Principal Status AND Secondary Status: 1= Housewife; 2=Retired without pension; 3= Retired with pension/benefit, 4= Student, 5=Non-Agricultural laborer
6= Agricultural laborer, 7=Domestic Work 8=Cultivator; 9= Petty business/small shop owner; 10= Government employee; 11= Non-government regular/Salaried worker;
12= Small artisan in HH and cottage industry; 13= Receive rent or remittance; 14= Not working but available for work; 15= Not available for work (other than retired);
16=Charity/Alms, 17= others

SECTION 2: Information related to Disability for all Household Members (ADDRESS TO THE HEAD OF HOUSEHOLD OR OTHER KNOWLEDGEABLE MEMBER)

Note to Investigators: Precede questions in columns 3-10 by telling the respondents - "I am going to ask you if you have some difficulties doing certain activities. Please only respond about difficulties that are the result of a physical, mental or emotional health condition."

Person Number	Name <i>(Copy all members from Section 1)</i>	Do you have difficulty seeing even if wearing glasses?				Do you have difficulty hearing?				Do you have difficulty walking or climbing stairs?				Do you have difficulty lifting a 2 litre jug of water to eye level?				Do you have difficulty remembering or concentrating?				Do you have difficulty learning new tasks?				Do you have difficulty with self care such as washing all over/dressing?				Do you have difficulty communicating (example, understanding or being understood by others)?				CHECK: If all answers from 3 to 10 are NO, put "1", otherwise put "2"		If coded "2" in (11), What was the <u>main</u> cause of the difficulties you have reported? (Refer to codes below)		If coded "2" in (11), At what age did your primary difficulty begin? (If < 1 year, enter 0)	
		(1)		(2)		(3)		(4)		(5)		(6)		(7)		(8)		(9)		(10)		(11)		(12)		(13)													
		Unable	A lot	Some	No	Unable	A lot	Some	No	Unable	A lot	Some	No	Unable	A lot	Some	No	Unable	A lot	Some	No	Unable	A lot	Some	No	Unable	A lot	Some	No										
1.		1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2								
2.		1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2								
3.		1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2								
4.		1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2								
5.		1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2								
6.		1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2								
7.		1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2								
8.		1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2								
9.		1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2								

(3 to 10): Cause of Disability: 1 = Unable = Cannot do it all, 2 = A lot = A lot of difficulty, 3 = Some = Some difficulty, 4 = No = No difficulty
(12) Cause of Difficulty: 1=Birth; 2=Illness/ Health Condition related to earthquake; 3=Illness/Health condition not related to earthquake, 4=Accident/Injury related to earthquake, 5=Accident/ Injury not related to earthquake; 6=Age, 7=Other (specify); 8=Unable to say

SECTION 3: Household Characteristics (ADDRESS TO THE HEAD OF HOUSEHOLD OR OTHER KNOWLEDGEABLE MEMBER)

Q No.	Questions and Filters	Coding Categories		Skip to
301	Religion of the household	Islam	1	
		Christianity	2	
		Sikhism	3	
		Hinduism	4	
		Other _____	5	
302	Language of the household	Urdu	1	
		Hindko	2	
		Pushto	3	
		Kashmiri	4	
		Punjabi	5	
		Gojri	6	
		Khawar	7	
		Pahari	8	
		Other _____	9	
303	Caste	Awan	1	
		Pathan	2	
		Sudhan	3	
		Sawati	4	
		Gujar	5	
		Syed	6	
		Mughal	7	
		Qazi	8	
		Magray	9	
		Maldyal	10	
		Dulli	11	
		Chaudhary	12	
		Baloch	13	
		Rajput	14	
		Abbasi	15	
		Gakhar	16	
		Bhatti	17	
		Karlal	18	
		Khawaja	19	
		Other _____	20	
304	Number of years head of household has lived in this village	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
305	Agricultural land owned by household, other than homestead (<i>in kanels</i>)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		If coded "000" → 308
306	Is any of this land mortgaged?	Yes	1	
		No	2	
307	Is any of this land shared with another household?	Yes	1	
		No	2	
308	Location of home in the village	Integrated in main village	1	
		Separate colony in main village	2	
		In hamlet away from main village	3	

Q No.	Questions and Filters	Coding Categories		Skip to
		Don't know/ Can't say	99	
309	Dwelling ownership	Owned	1	
		Rented/Tenant	2	
		Rent Free	3	
		No Dwelling Unit	4	
		Other _____	5	
310	Type of house BEFORE earthquake	Pucca	1	
		Semi-Pucca	2	
		Kachha	3	
		Other	4	
311	Type of house AFTER earthquake	Pucca	1	
		Semi-Pucca	2	
		Kachha	3	
		Tent	4	
		Temporary Shelter	5	
		Other _____	6	
312	Number of rooms in the house (<i>excluding kitchen</i>)	<input type="checkbox"/>		
313	Main source of drinking water	Piped water Into residence/ yard/plot	1	
		Public tap	2	
		Hand pump in residence/ yard/plot	3	
		Public hand pump	4	
		Covered Well in residence/yard/plot	5	
		Covered Public well	6	
		Open Well in residence/yard/plot	7	
		Open Public well	8	
		Surface water	9	
		Public Tank	10	
		Other _____	11	
314	Type of toilet facility	Own Flush toilet	1	
		Shared Flush toilet	2	
		Public Flush toilet	3	
		Own Pit toilet/latrine	4	
		Shared Pit toilet/latrine	5	
		Public Pit toilet/latrine	6	
		No toilet facilities - open defecation	7	
		Other _____	8	
315	Does this household regularly receive money or goods from relatives or friends?	Yes	1	
		No	2	
316	Does this household regularly send money or goods to relatives or friends?	Yes	1	
		No	2	

SECTION 4: Health Infrastructure (ADDRESS TO THE HEAD OF HOUSEHOLD OR OTHER KNOWLEDGEABLE MEMBER)

Q No.	Questions and Filters	Coding Categories		Skip to	
401	What type of health facility is available in your village?	None	1		
		Government Hospital	2		
		Government Dispensary	3		
		BHU	4		
		RHC	5		
		Private Hospital	6		
		Private clinic run by MBBS Doctor	7		
		Private clinic run by non-MBBS doctor	8		
		Unani Dawa Khana	9		
		Hakeem	10		
		Homeopath	11		
		Private Dispensary	12		
		Pir/Faqir	13		
		Other (specify) _____	14		
402	How many hours does it typically take you to reach the nearest doctor/hospital?	□□ hrs. □□ mins. Code 99 and 99 for "don't know"			
403	How many kilometers is it to the nearest doctor/hospital?	□□□ kms □□ m Code 999 and 99 for "don't know"			
404	Have you visited a health facility in the last 5 years?	Yes	1		
		No	2		→ 406
405	Do you typically use the following methods to go to the nearest health facility?		Yes	No	
		Walking	1	2	
		Public Transport	1	2	
		Own Vehicle	1	2	
		Rented Vehicle	1	2	
		Animal transport	1	2	
		Carried by person	1	2	
		Other (specify) _____	1	2	
406	Are rehabilitation services available at the nearest doctor or health facility	Yes	1		
		No	2		

Q No.	Questions and Filters	Coding Categories		Skip to
407	What did you do as a result of the financial costs triggered by the earthquake?	Yes	No	
	Took loan from formal sector (e.g. bank)	1	2	
	Took loan from informal sector (e.g. moneylender)	1	2	
	Took a loan from the CO of which a member	1	2	
	Spent from buffer saving	1	2	
	Reduced consumption	1	2	
	Sold assets	1	2	
	Mortgaged assets	1	2	
	Borrowed/ took support from family and friends	1	2	
	Withdrew children from school	1	2	
	Sent family member to work outside village	1	2	
	Increased work	1	2	
	Increased use of forest resources	1	2	
	Government assistance	1	2	
	Stopped intervention/ treatment for a family member with disability/ impairment	1	2	
	Moved to a relative's house	1	2	
	Received support from NGOs	1	2	
	Received charity	1	2	
	Begging	1	2	
Left job to reconstruct house	1	2		
Other (specify)_____	1	2		

Section 5: Participation and Barriers (ADDRESS TO EACH PERSON IDENTIFIED AS HAVING BEEN CODED AS “2” IN QUESTION 11 IN SECTION 2) For small children or people unable to answer, ask the questions to a parent or caregiver.

Q No	Questions and Filters	Coding Categories		Skip to
500a	ENTER PERSON NUMBER FROM SECTION 2	□□		
500b	NAME			
500c	HOUSEHOLD ID NUMBER	□□□□□□		
501	In the last 5 years, have you tried to obtain education or training?	Yes	1	→ 503
		No	2	
502	Why not? Rank 3 top reasons 01 No need for more education 02 No education facilities available 03 No program could accommodate my health needs 04 No program could accommodate my non health needs 05 No program would accept me 06 Lack of family support 07 Do not believe I can be successful 08 Lack Financial resources 09 Age 10 Other _____	□□ □□ □□		→ 505
503	Were you successful in obtaining this education or training?	Yes	1	→ 505
		No	2	
504	Why weren't you successful? Rank 3 top reasons 01 Lack of Financial Resources 02 Building inaccessible 03 Toilets inaccessible 04 Inadequate Transportation 05 Lack of family support 06 Lack of confidence 07 Program was not able to accommodate my health needs 08 Program was not able to accommodate my other needs (e.g., materials, curriculum) 09 Teachers' or staff's negative attitudes towards people like me 10 No educational facilities available 11 Other _____	□□ □□ □□		
505	In the last 5 years, have you tried to participate in sports or other leisure activities?	Yes	1	→ 507
		No	2	

506	Why not? Rank 3 top reasons 01 Did not want to 02 Lacked accommodations 03 Others would not accept me 04 Lack of family support 05 Do not believe I can be successful 06 Lack of Financial resources 07 Other _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		→ 509
507	Were you able to participate in sports or other leisure activities?	Yes	1	→ 509
		No	2	
508	Why weren't you successful? Rank 3 top reasons 01 Lack of Financial resources 02 Facilities inaccessible 03 Toilets inaccessible 04 Inadequate Transportation 05 Lack of family support 06 Lack of confidence 07 Unable to have my needs accommodated (e.g., special equipment) 08 Others' negative attitudes towards people like me 09 Other _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
509	Is person 18 or older?	Yes	1	
		No	2	→ 525
510	In the last 5 years, have you tried to obtain a job	Yes	1	→ 512
		No	2	
511	Why not? Rank 3 top reasons 01 Did not want a job 02 No workplace could accommodate my health needs 03 No workplace could accommodate my needs 04 No employer would accept me 05 Lack of family support 06 Do not believe I can be successful 07 Family responsibilities 08 Lack of financial resources 09 Did not know how 10 Other _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		→ 514
512	Were you successful in obtaining this job or training?	Yes	1	→ 514
		No	2	

513	Why weren't you successful? Rank 3 top reasons 01 Lack of financial resources 02 Building inaccessible 03 Toilets inaccessible 04 Inadequate Transportation 05 Lack of family support 06 Lack of confidence 07 Program was not able to accommodate my needs (e.g., materials, sign language) 08 Teachers' or staff's negative attitudes towards people like me 09 Other _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
514	In the last 5 years, have you tried to become a member of a community organization?	Yes No	1 2	→ 516
515	Why not? Rank 3 top reasons 01 There is no CO 02 Did not want to be a member 03 CO could not accommodate my needs 04 CO never contacted me 05 CO didn't think I was able to participate 06 CO would not accept me 07 Lack of family support 08 Do not believe I can be successful 09 Lack of Financial resources 10 Other _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		→ 518
516	Were you successful in joining the CO?	Yes No	1 2	→ 519
517	Why weren't you successful? Rank 3 top reasons 01 Lack of financial resources 02 Building inaccessible 03 Toilets inaccessible 04 Inadequate Transportation 05 Lack of family support 06 Lack of confidence 07 CO was not able to accommodate my needs (e.g., materials, sign language) 08 CO members' negative attitudes towards people like me 09 Could not meet CO requirements for participation 10 Other _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
518	Does a family member represent you on the CO	Yes No	1 2	
519	In the last 5 years, have you been involved in family decision making	Yes No	1 2	→ 521

520	Why not? Rank 3 top reasons 01 Did not want to be 02 Lack of family support 03 Do not believe I should 04 Problems communicating 05 Because I am a woman 06 Because I am disabled 07 Other _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
521	In the last 5 years, have you participated in a jirga or community decision making?	Yes	1	→ 523
		No	2	
522	Why not? Rank 3 top reasons 01 There was none 02 Did not want to participate 03 Jirga or community could not accommodate my needs 04 Jirga or community never contacted me 05 Members didn't think I was able to participate 06 Members would not accept me 07 Lack of family support 08 Do not believe I can participate 09 Lack of Financial resources 10 Because women not allowed 11 Other _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		→ 525
523	Were you successful in participating in the jirga or community decision making?	Yes	1	→ 525
		No	2	
524	Why weren't you successful? Rank 3 top reasons 01 Lack of financial resources 02 Building inaccessible 03 Toilets inaccessible 04 Inadequate Transportation 05 Lack of family support 06 Lack of confidence 07 Jirga or community was not able to accommodate my needs (e.g., materials, sign language) 08 Jirga or community members' negative attitudes towards people like me 09 Could not meet Jirga's or community's requirements for participation 10 Other _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
525	In the last 5 years, have you tried to obtain health care services?	Yes	1	→ 527
		No	2	

526	<p>Why not? Rank 3 top reasons</p> <p>01 Did not need to go</p> <p>02 No facility available</p> <p>03 Don't think health facility could help me</p> <p>04 Lack of trust in health facility</p> <p>Not aware of health facility</p> <p>05 Health facility could not accommodate my needs</p> <p>06 Health facility would not accept me</p> <p>07 Lack of family support</p> <p>08 Lack of financial resources</p> <p>09 Other _____</p>	<p><input type="checkbox"/><input type="checkbox"/></p> <p><input type="checkbox"/><input type="checkbox"/></p> <p><input type="checkbox"/><input type="checkbox"/></p>		→ 529
527	Were you successful in visiting a health facility?	Yes	1	→ 529
		No	2	
528	<p>Why weren't you successful?</p> <p>Rank 3 top reasons</p> <p>01 Lack of Financial resources</p> <p>02 Building inaccessible</p> <p>03 Toilets inaccessible</p> <p>04 Inadequate transportation</p> <p>05 Lack of family support</p> <p>06 Lack of confidence</p> <p>07 Health care facility was not able to accommodate my needs (e.g., materials, sign language)</p> <p>08 Staff's negative attitudes towards people like me</p> <p>09 Could not find a health facility</p> <p>10 Services were not appropriate</p> <p>11 Experienced maltreatment</p> <p>12 Other _____</p>	<p><input type="checkbox"/><input type="checkbox"/></p> <p><input type="checkbox"/><input type="checkbox"/></p> <p><input type="checkbox"/><input type="checkbox"/></p>		
529	We have been talking about a number of activities. Are there any assistive devices (e.g., wheelchairs, hearing aids) you don't have that would increase your ability to participate in these activities?	Yes	1	
		No	2	→ 531
530	<p>Which devices would help you participate in these activities?</p> <p>Rank the top 3</p> <p>01 walking aid (e.g., orthotic, prosthetic, Cane, Crutches, Stick, Walker)</p> <p>02 wheelchair</p> <p>03. Glasses</p> <p>04 hearing aid</p> <p>05 Toilet seat</p> <p>06 CP chair</p> <p>07 Other _____</p>	<p><input type="checkbox"/><input type="checkbox"/></p> <p><input type="checkbox"/><input type="checkbox"/></p> <p><input type="checkbox"/><input type="checkbox"/></p>		

531	Are there any trainings that would help you participate in these activities??	Yes	1	→ 533
		No	2	
532	What kinds of trainings would help you participate? Rank top three 01 personal counseling 02 family counseling 03 life skills training 04. Communication training 05 Other _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
533	Are you registered with NADRA?	Yes	1	
		No	2	
534	Do you commonly visit...?		Yes	No
		School	1	2
		College	1	2
		BHU	1	2
		RHC	1	2
		THQ	1	2
		DHQ	1	2
		Bank	1	2
		Post Office	1	2
		Market	1	2
		Mosque	1	2
	Houses of friends and relatives	1	2	
535	Do you know of programs or organizations that could help you become more independent?	Yes	1	→ 601
		No	2	
536	Have you been able to access these programs?	Yes	1	
		No	2	
537	Have these programs contacted you?	Yes	1	
		No	2	

Section 6: Cost of Disability ((ADDRESS TO EACH PERSON IDENTIFIED AS HAVING BEEN CODED AS “2” IN QUESTION 11 IN SECTION 2)

Q No	Questions and Filters	Coding Categories		Skip to
601	How many hours a day do you require a family member’s assistance with basic activities like dressing, washing, eating, or moving about?	<input type="checkbox"/> <input type="checkbox"/> hours a day <input type="checkbox"/> <input type="checkbox"/> mins a day		If ‘00’ →END
602	When do you typically require assistance with these activities?		Yes	No
		Early in the morning, before the usual work day	1	2
		During the usual work day	1	2
		Late afternoon or evening	1	2
603	Do any children in your household ever stay home from school to assist you?	Yes		1
		No		2
604	How often does someone stay home from school to assist you? Code	Yes		1
		No		2
		Every day		1
		More than one day a week		2
		About one day a week		3
		At least one day a month		4
605	Does anyone in your household not work or limit their work outside the home in order to assist you?	Yes		1
		No		2
606	How often does someone stay at home at least part of the day to assist you instead of going to work?	Yes		1
		No		2
		Every day		1
		More than one day a week		2
		About one day a week		3
		At least one day a month		4
607	On average, when someone stays home from work in order to assist you, how many hours of work do they miss in a week?	Yes		1
		No		2
608	Approximately how much money was spent on obtaining treatments for you over the past year?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> rupees Code 999999 if don’t know		

THANK AND TERMINATE

END TIME (Railway time): hours

Annex -2: Functional Limitation Information

Domain	Numbers			Percentage (%)		
	Bagh	Mansehra	Total	Bagh	Mansehra	Total
<u>Vision</u>						
1. Unable to Do	29	11	40	8.1%	3.1%	5.6%
2. A lot of Difficulty	69	51	120	19.3%	14.3%	16.8%
3. Some Difficulty	59	80	139	16.5%	22.4%	19.5%
4. No Difficulty	200	215	415	56.0%	60.2%	58.1%
Total	357	357	714	100.0%	100.0%	100.0%
<u>Hearing</u>						
1. Unable to Do	26	11	37	7.3%	3.1%	5.2%
2. A lot of Difficulty	31	52	83	8.7%	14.6%	11.6%
3. Some Difficulty	31	37	68	8.7%	10.4%	9.5%
4. No Difficulty	269	257	526	75.4%	72.0%	73.7%
Total	357	357	714	100.0%	100.0%	100.0%
<u>Walking</u>						
1. Unable to Do	55	25	80	15.4%	7.0%	11.2%
2. A lot of Difficulty	99	116	215	27.7%	32.5%	30.1%
3. Some Difficulty	63	94	157	17.6%	26.3%	22.0%
4. No Difficulty	140	122	262	39.2%	34.2%	36.7%
Total	357	357	714	100.0%	100.0%	100.0%
<u>Lifting</u>						
1. Unable to Do	56	20	76	15.7%	5.6%	10.6%
2. A lot of Difficulty	78	89	167	21.8%	24.9%	23.4%
3. Some Difficulty	36	67	103	10.1%	18.8%	14.4%
4. No Difficulty	187	181	368	52.4%	50.7%	51.5%
Total	357	357	714	100.0%	100.0%	100.0%
<u>Concentration</u>						
1. Unable to Do	25	12	37	7.0%	3.4%	5.2%
2. A lot of Difficulty	53	38	91	14.8%	10.6%	12.7%
3. Some Difficulty	36	49	85	10.1%	13.7%	11.9%
4. No Difficulty	243	258	501	68.1%	72.3%	70.2%
Total	357	357	714	100.0%	100.0%	100.0%
<u>Learning</u>						
1. Unable to Do	50	9	59	14.0%	2.5%	8.3%
2. A lot of Difficulty	62	62	124	17.4%	17.4%	17.4%
3. Some Difficulty	41	64	105	11.5%	17.9%	14.7%
4. No Difficulty	204	222	426	57.1%	62.2%	59.7%
Total	357	357	714	100.0%	100.0%	100.0%

Domain	Numbers			Percentage (%)		
	Bagh	Mansehra	Total	Bagh	Mansehra	Total
<u>Self-care</u>						
1. Unable to Do	27	13	40	7.6%	3.6%	5.6%
2. A lot of Difficulty	29	32	61	8.1%	9.0%	8.5%
3. Some Difficulty	30	37	67	8.4%	10.4%	9.4%
4. No Difficulty	271	275	546	75.9%	77.0%	76.5%
Total	357	357	714	100.0%	100.0%	100.0%
<u>Communication</u>						
1. Unable to Do	25	10	35	7.0%	2.8%	4.9%
2. A lot of Difficulty	40	41	81	11.2%	11.5%	11.3%
3. Some Difficulty	21	33	54	5.9%	9.2%	7.6%
4. No Difficulty	271	273	544	75.9%	76.5%	76.2%
Total	357	357	714	100.0%	100.0%	100.0%