

User/Beneficiary Assessment Survey

Final Report



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Submitted to:



Prepared by:



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List of Notations

Consultants:	APEX Consulting Pakistan
Client:	Pakistan Poverty Alleviation Fund (PPAF)
Assignment:	User/Beneficiary Assessment Survey of PPAF-III
Report:	Final Report

List of Abbreviation

APEX	APEX Consulting Pakistan
BLCC	Bunyad Literacy Control Centre
BRAC	Bangladesh Rehabilitation Assistance Committee
CHC	Community Health Center
CO	Community Organization
CPI	Community Physical Infrastructure
CSPro	Census and Survey Processing System
DIL	Development in Literacy
EDT	Enterprise Development Training
GOP	Government of Pakistan
HADAF	Hazara Development & Advocacy Foundation
HH	Household
NRSP	National Rural Support Program
PO	Partner Organization
PPAF	Pakistan Poverty Alleviation Fund
PSLM	Pakistan Social & Living Standards Measurement Survey
SOS	SOS Children's Villages of Pakistan
SPSS	Statistical Package for Social Sciences
SRSO	Sindh Rural Support Organization
SWWS	Support with Working Solutions

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1 EXECUTIVE SUMMARY

Pakistan Poverty Alleviation Fund (PPAF) disbursed PKR 16.26 billion during FY2009-10 to its Partner Organizations (POs) for utilization in social mobilization, capacity building, microcredit and various community health, education and infrastructure interventions. Through an open tender selection process PPAF contracted the services of APEX Consulting Pakistan for conducting a survey in order to verify the delivery of inputs and to document the immediate outputs and outcomes in the life of the beneficiaries. The survey was designed as a monitoring tool in order to improve planning, targeting and implementation of PPAF programs. The survey was conducted using a questionnaire on a household (HH) level and socioeconomic profile of the community at the village level. In total 970 beneficiary households (HHs) were surveyed across six districts and six Partner Organizations (POs). A total of 40 Village Profiles were completed.

The Consultants collected poverty scores and household monthly income data of beneficiaries. Distribution of poverty scores using NRSP's poverty score classification reveals that the beneficiary population is skewed towards the Transitory Vulnerable group and away from the Extremely Poor category. This pattern holds true for all types of interventions. The analysis indicates that beneficiaries of the PPAF interventions are not the "poorest of the poor". If reaching the most dispossessed and vulnerable section of the population is one of the objectives of the PPAF program then selection criteria of beneficiaries needs to be re-evaluated to meet that objective.

The Consultants collected data on various aspects of Community Organizations (COs) effectiveness. Of the 77 COs surveyed, the average membership is 42 and on average 2 meetings are held per month. More than 90% of the COs reported that they have poor as their members who regularly attend meetings. Overwhelmingly the savings of these COs are used for community help and social causes. COs play an active role in proposing, planning and executing interventions but majority have not received any training.

Of the various types of interventions interrogated through the survey the establishment of Community Health Centers (CHCs) around the LHW is reported to be the most beneficial. Everyone reported reduction in treatment expenses, saving in travel time as well as decrease in the incidence of disease. These CHCs provide medicine at market rates but only 14% demanded free or discounted medicines. Instead most wanted more services by these CHCs, including X-ray and laboratory facilities.

The education sector intervention of PPAF-III included establishment of new schools as well as funding for teacher's training and some operational expenses where school facility was available. In line with the general beneficiary profile the beneficiaries of this intervention also fall in the top three of the six poverty score categories. Since these schools are run on a self-sustaining basis the tuition fee charged per student is PKR 1,000 per month. Survey data reveals that only 50% of the HHs are able to send their children to these schools. Further analysis reveals that parents who can afford this monthly expense and those who cannot have a difference in their income of about PKR 6000 per month. No issues were reported about the quality of education offered by these schools. PPAF and its POs need to deliberate the issue of how to spread the benefits of the education sector intervention to maximum number of beneficiaries including those falling in the lower half of the poverty scale.

Community Physical Infrastructure (CPI) schemes included link roads, street soling, drinking water supply and sanitation. CPI schemes are easy to plan and execute and are thus normally the very first interventions undertaken by the community. CPI schemes surveyed for this assignment were either just completed or were in the process of completion. It was too early to determine the outcome of these interventions. The Consultants, however, observed that the planning, execution and maintenance of a CPI scheme involves extensive interaction among the community members and this process results in lowering of the social barriers. A successfully running CPI schemes are invariably found in a well integrated and harmonious community. POs need to keep this aspect of the community profile in mind before embarking on the CPI intervention.

Examination of the Skills Training intervention shows that trainings imparted for service oriented skills (electrician) contribute greatly in income enhancement while skills for producing something which is available in the market (surf, candles) prove unable to contribute to beneficiary's disposable income.

Analysis of the microcredit intervention data shows that 90% of the disbursed credit is in the range of PKR 10,000 to PKR 25, 000. Annual interest rate charged is 19 or 20 percent and average pay back period is 12 months, except in Sindh. Microcredit loan is taken mostly for business or for agriculture purposes. The cross tabulation analysis of the Consultants reveals that age, gender, prior occupation and educational qualification of the borrowers are not significant factors in the successful utilization of the credit as measured by net income from the enterprise and sustainability of the enterprise after completion of the credit cycle.

2 INTRODUCTION

2.1 Assignment Preamble/General PPAF Introduction

The Pakistan Poverty Alleviation Fund (PPAF) is an autonomous organization with a mandate from the Government of Pakistan (GOP) to alleviate poverty in the country. It was established as a not-for-profit company in 1997 and is the biggest provider of funds and technical assistance to the private sector development organizations in Pakistan. PPAF provides debt financing for microcredit and enterprise development as well as grant financing for small scale interventions in the areas of infrastructure, water, housing, health, education, social safety nets, training and social mobilization. It also provides grant funding for human and institutional capacity development for frontline service delivery. Since its incorporation eleven years ago, PPAF has disbursed funds worth PKR 79.94 billion.

PPAF has strong outreach at the village level through its partnership with more than 99 Partner Organizations that have in turn organized over 297,000 Community Organizations (COs) and Groups in some 89,000 villages/rural and urban settlements in 129 districts of the country. This platform for participatory development has also generated social capital and enhanced the level and quality of interaction between poor communities and their local governments.

During FY2009-10 PPAF has disbursed PKR 16.26 billion to Partner Organizations (POs) through 39th and 40th batch of funding approvals (PPAF-III). These funds are directed towards social mobilization, capacity building, water and infrastructure, health and education, human and institutional development, and reconstruction and rehabilitation.

2.2 Assignment Objectives

The objective of the assignment (User/Beneficiary Assessment Survey) was to verify the delivery of inputs and outputs by partners and document immediate outcomes of PPAF-III interventions on the intended beneficiaries (direct and indirect).

The PPAF management intends to use the results/findings of this survey to improve planning, targeting and implementation of PPAF-III within PPAF and among participating POs.

The assignment findings are intended to provide timely and reliable quantitative and qualitative information to monitor the direction of PPAF-III and its results. The findings are also likely to help all stakeholders (including the donor agency) in mid-term project review. The assignment is seen as more of a monitoring tool than an evaluation of the PPAF-III, as its primary focus will be to achieve equitable, inclusive, deeper and relevant outcomes.

2.3 Assignment Team Composition and Communication

The Consultants deputed a highly experienced, multi-disciplinary team for this assignment. The core team had extensive experience of working in research projects at different levels of management and, more importantly, all of them have worked with APEX Consulting in the past. Brief profiles of the management team members are as follows:

Table 2-1: Professional Staff

Name of Staff	Position Assigned	Area of Expertise	Task Assigned
Dr. L. A. Hijazi	Assignment Advisor/ Team Leader	Ex NRSP, FAO, University of Arid Agriculture. Expertise in environment, infrastructure, community organization and development, monitoring and evaluation at national and international level.	Overall Project Leader looking after all aspects including survey design and report writing
Syed Sardar Ali	Quality Assessor, Assignment Manager	Senior Partner; ex-World Bank and Industrial Bank of Japan Professional. Ability to lead the team members. Good leadership skills.	Overall assistance in preparing evaluation framework and quality assurance for the tasks.
Ahmed Afzal	Assignment Manager	Strong skills in project management, and report writing, and field assessment and monitoring. Experience of working with a number of international donors including USAID, ADB, JICA, KOICA, etc.	Project Management, Survey Management
Hammad Rehman	Assignment Coordinator	MS degree in Economics & Finance from International Islamic University, Islamabad. Experienced in system studies, research, survey design, instruments development, report writing and project management.	Survey logistics and coordination. Enumerator Training. Coordination with POs and client.

3 DATA COLLECTION AND METHODOLOGY

3.1 Survey Structure

The APEX team was provided with a list of eight POs out of which six were to be selected for the User/Beneficiary Assessment Survey. These partner organizations were implementing a number of interventions in Punjab, KPK and in Sindh comprising of programs in Health, Education, CPI, CB, SM and Microcredit.

Out of these eight partners APEX shortlisted the following six organizations (and districts) for carrying out the user/ beneficiary assessment survey. These partners and districts were selected to ensure maximum representativeness in terms of geography, presence of POs and types of interventions.

Table 3-1: Final List of POs and Districts

No.	Partner Organization	District
1	HADAF	Haripur
2	SWWS	Swabi
3	SRSO	Ghotki
4	SOS	Kasur
5	Bunyad	Multan
6	BRAC	Muzaffargarh

3.2 Proposed Sample Design and Selection

A sample size of 1000 households (HHs) was proposed for the survey which is sufficient to provide statistically significant results with a 95% confidence level and 3% error margin. The survey was based on random sampling of PPAF-III beneficiaries in 6 selected districts from all over Pakistan. These samples were taken from lists of beneficiaries of interventions resulting from approval of funding in the 39th and 40th batch of appraisals and were obtained through stratification to ensure representativeness in terms of geography, Partner Organizations and types of interventions.

3.2.1 Qualitative Data Collection

At the village level a village/community level profile was developed using qualitative techniques. For this purpose the Consultants held one beneficiary group discussion/FGD per village. During these sessions the survey team supervisors/team leaders completed a “village profile” for each of the beneficiary villages selected for the user/beneficiary assessment survey.

Village Profile Form is attached with this report as Annex-II.

3.2.2 Quantitative Data Collection

For beneficiary sample selection the Consultants proposed a 3 stage stratified sampling strategy for the selection of districts, villages and households. The actual sampling was carried out in consultation with the PPAF-ERD team.

Table 3-2: Planned Survey Sample

Total HH Interviews	= 1000
Total Number of Districts	= 6
Total Number of Villages	= 40
HH Interviews/Village	= 25

Stage-1 Sampling: At the first stage six districts, where funding from PPAF-III (39th and 40th batches) has been directed, were selected from all over the country on the basis of the funds disbursed/number of beneficiaries/number of interventions in each district.

Stage-2 Sampling: In the second stage, a total of 40 villages were selected from within the selected six districts shortlisted in stage-1 above. These villages were also selected on the basis of funds disbursed/number of beneficiaries/number of interventions in each village through 39th and 40th batches of funding.

Stage-3 Sampling: In the final stage, 25 beneficiary households were selected from within each village (on average) using a systematic random sampling technique. A random beneficiary household was selected from within the village as a starting point for the household survey. The survey team then continued to interview adjacent beneficiary households till they had interviewed the necessary number of households in the village.

HH survey questionnaire is attached with this report as Annex – III. Also final list of villages surveyed and number of HHs interviewed in each village is attached as Annex-IV.

3.3 Instrument Design

The Consultants developed two questionnaires for administration at (i) the village/CO level; and (ii) the HH level. The Consultants team paid special attention while developing these tools to ensure their relevancy, accurateness and completeness and to ascertain that the questions were correctly worded and addressed each variable fairly to support the analysis required. Both these questionnaires also focused on the gender aspect of the interventions at the community as well as at the HH level.

3.3.1 Qualitative Instrument Design

The qualitative instrument was to be administered in a gathering of the CO members and was designed to collect information on a number of aspects including:

- Basic village profile including socioeconomic profiling
- Profile of the CO and its members (including gender mix)
- CO's effectiveness
- Role of CO in proposing, designing, implementing the intervention(s) and in their operation and management
- Role of CO in nominating members for individual HH level interventions

3.3.2 Quantitative Instrument Design

The HH questionnaire was designed to be administered to HHs who were benefiting from an intervention funded under PPAF-III. It comprised of a number of sections and collected information on a number of aspects including:

- HH roster – members, age, gender, etc.
- Socioeconomic profile of the HH including poverty scorecard, education and occupation of HH members, sources on income, expenditures, etc.
- Benefits and level of satisfaction of HH from various interventions implemented through PPAF-III funding.

On the basis of the information provided by PPAF and program partners the following interventions were covered in the HH questionnaire:

1. CPI including drinking water supply, irrigation, soling, link roads and bridges, sanitation.

2. Microcredit
3. Social Mobilization
4. Skill and Community Trainings
5. Health
6. Education

3.4 Team Selection and Training

3.4.1 Recruitment of Enumerators

Six teams of enumerators, plus a standby team, were recruited. Each team comprised of one supervisor, one male enumerator and one female enumerator.

The following criteria were used for field staff selection:

- The selected person had to be a local well versed with local geography.
- He/She had to be a fluent native language speaker.
- He/She must have prior survey experience.
- He/She must be a graduate (Preference was given to those with higher academic qualifications).
- A pleasant personality suitable for interacting with villages at HH and communal level.

3.4.2 Survey Training

A three day training program, specifically designed for this survey, was held in Hotel Rose Garden, Islamabad from May 24 to May 26, 2011. The training comprised of a number of modules and was led by Dr. L. A. Hijazi, the APEX team leader for the User/Beneficiary Assessment Survey and supported by the APEX Project Team. During these three days the survey purpose, methodology, techniques and instruments were discussed in detailed and feedback and suggestions from the participants were incorporated into the survey instruments. (Pictures are attached as Annex - I)

3.4.3 Survey Pilot

The most important feature of this training was the Pilot Test, which was conducted in a nearby village "Chak Kamdar" with the help of Development in Literacy (DIL) – a PPAF-III Partner Organization (PO). The survey instruments were then finalized after this pilot. (Pictures are attached as Annex - I)

3.5 Fieldwork Planning

A number of pre-field activities were planned and performed along with the core tasks. The pre-field activities included:

- Logistics arrangement
- Transportation
- Boarding and lodging arrangements
- Coordination with Partner Organizations
- Provision of final survey instruments to the field teams

3.6 Data Entry and Analysis

The data entry module was developed in Census and Survey Processing System (CSPro) with inbuilt checks to avoid errors. Data entry was done simultaneously with collection of data. The statistician in

the team was in-charge of the data entry process and later cleaning. The data file was then generated and analyzed using Statistical Package for Social Sciences (SPSS) version 15.

During household data collection, survey supervisors observed and checked most of the forms to ensure that enumerators were collecting and recording data accurately, and that forms were filled in completely. Supervisors checked the forms before the interviewers left the village so that they could be corrected, if required.

4 SURVEY FINDINGS & ANALYSIS

4.1 Total HHs Surveyed

The User/Beneficiary Assessment Survey commenced on 31st of May, 2011 and continued uninterrupted till the 7th of June, 2011. During this period six survey teams were deployed, each team covering one district, and a total of 43 villages were surveyed over the selected six districts. The total number of beneficiary HHs surveyed was 970 against a target of 1000. On average, 162 HHs were surveyed in each district and 23 HHs were surveyed in each village. Summary statistics for the PPAF-III User/Beneficiary Assessment Survey are given in Table 4-1.

Table 4-1: Actual Number of Villages and Beneficiary HHs Surveyed

No	District	PO	Villages Surveyed	Total HHs Surveyed
1	Multan	Bunyad	8	163
2	Muzaffargarh	BRAC	9	162
3	Haripur	HADAF	6	164
4	Kasur	SOS	6	160
5	Swabi	SWWS	7	162
6	Ghotki	SRSO	7	159
Total			43	970

During the course of the assignment the impact of five different types of interventions was examined by the Consultants (see Table 4-2 for details). The PO in Swabi, has executed the maximum types of interventions through PPAF-III funding while in Multan and Muzaffargarh the POs are only involved in providing Microfinance. In addition to examining the impact/outcome of these interventions, the Consultants also examined the basic structure of the beneficiary COs, their functioning and their role in proposing, executing and operating these interventions.

Table 4-2: Interventions Covered in User/Beneficiary Assessment Survey

	Multan	Muzaffargarh	Haripur	Kasur	Swabi	Ghotki
Health					√	
Education				√		
CPI			√	√	√	√
Microcredit	√	√			√	√
Skills Training					√	

4.2 Socioeconomic Profile of Beneficiary HHs

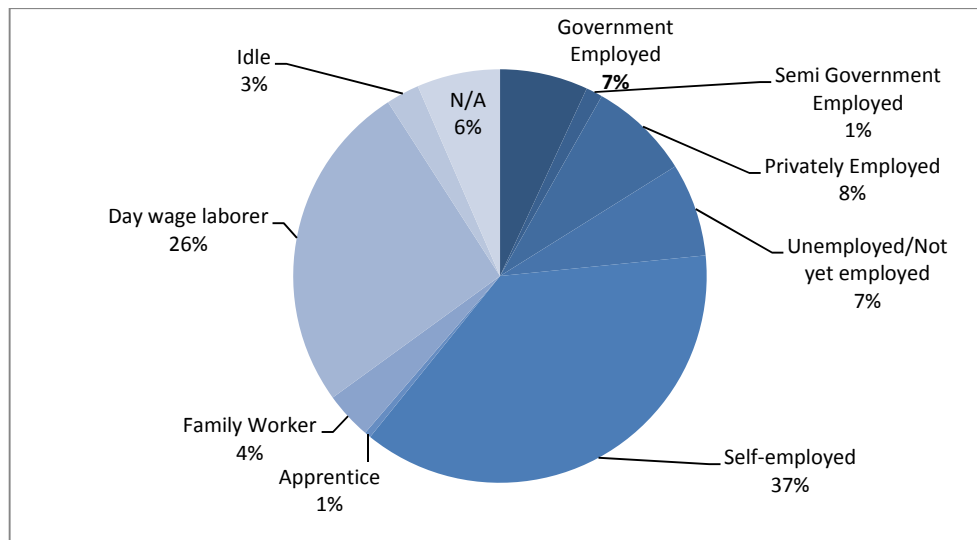
Average beneficiary HH comprises of 6.25 individuals with the maximum HH size of 7.37 in Swabi and min HH size of 5.04 in Multan. District wise HH size is given in Table 4-3.

Table 4-3: Beneficiary HH size

No.	District	PO	Average Beneficiary HH Size
1	Multan	Bunyard	5.04
2	Muzaffargarh	BRAC	6.06
3	Haripur	HADAF	6.12
4	Kasur	SOS	6.65
5	Swabi	SWWS	7.37
6	Ghotki	SRSO	6.27
Overall Average HH Size			6.25

The highest percentage of HH heads is self-employed (37%) followed by daily wage laborers who make up 26% of the sample (see Fig 4-1). 7.3% of the HH heads are reported as unemployed. Various districts show different levels of involvement in various occupations. For example, in Multan 61% of the HH heads are employed as daily wagers while the percentage of unemployment is highest in Haripur where 27% of HH heads are unemployed.

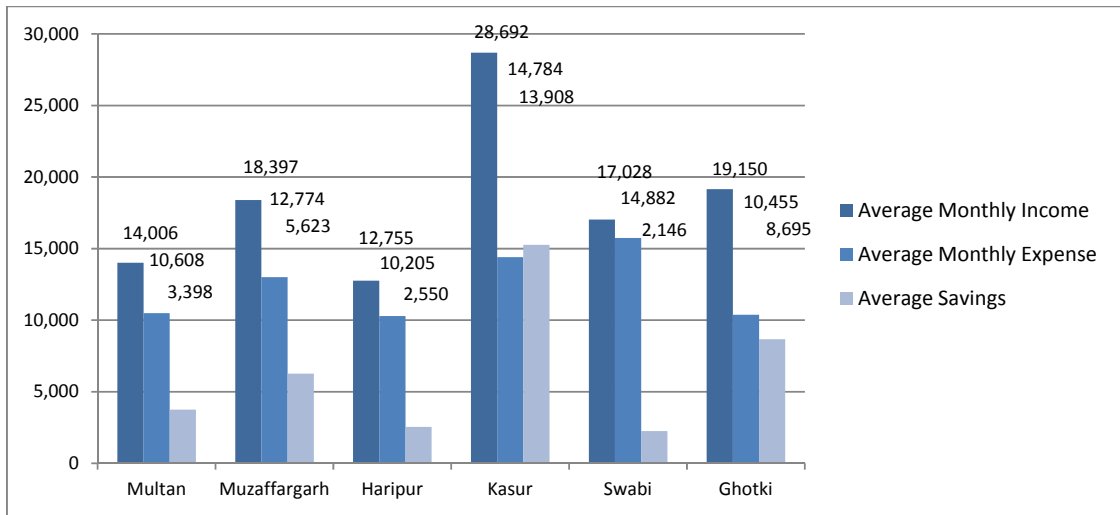
Figure 4-1: Beneficiary HH Occupation (%)



Average HH income for the survey sample is PKR 18,298 per month (with an average sample HH size of 6.25, this translates to approximately one third of the national per capita income¹) while the average HH expenses are PKR 12,279 and, therefore, average monthly HH savings are PKR 6,019. However, there is a large difference in HH incomes (and consequently in expenses and savings) across various districts. The average HH income in Kasur is PKR 28,692 which is followed by Ghotki with an average income of PKR 19,150. The beneficiary population in Haripur is the poorest with an average HH income of PKR 12,755 only which is just 44% of the average HH income in Kasur. Details of district wise income, expenses and savings are given in Fig 4-2.

¹ In 2010-11 per capita income in Pakistan was US\$1,254. This translates to PKR. 8,882.50/month. http://finance.gov.pk/survey/chapter_11/Overview%20of%20the%20Economy.pdf, page=ix.

Figure 4-2: Average Beneficiary HH Income and Expenses on District Basis (PKR/month)



The beneficiary population of Kasur also attained the highest poverty scores in the survey (Table 4-4) thus reinforcing the survey findings about their income levels². However, the HH income and the HH poverty score do not correlate directly. This is due to the fact that the determination of HH income (and expenses) and the poverty scores is done by utilizing two totally different approaches and, therefore, do not necessarily have to produce identical results.

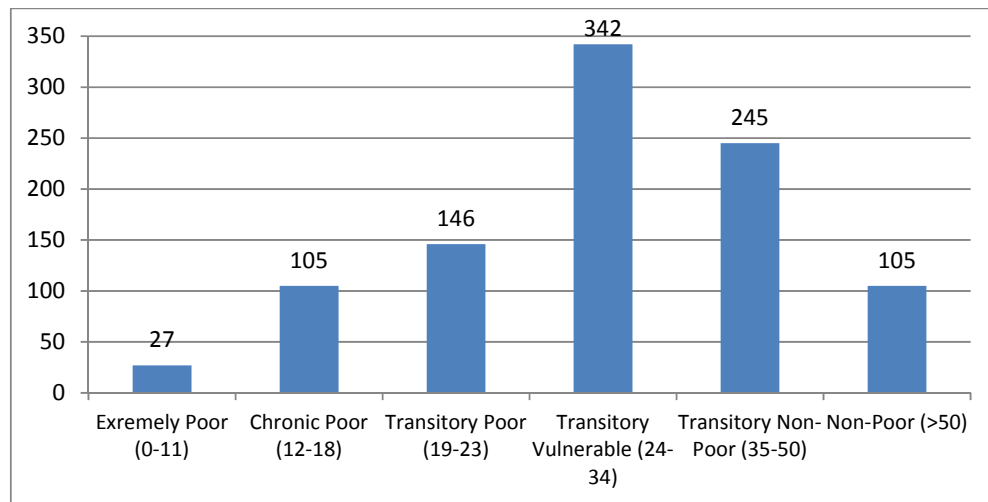
Table 4-4: Average HH poverty Scores

No.	District	Poverty Score	Average Monthly Income (PKR)
1	Multan	32.66	14,006
2	Muzaffargarh	31.80	18,397
3	Haripur	29.61	12,755
4	Kasur	40.38	28,692
5	Swabi	30.57	17,028
6	Ghotki	30.49	19,150
Overall		32.57	18,298

The frequency distribution of the poverty scores of the 970 sampled HHs is given in Fig 4-3.

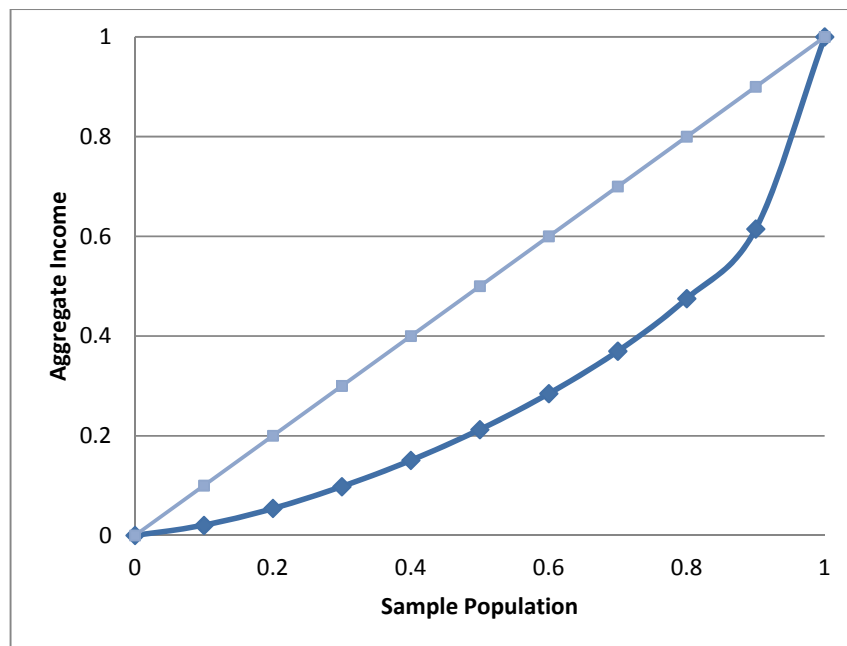
² HH poverty score is inversely related to poverty. Hence, the higher the poverty score the more affluent the HH.

Figure 4-3: Frequency Distribution of the Sampled HHs' Poverty Scores³



Income disparity across HHs is not uniform as indicated by Fig 4-4. Distribution of HH income amongst the beneficiary sample is given in Table 4-5 which indicates that the top 10% and 20% of the sample earns 39% and 52% of the total income respectively, whereas on the other extreme the bottom 10% and 20% of the sample only earns 2% and 5% respectively.

Figure 4-4: Lorenz Curve of Income Distribution



³ For frequency distribution of HH poverty scores NRSP's poverty score classification was used.
Source: <http://www.nrsp.org.pk/Documents/Gender%20Analysis%20SCDP.pdf> page-3

Table 4-5: Income Distribution among Beneficiary Sample

Survey Sample	%age of Total Income
Bottom 10%	2%
Bottom 20%	5%
Top 10%	39%
Top 20%	52%
Gini Coefficient	0.44

Gini Coefficient is one way of measuring income inequality. Its value ranges between 0 and 1. A higher value means higher inequality while a value close to zero means least inequality. According to PSLM 2007-08 overall Gini Coefficient for Pakistan is 0.29 and is 0.25 for rural areas⁴. With a Gini Coefficient of 0.44 the survey sample shows a much higher income disparity.

4.3 CO Characteristics

The survey covered 43 villages with total number of HHs in these villages ranging from 80 to 2446 and having a total of 77 COs. CO memberships ranged from the lowest average of 20 in Muzaffargarh to 89 in Ghotki. 44% of the beneficiary COs comprised of female members only, while 39% were male only, and the remaining 17% were mixed. In Muzaffargarh 100% of the sampled COs were female only while in Ghotki 100% of the sampled COs comprised of male members only (see Table 4-6).

Table 4-6: Beneficiary CO Composition

CO Indicators	
Total Number of COs	77
Average Members per CO	42
CO Types (by Membership)	
Mixed	17%
Male	39%
Female	44%

All COs in Multan, Haripur, Swabi and Ghotki reported having poor HHs as members. In addition, all COs in these districts reported that these members attend meetings regularly and take an active part in the CO deliberations (see Table 4-7). Overall, 95% of the COs reported having poor HHs as their members and 95% reported that the poor HHs attend meetings regularly and 100% poor HHs participate in CO deliberations.

⁴ http://finance.gov.pk/survey/chapter_11/13-Poverty.pdf Table-13.4, Page 168.

Table 4-7: Representation of Poor HHs in Beneficiary COs

No.	District	COs with Poor HHs as Members (%age of Total COs)	COs in Which Poor HHs Participate in Meetings Regularly	COs in Which Poor HHs Participate in Deliberations
1	Multan	100	100	100
2	Muzaffargarh	88.9	100	100
3	Haripur	100	100	100
4	Kasur	83.3	60 (n=5)	100 (n=3)
5	Swabi	100	100	100
6	Ghotki	100	100	100
Overall		95.3	95.1	100

Participation of poor HHs in the meetings and in deliberations is particularly poor in Kasur. This is due to the fact that in some cases CO membership is dominated by a particular group/clan and in other cases the poor HHs feel that they have no say in the deliberations and in the decision making.

4.4 CO Effectiveness

4.4.1 Frequency of CO Meetings and Attendance

Overall, the COs exhibit high level of effectiveness (Table 4-8). Attendance record is maintained by 93% of the COs; all COs hold regular meetings and are attended by almost 50% of the members (20 members out of an average of 42). This percentage goes up to 78% and 75% in case of Muzaffargarh and Kasur respectively. Lowest proportionate attendance is in Ghotki and Swabi where only 22% and 25% of the members attend CO meetings respectively.

Table 4-8: Beneficiary CO Meetings and Number of Participants

Indicator	
COs where Attendance Record is Available	93.3%
Average No. of CO Meetings/Month	2
Average No. of members/CO	42
Average No. of participants/meeting	20

4.4.2 CO Savings

As indicated in Table 4-9 most COs (71%) claim to have some savings. 91% of those COs which claim to have savings also have savings records. In Muzaffargarh and Multan districts none of the sampled COs is involved in savings while in case of Ghotki 100% of the COs claim to have savings and have savings records.

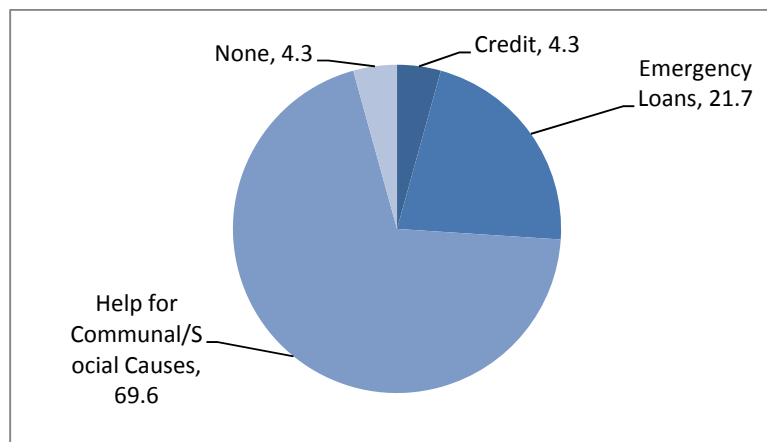
Table 4-9: CO Savings and Saving Records

No.	District	COs with Savings (% of Total COs)	COs with Saving Records (% of those with Savings)
1	Multan	0	N/A
2	Muzaffargarh	0	N/A
3	Haripur	100	83.3
4	Kasur	66.7	80%
5	Swabi	71.4	100
6	Ghotki	100	100
Overall		71.0	91.3

4.4.2.1 Utilization of CO Savings

The CO savings are being utilized for a number of purposes with the highest utilization being for Communal and Social Causes (this includes the use of CO savings for maintenance of CO interventions like link roads and soling). Some COs in Ghotki district are also using the CO savings to extend credit to their members (see Fig 4-5).

Figure 4-5: Utilization of Savings by COs



4.5 Role of COs vis-à-vis Interventions

Most COs play a dominant role in proposing, planning, executing, operating and maintaining their interventions. Overall, 74% of the interventions were proposed by the COs while 72% of the interventions were planned, executed and are being operated by the COs.

Table 4-10: Role of COs vis-à-vis Interventions

Activity	Multan	Muzaffargarh	Haripur	Kasur	Swabi	Ghotki	Overall
Interventions Proposed by COs (%)	87.5	100	100	0	42.9	100	74.4
Interventions Planned, Executed and Operated by COs (%)	62.5	66.7	100	83.3	85.7	42.9	72.1
Interventions which are operational after completion (%)	100	88.9	100	100	100	85.7	95.3

After completion, 95% of the interventions are still operational overall with the beneficiary community taking responsibility for their operation and maintenance (Table 4-10).

Similarly, COs are contributing funds and also providing in-kind support for a majority of interventions (except in microfinance sector where all the funding comes from the PO). Beneficiary cash contribution is highest in Haripur and Swabi where the beneficiary communities have contributed funds for 100% of interventions. (Table 4-11).

Table 4-11: Source of Funding for Interventions (% of Interventions)

Funding for Interventions	Multan	Muzaffargarh	Haripur	Kasur	Swabi	Ghotki
Only by POs	100	100	0	16.7	0	40
Combined PO & CO Funding (including in-kind contribution by CO)	0	0	100	83.3	100	60

The only area in which COs in some districts are weak is their role in nominating members for getting credit and for getting training for credit utilization and for CO management (Table 4-12). In four districts the CO members indicated that none of them had been provided any training opportunities. Similarly CO members in these four districts indicated that they had no say in the nomination of their members for getting credit/training.

Table 4-12: Role of CO in Nominations for Credit and Training

		Multan	Muzaffargarh	Haripur	Kasur	Swabi	Ghotki
Was any training given to CO members	Yes (%)	0	0	0	66.7	57.1	0
	No (%)	100	100	100	33.3	42.9	100
Nomination for Credit and Training	CO (%)	0	0	0	100	50	0

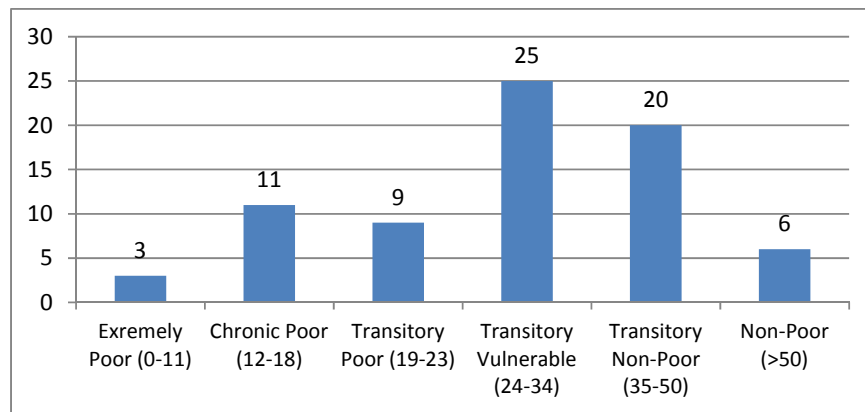
4.6 Intervention Related Findings

4.6.1 Health Sector

A primary healthcare intervention is being implemented by SWWS in district Swabi. In this case the PO has setup six community health centers (CHCs) at locations where no medical facility existed

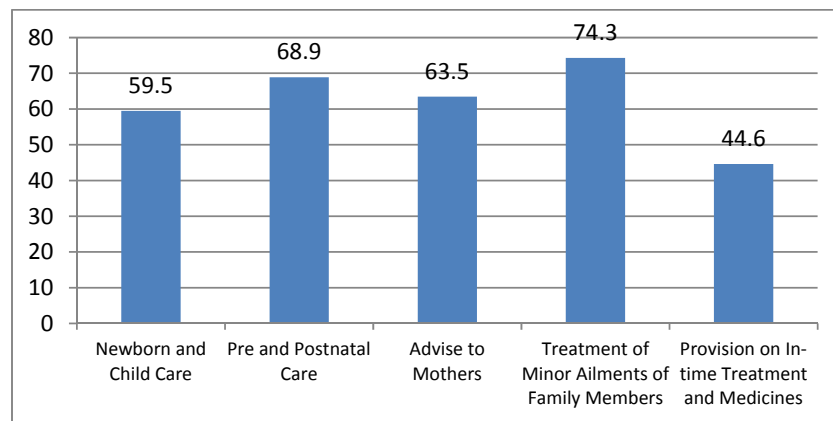
within a 5 km radius. These CHCs are centered round a lady health worker (LHW) supported with additional staff comprising of family welfare workers and male and female social organizers. Each CHC serves an estimated adjacent population of 1,000 HHs (8,000 persons). The survey team visited three villages in Swabi where the CHCs have been established and are operational. HH surveys were conducted with 74 HHs in these villages. Average Poverty Score of the HHs benefitting from the CHC services is 30.62 while the frequency distribution of beneficiary HHs surveyed is given in Fig 4-6.

Figure 4-6: Frequency Distribution of CHC Beneficiary HHs by Poverty Score



The CHCs provide a number of services to the community members. These include newborn and child care services, pre and postnatal care as well as treating minor ailments of other HH members (Fig 4-7).

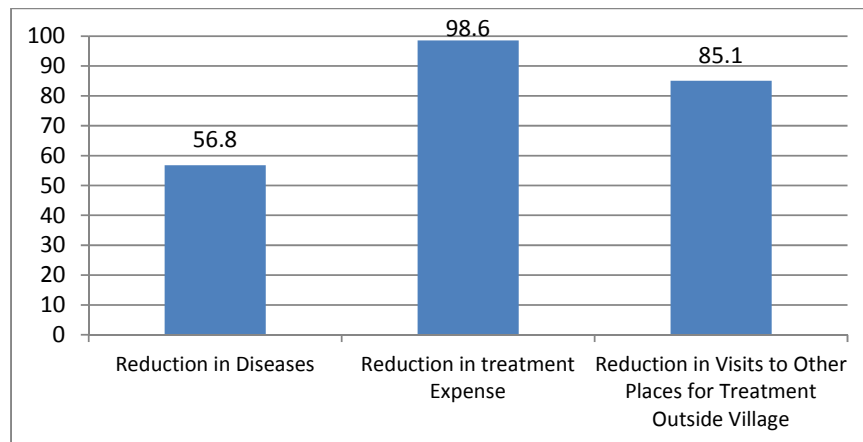
Figure 4-7: %age of HHs Utilizing Various CHC/LHW Services



Note: Multiple responses per HH

The CHCs have benefited the communities in a number of ways (see Fig 4-8). The highest benefit is in terms of reduction in treatment expenses as indicated by 99% of the respondents. (Each beneficiary HH has, on average, saved of PKR 1,951 per month as a result of the services being offered by these CHCs). In addition, each HH has also saved more than 4 days/month as now the sick do not have to travel to other places for seeking treatment which is reflected as 85% reduction in number of visits and 56% reduction in diseases.

Figure-4-8: Benefits of CHCs (%age of Beneficiary HHs)

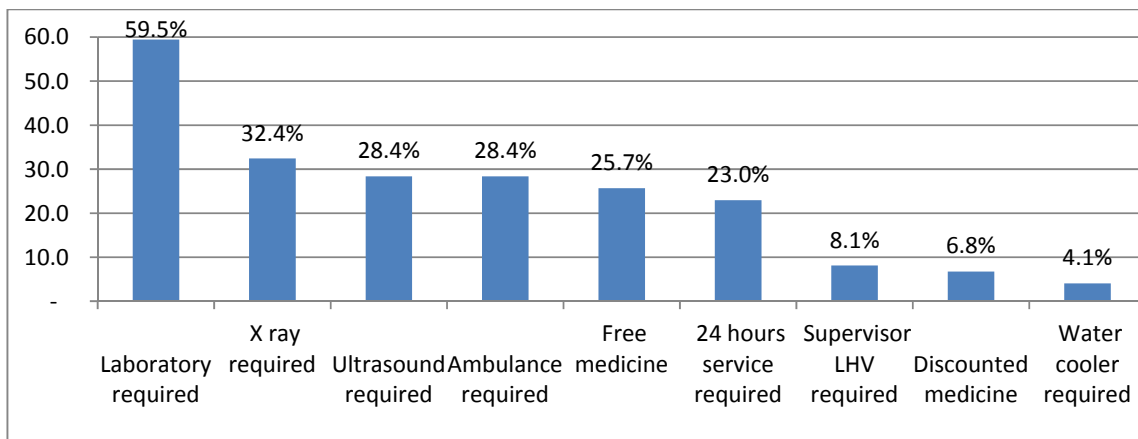


Note: Multiple responses per HH

The CHCs have also improved HH income and overall quality of life for the beneficiary communities: 69% of the HHs have reported an increase in the HH income due to reduction in treatment expenses and also due to the 4 days saved per month per HH. In addition, 54% of the HHs report an improvement in the quality of their lives as a direct result of this intervention.

In response to a survey question, the beneficiary HHs requested for a number of additional services/facilities to be made available at these CHCs (see Fig 4-9) with the demand for a laboratory and an x-ray machine being the most common demands. (**Note:** Currently medicines are being provided in the CHCs at market rates).

Figure 4-9: Demand for Additional Services at CHCs



Note: Multiple responses per HH.

One concern that has been raised by the beneficiary community is the lack of weekly supervisory visits to the CHCs by a lady doctor (73 out of 74 respondents indicated that the supervisor lady doctor has never visited the CHC). Similarly 95% of the respondents have indicated that proper and in time vaccination of children is not being done.

4.6.2 Education

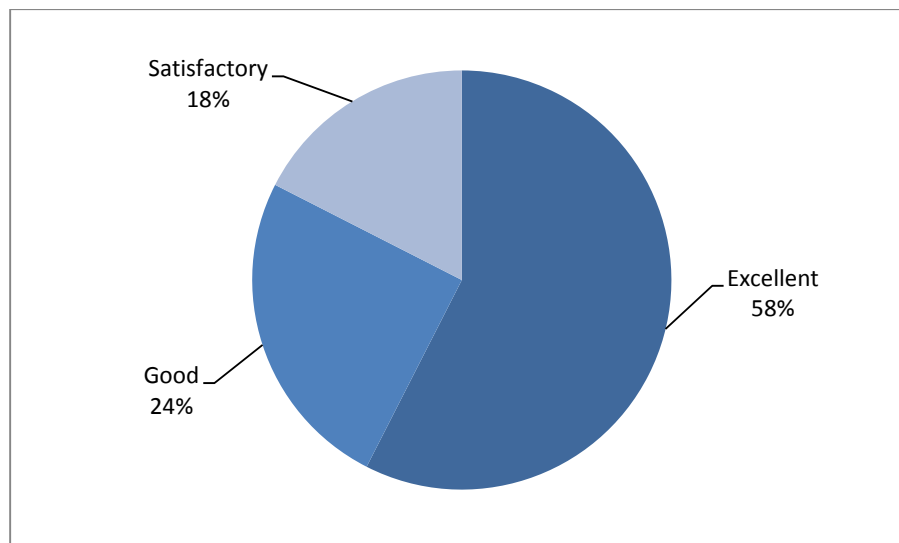
An education sector intervention is operational under PPAF-III in district Kasur with SOS Pakistan as the PO. SOS has been active in Kasur for the last many years and has established 25 formal schools with the help of a number of donors. These schools are operated on a self-sustainable basis through community participation.

SOS has been a PPAF partner since 2006 and has setup/adopted 16 schools through PPAF funding. As part of PPAF-III a 3 year grant of PKR 44.94 million has been approved for continuation of 8 existing schools and for establishing 15 new schools. In case of existing schools the PPAF-III funding will support teacher's training and some operational Costs.

During this assignment the survey team visited five villages where these schools have been setup or where the HHs have the facility of sending their children to nearby SOS schools. As these schools are being operated on a self-sustainable basis, the schools do not provide free education, rather parents are charged on the basis of their earnings with the maximum fee set at PKR 1,000 per month.

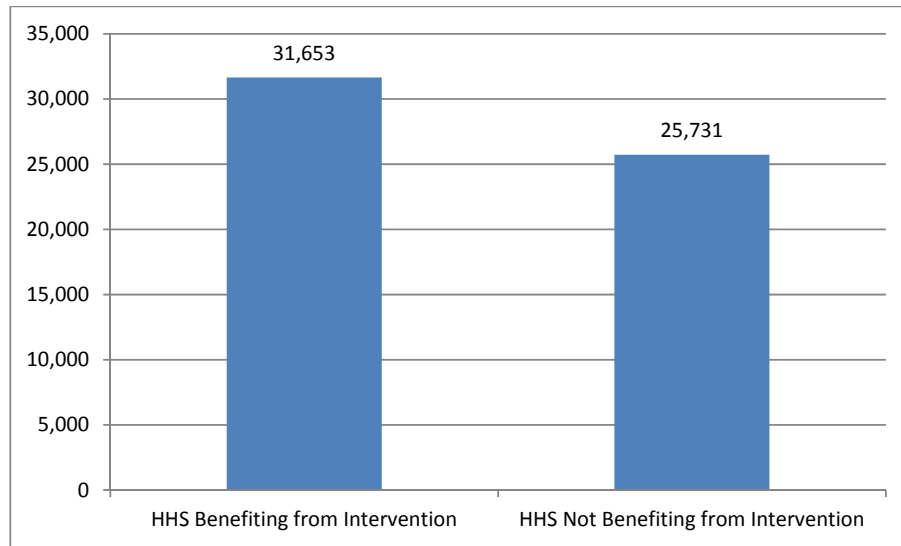
On the basis of interaction with the beneficiary communities of this intervention in Kasur, the Consultants have observed a very high level of satisfaction with the quality of education and with the level of facilities being provided by the PO in these schools (see Fig 4-10).

Figure 4-10: Degree of Satisfaction with Education



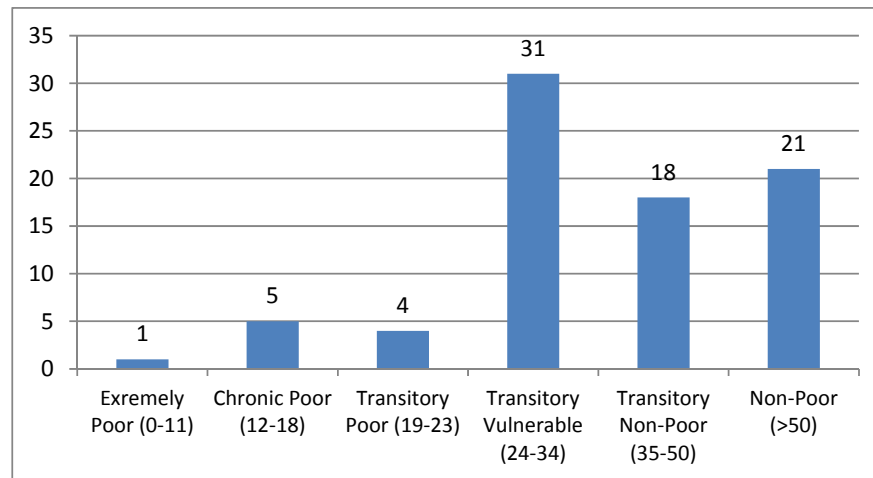
However, in spite of the quality of education and the level of facilities being provided in these schools, the Consultants have observed that many HHs have expressed an inability to send their children to these schools due to the high fees being charged. Survey data indicates that only 50% of the surveyed HHs out of a total of 160 are sending their children to these schools. An investigation into the poverty scores of the sampled HHs indicates virtually no difference between the average poverty scores of those HHs that are sending their children to school (40.3) verses those HHs that are not sending their children to schools (39.35). However, there is a (significant) difference of nearly PKR 6,000/month in the income levels of those HHS that are sending their children to these schools and those that are not (see Fig 4-11).

Figure 4-11: Differences in Monthly Income Levels of Sampled HHs in Kasur (PKR/month)



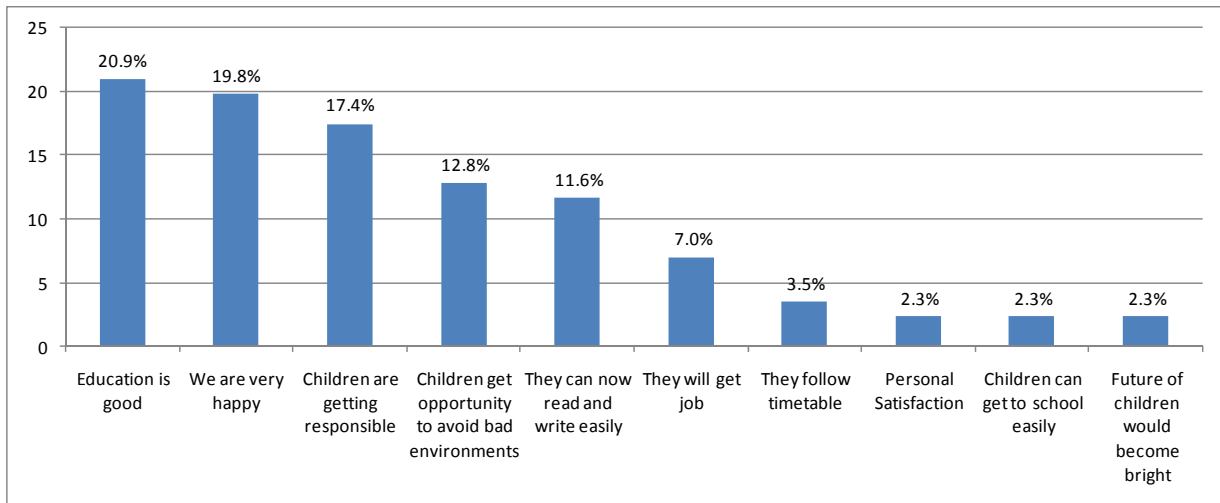
Frequency distribution of poverty scores of HHs that are sending their children to school is shown in Fig 4-12 which is highly skewed in favor of non-poor HHs.

Figure 4-12: Frequency Distribution of Poverty Scores of HHS Sending Their Children to SOS Schools



The HHs that have children enrolled in these schools have reported a number of positive outcomes of their children's schooling. Each HH was asked to state the one most positive outcome of sending their children to these schools. (See responses in Fig 4-13). Interestingly, the impact of schooling on their children's future and for getting a job does not rate very high in the HH responses. This could be attributed to the fact that these schools have been set up in rural communities where almost all HHs are involved in agriculture and have much higher income levels than the rest of the survey sample. Employment, therefore, is not a major issue. In response to another question 100% of the HHs indicated that they intend to continue with their children's education beyond the current level of schooling.

Figure 4-13: Impact of Children's Schooling on Beneficiary HH (%age Response)



4.6.3 Community Physical Infrastructure

CPI schemes (including drinking water supply, soling, link roads and bridges, sanitation) are being implemented in a number of districts across Pakistan under PPAF-III. During the course of this assignment a number of schemes were visited and assessed. The various types of interventions examined in each district are as follows:

Table 4-13: Types of CPI Schemes Included in Survey

	Haripur	Kasur	Swabi	Ghotki
Drinking Water	√		√	
Soling	√		√	√
Link Roads and	√	√		
Sanitation		√		

CPI interventions are some of the first to be executed in any community and in contrast to other types of interventions like microcredit, schools or community health centers, these can be executed within a shorter period of time and also require less knowhow and resources for operation and maintenance. Consequently, the Consultants' interaction with the beneficiary communities indicates that COs are most active in proposing, planning, executing and operating such types of interventions. Another important aspect of such interventions is that they require extensive interactions and cooperation between the potential beneficiaries over a much longer period of time and can, therefore, serve as an important instrument in breaking down socioeconomic barriers within the beneficiary communities – CPI schemes are demand driven and in most cases the communities have to choose one intervention over a number of others. This can only be done effectively if the communities come together and make the right choice through social interaction and dialogue.

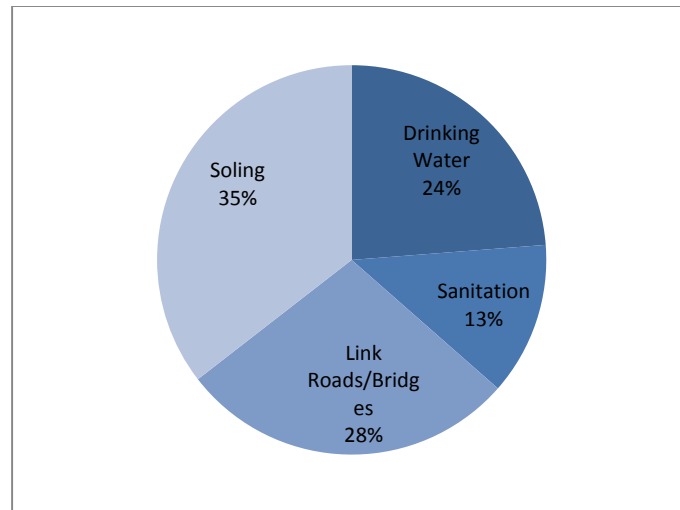
Overall, the Consultants have observed three major benefits of CPI interventions on the beneficiary community in addition to the resolution of a primary issue affecting the community:

- Health of the HH members has improved significantly in all cases.

- b. HH income has increased.
- c. There is a higher level of interaction between various socioeconomic groups in communities where such interventions have been successfully executed.

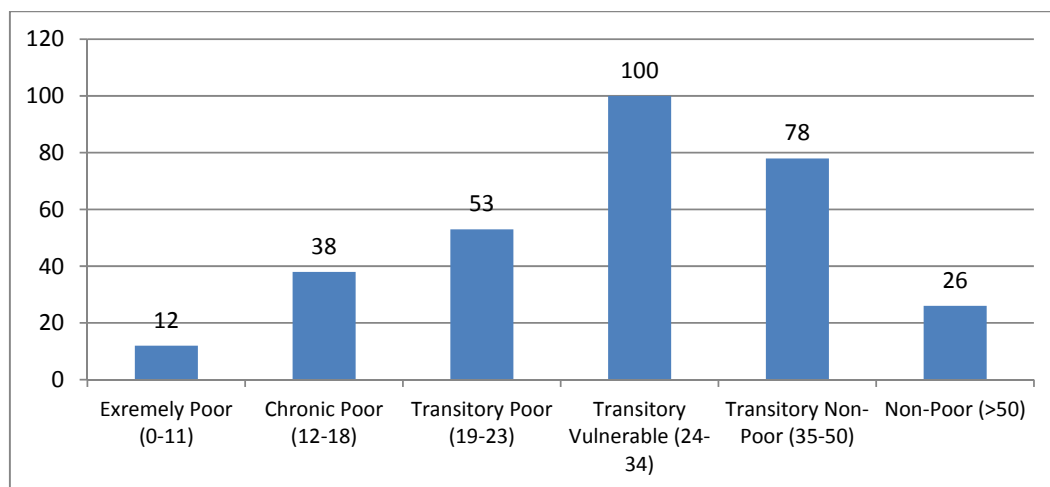
In this assignment the highest number of beneficiary HHs benefited from Soling (35%) followed by Link Roads/Bridges (28%), drinking water (24%) and sanitation (13%) respectively. For details see Fig 4-14.

Figure 4-14: %age of HHs Benefiting From Various CPI Interventions



Average poverty score of HHs that have benefited from CPI interventions is 31 while the frequency distribution of the poverty scores of beneficiary HHS is shown in Fig 4-15.

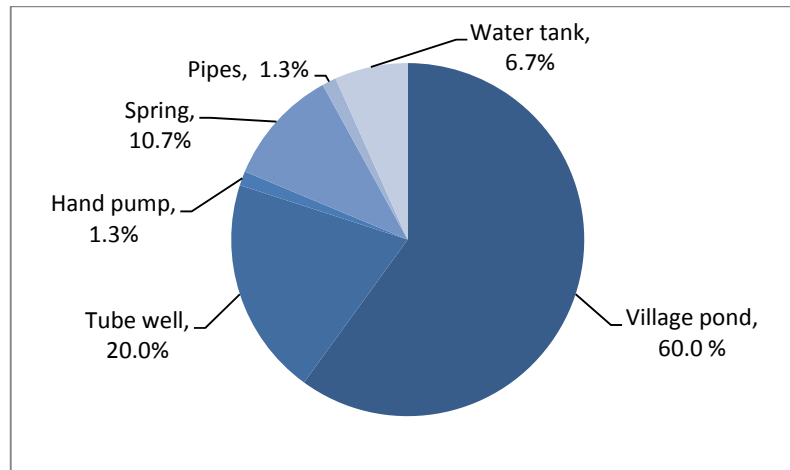
Figure 4-15: Frequency Distribution of CPI Beneficiary HHs



4.6.3.1 Drinking Water

Drinking water schemes have been executed through PPAF-III funding in Haripur and Swabi. In the survey 75 beneficiary HHs were visited. These houses were previously obtaining drinking water from a number of sources including ponds, tube wells, etc. (for details see Fig 4-16).

Figure 4-16: Prior Sources of Drinking Water for Beneficiary HHs



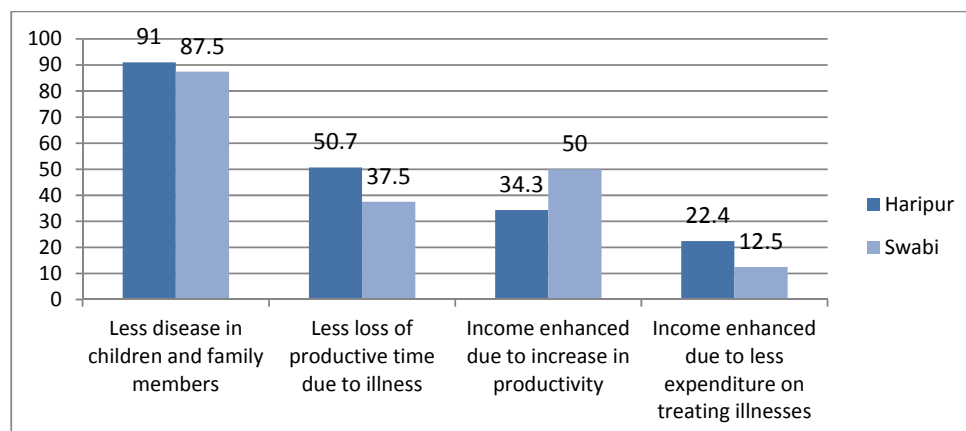
On average, the previous water source was a 2.24 km from the beneficiary HHs and each HH had to make 6 trips per day to the previous source. As a result of these schemes becoming operational, the HHs have reported saving 2.88 hours per day on average (Table 4-14).

Table 4-14: Impact of Drinking Water Supply Schemes on Beneficiary Communities

	Distance of previous Water Source from House (km)	Frequency of Daily Trips	Time Saved/HH/Day (Hrs.)
Haripur	2.43	6.10	2.85
Swabi	0.63	4.75	3.13
Average	2.24	5.96	2.88

The beneficiary HHs in Swabi do not pay any monthly charges for the drinking water whereas in Haripur the HHs have reported paying an average of PKR 36.5 per month. The drinking water schemes have a number of positive effects on the beneficiary HHs. 91% of HHs have reported that incidences of disease in children and family members have decreased. Other impacts of water supply schemes are indicated in Fig 4-17.

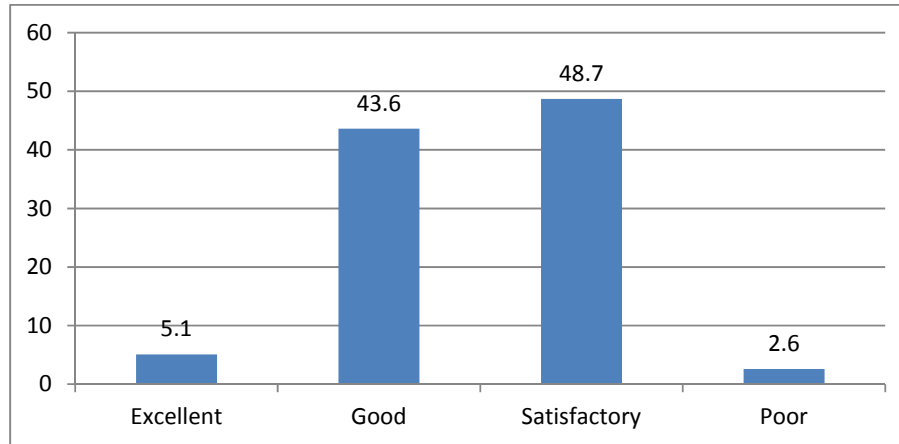
Figure 4-17: Overall Effects of Water Supply Scheme on Family Health (%age of HH Reporting Positive Impact)



4.6.3.2 Sanitation

Sanitation schemes have been implemented only in Kasur district through PPAF-III funding. Most of the 39 beneficiary HHs that were surveyed have reported their satisfaction level with these schemes as good/satisfactory (Fig 4-18).

Figure 4-18: Overall Degree of Satisfaction with Sanitation Scheme (%age of HHs)



4.6.3.3 Link Road and Bridges

PPAF-III funding has been used to build link roads and bridges in Haripur and Kasur. A total of 106 Beneficiary HHs were interviewed which have reported that they now save an average of 2.43 hours per day in travelling time because of these link roads and bridges (see Table 4-15).

These link roads and bridges have shown a positive impact on the economy of the beneficiary villages as almost 60% of the respondents have indicated that the prices of goods imported into these villages have decreased. Similarly, 70% of the respondents have indicated that income from produce which was being exported out of the villages has also increased. This could be attributed to a decrease in the transport Costs of exporting and importing goods and produce from/to these villages (see Table 4-16).



Baka in district Haripur is only 3km from the main Hasanabdal – Abbottabad road. Every year, during the rainy season the village remained, totally cut-off from the rest of the world. Most of the villagers work as daily wage labor in Haripur and were not able to earn any wages during this time. During this period the sick could not be transported to Haripur for seeking medical help. The village CO had to choose between a drinking water supply scheme and a link road and in the end decided to build a link road with the help of HADAF, the PPAF PO in Haripur.

Table 4-15: Time Saving

	Time Saved/HH/Day After Intervention (Hrs.)
Haripur	1.92
Kasur	3.24
Average Time Saved	2.43

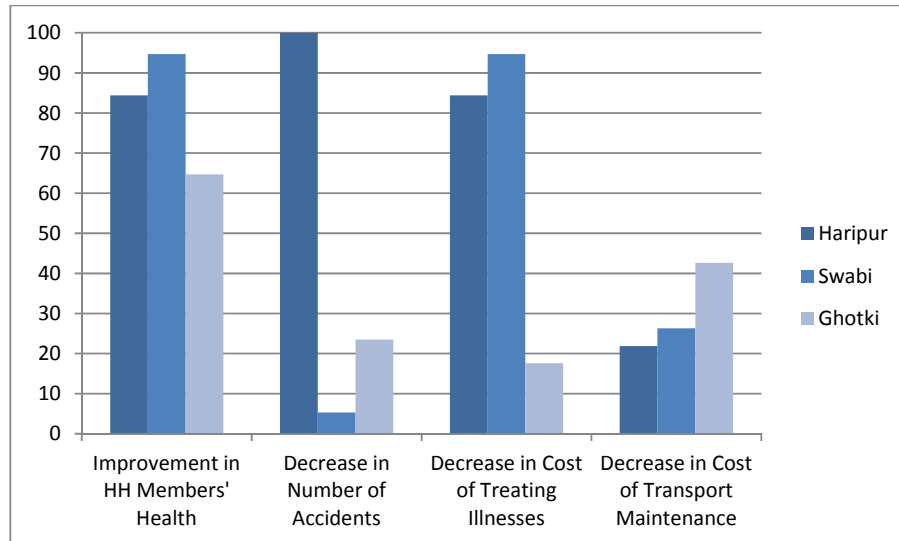
Table 4-16: Impact on Prices (%age of Responses)

		Haripur	Kasur	Overall Response
Decrease in Price of Goods Imported Into Village	Yes	63.1	51.2	58.5
	No	36.9	48.8	41.5
Increase in Income from Produce Exported from Village	Yes	70.8	68.3	69.8
	No	29.2	31.7	30.2

4.6.3.4 Soling

Soling of village streets has been done in Haripur, Swabi and Ghotki districts. This intervention has benefited the beneficiary HHs in a number of ways. Of the 119 beneficiary HHs surveyed, 75% HHs have reported an improvement in the health of their HH members (see Fig 4-19). (In case of Swabi, 95% of the respondents have reported improvement of health of HH members). Similarly, soling has also decreased the number of accidents in the beneficiary villages. On average, 41% of the respondents have reported a decrease in the number of accidents while in case of Haripur 100% of the respondents have indicated that there has been a decrease in the number of accidents due to soling. The Consultants' interaction with the beneficiary communities indicates that maximum benefits of this intervention are realized during the rainy season.

Figure 4-19: Positive Impacts of Soling on HH Health (%age Response)



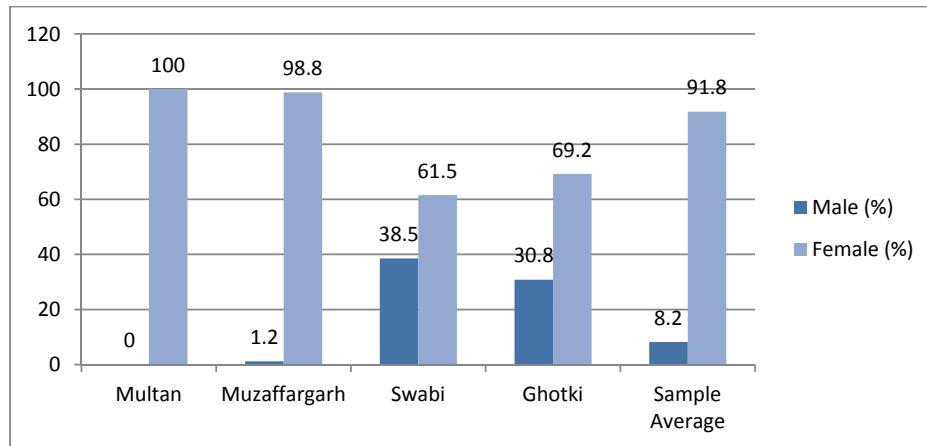
In response to questions in the survey 48% of the total respondents have also indicated that due to soling the HH cost of treating illnesses has decreased. Similarly 34% of the respondents have also indicated that the cost of maintenance of their transport has also decreased.

4.6.4 Microcredit

Microcredit financing is being extended by POs in Multan, Muzaffargarh, Swabi and Ghotki.

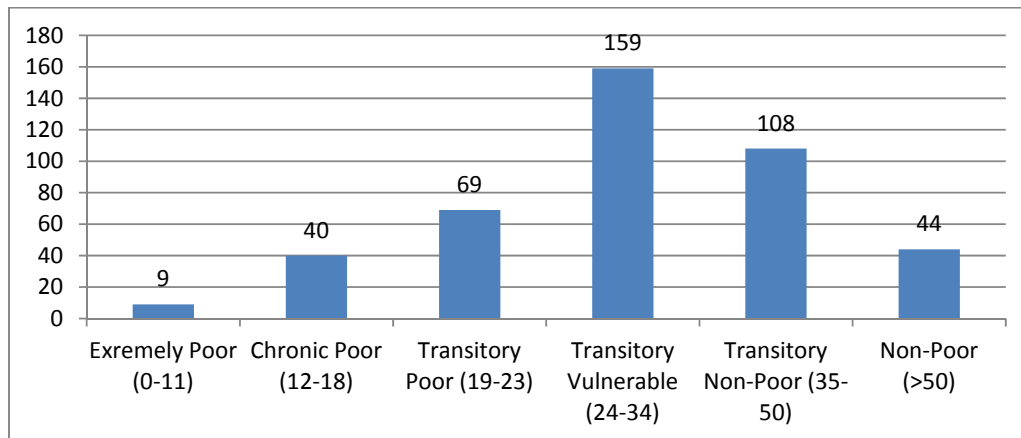
Gender Distribution of Microcredit Beneficiaries: Overall 92% beneficiaries in a sample of 429 comprised of women. This is due to the fact that the POs in Multan and Muzaffargarh are focusing mainly on women entrepreneurs while in the remaining two districts the proportion of women beneficiaries is almost two thirds (see Fig 4-20).

Figure 4-20: Beneficiary Statistics – Gender Distribution



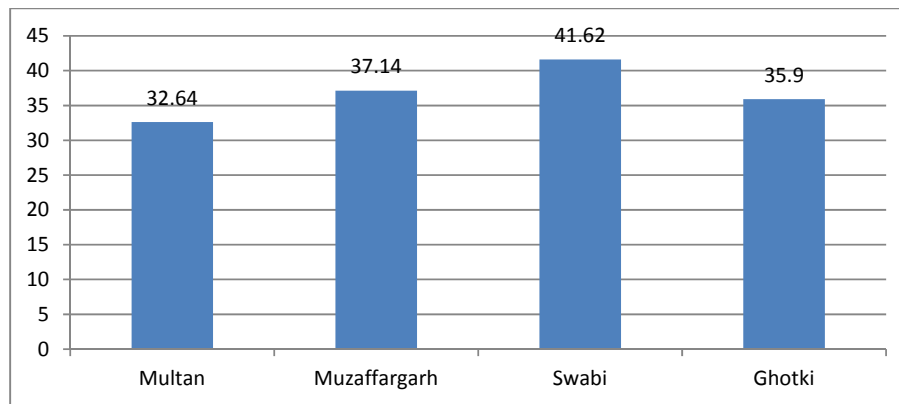
Relationship between Poverty Scores and Credit Beneficiaries: Average poverty score of the beneficiary HHs is 31.46 while the frequency distribution of the poverty scores of the beneficiary HHs is given in Fig 4-21 below.

Figure 4-21: Frequency Distribution of Poverty Scores of Beneficiary HHs



Average Age of Microcredit Beneficiaries: Average beneficiary age is 35 years ranging from 32.6 years in Multan to 41.6 years in Swabi (see Fig 4-22 for district wise average age of beneficiaries).

Figure 4-22: Beneficiary Statistics – Average Age (Years)



Education Level of Microcredit Beneficiaries: Data in Table 4-17 below indicates that almost two thirds of the beneficiaries (63%) have never attended school or have studied till class 5 only (13%). This pattern is uniform across all the four districts. Interestingly, there are two beneficiaries in Multan and one in Ghotki who have professional qualifications while one beneficiary each in Muzaffargarh and Ghotki has Masters level qualifications.

Table 4-17: Overall Beneficiary Education Level

Education Level Attained	%age of Beneficiaries
Kachi/Nursery	0.2
Class 1	0.2
Class 2	0.5
Class 3	0.2
Class 4	2.1
Class 5	13.3
Class 6	0.2
Class 7	2.8
Class 8	5.8
Class 9	0.5
Class 10	5.4
FA/FSC/C.Com/DAE	1.6
BA/BSc	2.8
MA/MSc	0.5
Professional	0.7
Never attended School	63.2

Data in Table 4-18 below indicates that 65% of the beneficiaries are family workers (i.e. female HH members who do not have any jobs outside the HH). The self-employed category of the beneficiaries is the second largest (24%).

Table 4-18: Overall Beneficiary Prior Occupation

Prior Occupation	%age of Beneficiaries
Government Employed	2.1
Semi Government Employed	0.2
Privately Employed	1.9
Unemployed/Not yet employed	0.9
Self-employed	23.8
Apprentice	0.5
Family Worker	65.0
Day wage laborer	4.2
Idle	0.5
N/A	0.9

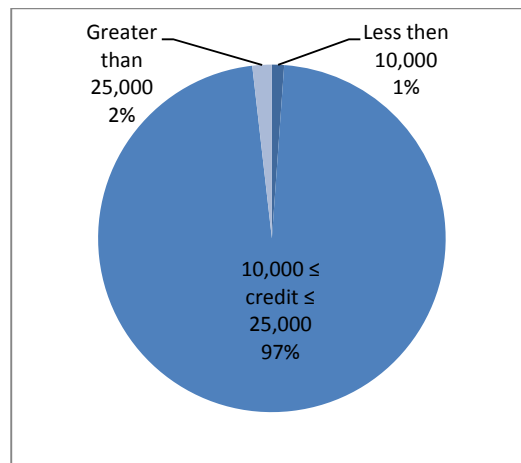
Average amount of credit extended is PKR 15,141 (see Table 4-19). Average payback period in Ghotki is 6 months while in the remaining three districts it is 12 months. The POs are charging an interest rate of 19 or 20% per annum.

Table 4-19: Credit Details

	Average Credit Amount (PKR)	Average Payback Period (Months, Rounded)	Interest Rate (% , Rounded)	Average Net Income From Enterprise (PKR)
Multan	16,027.62	12	20	10,890
Muzaffargarh	12,932.10	12	20	6,058
Swabi	26,538.46	13	19	28,333
Ghotki	15,857.14	7	20	43,737

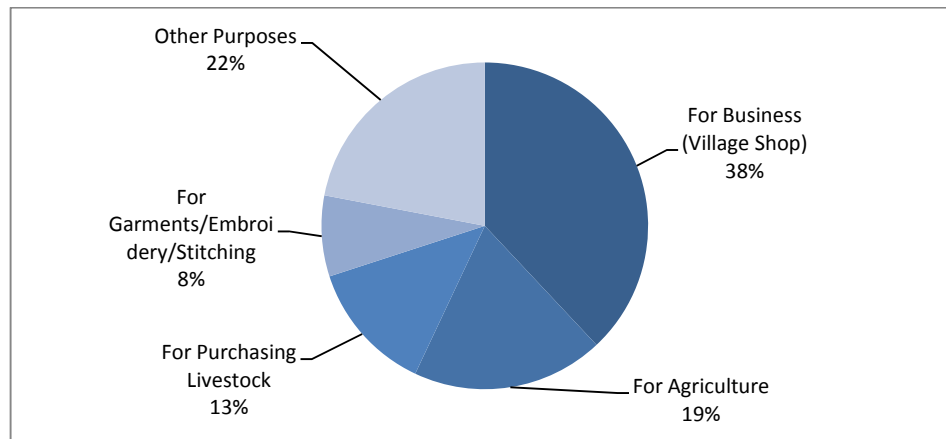
In the surveyed sample, almost 97% of the credit disbursed is in the range of PKR 10,000 to PKR 25,000. There are only 5 instances where credit of less than PKR 10,000 has been extended and only 8 instances where credit greater than PKR 25,000 has been given. Percentage distribution of credit amount is given in Fig 4-23 below.

Figure 4-23: %age Distribution of Credit Amounts



Main Enterprises Started with Microcredit: The main types of enterprises started with the microcredit facility include business, agriculture and livestock. Fig 4-24 below shows the percentage distribution of enterprises started with microcredit.

Figure 4-24: Top Reasons for Availing Credit Facility



Overall, 98% of the credit was utilized for the purpose for which it was intended (Table 4-20). 98% of the beneficiaries indicated that the credit was beneficial for them, whereas 83% of the beneficiaries desired to avail further credit. However, when asked about the future of their enterprise after the completion of the credit cycle, 50.5% of the beneficiaries indicated that their enterprise has become self-supporting (Table-21) whereas 48.5% indicated a need for further credit.

Table 4-20: Credit Utilization (%age Response)

		Multan	Muzaffargarh	Swabi	Ghotki	Overall
Was Credit Utilized for Intended Purpose	Yes	99.4	96.3	100	100	98.4
	No	0.6	3.7	0	0	1.6
Was the credit beneficial or not	Yes	99.4	98.8	100	93.6	97.9
	No	0.6	1.2	0	6.6	2.1
Would you like to avail further credit	Yes	86.5	71.6	100	95.6	83.2
	No	13.5	29	0	4.4	16.8

Table 4-21: Future of Enterprise after Completion of Credit Cycle (%age Response)

	Multan	Muzaffargarh	Swabi	Ghotki	Overall
Business has become self-supporting	56.4	70.4	61.5	3.3	50.6
Further credit is needed	43.6	27.8	30.8	96.7	48.5
Business will close	0.0	1.9	7.7	0.0	0.9

4.6.4.1 Correlation between Success of Enterprises and Beneficiary Characteristics:

In order to determine if there was any correlation between the success of the enterprises set up under this intervention and the choice of microcredit beneficiaries by the POs, the following two parameters were selected for examination:

1. Net income from enterprise after completion of credit cycle
2. Sustainability of enterprise after completion of credit cycle.

Correlations of these variables against a number of beneficiary characteristics such as age, education, prior occupation and poverty score were developed. However, no correlations were found between the net enterprise income or enterprise sustainability and any of the above mentioned beneficiary characteristics.

4.6.5 Skills Training

Skills trainings have been provided to the beneficiary population in Swabi district. 70% of the 47 beneficiaries interviewed are males (Fig 4-25) and average beneficiary age is 35 years. Almost 94% of those selected for training were nominated by the CO while the remaining 4% were selected through self-contact or through other means (see Fig 4-26).

Figure 4-25: Skills Trainings – Beneficiary Statistics

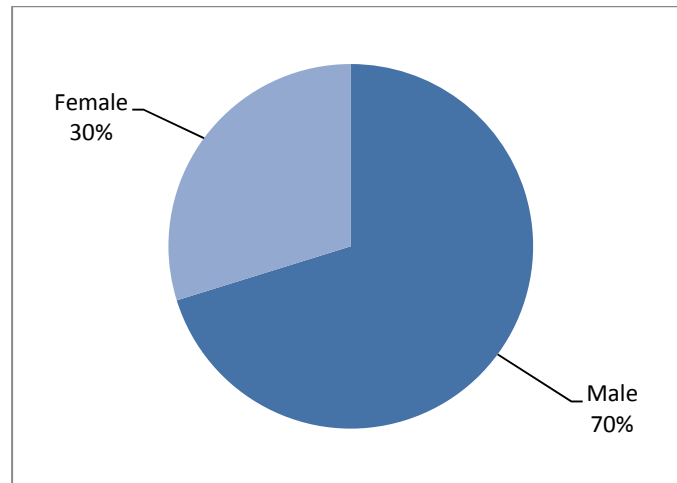
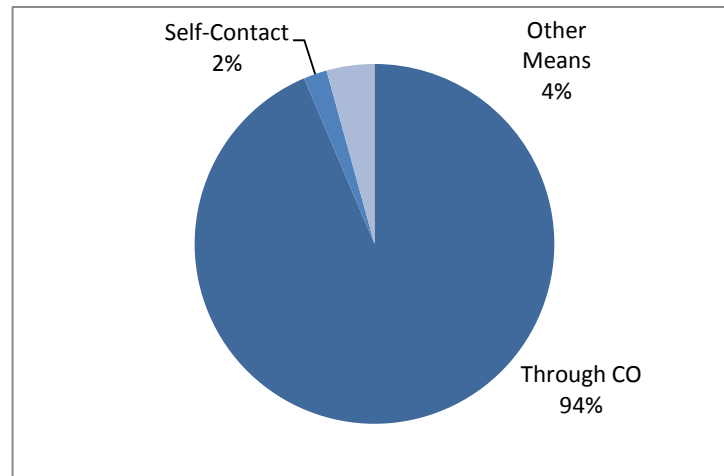
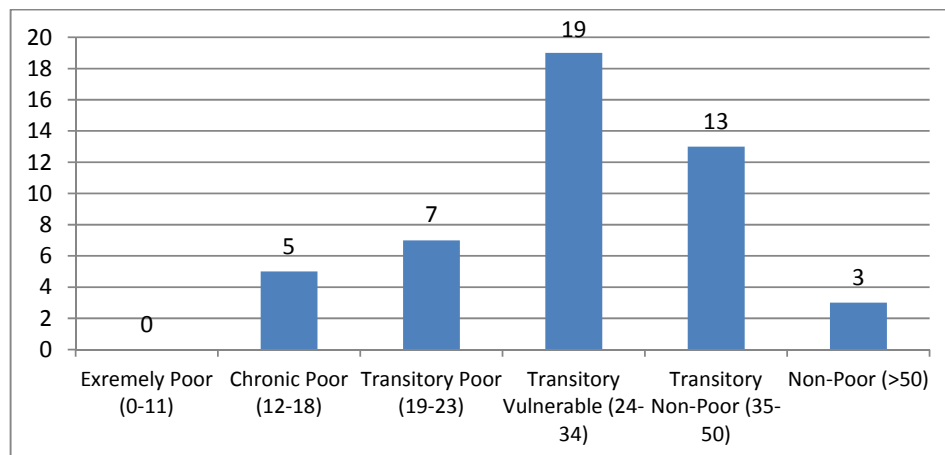


Figure 4-26: Mode of Selection of Trainings



Average poverty score of HHs that have benefited from skills trainings is 31 while the frequency distribution of the poverty scores of beneficiary HHs is shown in Fig 4-27.

Figure 4-27: Frequency Distribution of Poverty Scores of Skill Trainings' Beneficiary HHs

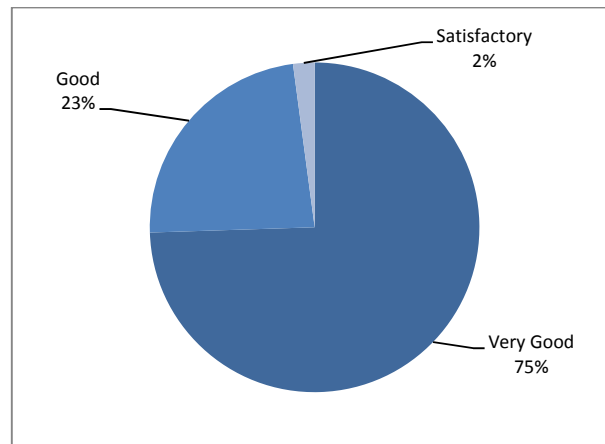


Various types of trainings imparted to the beneficiaries are:

1. Electrician
2. Book keeping
3. Surf (detergent) making
4. Enterprise Development Trainings (EDT)
5. Dupatta dyeing
6. Cloth Stitching
7. Transformer Rewinding
8. Running organization
9. Candle making

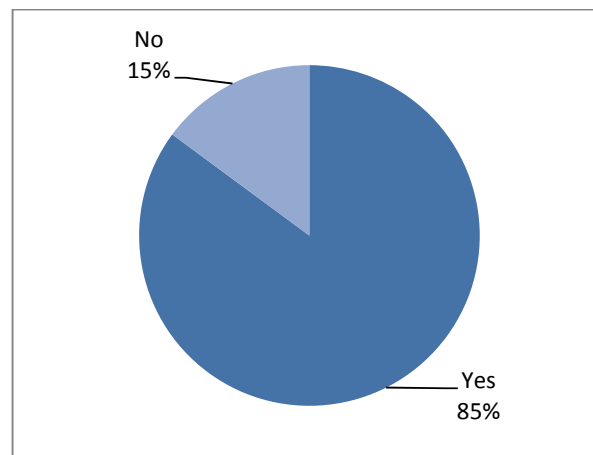
75% of the respondents have indicated the degree of usefulness of the trainings as “very good” (Fig 4-28) while 23% have indicated their usefulness as “good”.

Figure 4-28: Usefulness of Trainings



85% of the respondents have indicated post training utilization of the skills learned (see Fig 4-29).

Figure 4-29: Post Training Utilization (%age of Response)



Average earnings reported by the beneficiaries as a result of these trainings are PKR 360 per day. Detailed analysis of the survey data shows that those individuals who were trained as electricians or

as EDT benefited the most economically: 47% of those trained as electricians have reported incomes greater than PKR 400 per day while 36% of those trained in EDT have reported earnings greater than PKR 500 per day (Table 4-22). On the other extreme, most persons who were trained in “surf making” have not been able to earn much as a result of this training.

Table 4-22: Beneficiary Income Levels After Skills Training (%age of Beneficiaries vs. Earnings in PKR)

Training Type	None/No info.	1-100	101-200	201-300	301-400	401-500	> 500
Electrician	11.76	11.76	17.65	11.76	0	23.53	23.53
Book Keeping	16.67	16.67	33.33	0	0	33.33	0
Surf making	66.67	33.33	0	0	0	0	0
Enterprise Dev. Training (EDT)	9.09	18.18	18.18	9.09	9.09	0	36.36
Dupatta coloring	0	0	100	0	0	0	0
Cloth Stitching	0	62.5	25	12.5	0	0	0

5 CONCLUSIONS AND RECOMMENDATIONS

The objective of this assignment was to assess the effectiveness of the ongoing PPAF III interventions from a user/beneficiary perspective, to verify the delivery of inputs and outputs by the partners and to document the immediate outcomes of these interventions on the intended beneficiaries. This output of this assignment is intended to be used as a tool for improving the planning, targeting and implementation of PPAF III. However, the assignment, and consequently the survey design, was structured more as a monitoring of the on-going PO activities rather than an evaluation of the PPAF III.

The Consultants hope that these findings, which are based on qualitative and qualitative information collected over a four week period, will provide timely and reliable information to monitor the direction of PPAF-III and its results and would enable PPAF in making any midterm corrections in its strategy, if needed, in order to make these interventions more useful and relevant to PPAF's goal of alleviating poverty in Pakistan through equitable, inclusive, deeper and relevant outcomes.

In this context, in the light of the survey results and on the basis of personal interaction with the beneficiary communities, the Consultants have the following comments/recommendations vis-à-vis each of the PPAF-III components:

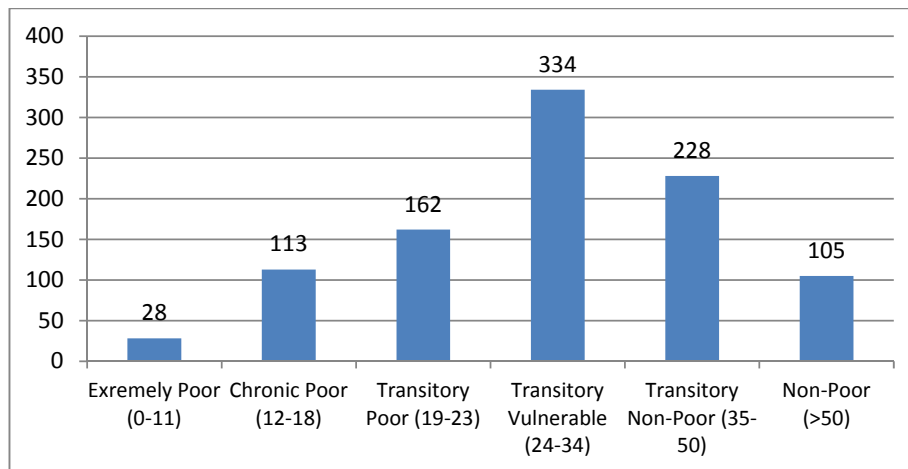
5.1 Beneficiary Selection

The choice of beneficiary communities and individuals has been examined on the basis of the HH poverty scores and HH incomes. Overall and district wise average poverty scores of the survey sample are given in Table 5-1 and the overall frequency distribution of the poverty scores of the HHs surveyed is given in Fig 5-1 (N = 970).

Table 5-1: Average Poverty Scores of Sampled HHs

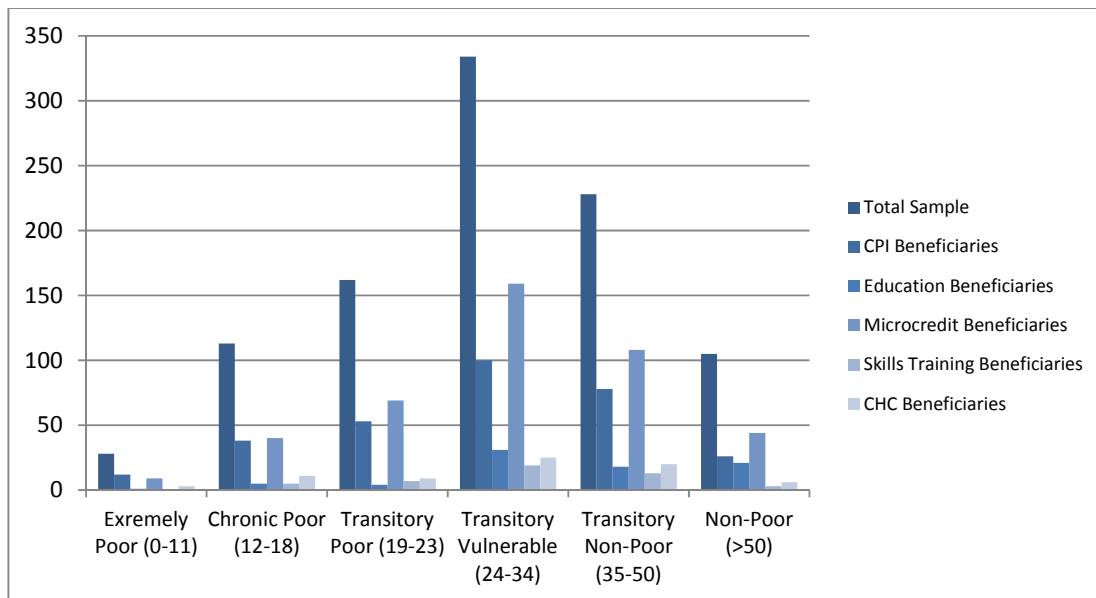
No.	Bunyad	Bunyad
1	Multan	32.66
2	Muzaffargarh	31.80
3	Haripur	29.61
4	Kasur	40.38
5	Swabi	30.57
6	Ghotki	30.49
Overall		32.57

Figure 5-1: Frequency Distribution of Poverty Scores of Sampled HHs



The poverty scores exhibit a negative skew towards “non-poor” HHs instead of being normally distributed or being positively skewed towards the “poor”. This trend is repeated across all 5 types of interventions that were reviewed during this survey (Fig 5-2).

Figure 5-2: Intervention wise frequency distribution of Poverty Scores of Survey Sample



This finding was cross checked by plotting a Lorenz Curve and by calculating the Gini Coefficient of the same survey sample. Both Lorenz Curve and the Gini Coefficient indicate a high level of skew towards the “non-poor” HHs.

It is not clear to the Consultants whether this choice of “relatively non-poor” communities/HHs for carrying out these interventions is intentional or coincidental. However, it is one factor that needs to be considered by PPAF in its future endeavors.

5.2 Role of COs

Overall, COs are active and involved in the interventions taking place in their respective communities. The most effective COs are those which have been active in one form or the other over a period of time and have managed to bring down the social barriers from within their communities over time. The COs have been observed to be most effective in proposing, planning, executing and managing CPI interventions.

One aspect of CO operations and effectiveness that needs improvement is the members' participation in the CO meetings which currently stands at 48%.

5.3 Education Sector Interventions

In the education sector village schools run by SOS in district Kasur are doing a tremendous job. However, 50% of the surveyed population has expressed its inability to send their children to these schools due to the "high" tuition fee of up to PKR 1000/month. The PO is charging these fees as the schools are being run on a self-sustainable basis and most of the operational expenses are being met through the tuition fees. Our analysis has shown a difference in HH income of approximately PKR 6,000 per month between those HHs that are sending their children to schools and those that are not. Therefore, the modalities of this intervention need to be reexamined so that the "poorer" HHs in these communities can also educate their children.

5.4 Community Health Centers

Of all the interventions examined, the CHCs have been observed to have the quickest and the most profound impact on the socioeconomic status and quality of life of the beneficiary communities. This is evident from the survey of beneficiary HHs in terms of time and money saved due to availability of such services at their doorstep even though the price of medicines is not being subsidized.

Interestingly, the survey results indicate that the provision of subsidized/free medicines does not rank high in the list of demands/additional needs that have been put forward by the beneficiary communities. Instead, the beneficiaries have demanded an increase in the services being provided at these centers. The Consultants are, therefore, of the view that these facilities may be up graded and new facilities should be setup in areas not catered for yet.

5.5 Microcredit

Microcredit interventions are operational primarily in Muzaffargarh and Multan and are focused towards females. Most of the microcredit beneficiaries have either never been to schools or have less than 5 years of schooling. Success rate in terms of those recipients who have reported that their business/enterprise has become self-sustaining after completion of one credit cycle is 50%. Even after considerable work, the Consultants have not been able to find any correlation between enterprise success and any personal attribute of the credit recipient.

One notable issue is that only 2 out of the 400+ microcredit recipients interviewed during the survey have indicated receiving any enterprise/skills related training before or after availing the microcredit facility.

5.6 Skills Training

Skills trainings have been conducted in Swabi. These have been appreciated a lot by the recipient community particularly by those who received trainings in various service trades like electrician, cloth

stitching, etc. There is high degree of post training utilization and beneficiaries have reported earning handsome amounts from within their communities. On the other hand, product oriented trainings like “surf making” turned out to be not as useful due to hard competition with the commercially available products available in the market and due to upfront capital requirements.

The Consultants recommended that local market oriented and demand driven service oriented skills trainings should be further prorogated with post training utilization monitoring and refreshers.

5.7 CPI Interventions

At the community level, CPI interventions have the most significant impact on rural HHs as they can increase incomes, reduce expenses and, most importantly, bring down socioeconomic barriers that exist within rural communities and enable them to set their priorities and to work together for achieving common goals.

ANNEXES

Annex-I: Training and Pilot Test Pictures

Annex-II: Village Questionnaire

Annex-III: Household Questionnaire

Annex-IV: Number of HHs Interviewed at each Village

Annex-I: Training and Pilot Test Pictures



Team Leader giving lecture on survey activities



Team Leader giving lecture on questionnaire



Project Manager giving lecture on questionnaire



Pilot Test: Interview with beneficiary household



Pilot Test: Interview with community member



Pilot Test: School established by DIL under PPAF-III

Annex-II: Village Questionnaire

Serial Number:

____|____|____



Pakistan Poverty Alleviation Fund

User Beneficiary Assessment Survey

Questionnaire for Village Profile

May 26, 2011

APEX Consulting Pakistan

Executive Business Center, Ground Floor

Saudi Pak Tower, Islamabad-Pakistan.

Tel: +92 (051) 280-0397/98 Ext: 3110



Introduction

I am working with a private company "APEX Consulting Pakistan (ACP)", a research organization. ACP has been appointed as consulting firm to collect information of village under PPAF III (for user beneficiary assessment survey). I have a questionnaire consisting of some simple questions. In this process, we request you to provide 25 to 30 minutes of your precious time.

I will be very thankful, if you facilitate me in this regard. This survey will not benefit directly but your answers will provide the information about the facilities/grants from partner organizations. Your all information will be kept in safe custody and will not be disclosed. It will only be used for Analysis purpose. If you do not understand the question then you can ask again from me.

(To be Filled Through Group Discussion)

SECTION I. LOCATION PROFILE		
Q101	Date (Day/Month/Year)	
Q102	Name of Village	
Q103	Name of Union Council (UC)	
Q104	Tehsil	
Q105	District	
Q106	Total No. of Households (HHs)	
Q107	Total Village Population	
Q108	Average HH Population	
Q109	Main Occupation of HHs	Agriculture..... 1 Animal Rearing..... 2 Service..... 3 Other..... 4
Q110	Are Houses Located in a Cluster or Scattered	Cluster..... 1 Scattered..... 2
Q111	Is any type of telephone facility available in the village? (Mobile, PTCL, Wireless, etc.)	Yes..... 1 No..... 2
Q112	How many shops/stores are there in the village (nos.)	_ _
Q113	Type of Shops	Grocery/household items..... 1 Agriculture supplies (seeds, grains, etc.)..... 2 Services (tailor, electrician, etc) 3 Others 4

SECTION II. CO INFORMATION		
Q201	Community Organizations (COs) Present in the Village	Yes..... 1 No..... 2
Q202	If Yes; Names and Composition	
	Name of CO 1. _____ 2. _____ 3. _____ 4. _____ 5. _____	Composition a. Mixed b. Male c. Female a. Mixed b. Male c. Female a. Mixed b. Male c. Female a. Mixed b. Male c. Female a. Mixed b. Male c. Female
Q203	Type of COs	Village Level..... 1 Mohallah Level..... 2 Purpose Based..... 3 _____ _____ _____
Q204	Number of participant HHs in CO	_ _
Q205	Who Facilitated Formation of CO	NGO: _____ 1 Government Dept: _____ 2 RSP: _____ 3 Others: _____ 4



Q206	Are any of the COs in your village part of a VO If Yes, how many	Yes..... 1 No..... 2 _ _ _
Q207	Is the VO further part of an LSO?	Yes..... 1 No..... 2
Q208	Are members of the poorer HHs in your village part of any CO?	Yes..... 1 No..... 2 Note: If "No" Go to Q.212
Q209	If Yes to Q.208, do they participate in the CO meetings regularly?	Yes..... 1 No..... 2 Note: If "No" Go to Q.211
Q210	If Yes to Q.209, do they actively participate in the CO deliberations?	Yes..... 1 No..... 2
Q211	If No to Q.209, Reasons for their non-participation?	They are not invited 1 They feel that they have no say in the decision making.. 2 They are excluded by other well off members of the CO.. 3 They feel that other community members are making good decisions on their behalf ... 4 Other 5
Q212	If No to Q. 208, why are members of the poorer HHs not members of the CO?	They are excluded on the basis of Caste.. 1 They are excluded on the basis of Religion ...2 They are not willing to participate ... 3 They feel that they have no say in the decision making.. 4 Other 5
Ask the next questions in this section if a mixed gender CO exists in the village. Otherwise proceed to the next section.		
Q213	Does the mixed membership CO(s) in the village have women office bearers?	Yes..... 1 No..... 2
Q214	Do the women members of the CO(s) attend meetings regularly?	Yes..... 1 No..... 2
Q215	Do the women members of the CO(s) actively participate in the CO deliberations?	Yes..... 1 No..... 2
CO Activities/Effectiveness:		
Q216	Frequency of Meetings (meetings per month)	
Q217	Average Participation/meeting (nos.)	
Q218	Attendance Record Available	Yes..... 1 No..... 2
Q219	CO Savings	Yes..... 1 No..... 2
Q220	If Yes, Maintenance of Savings Record	Yes..... 1 No..... 2
Q221	If Yes, Utilization of Savings	Credit..... 1 Emergency Loans..... 2 Help for Communal/Social Causes... 3
Q222	Types of Discussions/Initiatives in CO	____ 1 ____ 2 ____ 3 ____ 4 ____ 5
SECTION III. Community/Village Level Interventions		
Q301	Village/Community level interventions received since January 2010	_ _ _ _
Q302	Types of Interventions (Description)	a. Community Level _____ 1 _____ 2

		<div>_____ 3</div> <div>_____ 4</div> <div>b. Individual Level</div> <div>_____ 1</div> <div>_____ 2</div> <div>_____ 3</div> <div>_____ 4</div>
Q303	Name of Agencies Providing the Intervention(s)	<div>_____ 1</div> <div>_____ 2</div> <div>_____ 3</div>
Q304	HHs benefited/benefiting from these intervention (no.)	<div>__ __ __</div>
Q305	How were these intervention(s) proposed?	<div>a. By CO;</div> <div>b. By Agency _____</div> <div>c. Others _____</div> <div>Note: If "By CO" go to Q306</div> <div>If "By agency" or "Others" Go to Q309</div>
Q306	If by CO in Q305, were females involved	<div>Yes..... 1</div> <div>No..... 2</div>
Q307	If "Yes" in Q306,	Their Percentage _____ 1
Q308	If No, why not/reasons	<div>_____ 1</div> <div>_____ 2</div> <div>_____ 3</div>
Q309	How many HHs participated in the proposal (no.)	<div>__ __ __</div>
Q310	Was the CO involved in the procedure (i.e. from proposal development till completion including designing, execution, completion, operation)	<div>Yes..... 1</div> <div>No..... 2</div> <div>Note: If "No" Go to Q312</div>
Q311	If "Yes" in Q310	<div>Fully..... 1</div> <div>Partially..... 2</div>
Q312	Source of Funding for intervention(s)	<div>100% agency funded..... 1</div> <div>Agency + CO contribution; 2</div> <div>In kind contribution by CO (including land).3</div>
Q313	If "Agency+CO" in Q312, Contribution Ratio:	<div>Agency: _____%..... 1</div> <div>CO: _____%..... 2</div>
Q314	Initial Quality of Intervention work	<div>Very Good..... 1</div> <div>Good..... 2</div> <div>Satisfactory..... 3</div> <div>Poor..... 4</div>
Q315	Is the Intervention Operational	<div>Yes..... 1</div> <div>No..... 2</div>
Q316	If "No" in Q315, Reasons	<div>_____ 1</div> <div>_____ 2</div> <div>_____ 3</div>
Q317	If Operational, Present quality status	<div>Very Good..... 1</div> <div>Good..... 2</div> <div>Satisfactory..... 3</div> <div>Poor..... 4</div>
Q318	Who is responsible for O&M	<div>_____</div>
Q319	Was any training given to CO members for O&M/refresher needed	<div>Yes..... 1</div> <div>No..... 2</div> <div>If "No" Go to Q324</div>
Q320	If "Yes" in Q319, how many members are trained	<div>__ __ __</div>
Q321	If "Yes" in Q319, Who nominated the trainees	<div>CO..... 1</div> <div>Agency..... 2</div> <div>Self-Arranged..... 3</div>
Q322	If "Yes" in Q319, Are they doing their work properly	<div>Yes..... 1</div> <div>No..... 2</div>
Q323	If "Yes" in Q319, What are the arrangements for their services' payment	<div>_____ 1</div> <div>_____ 2</div> <div>_____ 3</div>
Q324	What is source of O&M finances	<div>_____ 1</div> <div>_____ 2</div>



		_____ 3
Q325	Is there any backup support available from the agency or from any other source	Yes..... 1 No..... 2

SECTION IV. INDIVIDUAL LEVEL INTERVENTIONS

Q401	Type	Credit..... 1 Trainings..... 2 Others _____ 3
Q402	Nominations for Credit and Trainings	By CO 1 By Agency 2 Self-Arranged 3 Other Means 4
Q403	If Credit, Number of HHs availing credit facility (no.)	__ __ __
Q404	Purposes of credit	_____ 1 _____ 2 _____ 3 _____ 4 _____ 5
Q405	Was/Is the credit utilized for the intended purpose	Yes..... 1 No..... 2
Q406	If trainings, number of persons trained	Skills trainings: ____ (no.) 1 Social trainings: ____ (no.) 2
Q407	Types of Skills Trainings Received	_____ 1 _____ 2 _____ 3 _____ 4 _____ 5
Q408	Degree of Post Skills Trainings Utilization	Extensive 1 Fair 2 Poor 3 Nil 4
Q409	Types of Social Trainings Received	CO Formation / Social Mobilization ... 1 Attendance Register Maintenance 2 Savings Record Maintenance 3 Credit Record Maintenance 4 Minutes of Meetings 5 Others 6



Annex-III: Household Questionnaire

Serial Number:

___|___|___



Pakistan Poverty Alleviation Fund

User Beneficiary Assessment Survey

Questionnaire for Household

May 26, 2011

APEX Consulting Pakistan

Executive Business Center, Ground Floor

Saudi Pak Tower, Islamabad-Pakistan.

Tel: +92 (051) 280-0397/98 Ext: 3110



Introduction

I am working with a private company "APEX Consulting Pakistan (ACP)", a research organization. ACP has been appointed as consulting firm to collect information from individual household benefited under PPAF III (i.e. Micro Credit, Education, Irrigation, WATSAN, Social Mobilization, Health Care, Staff Training, Link Roads & Bridges and MIS Development) for user beneficiary assessment survey. I have a questionnaire consisting of some simple questions. In this process, we request you to provide 25 to 30 minutes of your precious time.

I will be very thankful, if you facilitate me in this regard. This survey will not benefit directly but your answers will provide the information about the facilities/grants from partner organizations. Your all information will be kept in safe custody and will not be disclosed. It will only be used for Analysis purpose. If you do not understand the question then you can ask again from me

SECTION I. LOCATION PROFILE		
معینہ مقام کا خاکہ		
Q101	Date (Day/Month/Year) تاریخ (دن - مہینہ - سال)	
Q102	Name of Enumerator شمار کرنے والے کا نام	
Q103	Name of Village گاؤں کا نام	
Q104	Name of Union Council (UC) یونین کونسل کا نام	
Q105	Tehsil تحصیل	
Q106	District ضلع	
Q107	Name of Head of HH گھرانے کے سربراہ کا نام	
Q108	Age (years) عمر	_____ Yrs
Q109	Sex جنس	Male 1 Female 2 مرد عورت
Q110	Status of the respondent in The HH جواب دھندا کی گھرانے میں حیثیت (e.g. Father, Mother, Eldest Brother, Grandfather, etc.) (مثلاً: والد، والدہ، بڑا بھائی، دادا، وغیرہ)	_____

SECTION II. HOUSEHOLD ROSTER								
گھرانے کا اندراج نامہ								
Q201	HH Member Name (Start with HH Head) گھرانے کے افراد کے نام (گھرانے کے سربراہ سے شروع کریں)	Q 202. Relation with Head of Household گھرانے کے سربراہ سے رشتہ	Q 203. Sex (M / F) جنس	Q 204. Age عمر	Q 205. Marital Status (M / U) ازدواجی حیثیت	Q 206. Education تعلیم	Q 207. Occupation پیشہ	Q 208. Disability معزوری
a.								
b.								
c.								
d.								
e.								
f.								
g.								
h.								
i.								
j.								
k.								

SECTION III. POVERTY SCORE CARD		
غربت کا اسکور کارڈ		
Q301	How many people usually live and eat in the household? (do not list guest, visitors, etc) اس گھرانے میں عام طور کتنے لوگ کھاتے پیتے اور رہتے ہیں (مہمانوں اور ملاقاتیوں کے علاوہ)؟	__ __
Q302	How many people in the household are under the age of 18 or over the age of 65? اس گھرانے میں 18 سال سے کم اور 65 سال سے زیادہ کتنے لوگ ہیں؟	__ __
Q303	What is the highest educational level of the head of the household (completed)? گھرانے کے سربراہ کی مکمل تعلیم کتنی ہے؟	Never Attended school..... 1 کبھی سکول نہیں گیا Less than class 1 to class 5 included.....2 کچی جماعت سے پانچویں جماعت تک Class 6 to class 10 included..... 3 چھٹی جماعت سے دسویں جماعت تک Class 11, College or beyond..... 4 تیرہویں جماعت یا اس سے زیادہ
Q304	How many children in the household between 5 and 16 years old are currently attending schools? گھرانے میں 5 سے 16 سال کے عمر کے کتنے بچے آج کل سکول جاتے ہیں؟	There are no children between 5 and 16 years old in the household ... 1 گھرانے میں 5 سے 16 سال کے عمر کے کوئی بچے نہیں ہیں All the children between 5 and 16 years old are attending schools ... 2 5 سے 16 سال کی عمر کے درمیان تمام بچے اسکول جاتے ہیں Only some of the children between 5 and 16 years old are attending school ... 3 5 سے 16 سال کی عمر کے کم بچے اسکول جاتے ہیں None of the children between 5 and 16 years old are attending school .. 4 5 سے 16 سال کی عمر کے درمیان کوئی بچا اسکول نہیں جاتا
Q 305	How many rooms does the household occupy including bedrooms and living rooms? (do not count storage rooms, bathrooms, toilets and Kitchen or rooms for business) گھرا نے میں کمروں کی تعداد بیڈ روم اور رہائشی کمرے شامل کر کے کتنی ہے۔ (ستور، غسل خانہ، لیٹرین اور باورچی خانہ شامل نہ کریں؟)	__ __
Q306	What kind of toilet is used by the household? گھرانے میں کس طرح کی لیٹرین ہے؟	Flush connected to a public sewerage, to a pit or to an open drain 1 فلش جو کہ نکاسی کے نظام پٹ یا کھلی سے منسلک ہے Dry raised latrine or dry pit latrine ...2 خشک پٹ لیٹرین There is no toilet in the household 3 گھر میں لیٹرین نہیں ہے
Q307	Does the household own at least one refrigerator, freezer or washing machine? کیا اس گھرانے میں اپنا کوئی فریج، ریفریجریٹر، واشنگ مشین ہے؟	Yes..... 1 ہاں No..... 2 نہیں
Q308	Does the household own at least one air conditioner, air cooler, geyser or heater? کیا اس گھرانے کے زیر ملکیت میں کوئی اے سی، روم کولر، گیزر یا ہیٹر ہے؟	Yes..... 1 ہاں No..... 2 نہیں
Q309	Does the household own at least cooking stove, cooking range or microwave oven? کیا اس گھرانے کے زیر ملکیت کوئی کوکنگ سٹو، کوکنگ رینج، یا مائیکرو ویو اوون ہے؟	Yes..... 1 ہاں No..... 2 نہیں
Q310	Does the household own the following engine driven vehicles....? کیا گھرانے کی زیر ملکیت درج شدہ انجن والی گاڑیاں ہیں؟	At least one car/ tractor and at least one motorcycle/ Scooter ... 1 کم از کم ایک گاڑی یا ٹریکٹر اور کم از کم ایک موٹر سیکل یا سکوٹر At least one car/ tractor but no motorcycle/ scooter 2 کم از کم ایک گاڑی یا ٹریکٹر ہے پر موٹر سیکل یا سکوٹر نہیں ہے No car/ tractor but at least one motorcycle/ Scooter 3 گاڑی یا ٹریکٹر نہیں ہے پر ایک موٹر سیکل یا سکوٹر ہے Neither car/ tractor Nor motorcycle/ Scooter4 گاڑی یا ٹریکٹر نہیں ہے اور نہ موٹر سیکل یا سکوٹر

Q311	Does the household own at least one TV? کیا گھرانے کی زیر ملکیت کوئی ٹی وی ہے؟	Yes..... 1 No..... 2	ہاں نہیں
Q312	Does the household own the following livestock...? کیا گھرانے کی زیر ملکیت درج شدہ مال مویشی ہیں؟	At least one buffalo/ bullock AND at least one cow/ goat/ sheep. 1 کم از کم ایک بھینس یا آختہ کیا ہوا بیل ہے اور کم از کم ایک گائے یا بکرا یا بھیڑ ہے At least one buffalo/bullock BUT NO cow/ goat/ sheep. 2 کم از کم ایک بھینس یا آختہ کیا ہوا بیل ہے پر گائے یا بکرا یا بھیڑ نہیں ہے No buffalo/ bullock BUT at least one cow/ goat/ sheep. 3 بھینس یا آختہ کیا ہوا بیل نہیں ہے پر کم از کم ایک گائے یا بکرا یا بھیڑ ہے Neither buffalo/ bullock NOR cow/ goat/ sheep. 4 بھینس یا آختہ کیا ہوا بیل نہیں ہے اور نہ گائے یا بکرا یا بھیڑ	
Q313	How much agriculture land does the household own? گھرانے کی زیر ملکیت قابل کاشت کتنی زرعی زمین ہے (ٹھیکے پر لی گئی زمین بھی شامل ہے)	Area 1 Units of Area 2 N/A..... 3	

SECTION IV. INCOME AND EXPENDITURE PROFILE

آمدنی اور اخراجات

HH INCOME PER UNIT TIME

گھرانے کی آمدنی

Q 401 What is the annual gross income of your HH under the following categories?

مندرجہ ذیل میں سے آپ کے گھرانے کی آمدنی کیا ہے

Sr. No.	Source	a (Annual Income)	b (Per Month Income)
	زریعہ	سالانہ آمدنی	ماہوار آمدنی
1	Crops فصلیں		
2	Vegetables سبزیوں		
3	Orchards باغات		
4	Poultry مرغی خانہ		
5	Sheep/Goats بھیڑ، بکریاں		
6	Cattle مویشی		
7	Business/Shop کاروبار، دوکان		
8	Rent زمین کا ٹھپکا		
9	Daily Labour یومیا دھڑی		
10	Job/Service نوکری، ملازمت		
11	Social Benefits/Grants (Zakat, BISP, etc.) سماجی فوائد (زکوٰۃ بینظیر انکم سپورٹ پروگرام وغیرہ)		
12	Other Sources (Lump Sum) دیگر ذرائع (اکھٹا)		
13	Total Monthly Income (Calculated from above) کل ماہانہ آمدن		

HH EXPENDITURE (MONTHLY)

گھرانے کے اخراجات (ماہانہ)

Q 402 What is the **monthly** expenditure of your HH under the following categories?

مندرجہ ذیل میں سے آپ کے گھرانے کا ماہانہ خرچ کیا ہے؟

Sr. No.	Items	a (Expenses)
---------	-------	--------------

	اشیاء	اخراجات
1	Food خوراک	
2	Clothing کپڑے	
3	Housing گھر کا خرچہ	
4	Fuel and Utilities ابندھن اور واجبات	
5	Transport/Travel آمر و رفت، سفر	
6	Health صحت	
7	Education تعلیم	
8	Social Functions سماجی تقریبات	
9	Other Expenses دیگر اخراجات	
10	Total Monthly Expenditure (Sum of Above) کل ماہانہ اخراجات (اوپر کے تمام جمع کرو)	
Q403	Income – Expenditure آمدنی - خرچہ	__ __ __ __ __
Q404	Savings بچت	__ __ __ __ __
Q405	Borrowings ادھار	__ __ __ __ __

A. Direct HH Level Interventions & Their Benefits

Direct HH Level Interventions Since January 2010

Q500	a. Credit قرض	Yes.....	1	ہاں
		No.....	2	نہیں
Q500	b. Skills Training فنی تربیت	Yes.....	1	ہاں
		No.....	2	نہیں

SECTION V. CREDIT

	قرض	
Q501	Name of Beneficiary مستفید کا نام	
Q502	Age (Years) عمر (سال)	
Q503	Gender جنس	Male 1 Female 2 مرد عورت
Q504	Educational Qualification تعلیمی قابلیت (Use Education codes provided for family rooster) منسلک صفحہ میں دیے گئے تعلیم کے کوڈ استعمال کریں؟	
Q505	Occupation prior to benefiting from intervention قرض لینے سے پہلے آپکا پیشہ کیا تھا (Use Occupation codes provided for family rooster) منسلک صفحہ میں دیے گئے پیشے کے کوڈ استعمال کریں؟	
Q506	Relevance of qualification/prior occupation with benefit received from intervention قرض کے فوائد کا آپکی تعلیم اور پہلے پیشے سے تعلق؟	
Q507	Amount of Credit (Rs.) قرض کی رقم؟	__ __ __ __ __

Q508	Purpose of Credit قرض کا مقصد؟	_____
Q509	Name of Agency which provided credit کس ادارے نے قرض دیا	_____
Q510	How was the Agency approached- ادارے تک رسائی کا طریقہ کار؟	Through CO 1 Self-Contact 2 Other means 3
Q511	Duration of Credit/Payback Period (months) مدت آدائیگی؟	_____
Q512	Method of Repayment آدائیگی کا طریقہ کار	<u>Installments</u> No. of Installments: 1 Amount / Installment (Rs.) 2 Lump Sum Payment (Rs.) 3
Q513	Credit Interest Rate (%) قرض کی شرح سود	_____%
Q514	Was credit utilized for the intended purpose کیا قرض مطلوبہ مقصد کے لیے استعمال کیا گیا؟	Yes..... 1 No..... 2
Q515	If "No" in Q514, Reasons اگر نہیں تو وجوہات	1 2 3
Q516	Was any training imparted related to credit enterprise کیا قرض لینے کو متعلقہ کاروبار کی تربیت دی گئی؟	Yes..... 1 No..... 2
Q517	If Yes; type of training اگر ہاں تو تربیت کی قسم کیا تھی؟	Credit bookkeeping 1 Training to run the enterprise 2
Q518	Degree of Satisfaction/ Usefulness of Training تربیت کے فوائد یا درجہ اطمینان؟	Good 1 Satisfactory 2 Poor 3
Q519	Total income from enterprise for which credit was taken after completion of credit cycle (amount in Rupees) قرض کی کل مدت پوری ہونے پر کاروبار سے حاصل کردہ کل آمدنی؟	_____
Q520	Net income earned after credit re-payment (Rs.) آدائیگی قرض کے بعد حاصل آمدنی؟	_____
Q521	Loss Occurred, if any (amount) اگر کوئی نقصان ہوا تو کتنا؟	_____
Q522	If loss occurred, reasons نقصان کے وجوہات	1 2 3
Q523	How will the business run after full repayment of credit قرض کی آدائیگی کاروبار کیسے چلے گا؟	Business has become self-supporting 1 Further credit is needed 2 Business will close? 3
Q524	What is your opinion: Was the credit beneficial or not کیا آپ کی رائے میں قرض فائدہ مند تھا یا نہیں؟	Yes..... 1 No..... 2

		نہیں
Q525	Would you like to avail further credit کیا آپ مزید قرض لینا چاہیں گے؟	Yes..... 1 No..... 2
		ہاں
		نہیں
Q526	If Yes, reasons اگر ہاں تو وجوہات بتائیں؟	For existing enterprise 1 موجودہ کاروبار کے لئے _____ _____ _____ For new enterprise 2 نئے کاروبار کے لئے _____ _____ _____
Q527	If No, reasons اگر نہیں تو وجوہات؟	1 2 3

SECTION VI. SKILLS TRAINING فنی تربیت			
Q 601	Name of Beneficiary مستفید کا نام؟		
Q 602	Age (Years) عمر (سال)		
Q 603	Gender جنس	Male 1 Female 2	مرد عورت
Q 604	Was any training imparted کیا کوئی تربیت دی گئی؟	Yes..... 1 No..... 2	ہاں نہیں
Q 605	If Yes: Type of Training (Name) اگر ہاں تو تربیت کی قسم	a Duration (Days) معیاد	b Agency تربیت دینے والا ادارہ
1			
2			
3			
4			
5			
Q 606	Mode of selection for training تربیت کے انتخاب کا طریقہ کار	Through CO 1 Self-Contact 2 Other means 3	بذریعہ سی او بذاتِ خود دیگر ذریعے
Q 607	Degree of usefulness of Training تربیت کے درجہ فواید	Very Good..... 1. Good..... 2. Satisfactory 2 Poor 3	بہت اچھی اچھی خاطر خواہ خراب
Q 608	Post training utilization تربیت کے بعد اسکا استعمال ہوا؟	Yes..... 1 No..... 2	ہاں نہیں
Q 609	If training utilized, place of utilization (place of employment) اگر تربیت استعمال ہوئی، تو کہاں کی گئی؟ (کام کرنے کی جگہ)	In the village..... 1. Outside Village..... 2.	گاؤں میں گاؤں کے باہر

Q 610	It training utilized, level of earnings after training (Rs./day) اگر تربیت استعمال کی گئی تو اس کے بعد کس حد تک آمدنی ہوئی	بر دن _____ روپے
Q 611	If training not utilized, Reasons اگر تربیت استعمال نہیں کی گئی تو وجوہات؟	<div>_____ 1</div> <div>_____ 2</div> <div>_____ 3</div>
Q 612	Was the training useful, کیا تربیت کارآمد تھی؟	<div>Yes..... 1</div> <div>No..... 2</div> <div>_____ 3</div>
Q 613	Are you interested in advance level training کیا آپ اگلے درجے کی تربیت لینے میں دلچسپی رکھتے ہیں	<div>Yes..... 1</div> <div>No..... 2</div> <div>_____ 3</div>
Q 614	If yes, what are the reasons اگر ہاں تو وجوہات کیا ہیں؟	<div>_____ 1</div> <div>_____ 2</div> <div>_____ 3</div>
Q 615	If not, what are the reasons اگر نہیں تو وجوہات کیا ہیں؟	<div>_____ 1</div> <div>_____ 2</div> <div>_____ 3</div>

B. Indirect Community Level Interventions & Their HH Level Benefits		
1. Community Level Interventions in the Village since January 2010		
No.	Program Area	Interventions
Q616	Education تعلیم	<div>New Schools 1</div> <div>O&M of Existing Schools ...2</div>
Q617	Health صحت	Community Health Center کمیونٹی مرکز صحت
Q618	CPI کمیونٹی کے منصوبے	<div>Drinking Water 1</div> <div>Sanitation 2</div> <div>Link Roads/Bridges_ 3</div> <div>Soling 4</div> <div>Irrigations 5</div> <div>Other 6</div> <div>Other 7</div>
Q619	Social Mobilizations سماجی تحریک	<div>Social Mobilization 1</div> <div>Community Organizations 2</div>
Q620	Community Development & Training کمیونٹی کی ترقی و تربیت	<div>_____ 1</div> <div>_____ 2</div> <div>_____ 3</div> <div>_____ 4</div> <div>_____ 5</div>

SECTION VII. EDUCATION		
تعلیم		
Q701	Number of children going to this (intervention) school from this HH: اس گھرانے سے سکول جانے والے بچوں کی تعداد؟	_____
Q702	Classes in which children are enrolled in the intervention school: (encircle all applicable)	<div>Nursery/KG 1</div> <div>Class 1 2</div> <div>Class 2 3</div>

	وہ جماعتیں جن میں بچے داخل ہیں؟	Class 3 4 Class 4 5 Class 5 6 Higher Class..... 7
Q703	Degree of satisfaction with Education: تعلیم کا درجہ اطمینان	Excellent 1 بہت خوب Good..... 2. اچھی Satisfactory 3 خاطر خواہ Poor 4 خراب
Q704	Do the children attend school regularly? کیا بچے حسب معمول سکول جاتے ہیں؟	Yes..... 1 ہاں No..... 2 نہیں
Q705	If "No" in Q704, What are the reasons?	a. _____ b. _____ c. _____
Q706	Facilities children get from school بچوں کی سکول سے حاصل کردہ سہولیات	Books..... 1 کتابیں Uniform..... 2 یونیفارم Stationery 3 کاپی، پینسل وغیرہ Food..... 4 خوراک Drinks (milk, juice, etc.) 5 مشروبات (دودھ، رس وغیرہ)
Q707	What were the children doing before they were admitted to school سکول میں داخلہ ہونے سے پہلے بچے کیا کرتے تھے؟	Nothing 1 کچھ نہیں Helping parents 2 والدین کی مدد Other work: _____ 3 دیگر کام N/A..... 4 غیر ضروری
Q708	Are the children still helping the parents after school? کیا سکول جانے کے بعد بھی بچے والدین کی مدد کرتے ہیں؟	Yes..... 1 ہاں No..... 2 نہیں
Q709	If yes, in Q708, do they get enough time for homework کیا ان کو سکول کا کام کرنے کے لیے وقت ملتا ہے	Yes..... 1 ہاں No..... 2 نہیں
Q710	Do they get help in their homework from کیا بچوں کو سکول کا کام کرنے کیلئے کسی کی مدد ملتی ہے؟	Family members 1 گھر کے افراد Elders (other than family members)... 2 بزرگ Neighbors..... 3 پڑوسی Others: 4 دیگر No help needed..... 5 کسی مدد کی ضرورت نہیں
Q711	Has the children's going to school impacted the HH in any way کیا بچوں کے سکول جانے سے اس گھرانے پر کوئی اثر ہوا؟	1. Positively : _____ مثبت 2. Negatively منفی a. Loss of direct income آمدنی کا نقصان b. Loss of HH worker گھرانے میں کام کرنے والے کم ہونا c. Any other negative:

		دیگر منفی
Q712	Has any HH member joined the school's Parent School Committee کیا گھرانے کے کسی فرد نے والدین سکول کمیٹی میں شمولیت اختیار کی؟	Yes..... 1 No..... 2 ہاں نہیں
Q713	If "No" in Q712, why....	
Q714	If "Yes" in Q712, attend the committee meetings regularly?	Yes..... 1 No..... 2 ہاں نہیں
Q715	If "Yes" in Q712, any benefit(s) of attending committee meetings	
Q716	Is any HH member, part of the school management committee کیا گھرانے کا کوئی فرد سکول تنظیم کا رکن ہے؟	Yes..... 1 No..... 2 ہاں نہیں
Q717	If "No" in Q716, why...? اگر نہیں تو، کیوں	
Q718	If "Yes" in Q716, specify roles ...? اگر ہاں تو کردار	
Q719	If "Yes" in Q716, any benefit(s) of being a committee member? اگر ہاں تو، کوئی فائدہ تنظیم کا رکن ہونے کا	
Q720	Do they intend to ensure that their children continue with higher education beyond current school level کیا آپ کا ارادہ ہے کہ آپ اپنے بچوں کو گاؤں کا سکول ختم ہونے کے بعد ان کی تعلیم جاری رکھیں گے؟	Yes..... 1 No..... 2 ہاں نہیں
Q721	If "Yes" in Q720, why...? اگر ہاں تو، کیوں....؟	
Q722	If "Yes" in Q720, why...? اگر نہیں تو، کیوں....؟	

SECTION VIII. COMMUNITY PHYSICAL INFRASTRUCTURE (CPI)

کمیونٹی کے منصوبے

	I. Drinking Water	پینے کا صاف پانی
Q801	Is there a water tap or water storage tank in your household کیا آپ کے گھر میں پانی کا نلکا یا تنکی ہے؟	Yes..... 1 No..... 2 ہاں نہیں
Q802	If "Yes" in Q801, how many...? اگر ہاں تو، کتنا....؟	
Q803	If "No" in Q801, is there a street water tap near your house? اگر نہیں تو، کیا آپ کے گھر کے پاس نلکا یا تنکی ہے؟	Yes..... 1 No..... 2 ہاں نہیں
Q804	Frequency of water supplied to home or communal water tap? (times/day) آپ کے گھر یا گاؤں کے نلکے میں کتنی دفعہ پانی آتا ہے (اوقات، دن)	____/day
Q805	Is an electric motor required to fill the water tank in your house? کیا آپ کے گھر میں ٹینکی بھرنے کیلئے پانی بھرنے کیلئے	Yes..... 1 No..... 2 ہاں نہیں

	بجلی کی موثر کی ضرورت ہے؟	
Q806	If no storage tank in the house, how do you store water in the house اگر گھر میں ٹینکی نہیں ہے تو آپ گھر میں پانی کس طرح بھرتے ہیں؟	_____
Q807	List benefits of water supply in/near your house آپ کے گھر میں یا گھر کے قریب لگے نلکے میں پانی آنے کے فائدہ بتائیں؟	1. Time saving (hrs/day): _____ 2. No benefits 3. Other benefits: _____
Q808	If there is time saving, how is the saved time utilized? اگر وقت کی بچت ہو تی ہے تو بچت شدہ وقت کو کیسے صرف کرتے ہیں؟	1. Productive activities (describe) _____ پیداواری کام کیلئے 2. Social Activities (describe) _____ سماجی سرگرمیوں میں
Q809	Effects of tap water on family health نل کے پانی کا خاندان کی صحت پر اثر	1. Less disease in children and family members کم بیماری بچوں اور خاندان میں 2. Less loss of productive time due to illnesses کم نقصان پیداواری وقت کا بیماری کی وجہ سے 3. Income enhanced due to increase in productivity آمدنی کا بڑھ جانا پیداواری بڑھنے سے 4. Income enhanced due to less expenditure on treating illnesses آمدنی کا بڑھ جانا بیماری پر کم خرچہ کرنے سے 5. Negative Affects (describe) _____ منفی اثرات
Q810	Before implementation of current scheme, what was the main source of water for your HH? اس سکیم سے پہلے آپ پانی کہاں سے لاتے تھے؟	Village pond..... 1 Water channel..... 2 Tube well..... 3 Hand pump..... 4 Other: _____ 5
Q811	Distance of previous water source from the house (km) پچھلے ذریعہ پانی کا ایکے گھر سے فاصلہ	
Q812	Frequency of daily trips to previous source (no. of times) روزانہ کتنی بار پانی لاتے ہیں	
Q813	Previous mode of water transportation پہلے پانی لانے کا کیا طریقہ کار تھا	Animals or animal drive cart..... 1 Bicycle..... 2 Self-carried..... 3 Other: _____ 4
Q814	Overall degree of satisfaction from current scheme موجودہ سکیم سے کس حد تک مطمئن ہیں	Excellent 1 بہت خوب Good..... 2 اچھی Satisfactory 3 خاطر خواہ Poor 4 خراب
Q815	Monthly contribution/ fixed charges/bill for availing this facility اس سہولت کے حصول کیلئے ماہانہ ادائیگی کیا ہے؟	Rs. _____/month
Q816	Any comments/ shortcomings/ suggestions with regards to the current scheme? موجودہ سکیم کے بارے میں کوئی رائے، اعتراض، خامیاں ہیں	_____ 1 _____ 2 _____ 3
II. Sanitation		
Q817	Sanitation facilities developed under current scheme: حفظان صحت کی سہولت موجودہ سکیم کے تحت	Drainage _____ Toilets <input type="checkbox"/> Public <input type="checkbox"/> Private Garbage Disposal
Q818	If public toilets what are the usage charges, if any: انکی صفائی ستھرائی	Rs. ____/visit
Q819	What is the role of HH in their maintenance/ cleanliness: انکی صفائی ستھرائی میں آپکے گھرانے کا کیا کردار ہے؟	

Q820	Degree of satisfaction with their hygiene آپ اسکی صفائی ستھرائی سے کس حد تک مطمئن ہیں؟	Excellent 1 Good..... 2. Satisfactory 3 Poor 4	بہت خوب اچھی خاطر خواہ خراب
Q821	Is the number of toilets enough for the area? کیا مشترکہ لیٹرین کی تعداد آپ کے علاقے کے لیے کافی ہے؟	Yes..... 1 No..... 2	ہاں نہیں
Q822	If Garbage Disposal: How was garbage disposal done previously? اس سے پہلے کوڑا کرکٹ کیسے اٹھاتے تھے؟	1. _____ 2. _____ 3. _____	
Q823	What were the demerits of previous disposal methods? کوڑا کرکٹ اٹھانے کے پچھلے انتظام کی خامیاں کیا تھیں؟	1. _____ 2. _____ 3. _____	
Q824	How is garbage disposal being done now? اب کوڑا کرکٹ کیسے اٹھایا جاتا ہے؟	1. _____ 2. _____ 3. _____	
Q825	Any difference/benefits due to current garbage disposal scheme? اس موجودہ سکیم کے آنے سے کیا فرق، فائدہ پڑا ہے؟	1. _____ 2. _____ 3. _____	
Q826	Effects of new facilities on health of HH members and hygiene موجودہ سہولت کے آنے سے گھرانے کی افراد کی صحت و صفائی پر کیا اثرات پڑے؟	1. _____ 2. _____ 3. _____	
Q827	Any monetary benefits due to these new sanitation facilities? اس حفظان صحت سے کوئی مالی فائدہ ہوا؟	1. _____ 2. _____ 3. _____	
Q828	Any comments/shortcomings/suggestions with regards to the current schemes? کیا آپ کی موجودہ سکیم کے بارے میں کوئی رائے، اعتراض، خامیاں ہیں؟	1. _____ 2. _____ 3. _____	
III. آبپاشی کی سہولت Irrigation			
Q829	How far is the irrigation facility from your fields (km)? آبپاشی کی سہولت آپ کے کھیتوں سے کتنی دور ہے (کلومیٹر میں)؟		
Q830	What is the mode of water transportation under the new scheme? نئی سکیم کے تحت پانی کھیتوں تک پانی پہنچنے کا طریقہ کار ہے؟	Unlined watercourse..... 1 Lined water course..... 2 Pipes..... 3 Other: دیگر.....	
Q831	How much time is consumed to deliver water from facility to the fields (minutes/hours)? پانی کو کھیتوں تک پہنچانے میں کتنا وقت لگتا ہے؟		
Q832	Are there any conveyance losses? آپ کے کھیتوں میں پانی پہنچنے تک کوئی ضیاء ہوتا ہے؟	No..... 1 Yes. If yes;..... 2 Losses in time: _____ hrs.; Losses in area irrigated: _____ Productivity loss: (Rs./field/crop): _____	
Q833	How much charges are paid for the facility اس سہولت کیلئے آپ کتنے پیسے دیتے ہیں؟	1. Rs./hour _____ 2. Rs./field _____ 3. Rs./crop _____ 4. Rs./month _____	
Q834	What is the responsibility of HH in the maintenance/operation of the irrigation facility آپ کے گھرانے کا آبپاشی کی سہولت کی دیکھ بھال میں کیا کردار ہے؟	None..... 1 Cleaning of channels..... 2 Operation of facility..... 3 Other..... 4	
Q835	What is the addition in yield/productivity due to this scheme? اسکی وجہ سے آپ کی پیداوار میں کتنا اضافہ ہوا؟	1. Yield/crop/field _____ 2. Rs./crop/field _____	
Q836	Overall increase in HH income due to this		

	scheme (Rs./year) اس سکیم سے آپکے گھرانے کی مجموعی آمدنی میں کتنا اضافہ ہوا؟	
Q837	What were the crop practices before this scheme? اس سکیم سے پہلے کونسی اگاتے تھے	
	Crops فصلیں	Yield پیداوار
Q838		
Q839		
Q840		
Q841		
	What are the crop practices after this scheme? اس سکیم کے بعد کونسی فصلیں اگاتے ہیں؟	
	Crops فصلیں	Yield پیداوار
Q842		
Q843		
Q844		
Q845		
Q846	Are value added crops like vegetables, flowers, orchards added in the system after this scheme? اس سکیم کے بعد کیا آپ نے زیادہ منافع دینے والی فصلیں جیسا کہ سبزیوں، باغات، پھول اگائے ہیں؟	Yes..... 1 No..... 2
Q847	If no value added crops added; reasons? اگر منافع بخش فصلیں کا شت نہیں کیں تو وجوہات بتائیں؟	1. _____ 2. _____ 3. _____
Q848	If value added crops added; list crop and incremental income (over traditional crops) due to these crops اگر منافع بخش فصلیں اگای ہیں تو ان فصلوں سے جو اضافی آمدنی ہوتی ہے وہ بتائیں؟	
	Crops	Incremental income / Year سالانہ اضافی آمدنی
Q849		
Q850		
Q851		
Q852		
Q853	What is the method of irrigation? آبیاری کا طریقہ کار کیا ہے؟	Flood irrigation 1 Furrow irrigation 2 Syphon irrigation 3 Other: 4
Q854	Availability of irrigation water? آبیاری کے پانی کی دستیابی؟	On demand 1 On turn 2
Q855	Any comments/shortcomings/suggestions with regards to the current schemes? کیا آپکی اس سکیم کے متعلق کوئی رائے، اعتراض، خامی ہے؟	1. _____ 2. _____ 3. _____
IV. Link Roads/Bridges رابطہ سڑکیں، پل		
Q856	Time saved/day by family members due to better/faster transportation (hrs./day) تیز اور بہتر آمدورفت کی وجہ سے آپکے خاندان کے افراد کا کتنا وقت بچتا ہے؟	
Q857	Income enhancement (Rs./month) due to better approach to: بہتر رسائی کی وجہ سے آپکی آمدنی میں کتنا اضافہ ہوا ہے؟	Markets: _____ Other villages: _____ Work place: _____ Farm: _____ Due to decrease in transport cost: _____
Q858	Has this facility reduced the price of goods/commodities imported into your villages? کیا اس سہولت سے آپکے گاؤں میں لانے والی چیزوں کی قیمتوں میں کمی ہوئی ہے۔	Yes..... 1 No..... 2
Q859	Has this facility increased the income from farm produce exported from the village to outside markets? اس سہولت سے آپکے گاؤں کی پیداوار (برآمدات) سے آمدنی میں اضافہ ہوا؟	Yes..... 1 No..... 2
Q860	Has this facility improved the approach to: اس سہولت سے آپکی رسائی بہتر ہوئی؟	Emergency centers..... 1 Education institutions..... 2 Health facilities..... 3 Government offices..... 4 Others: 5

Q861	Has this facility improved: اس سہولت سے کوئی بہتری	Social contact/interactions تعلقات سماجی..... 1 Quality of relations تعلقات کی بہتری..... 2 Quality of life معیار زندگی..... 3 None of the above کوئی نہیں..... 4
Q862	Any comments/shortcomings/suggestions with regards to the current schemes? اس سکیم کے بارے میں کوئی رائے، اعتراض، خامیاں؟	1. _____ 2. _____ 3. _____
V. Soling		
Q863	Improvement in HH members' health due to less dust مٹی کم ہونی کی وجہ سے گھرانے کے افراد کی صحت بہتر ہوئی؟	Yes..... 1 No..... 2 ہاں نہیں
Q864	Decrease in cost of treating illnesses بیماریوں کے اخراجات میں کمی آئی؟	1. No 2. Yes. If yes, overall savings (Rs./month): _____
Q865	Decrease in laundry charges/costs کپڑوں کی دھلائی کے اخراجات میں کمی آئی؟	1. No 2. Yes. If yes, overall savings (Rs./month): _____
Q866	Decrease in transport maintenance costs ذریعہ آمدورفت کے اخراجات میں کمی آئی؟	1. No 2. Yes. If yes, overall savings (Rs./month): _____
Q867	Effects on HH cleanliness گھریلو صفائی پر اثرات	1. Yes; hrs/day saved: _____ 2. No
Q868	Any decrease in number of accidents حادثات میں کوئی کمی آئی؟	Yes..... 1 No..... 2 ہاں نہیں
Q869	If No effect on HH cleanliness; reasons? اگر گھرانے کی صفائی پر اثرات نہیں تو وجوہات بتائیں؟	1. _____ 2. _____ 3. _____
Q870	Any comments/shortcomings/suggestions with regards to the current schemes? اس سکیم کے متعلق آپکی کوئی رائے، اعتراض ہے کیا؟	1. _____ 2. _____ 3. _____
VI. Health		
Q871	What are the services being provided by the CHC/LHW in the HH? لیڈی ہیلتھ سنٹر، کمیونٹی ہیلتھ سینٹر نے آپ کے گھرانے کو کیا کیا خدمات فراہم کی ہیں؟	1 New born/Child Care نوزائیدہ بچے کی حفاظت 2 Pre and post natal care پیدائش سے پہلے اور بعد میں کی سہولیات 3 Advise to mothers ماؤں کیلئے مشورے 4 Treatment of minor ailments of family members خاندان کے چھوٹی بیماریوں کیلئے علاج 5 Provision of in-time medical treatment and required medicines بر وقت علاج اور دواؤں کی فراہمی
Q872	Is the LHW helping the HH to develop liaison between the HH and the supervising lady doctor for treatment of complicated cases? آپ کے علاقے کی لیڈی ہیلتھ ورکر نے آپ کو پیچیدہ مسئلہ کے علاج کیلئے دوبارہ ڈاکٹر سے ملنے کا مشورہ دیا؟	Yes..... 1 No..... 2 ہاں نہیں
Q873	Is the CHC/LHW providing treatment to other members of the family besides mothers and children? لیڈی ہیلتھ ورکر، لیڈی کمیونٹی نے ماں اور بچے کے علاوہ گھر کے اور افراد کو علاج فراہم کیا؟	Yes, always ہاں ہمیشہ..... 1 Yes, occasionally کبھی کبھی..... 2 No نہیں..... 3
Q874	Is the LHW/CHC giving proper and in-time vaccinations to the children? کیا لیڈی ہیلتھ ورکر، لیڈی کمیونٹی بروقت بچوں کو دیتی ہے؟	Yes..... 1 No..... 2 ہاں نہیں
Q875	How often does the supervisor lady doctor visit the CHC? کتنے عرصے بعد خاتون ڈاکٹر کمیونٹی سنٹر کا دورہ کرتی ہے؟	Never کبھی نہیں..... 1 Occasionally کبھی کبھی..... 2 Punctually باقاعدگی سے..... 3
Q876	What are the benefits to the HH from this CHC? اس کمیونٹی ہیلتھ سینٹر سے آپ کے گھرانے کو کیا فائدہ ملیں ہیں؟	1 Reduction in diseases بیماریوں میں کمی..... 2 Reduction in treatment expenses علاج کے اخراجات میں کمی..... 3 Reduction in visits to other places of treatment outside the village علاج کیلئے باہر جانے کے اخراجات میں کمی.....

Q877	How much time is saved/month (no. of days) هر مہینے آپ کا کتنا وقت بچ جاتا ہے (دنوں کے حساب سے)		
Q878	How much money is saved per month (Rs.) مہینے میں کتنے پیسوں کی بچت ہوتی ہے؟		
Q879	Has the saving of time and money improved the HH income? پیسے اور وقت کی بچت سے آپ کے گھریلو آمدنی میں اضافہ ہوا؟	Yes..... 1 No..... 2	ہاں نہیں
Q880	Has the saving of time and money improved the HH quality of life? پیسے اور وقت کی بچت سے آپ کا معیار زندگی بہتر ہوا؟	Yes..... 1 No..... 2	ہاں نہیں
Q881	Would you like the CHC to be upgraded? کیا آپ کمیونٹی ہیلتھ سنٹر کی ترقی چاہتے ہیں؟	Yes..... 1 No..... 2	ہاں نہیں
Q882	Is any HH person a member of the CHC affairs committee, if there is one? کیا آپ کے گھرانے کا کوئی فرد کمیونٹی سنٹر کے کمیٹی کا ممبر ہے، اگر کوئی کمیٹی ہے تو	Yes..... 1 No..... 2	ہاں نہیں
Q883	Any comments/ shortcomings/ suggestions with regards to the current schemes? کیا آپکی اس سکیم کے متعلق کوئی رائے، اعتراض، خامی ہے؟	1. _____ 2. _____ 3. _____	

SECTION IX. SOCIAL MOBILIZATION- سماجی تحریک			
I. Appointment of Social Mobilizers- سماجی کارکن کی تقرری			
Q901	Was the HH involved in any way in the appointment of social mobilizers سماجی کارکن کی تقرری میں آپ کے گھرانے کا کیا کردار تھا؟	Yes..... 1 No..... 2	ہاں نہیں
Q902	Has the HH been affected in any way by the appointment of social mobilizers سماجی کارکن کی تقرری سے آپ کے گھرانے پر کسی بھی طریقے کا اثر پڑا؟	Advantages/Benefits 1. _____ 2. _____ 3. _____ Disadvantages 4. _____ 5. _____ 6. _____	
Q903	Has any member of the HH been appointed as social mobilize گھرانے کا کوئی فرد سماجی کارکن کے طور پر مقرر ہوا	Yes..... 1 No..... 2	ہاں نہیں
Q904	Has any relative/known person been appointed as social mobilizer? کیا آپ کا کوئی رشتہ دار سماجی کارکن کے طور پر مقرر ہوا؟	Yes..... 1 No..... 2	ہاں نہیں
Q905	Impact of appointment of social mobilizer on HH members (e.g. better motivation to join and participate in CO activities) سماجی کارکن کی تقرری کا گھرانے کے افراد پر اثر (مثلاً کیا اس سے آپکی حوصلہ افزائی کہ آپ سی او کے ممبر بنیں اور اسکے کام میں حصہ لیں؟	1. _____ 2. _____ 3. _____	
Q906	Has there been any increase in the HH influence in the CO because of the appointment of social mobilizers سماجی کارکن کی تقرری کی وجہ سے سی او میں آپ کے گھرانے کا اثر و رسوخ بڑھا	Yes..... 1 No..... 2	ہاں نہیں
Q907	Any comments/shortcomings/suggestions with regards to the current scheme? کیا آپکی اس سکیم کے متعلق کوئی رائے، اعتراض، خامی ہے؟	1. _____ 2. _____ 3. _____	
II. Formation of Cos- تنظیم سازی			
Q908	Was the HH involved in identifying the need to form a CO?	Yes..... 1	ہاں

	کیا آپکا گھرانہ سی او بنانے کی ضرورت میں سرگرم تھا؟	No.....	2	نہیں
Q909	Was the HH involved in floating the idea that a CO should be formed? کیا آپکا گھرانہ نے مشورہ دیا کہ سی او ہونی چاہیے؟	Yes.....	1	ہاں
		No.....	2	نہیں
Q910	Was the HH actively involved in convincing others to form a CO? کیا آپکا گھرانہ سی او بنا نے کیلئے دوسرے لوگوں کو قائل کرنے میں ملوث تھا؟	Yes.....	1	ہاں
		No.....	2	نہیں
Q911	Is the HH involved in managing CO affairs? گھرانہ سی او چلانے کے معاملات میں ملوث تھا؟	Yes.....	1	ہاں
		No.....	2	نہیں
Q912	Does the HH participate in CO meetings regularly? کیا گھرانہ سی او کی میٹنگ میں متواتر حصہ لیتے رہے ہیں؟	Yes.....	1	ہاں
		No.....	2	نہیں
Q913	Is the HH actively involved in CO activities? کیا آپکا گھرانہ سی او کی سرگرمیوں میں حصہ لیتا رہا ہے؟	Yes.....	1	ہاں
		No.....	2	نہیں
Q914	Is the HH involved in promoting CO activities like savings and community projects? کیا گھرانہ سی او کی سرگرمیوں کو آگے بڑھانے میں سرگرم رہا جیسے بچت اور کمیونٹی منصوبہ جات	Yes.....	1	ہاں
		No.....	2	نہیں
Q915	Is the HH involved in developing schemes and in preparing proposals? کیا آپکا گھرانہ سکیم منصوبہ بندی اور تعمیر و ترقی میں شامل ہے؟	Yes.....	1	ہاں
		No.....	2	نہیں
Q916	Any comments/ shortcomings/ suggestions with regards to the current scheme? کیا آپکی اس سکیم کے متعلق کوئی رائے، اعتراض، خامی ہے؟	1. _____ 2. _____ 3. _____		

SECTION X. COMMUNITY TRAINING & DEVELOPMENT

کمیونٹی کی تربیت اور ترقی

The purpose of community trainings is to develop the COs and help them in maturing so that they can function independently without external help of the social mobilizers.

کمیونٹی تربیت کا مقصد سی او کی کارکردگی کو بہتر کرنا اور انکی اس حد تک مدد کرنا کہ وہ اپنا کام بغیر کسی سماجی کارکن کے چلا سکیں

Q1001	Has the HH benefited from these trainings and development? کیا گھرانہ تربیت و ترقی کے عمل سے مستفید ہوا؟	Yes.....	1	ہاں
		No.....	2	نہیں
Q1002	Direct Benefits			بالواسطہ فائدہ
Q1003	Is any member of the HH trained? گھرانے کے کسی فرد کو تربیت ملی؟	Yes.....	1	ہاں
		No.....	2	نہیں
Q1004	How has this training benefited the HH (e.g. increase in social influence)? اس تربیت سے گھرانے کو فائدہ ہوا (مثلاً سماجی اثر و رسوخ)	1. _____ 2. _____ 3. _____		
Q1005	Indirect Benefits			بالواسطہ فائدہ
Q1006	Is the HH feeling more comfortable in CO meetings, CO deliberations, CO records, CO activities, etc? کیا گھرانہ سی او کی میٹنگ، سوچ بچار، اندراج بندی میں پہلے سے بہتری محسوس کرتا ہے؟	Yes.....	1	ہاں
		No.....	2	نہیں
Q1007	Has the development of the CO benefited the HH in any way? کیا سی او کی تعمیر و ترقی سے گھرانے کو کسی طرح کا فائدہ ہوا؟	1. _____ 2. _____ 3. _____		

Q1008	<p>Have these trainings helped the HH in creating linkages with other external organizations?</p> <p>ان تربیتوں کی وجہ سے گھرانے کو دوسرے اداروں سے تعلقات بنانے میں مدد ملی؟</p>	<p>Yes..... 1</p> <p>No..... 2</p>	<p>ہاں</p> <p>نہیں</p>
Q1009	<p>If Yes; Which organizations</p> <p>اگر ہاں تو کس تنظیم کے ساتھ</p>	<p>1. _____</p> <p>2. _____</p> <p>3. _____</p>	
Q1010	<p>Any comments/ shortcomings/ suggestions with regards to the current scheme?</p> <p>کیا آپکی اس سکیم کے متعلق کوئی اعتراض، کوتاہی یا تجویز ہے؟</p>	<p>1. _____</p> <p>2. _____</p> <p>3. _____</p>	

Annexure

Sex Codes	
1. Male مرد	2. Female عورت

Marital Status Codes				
1. Married شادی شدہ	2. Unmarried غیر شادی شدہ	3. Divorced طلاق شدہ	4. Widow بیوہ	Separated. علیحدہ

Disability Codes			
1. Hearing Disability استماع کا معزور	2. Visual Disability بصری معزور	Speech Disability بات چیت کرنے سے معزور	Mental Disability زہنی معزور
Lower Limb Disability نیچے کا جوڑ	Upper Limb Disability اوپر کا جوڑ	Non کوی نہیں	Other دیگر

Relationship Codes for HH Rooster				
1..Self خود	02. Spouse بیوی	03. Father/Mother ماں/باپ	04.F-/M-in-Law ساس/سسر	05. Son/ Daughter بیٹا/بیٹی
06. S-/D-in-law داماد/بہو	07. Brother/Sister بھائی/بہن	08. B-/S-in-law سالاسالی، بھابھی، دیور، جیٹھ	09. Nephew/ Niece بھانجا/بھانجی	10. Grandchild پوتا/پوتی
11. Not related لا تعلق	12. Others (specify) دیگر (وضاحت کریں)			

Education Codes for HH Rooster				
99. Never attended School	00. Katchi/ Nursery	01. Class 1	02. Class 2	03. Class 3
04. Class 4	05. Class 5	06. Class 6	07. Class 7	08. Class 8
09. Class 9	10. Class 10	11. FA/FSC/C.Com/DAE	12. BA/B.Sc	13. MA/M.Sc
14. Professional	15. (Specialized in Engineering, Agriculture, Medicine, Law, Accounting etc)	16. M.Phil/PhD	17. Other	

Occupation/Profession Codes for HH Rooster				
01. Government Employed سرکاری ملازم	02. Semi Government Employed نیم سرکاری ملازم	03. Privately Employed غیر سرکاری ملازم	04. Unemployed/ Not yet employed بے روزگار	05. Self-employed خود روزگار
06. Apprentice نواموز	07. Family Worker گھر کے کام کاج	08. Day wage laborer مزدوری	09. Idle کام نہیں کر رہا/فارغ	10. Not Applicable لاگو نہیں

Annex-IV: Number of HHs Interviewed at each Village

District	Tehsil	Union Council	Village	HHs Interviewed
Multan	Multan	Sahala Mahay	Chah Mandhay Wala	11
			Chah Bagh Wala	24
			Mehray Kot	26
		Nawab Pur	Qazi wala	25
			Bastio Dheraban	24
			Ratelay Wala	20
			Bani Shore kot	22
		Neel kot	Bosan Colony	11
Muzaffargarh	Muzaffargarh	UC # 34	Dosay Wala	12
			Bhuttapur 6	18
			Bhuttapur 4	24
			Qaim Wala	22
		Muzaffargarh	Rasol Abad	18
			Baggay Wala	13
			Roshan Abad	19
			Ghazi wala	20
Haripur	Haripur	Rehana	Shekhupura 1	16
			Pind Jamal Khan	27
			Chajjan Dheri	28
			Rehana Meara	28
		Baskot	Chapara	27
			Kandar	27
Kasur	Kasur	Baka	Paharo	27
			Hussain Khan Wala	27
		Bairon Khudian	Chabbar chowk	27
			Chabbar	27
		Sehjra	Basti Mahatman	26
			Dhoop Sari	25
Swabi	Razarr	Sheikh Janan	Sahjara	27
			Chanda Singh Wala	28
		Kalu Khan		
		Chak Nozah		
	Chota Lohore	KSK		
Ghotki	Ubavro	Ismaila	Palossi	29
			Nazar Banda	30
	Dharki	Narang	Sher Afzal Banda	30
	Ghotki	Ambar	Sawan Farooqi	23
			Allah Yar Chachar	23
		Keenjhar	Karam Khan Leghari	23
			Abdullah Rajree	24
Ghotki	Ghotki	Sain Dino Malik	Jado Malhan	22
			Atal Mursdani	21
		Ali Baag	Kamal Lakhan	23