IMPACT ASSESSMENT OF
SINDH COSTAL AREAS DEVELOPMENT (SCAD) PROGRAM

Final Report

October, 2014

Table of Content

Acronyms

ADP	Annual Development Plan
AKBPS-P	Aga Khan Planning & Building Services, Pakistan
BHU	Basic Health Unit
BISP	Benazir Income Support Program
BRDS	Badin Rural Development Society
CHC	Community Health Centre
CO	Community Organization
DPM	Disaster Preparedness and Management
FGD	Focus Group Discussion
HANDS	Health and Nutrition Development Society
ID	Institutional Development
IET	Indus Earth Trust
IFAD	International Fund for Agriculture
LBOD	Left Bank Outfall Drain
LBR	LBOD Backwash Region
LEED	Livelihood Employment and Enterprise Development
LEP	Livelihood and Enterprise Development Program
LHV	Lady Health Worker
LSO	Local Support Organization
NRSP	National Rural Support Program
PIN	Participant Identification Number
PO	Partner Organization
PPAF	Pakistan Poverty Alleviation Fund
PSLM	Pakistan Social and Living Standards Measurement
SAFWCO	Sindh Agricultural and Forestry Workers Coordinating Organization
SCAD	Sindh Coastal Area Development
SCAN	Sindh Coastal Areas Network
SCOPE	Society for Conservation and Protection of Environment
SCDA	Sindh Coastal Development Authority
SMC	School Management Committee
SPO	Strengthening Participatory Organization
SPT	Survey Progress Tracker
SPSS	Statistical Package for the Social Sciences
SRSP	Sindh Rural Support Program
TRDP	Thardeep Rural Development Program
UC	Union Council
USDA	United States Department of Agriculture
VO	Village Organization
WECC	Water, Energy and Climate Change

Executive summary

The Sindh Coastal Areas Development (SCAD) Program aims to improve livelihoods of coastal communities affected by the Left Bank Outfall Drain (LBOD). It was initiated in 2006 under the Second Pakistan Poverty Alleviation Fund (PPAF-II) Project of the World Bank. SCAD was designed to address multifarious environment and water management problems in the Sindh coastal areas, in particular the LBOD Backwash Region (LBR) in the districts of Badin, Thatta and Tharparkar and in coastal areas of Karachi. This program has been implemented by ten PPAF Partner Organizations (POs), working in the following key areas institutional development; water and infrastructure; development; health and education interventions and livelihoods and enterprise development program.

The objective of this assignment was to assess the overall effectiveness and impact of the multi-sector SCAD Program on the beneficiary population. A mixed data collection strategy was deployed to uncover quantitative and qualitative insights and findings. This involved primary research techniques including in-depth interviews, focus group discussions, field observations as well as secondary research and dataset analysis. A strategic sampling exercise took place for this assessment due to the number of interventions involved. In total, 2,250 households were surveyed as part of this evaluation (1,816 beneficiary and 434 non-beneficiary); interview sessions took place with all 10 POs; 4 interview sessions with government representatives; and 10 focus group discussion sessions (2 per district + 2 control) were conducted with community members/ key informants to gauge qualitative insight into the project operations and performance. Once villages were finalized, households were randomly selected based on the random walk method. Data was collected simultaneously in the four districts; subsequently, this was compiled and digitized in the customized entry software. Rigorous analysis of the data and feedback took place and its findings are presented in this report.

The sampling strategy deployed for this survey allowed for all SCAD interventions to be covered and discussed with the respective beneficiaries at the household level. Household composition revealed that around 4,947 (54%) of SCAD UC household members were male and 4,226 (46%) female. Households were predominantly headed by males (91%) as compared to females (9%) in SCAD UCs. Likewise, men were also found to be household heads of most households (87%) in the control UCs. Literacy levels were very poor in the intervention and control areas. Around 77% of the household members could not read a newspaper or letter in SCAD UCs. This compares to 85% of members in control UCs. Although the rates were high for both genders, male illiteracy was 79% and female illiteracy was 92% in SCAD areas. Further, the physical house size was small – 93% of the houses had 1-2 rooms in SCAD UCs overall; 39% had no toilet facility. The main source of drinking water was through tube well / bore hole with pump (32%), followed by public tap (20%). In only 15% of the households was the drinking water piped into the house. The physical aspects of the households provide evidence on the extreme poverty and vulnerability which was present in the SCAD areas

Relevance

During the assessment, it was confirmed that target areas were subject to extreme vulnerability and have faced devastating circumstances as a result of their geographic location. The household profile above further provides data on the situation. Thus, PPAF and the SCAD component in particular, correctly identified affected areas since its inception in 2006; this situation was further compounded during the catastrophic floods of 2010. Households located in the SCAD program areas were marked with economic hardship. Surveys conducted with members revealed that the poverty levels were quite high in the area.

Poverty scorecard analysis demonstrates that 63.6% of households were categorized as poor while 36.4% as non-poor. Of the poor category, 9.4% were extremely poor, 23.3% chronically poor while 30.9% were transitory poor. Comparing these results with control union councils, it becomes apparent that the poverty situation is marginally better in the SCAD UCs. Here, 69.3% of households were categorized as poor while 30.7% were considered non-poor as per the scoring criteria. This is an important finding which demonstrates that interventions carried out in the SCAD areas are likely to have had a positive impact on the households' poverty levels. Nevertheless, the prevalence of poverty and the proportion of poor households in SCAD UCs remains a challenge which requires continued action.

Turning specifically to income, average income amongst the households located in the SCAD UC was Rs. 110,500 per annum (or Rs. 9,200 per month), as compared to Rs. 92,900 per annum (or Rs. 7,700 per month) in Control UCs. Alongside higher income levels, over the year, SCAD households were able to save approximately 12% of their income after expenditures. In control UCs, on the other hand, the saved amount was negligible.

Given the geographic location, poverty levels of the households and their immediate needs, the SCAD program was designed based on five components, mentioned earlier. Interviews with PPAF representatives confirmed that the program was designed keeping in mind the local context and learnings from other initiatives elsewhere, including Sindh. During FGDs, community members confirmed that the five programs were indeed relative to their needs. The community has struggled with basic problems, which included physical vulnerability, low income, few economic opportunities and poor access to health and education institutions. Although SCAD initiatives were deemed relevant, the extent to which these interventions were implemented and affected individuals varied. Specifically, institutional development (ID) and and Water Energy and Climate Change (WECC) interventions were more prevalent relative to livelihood development, education and health activities.

Effectiveness and Efficiency

WECC was an intervention which was effectively implemented in terms of people's awareness and benefit. Around 84% of the sampled households were aware of the infrastructure activities which took place in their area and benefited had from them. Discussions with community members revealed that one of the most effective schemes has been the development of link roads. However, maintenance of initiatives was a key challenge during this phase and must be given more consideration in the future.

In terms of social mobilization, around 69% if the households were aware of community organizations (CO) set up in their locality. Fifty-two percent (52%) of targeted households were either members themselves or someone from their household was a member of the community organization. This is a relatively strong finding, where the implementing partners were able to mobilize half of the community at the village level. COs were generally deemed effective in terms of bringing community members together. However, although successful mobilization had taken place, the frequency of meetings was rare in many cases which often led to their complete dissolution.

Lower levels of awareness were observed amongst the remaining three interventions: livelihood and enterprise development, health and education. It is worth noting that although awareness levels may be lower in these interventions, households which did benefit form a particular activity (i.e. training, school or health center improvement), stated that that the intervention was useful or effective. Thirty-three (33) out of 41 household members who received training found it useful or very useful and 38 respondents said it helped increase income. Where received, it was deemed useful mainly because of the content and method for training..

Of the 227 households surveyed in areas where health interventions took place, 104 stated the presence of CHC/BHU available to their community. Where CHCs were developed or rehabilitated, as well as rehabilitation of some BHUs, community members were highly appreciative. They stated that such health services allowed them to take care of emergencies which occur amongst the households at the village level. A shortcoming regarding the health intervention was its relatively limited reach and follow-up of activities. Health initiatives, a need of the community, was not as prevalent in the SCAD program relative to ID or WECC.

Turning to the education sector, only those households were aware of SCAD program activities in education which had children enrolled in schools. Given that the target localities of SCAD were marked with high levels of illiteracy, children were mostly out-of-school. Where parents did send their children to schools, they were generally satisfied with the facilities being provided, teachers' performance and child learning. Parents who did not send their children to school mainly cited high costs and poverty for not being able to afford education and related expenses such as uniforms or stationary as well as not believing in education themselves. Access to quality education is a challenge which prevails in the SCAD UCs. High levels of illiteracy amongst residents is a major driving factor behind low enrolment levels of children. The activities undertaken by POs in regard to education need to be better strategized, targeted and strengthened.

Equity
During field visits, evidence of equitable implementation emerged. One of the most clear features was the creation of separate female community organizations alongside male COs for the purpose of mobilization both genders. A majority of the respondents (66%) who were members of themselves were categorized as poor based on PSC scoring. A similar trend is present where another member of the household was a part of the CO – 61% of such members also originated from poor households. This is in line with the targets set out in the SCAD Outcome Indicators. With relatively inclusive participation in COs and VOs, the implemented infrastructure project was then a result

of needs identified by women and the poor residing in these communities. Thus, around 43% of the households stated that all community members have equal access to the infrastructure to a large extent while 48% stated that this access was to a certain extent. Further, there was no gender bias or any other exclusion mechanism relative to health, education or livelihood interventions. CHC/BHU and school improvements which took place were accessible by all members residing in the communities. However, it was observed that there were certain geographic areas which did not experience improvements in these sectors in their localities – schools and CHCs were either absent or left in the same condition as prior to the intervention.

Sustainability

Although partner organizations have been present on the ground in implementation, follow-up of activities which had taken place was sometimes limited. Accordingly, there were many instances where COs/VOs dissolved or no longer; likewise, much of the infrastructure which was developed with CO/VO prioritization was not maintained. There is a clear need to build additional capacity of CO members by the POs in order to allow for functionality even in the absence of PO representatives; it was evident that there was a high level of dependence on POs to implement, maintain and oversee the interventions. It was observed during the assessment that involvement of other stakeholders had been limited over the past period. With government participation in SCAD, there is an increased chance of sustainability in terms of its activities and interventions beyond project life. The assessment revealed that the fragmented manner in which SCAD interventions were implemented, their sustainability was affected. Hence, although the design of SCAD was integrated, its implementation was not – and this is a priority area which needs to be addressed should a subsequent phase of the program take place.

Impact

Based on the indicators emerging from the assessment findings, it was observed that the impact was positive where it directly or indirectly affected or involved community members. Community organizations had been established along with their associated village organizations and local support organizations. Thus, this paved the way for inclusive planning as individuals cited a platform to raise their voices and prioritize needs. . A leading factor which helped improve livelihoods was the implementation of strategic infrastructure according to the needs of the community.

The development of such infrastructure had a direct and indirect effect on individuals' livelihoods – from access to major roads, time saved on acquiring water and provision of lighting during night hours. Nevertheless, additional work needs to take place in building capacities of individuals in regard to skills and enterprise development, which is directly associated with income levels.

Conclusion & Recommendations

The SCAD interventions and the program overall was deemed as being relevant by the community members and partner organizations. The circumstances and needs of the people were directly considered in designing the program and its components. SCAD program has been most effective in social mobilization and infrastructure development in terms of reach to the people and their awareness of the components. However, activities related to livelihood, health and education were less prevalent, which

translated to a fewer number benefiting as a result. Nevertheless, where individuals had benefited from such interventions, they were regarded as being effective and beneficial. There is a clear need to build additional capacity of CO members and coordination with the government is needed to allow for sustainable implementation. In addition, increased coordination amongst the SCAD interventions, and thereby, POs, such that a truly integrated effect can take place on the resident households as envisioned in the program design documents. Based on the concept of the SCAD Program, its functioning and potential impact on livelihoods – in addition to the vulnerability and need of the people in the target area – a subsequent phase of this project should be undertaken, following key recommendations:

- **Adopting an integrated approach – interconnection and consolidation amongst the components:** The basis of an integrated approach will be to ensure inter-connection of the activities.
- **Deepening project interventions**: This involves a more comprehensive approach in designing project components and their associated activities. As opposed to one-off training sessions or setting up of a CO, follow-up and related activities should be designed
- **Awareness campaigns to be carried out at the community level**: At the start of any activity, SCAD should involve the COs/VOs and raise awareness.
- **Increase the number and extent of LEED activities**: Training and enterprise development was regarded as an effective mechanism which had a direct impact on household income and poverty
- **Enhancing monitoring of activities: POs and PPAF**: Progress monitoring reports are indeed a practice in the overall monitoring and oversight of the SCAD progress, however, physical monitoring needs to be strengthened.
- **Closer coordination with the government is needed**: The SCAD project will be unable to sustain its initiatives without government support and coordination
- **Embedding a beneficiary feedback mechanism**: This can help oversee project performance from the beneficiary's perspective and allow for course correction measures where needed.

1 Introduction

1.1 Background

The Sindh Coastal Areas Development (SCAD) Program aims to improve livelihoods of coastal communities affected by the Left Bank Outfall Drain (LBOD). It was initiated in 2006 under the Second Pakistan Poverty Alleviation Fund (PPAF-II) Project of the World Bank. SCAD was designed to address multifarious environment and water management problems in the Sindh coastal areas, in particular the LBOD Backwash Region (LBR) in the districts of Badin, Thatta and Tharparkar and in coastal areas of Karachi. Key objectives of the program include:

- form viable, inclusive and well governed community organizations
- improve access to basic services, especially small scale infrastructure
- increase incomes through improved crop, fisheries, and livestock production
- secure access to, and better management of natural resources of coastal area
- integrate coastal areas of Sindh with the national economy
- promote technological innovations
- reduce physical vulnerability

This program has been implemented by ten PPAF Partner Organizations (POs). Under the PPAF III PAD, further support and continuation of the SCAD project was proposed, with an investment of US$ 10.07 million to build on developments of SCAD under PPAF II specifically in relation to infrastructure interventions in each of the 52 Union Councils of 4 coastal districts of the Sindh Province.

1.2 Objectives

The objective of this study was to assess the overall effectiveness and impact of the multi-sector SCAD Program on the beneficiary population. These sectors include:

Institutional Development	Water and Infrastructure Development	Health and Education Interventions	Livelihoods and Enterprise Development Program

In particular, key aspects of the Program were assessed, as noted below.

- **Effectiveness and efficiency** *of SCAD interventions/ activities* in contributing to key objectives of the project and in terms of value for money.

- Assess the **impact** of *SCAD activities* on the target communities, in particular, the level of beneficiary participation in the project activities.
- Determine the **effectiveness** of the *project management* particularly the partners' capacity in coordination, monitoring, planning, reporting, learning and resources management.

Accordingly, viable recommendations were devised to bring improvement in the SCAD approach and modalities, results in the subsequent phase. Thus, the assessment served a dual function of assessing Phase II and providing a baseline for Phase III.

2 Methodology

2.1 Approach

The methodology adopted for this study was explicitly aligned to meet the Terms of Reference provided in Annex 2. Accordingly, a mixed data collection strategy was deployed to uncover quantitative and qualitative insights and findings. This involved primary research techniques including in-depth interviews, focus group discussions, field observations as well as secondary research and dataset analysis. Collectively, the instruments and feedback provided a comprehensive insight into the SCAD Program, its implementation and performance.

The assessment was carried out based on three stages, noted below.
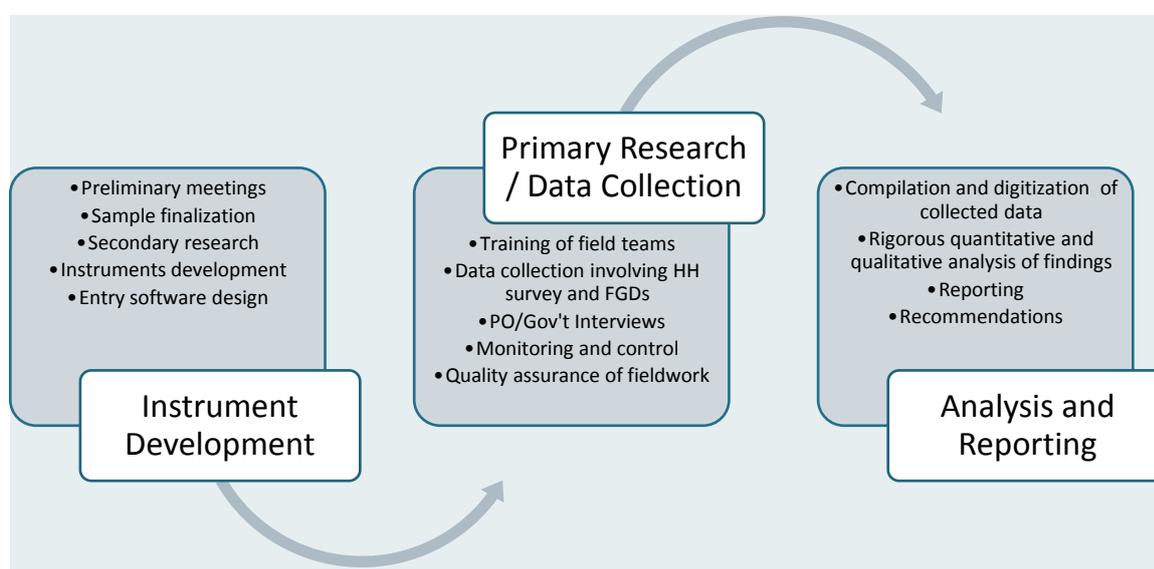
2.2 Instrument Development

2.2.1 Preliminary meetings

The study began with meetings with the PPAF SCAD team to develop a shared understanding of the tasks and agree on communication protocols. Semiotics' approach to the assessment was discussed and finalized. In particular, detailed discussions regarding the sample size and spread according to the interventions which took place. Program documents and datasets were provided to the assessment team for secondary review, instrument development and sample design.

2.2.2 Sampling strategy

There were a total of 49 Union Councils located across four districts in which SCAD is being implemented: Badin, Tharparkar and Thatta as well as coastal areas of Karachi. A strategic sampling exercise took place for this assessment due to the number of interventions involved. Steps in determining the sample size include are explained below.

Selecting Union Councils

1) There were 49 UCs in which at least one of the five SCAD interventions was taking place. The first part of the Table 1 below demonstrates the number of UCs under by the number of interventions taking place.
2) Table 1 also shows the share (spread) of UCs by interventions. Thus, the spread shown above is converted to percentages in the second part of the table.
3) Next, 20 of the 49 UCs were selected for this sample. This represents 41% of the UC coverage and allowing for accurate results to be reflected based on intervention type and geography.
4) In the third part of the Table 1, the 20 treatment UCs were apportioned based on the overall UC spread of the SCAD program. As shown, there were 6 UCs selected in Badin, 2 in Karachi, 2 in Tharparkar and 10 in Thatta. This breakdown reflects the overall Program spread based on proportions.
5) Union Councils were selected based on the interval method (alphabetically listing UCs by District and Tehsil and then sorting UCs by the number of interventions in each UC.) Changes were made where needed in case of security or accessibility issues. The list of UCs visited is provided in Annex 3.
6) In addition, 5 control UCs were also surveyed in addition to the 20 treatment UCs (1 in each districts and 2 in Thatta given the larger share of UCs represented from this district). These UCs were those where SCAD intervention had not taken place. This represented an adequate proportion (20%) to draw comparisons.

Table 2.1 Calculating the Sample by Intervention and District

Districts	Number of Interventions per UC					Total
	1	2	3	4	5	
Spread of 49 UCs by number of interventions and district						
Badin	-	1	10	2	1	*14*
Karachi	1	-	-	2	1	*4*
Tharparkar	-	-	1	1	3	*5*
Thatta	3	12	7	4	-	*26*
Total	*4*	*13*	*18*	*9*	*5*	*49*
% spread of UCs by number of interventions and district						
Badin	-	2%	20%	4%	2%	*29%*
Karachi	2%	-	-	4%	2%	*8%*
Tharparkar	-	-	2%	2%	6%	*10%*
Thatta	6%	24%	14%	8%	-	*53%*
Total	*8%*	*27%*	*37%*	*18%*	*10%*	*100%*
Applying spread to sample of 20 UCs						
Badin	-	-	4	1	1	*6*
Karachi	1	-	-	1	-	*2*
Tharparkar	-	-	-	1	1	*2*
Thatta	1	5	3	1	-	*10*
Total	*2*	*5*	*7*	*4*	*2*	*20*

Selecting Villages and Households

1) It is important to note that within each UC, village(s) were selected where households were located. SCAD datasets demonstrated that in many UCs, more than one type of intervention took place. Once in the field, villages within

selected union councils were associated with a particular intervention and sampled accordingly. Identified villages were selected at random to avoid any bias.

2) Within each UC, around 90 beneficiary households were surveyed (for the control group, 90 non-beneficiary households were surveyed in each UC). Having at least 90 respondents per UC also allows for sufficient representation and statistical significance at the UC level. This translated to a minimum of 30 households per village. In sum, 1,816 treatment households and 434 control households were surveyed.

3) Households were selected based on the random walk method, as indicated in the textbox. Efforts were made to survey an equal proportion of male and female respondents. In total, **2,250 households were surveyed** as part of this evaluation (1,816 beneficiary and 434 non-beneficiary).

> **Random Walk Method for Selecting Households**
> - Locate some central location, such as a mosque, market, or a health facility
> - Randomly select a direction. Move in a straight line in this direction and count all the houses until the edge of the community is reached.
> - Pick one of the houses at random to mark the starting point of the survey. That will be the first household interviewed.
> - Walk to the closest household for the next interview.
>
> Adapted from: UNICEF, Multiple Indicator Survey 3 Manual; IFAD, Results and Impact Management System

Table 2.2 Sample Size - Treatment and Control UCs by Intervention and Districts

	Union Councils							Households	
	Number of Interventions					Treat	Control	HH per UC	Total HH
	1	2	3	4	5				
Badin	-	-	4	1	1	*6*	1	91	543
Karachi	1	-	-	1	-	*2*	1	90	180
Tharparkar	-	-	-	1	1	*2*	1	93	186
Thatta	1	5	3	1	-	*10*	2	91	907
Treatment Total	*2*	*5*	*7*	*4*	*2*	*20*	-	91	*1816*
Control Total							5	86	*434*

Interviews

In addition, interview sessions took place with all 10 implementing partners:

- Aga Khan Planning & Building Services, Pakistan (AKBPS-P)
- Badin Rural Development Society (BRDS)
- Health and Nutrition Development Society (HANDS)
- Indus Earth Trust (IET)
- National Rural Support Program (NRSP)
- Sindh Agricultural and Forestry Workers Coordinating Organization (SAFWCO)
- Society for Conservation and Protection of Environment (SCOPE)
- Strengthening Participatory Organization (SPO)
- Sindh Rural Support Program (SRSP)
- Thardeep Rural Development Program (TRDP)

Further, 4 interview sessions with government representatives took place – one per district. Representative(s) from the Coastal Development Authority (CDA) were also interviewed.

Focus Group Discussions

Finally, 10 focus group discussion sessions (2 per district + 2 control) were conducted with community members/ key informants to gauge qualitative insight into the project operations and performance. These sessions included representatives from Community Organizations (COs), village organizations (VOs) and Local Support Organizations (LSOs) in beneficiary UCs.

District	Tehsil	Union Council	Village
Badin	Badin	Bhugra Memon	Narerry
	Badin	Seerani	Haroon Luttar
	Tando Bagho	Control UC (Chabralo)	Patel
Karachi	Kemari Town	Gabu Pat	Safar Goth
	Kemari Town	Baba Bhit	Baba Islanad
Tharparkur	Diplo	Dabhro	Dounhai
	Diplo	Dabhro	Kariveeri
Thatta	Jati	Begna	Hussainabad
	Mirpur Sakro	Haji Gherano	Daboo
	Mirpur Sakro	Control UC (Gujjo)	Halaki

2.2.3 Secondary Research

Based on their collective technical skills and knowledge base, the team assembled for this study carried out a desk review based on previous Program documents and datasets. Findings from this research provided a background on the project and a basis to prepare data collection instruments to be used in the field.

2.2.4 Instrument Development, Pre-test & Finalization

Upon approval of the sampling strategy, an initial draft of instruments was shared with PPAF. In order to conduct this assessment, multiple sets of instruments were designed:

1. Survey questionnaire for beneficiaries (households) and control group
2. Open-ended interview guide for partner organizations
3. Open-ended interview guide for district government representatives / key informants
4. Open-ended interview guide for PPAF Project team
5. Focus group discussion guide for community members/ key informants

Instruments were translated into the Urdu language to facilitate implementation and accuracy in the field. Feedback was received from PPAF, and amendments were made in light of these comments. After several rounds of review, agreement was established on structure and content. Pre-testing of the instruments was then conducted in Karachi to ascertain that the language and questions are clear, response options are appropriate, and flow of questions is logical. Issues were identified and amendments were made following the pre-test. After this review, a final set of instruments was prepared, shared with the client, and finalized for data collection.

2.2.5 Entry Software Design

Once the assessment instruments were finalized, the work on developing data entry software took place. The software was designed, developed and tested before the data from the field started to come in. The software was developed using Microsoft tools with databases in Microsoft Access. A module for comparing the entered subsets of data and their conflict resolution module was also developed and tested at this stage.

2.3 Primary Research / Data collection

2.3.1 Hiring and Training of Field Teams

Field staff indigenous to the local district/area was hired, wherever possible. This facilitated mobility, communication and cultural understanding of the local areas. Utilizing Semiotics' exhaustive roster of field staff, appropriate individuals were selected based on experience (prior field engagements), competence and linguistic capabilities. Multiple sets of teams were established: each team was allocated to a specific district.

Once hiring was complete, field teams were trained before administering the survey in their respective districts. Training was arranged for both field enumerators and team supervisors. Teams were grouped into separate sessions based on nearest location: trainings took place in Karachi and Hyderabad which catered to all teams. During the sessions, teams were coached upon the purpose of the survey, research methodology, guidelines on conducting survey, sample design, recording and entry of data, and guidelines on selecting villages and households. The training helped ensure that the investigators understand each instrument and are sufficiently trained to implement the survey correctly in the field.

2.3.2 Data Collection – surveys, interviews and FGDs

Upon completion of training, field teams were allocated to their respective Supervisors and deployed in the field for the purpose of collecting data based on the instruments designed. Data was collected simultaneously from all districts. Focus Group Discussions (FGDs) were held in the respective districts and UCs during this period as well. Interviews with key stakeholders and POs took place in parallel to survey activities.

A system of unique Participant Identification Numbers (PIN) was employed for handling recording, data protection and security issues. Each respondent was allocated a unique PIN. These PINs followed a logical pattern and were systemized, that is to say, unique coding was adopted to identify key aspects of respondents such as gender, intervention beneficiary, qualification etc. The use of PINs optimized data handling and data protection. The proposed PIN also allowed for the analyst to retain the important characteristics of the respondent.

A Survey Progress Tracker (SPT) (field log) was developed to ensure that the full sample was achieved. The Field Supervisors and their respective Survey Manager monitored the coverage of the full sample and submitted progress reports with respect to each metropolitan area, to the Semiotics headquarter on a regular basis.

2.3.3   Monitoring and Control Operations

The following monitoring activities were carried out by the supervisory staff to ensure the quality and credibility of survey data:

- Meetings were held daily with field enumerators on survey related matters; work was assigned to be undertaken each day and supervisors passed on required survey material.
- Monitoring of the investigators on the spot to ensure data accuracy and quality
- Receiving filled-in questionnaires from the field staff on a daily basis and checking and monitoring discrepancies detected therein when everything was fresh in the memory of the field enumerators.
- Promptly reporting the daily progress of work to the Field Coordinator in a predetermined format. Problems requiring immediate solutions and other matters including comments on the quality of work of investigators, which were reported to the Field Coordinators, Survey Manager and Team Leader, as required.

1.1.1   Quality Assurance Measures

Efforts were made to collect high quality quantitative and qualitative data based on the designed instruments. For this, the procedures for a) field edits and b) office edits were developed to avoid non-sampling errors and increase consistency and quality of data:

- Engagement of appropriate staff with desired qualifications, relevant background and prior survey experience
- Intensive training and orientation before the start of the survey work
- Effective monitoring and control of survey activities, as noted above
- On-the-spot random checking of enumeration work by evaluation team members, ensuring that the desired data was being collected as intended.

Multiple tiers and checks of data collection; internal checks built within the instrument and software. Review of collected data by the field team, supervisory personnel and management to optimize accuracy.

2.4   Analysis and Reporting

2.4.1   Data Entry and Database Development

Once the data had gone through the compilation, count and quality assurance steps, it was given clearance for data entry processing. Data was entered with reference to the hard copies. Entry took place in the designed software; the comparison module allowed for discrepancies to be detected between the entries as well as the hard copies. The process was closely monitored by the data entry supervisors and data analyst to ensure accurate entry of the data. Following data entry, cleaning and verification, separate datasets were prepared corresponding to the instruments used. Databases were made available in Microsoft Access, Excel and Statistical Package for the Social Sciences (SPSS) formats for analysis.

2.4.2   Quantitative and Qualitative Analysis

The **quantitative data** collected from fields passed through three steps as follows.

Step 1
- Data editing was carried out to check missing data and skipped questions. Any discrepancies observed were removed at this stage

Step 2
- Software was developed for data entry of the questionnaires. The data entry software checked for ranges and consistency of the data and generated reports indicating missing data, outside of accepted ranges and inconsistent answers. This was developed using MS tools with datasets in MS Access and MS Excel.

Step 3
- Once the data was cleaned and verified, it was compiled and analysed using SPSS and MS Excel, statistical software packages. Multiple statistical and economic techniques were applied to the data, including regression analysis, identifying trends, frequency tests and forecasting. Output tables were produced and on multiple dimensions and incorporated in the report to demonstrate findings.

On the other hand, **qualitative data** was analyzed by team members to identify key themes and trends occurring in the responses. Qualitative information analysis matrices were developed for this purpose; preliminary findings from focus group discussions were shared with the PPAF team. Within the survey questionnaires, coding took place to systemize and categorize open-ended responses where needed. A thorough probing of findings was conducted during the analysis, including follow-ups where required.

2.4.3   Structure of the Report

Findings of the survey are directly in line with data collected in the field using the devised instruments, focus group discussions and secondary resources. The subsequent section of the report discusses these findings based on insights coming forward from the survey and discussions held. Accordingly, conclusions and recommendations have been made based on this evidence.

3 Findings

3.1 Household Profiles

The sampling strategy deployed for this survey allowed for all SCAD interventions to be covered and discussed with the respective beneficiaries at the household level. Random sampling and selection of households in the respective UCs/Villages helped minimize bias in the results. Thus, this helps optimize the accuracy in data collection resulting in a realistic assessment of SCAD activities. As noted, there were 1,816 households located in treatment areas and 434 located in control villages. Within each household, adults (aged 18 or above) were identified with whom the household level interview was conducted. Questions were asked in relation to determine household social and economic circumstances; subsequently, relevant questions pertaining to SCAD interventions were asked based on the locality. For the control UCs, such questions were not applicable.

Household composition revealed that around 4,947 (54%) of SCAD UC household members were male and 4,226 (46%) female. A similar ratio marked control UC households as well: 1,210 (56%) members were male and 952 (44%) were female. This translates to an average household size of 5.3 for SCAD households and 5.0 for Control HHs. The average age of the household members was 22 years in SCAD and 23 years in Control UCs, demonstrating a relatively young population inhabiting these areas.

Figure 1 Household members by gender, SCAD UCs

Female, 4226, 46% Male, 4947, 54%
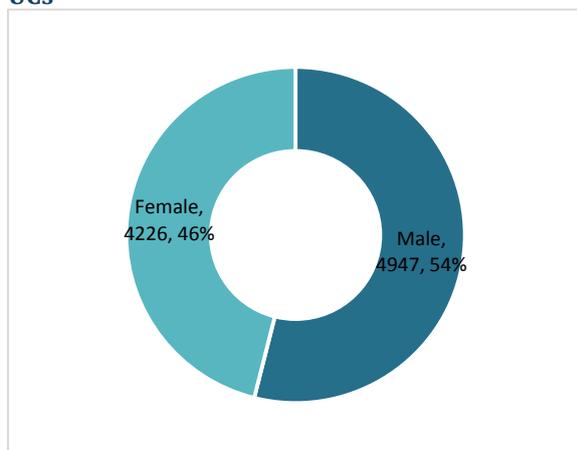
Figure 2 Household members be gender, Control UCs
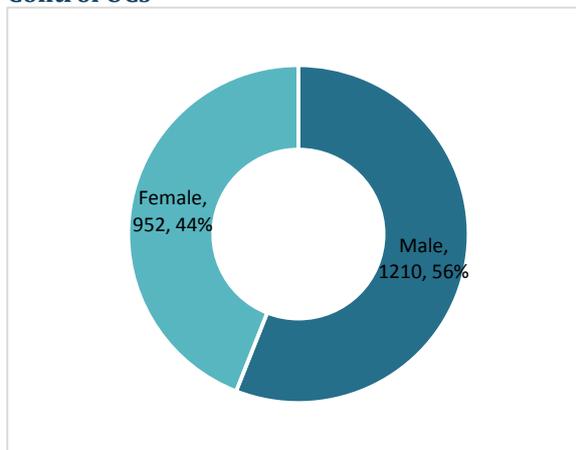
Female, 952, 44% Male, 1210, 56%

Households were predominantly headed by males (91%) as compared to females (9%) in SCAD UCs. Likewise, men were also found to be household heads of most households (87%) in the control UCs. This is not surprising given the male-dominated culture present in the country, especially Sindh.

Figure 3 Gender of HH head, SCAD UCs

Female 9%
Male 91%
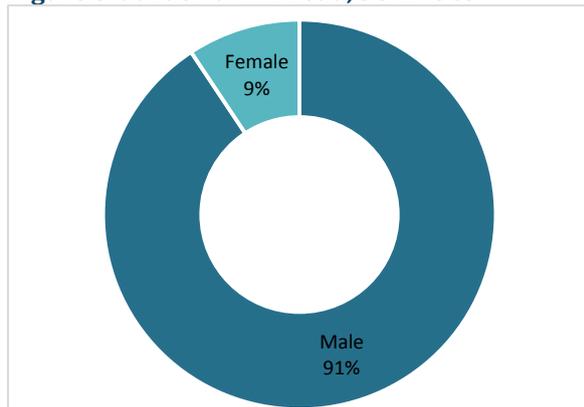
Figure 4 Gender of HH head, Control UCs
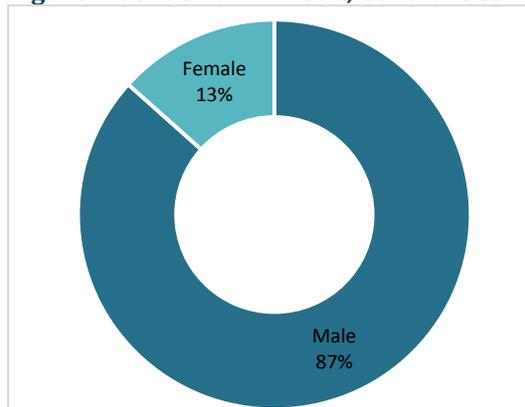
Female 13%
Male 87%

Literacy levels were very poor in the intervention and control areas. Around 77% of the household members could not read a newspaper or letter in SCAD UCs. This compares to 85% of members in control UCs which could not read. Although SCAD areas demonstrate better results in comparison to control UCs, the illiteracy levels are still very high for both men and women. These levels

Figure 5 HH members' ability to read
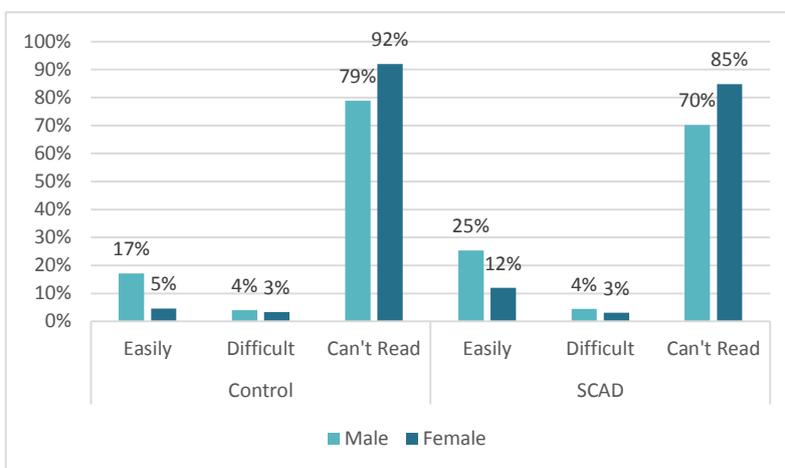
are higher than the reported estimates in the Pakistan Social and Living Standard Measurement (PSLM) surveys for the respective districts. This confirms the vulnerability of the target area and the need for assistance and also draws attention for further work to be done to improve literacy in the area.

Table 3.1 Literacy rate (aged 16+), PSLM 2012-13

	Male	Female	Overall
Badin	51	18	35
Karachi (Rural)	61	36	48
Tharparkar	54	16	37
Thatta	48	21	36
Sindh	72	45	59

The physical house size was small – 93% of the houses had 1-2 rooms in SCAD UCs overall. In Control UCs, 95% of the houses visited had 1-2 rooms. Further, amongst SCAD UC households, 39% had no toilet facility while a similar proportion (40%) had an open pit / traditional pit latrine. The main source of drinking water was through tube well / bore hole with pump (32%), followed by public tap (20%). In only 15% of the households was the drinking water piped into the house. The physical aspects of the households provide evidence on the extreme poverty and vulnerability which was

present in the SCAD areas; this includes the major implications on health of the residents in the area as a result of living conditions and access to safe resources.

Figure 6 Main source of drinking water
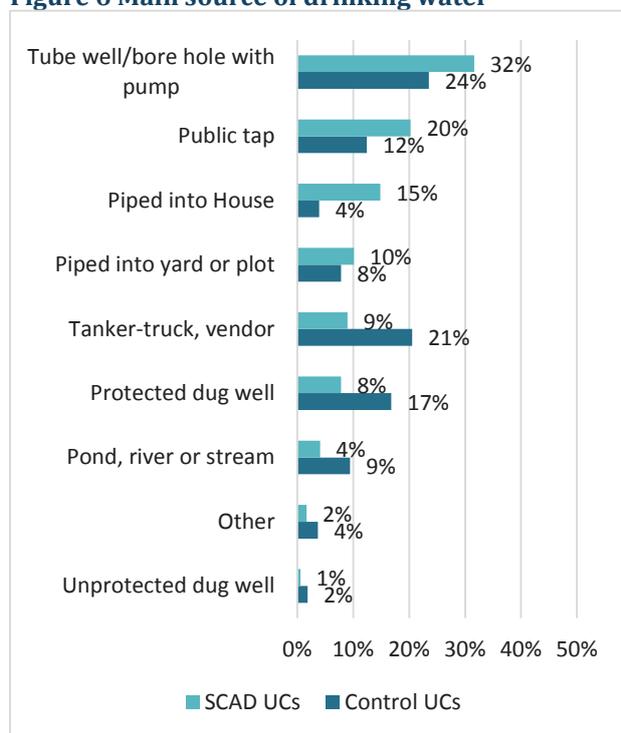
Figure 7 Toilet facility
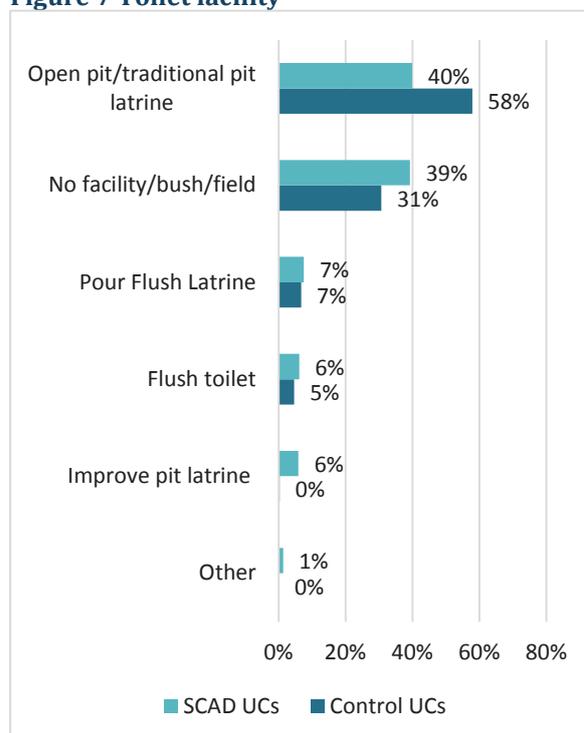
3.2 Relevance

As noted, the SCAD program was implemented in areas affected by the Left Bank Outfall Drain: namely, in districts of Badin, Thatta and Tharparkar and in coastal areas of Karachi. During the assessment, it was confirmed that target areas were subject to extreme vulnerability and have faced devastating circumstances as a result of their geographic location. The household profile above further provides data on the situation. Thus, PPAF and the SCAD component in particular, correctly identified affected areas since its inception in 2006; this situation was further compounded during the catastrophic floods of 2010. Interviews held with all 10 implementing Partner Organizations confirmed vulnerability of the area and the need for assisting communities in rehabilitation and resilience. This need was reiterated directly by community members visited as part of the survey and focus group discussions held across all 4 districts.

Households located in the SCAD program areas were marked with economic hardship. Surveys conducted with members revealed that the poverty levels were quite high in the area. Poverty scorecard analysis demonstrates that 63.6% of households were categorized as poor while 36.4% as non-poor. Of the poor category, 9.4% were extremely poor, 23.3% chronically poor while 30.9% were transitory poor.

Table 3.2 Poverty Scorecard – SCAD UCs

Category	Poverty Quartile	Score Ranges	Household %	Female Headed Household %
Poor	Extremely poor	0-11	9.4%	2.3%
	Chronically poor	12-18	23.3%	3.3%
	Transitory poor	19-23	30.9%	4.4%
Non-poor	Non-poor	24-100	36.4%	3.9%

Comparing these results with control union councils, it becomes apparent that the poverty situation is marginally better in the SCAD UCs. Here, 69.3% of households were categorized as poor while 30.7% were considered non-poor as per the scoring criteria. This is an important finding which demonstrates that interventions carried out in the SCAD areas are likely to have had a positive impact on the households' poverty levels. Nevertheless, the prevalence of poverty and the proportion of poor households in SCAD UCs remains a challenge which requires continued action.

Table 3.3 Poverty scorecard - Control UCs

Category	Poverty Quartile	Score Ranges	Household %	Female Headed Household %
Poor	Extremely poor	0-11	9.2%	2.8%
	Chronically poor	12-18	28.1%	5.3%
	Transitory poor	19-23	31.9%	6.9%
Non-poor	Non-poor	24-100	30.7%	3.7%

An analysis of asset ownership amongst households in SCAD UCs provides further light to the poverty situation of the area. The situation was quite weak. Around half (49%) of the households located in the intervention areas had electricity. In terms of asset ownership, radio and television ownership was amongst 11% of the households. The third most commonly owned asset was a motorcycle – amongst 8% of the households only. Thus, asset ownership data below confirms the poor situation of the households. Likewise, livestock ownership was also not very common: 17% of the households owned goats while 9% owned buffaloes and a similar proportion owned cows.

Figure 8 Asset ownership
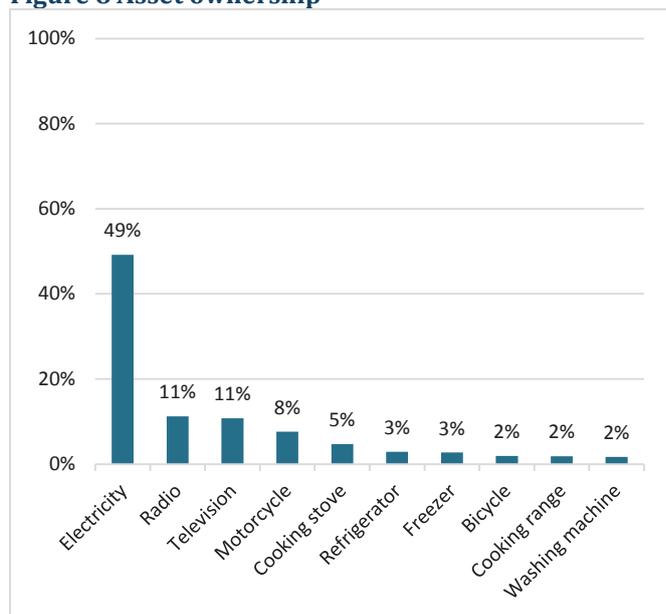
Figure 9 Livestock ownership
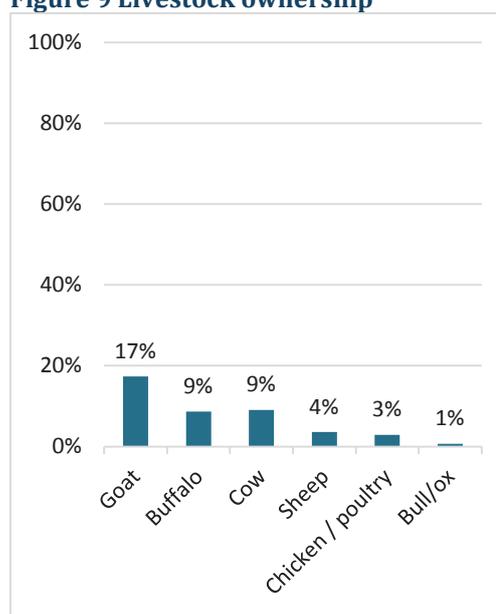
Land ownership in the target area was quite low. Only 13% of the SCAD households owned cultivatable agriculture land (compared to 10% in Control households). Owners mainly resided in Badin and Thatta. Therefore, there was also a low proportion of households which derived this income from selling agricultural products.

Turning specifically to income, average income amongst the households located in the SCAD UC was Rs. 110,500 per annum (or Rs. 9,200 per month), as compared to Rs. 92,900 per annum (or Rs. 7,700 per month) in Control UCs. Alongside higher income levels, over the year, SCAD households were able to save approximately 12% of their income after expenditures. In control UCs, on the other hand, the saved amount was negligible. This is another positive finding in regard to the SCAD program, whereby, higher income and saving levels are depicted; however, there remains a need to further enhance incomes to allow for sustainable livelihoods of all household members.

Figure 10 Average income and expenditure (per annum)
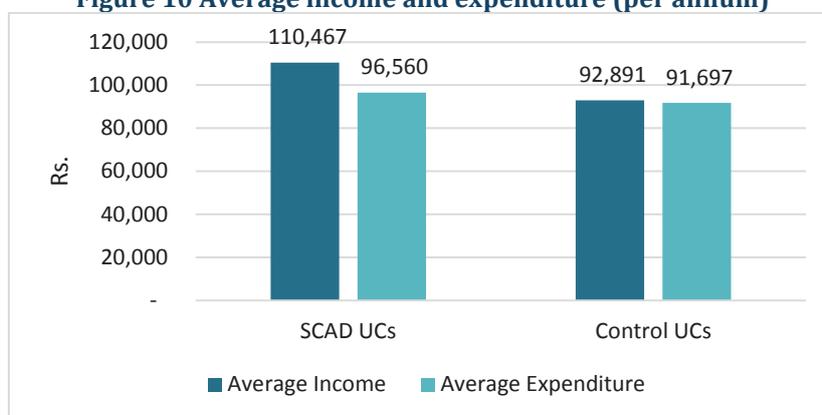
In 79% of the households in SCAD UCs, there was only 1 earning member, generally the male household head. In 15% of the households, there were 2 earning members which would often include one of the household head's male offspring and himself or heads of two families residing in one household. With dependence of earning on one household member only, it is unsurprising to see financial assistance being obtained by around one-third of the visited households. This assistance was mainly provided by the Benazir Income Support Program (BISP), where the criteria of selection of households includes poverty as the driving factor. BISP assistance was viewed very positively by the households in FGDs, stating that the amount greatly facilitated in monthly expenditure. Caution is advised in interpreting these results since they may be affected by non-disclosure of BISP funds by some beneficiaries. The proportion of BISP beneficiaries is thus likely to be understated in the survey results.

Figure 11 Number of earning household members per household
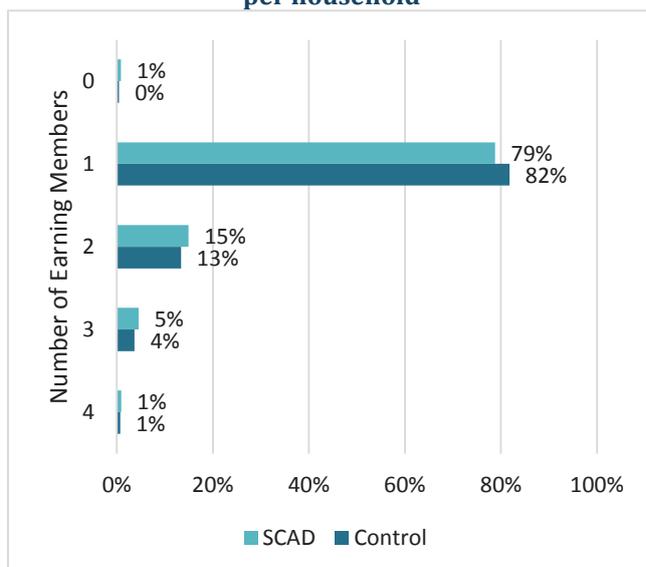
Figure 12 Households which receive financial assistance
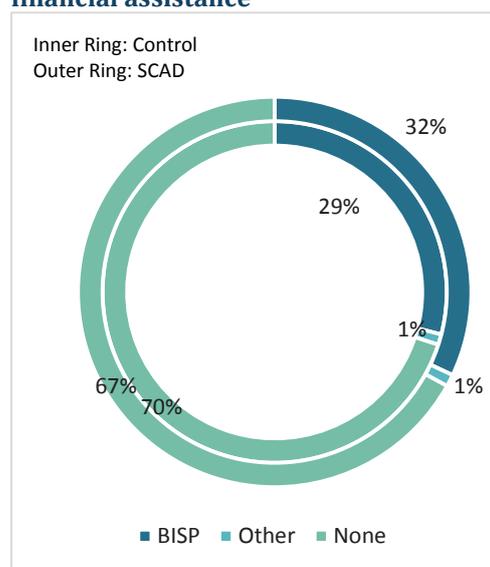
Given the geographic location, poverty levels of the households and their immediate needs, the SCAD program was designed based on five components: 1) institutional development (social mobilization) 2) water and infrastructure development 3) health interventions 4) education interventions and 5) livelihood and enterprise development program. Interviews with PPAF representatives confirmed that the program was designed keeping in mind the local context and learnings from other initiatives elsewhere, including Sindh.

During FGDs, community members confirmed that the five programs were indeed relative to their needs. The community has struggled with basic problems, which included physical vulnerability, low income, few economic opportunities and poor access to health and education institutions. Other problems have originated as a result of these weaknesses including high poverty levels, illiteracy, poor sanitation and health issues. Although SCAD initiatives were deemed relevant, the extent to which these interventions were implemented and affected individuals varied. Specifically, ID and WECC interventions were more prevalent relative to livelihood development, education and health activities. Community members stated that there should have been an increased focus on livelihood development alongside social mobilization and infrastructure initiatives as well. Given the high level of poverty, few economic opportunities and lack of training/ enterprise development in the area, this component could have had a direct impact on beneficiaries.

In regard to WECC initiatives, a major component of SCAD, community members were taken into consideration. Discussions with members of community organizations and village organizations demonstrated that the infrastructure implemented/development was relevant and practical because it was identified and prioritized according to the needs of the community. This mainly included hand pumps, solar lighting, link roads, street pavements and irrigation channels amongst others. Although the poorest households were represented in most COs (see equity section), the process for identification and prioritization may be susceptible to influence by more vocal or position oriented members.

Interventions were implemented through the 10 POs. POs worked in their designated geographical areas on specific interventions in which they specialized, under specific finance agreement with PPAF. In general, it was observed that the outreach of the selected POs was appropriate to implement activities. Survey results confirmed awareness of POs amongst community members, and this was pronounced further where social mobilization and infrastructure development activities had taken place given the direct and frequent interaction with the communities.

3.3 Effectiveness & Efficiency

Household surveys questioned individuals regarding the various interventions which had taken place under the SCAD program. Villages were selected at random based on intervention type, and accordingly, relevant questions were asked from the respondents. The summary below depicts awareness and participation of beneficiaries in the selected areas. Tagged households were those which were located in the respective village where an intervention had taken place.

Figure 13 SCAD activities' awareness and beneficiaries
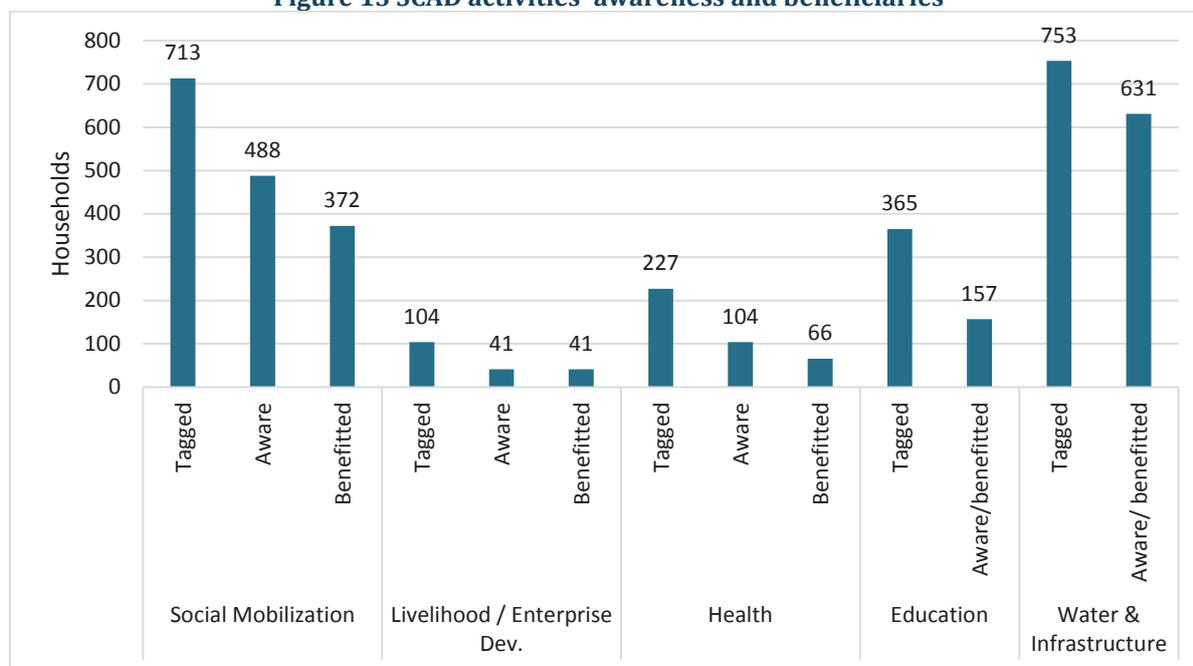
3.3.1 Water, Energy and Climate Change
As can be seen, WECC was an intervention which was effectively implemented in terms of people's awareness and benefit. Around 84% of the sampled households were aware of the infrastructure activities which took place in their area and benefited had from them. They were asked to specify the type(s) of investments which had been made in their respective localities: key development initiatives included hand pumps, solar lighting systems, sewerage and sanitation and link road.

Figure 14 Projects undertaken - household perspective
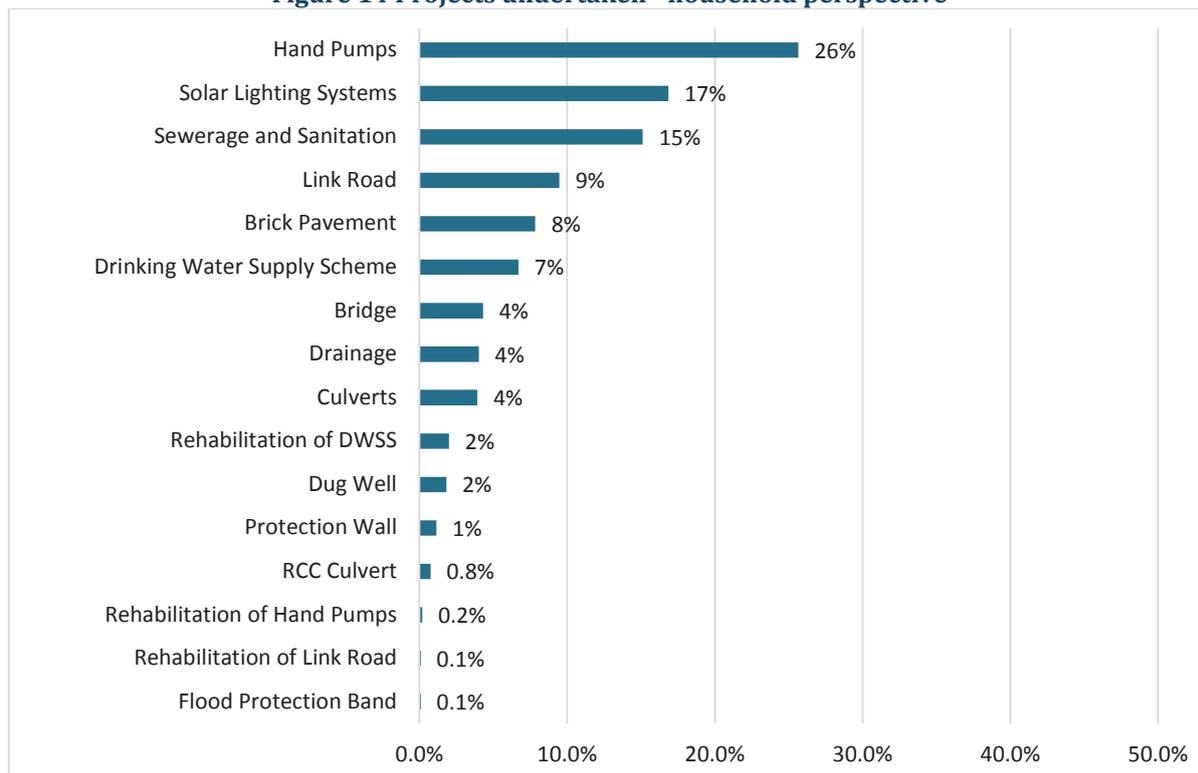
Discussions with community members revealed that one of the most effective schemes has been the development of link roads. This has allowed for enhanced access to neighboring villages and towns – for social and business purposes. The time saved as a result of the link road has been used for other activities, including productive purposes.

A maintenance committee comprising local community members had been established to monitor and maintain the initiative. Although this is a useful mechanism, the committee has been relatively ineffective in maintenance due to lack of funds. Thus, evidence of functionality of initiatives varied from place to place. Maintenance was a key challenge during this phase and must be given more consideration in the future.

The floods of 2010 caused major disruption to some of the infrastructure which had been implemented in the area. Although other weather conditions are taken into consideration, such as cyclones, the floods were of an unprecedented level. Irreparable damage had taken place;

3.3.2   Social Mobilization and Institutional Development

In terms of social mobilization, around 69% if the households were aware of community organizations (CO) set up in their locality. Fifty-two percent (52%) of targeted households were either members themselves or someone from their household was a member of the community organization. This is a relatively strong finding, where the implementing partners were able to mobilize half of the community at the village level.

Moreover, CO members were asked about different aspects of the CO to determine its effectiveness. As shown below, COs were generally deemed effective in terms of bringing community members together. They were also effective in identifying

community problems and to a slightly lower extent, addressing them too. FGD findings echo these results, stating that the CO was often a useful platform for engaging with other community members and allowing for collective action. However, COs were less effective or not effective at all in terms of delivering any livelihood training or providing loans.

Figure 15 Community organization effectiveness

	Very effective	Effective	Somewhat effective	Not effective at all
Bringing community members together	46%	23%	24%	8%
Identifying community problems	35%	28%	24%	12%
Addressing community problems	25%	31%	28%	16%
Delivering livelihood training	13%	24%	16%	47%
Providing loans	1%	22%	12%	65%

A concern which surfaced was in regard to the functionality of the COs and VOs. Although mobilized, the frequency of meetings was rare in many cases which often led to their complete dissolution. Community members stated there was not a binding factor or sufficient influence keeping the community organization together which resulted in disinterest and ultimate disbandment of the CO. Although infrastructure interventions were developed in consultation with these organizations, they had minimal capacity in their maintenance. Where other interventions were taking place, such as training or health, the CO did not necessarily play any role. This showed that the integrated nature of the SCAD program was not very effective, and interventions were often taking place in an isolated and uncoordinated manner within the same UCs.

3.3.3 Livelihood and enterprise development

Lower levels of awareness were observed amongst the remaining three interventions: livelihood and enterprise development, health and education. Care is taken in analyzing these results given the smaller sample size for these interventions; however, they provide a useful indication on awareness and benefit amongst targeted households in areas. It is worth noting that although awareness levels may be lower in these interventions, households which did benefit form a particular activity (i.e. training, school or health center improvement), stated that that the intervention was useful or effective.

Figure 3 shows that of the 104 households surveyed which were located in areas where livelihood training took place, only 41 households were aware of them (the same households who benefited from this activity). Nevertheless, 33 out of 41 household members who received training found it useful or very useful and 38 respondents said it helped increase income. Where received, it was deemed useful mainly because of the content and method for training. Thirty-eight (38) of the 41 trainees received assets as part of their training. Thus, although the prevalence of livelihood intervention was not high, where it was received, it was deemed effective and helped increase skill levels and income. There is clearly potential which exists in this intervention, but needs to be better implemented for enhanced results and impact.

Focus group discussions highlighted the relevance and effectiveness of training and enterprise development activities which had taken place in their respective areas. It

was stated that the intervention was very helpful in building the skills of the participants. Positive feedback was given regarding the trainers and structure of training; however, there as a need for these training sessions to be longer in duration, as expressed by participants.

3.3.4 Health and Education

In terms of the health intervention, of the 227 households surveyed in areas where health interventions took place, only 104 stated the presence of CHC/BHU available to their community. A smaller number, 66 households, benefited from the CHC, mainly related to OPD services. A majority of them (52 out of 66) stated that only limited services were available in the CHC and quality of facilities were regarded as being poor or satisfactory. However, 48 respondents stated that there was sufficient staff (in numbers) which was generally deemed competent and helpful.

Figure 16 Figure
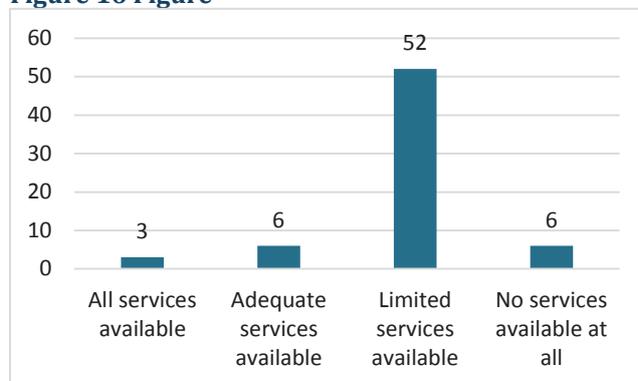
Figure 17 figure
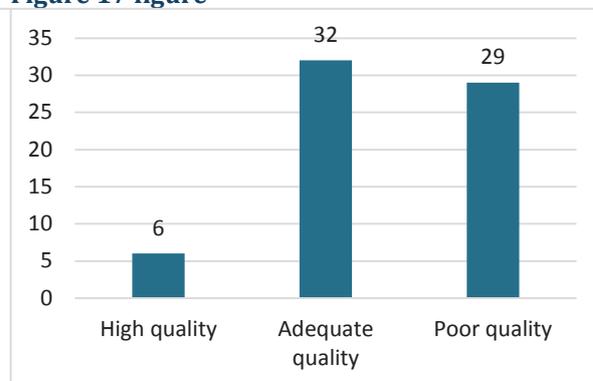
The number of beneficiaries goes up in relation to awareness on vaccination / immunization campaigns: 110 out of 227 were aware and benefitted from this service provided by the CHCs. The polio campaign was carried out on an annual basis and supported by SCAD. There is a clear need for improved healthcare in the targeted villages based on field observations and feedback from community members and POs. Through SCAD, additional improvements in CHC - mainly related to their availability and facilities – are needed in subsequent phases.

Where CHCs were developed or rehabilitated, as well as rehabilitation of some BHUs, community members were highly appreciative. They stated that such health services allowed them to take care of emergencies which occur amongst the households at the village level. Training provided by POs, such as to Lady Health Workers (LHVs) was also recognized by the community members who cited a positive role that such health workers played in their villages.

A shortcoming regarding the health intervention was its relatively limited reach and follow-up of activities. Health initiatives, a need of the community, was not as prevalent in the SCAD program relative to ID or WECC. Community members urged the need for more facilities and better quality of services to be provided to them. CHCs and BHUs were seen as the primary source of health care, and these require additional investment in order to improve their service levels. It was unfortunate to see that in some cases where rehabilitation or other capacity building efforts had been made in regard to CHCs, they were no longer functional in the villages. This was confirmed by several FGD

participants in the respective districts. Only through enhanced follow-up by the POs and PPAF can sustainability of these efforts be maintained.

Finally, turning to the education sector, only those households were aware of SCAD program activities in education which had children enrolled in schools. Given that the target localities of SCAD were marked with high levels of illiteracy, children were mostly out-of-school. Thus, it is not surprising to see that the level of awareness amongst households was quite low – only 97 out of 365 households in education intervention areas had children going to school and were thus aware.

Figure 18 Perceptions on school – facilities, teachers and learning

	Very good	Good	Satisfactory	Poor/ unavailable
Physical school building	1%	89%	10%	0%
Physical classroom	1%	90%	9%	0%
Number of classrooms	0%	77%	20%	2%
Furniture for children	0%	75%	23%	2%
Quality of teachers	1%	69%	23%	8%
Number of teachers	1%	70%	23%	6%
Teachers' attendance	0%	81%	12%	8%
Feedback on child's progress	0%	70%	22%	9%
Learning of child	5%	70%	20%	4%
Class Size	1%	76%	14%	9%
Availability of textbooks / learning material	0%	72%	12%	16%
Availability of toilets	0%	67%	24%	10%
Availability of drinking water	2%	76%	11%	11%

Where did send their children to schools, they were generally satisfied with the facilities being provided, teachers' performance and child learning. Parents who did not send their children to school mainly cited high costs and poverty for not being able to afford education and related expenses such as uniforms or stationary as well as not believing in education themselves. There is a clear need to change this mindset, and thus, additional social mobilization is needed on this front.

Access to quality education is a challenge which prevails in the SCAD UCs. High levels of illiteracy amongst residents is a major driving factor behind low enrolment levels of children. The activities undertaken by POs in regard to education need to be better strategized, targeted and strengthened. Development of a few model schools, without mechanisms on how to enroll or retain children in schools, is not very beneficial. Moreover, setting up or building the capacity of school management committees has not been very effective in increasing enrolment or retaining children in schools. Additional work at the community level needs to take place to enhance enrolment and further improvement of existing schools is required; capacity building of teachers at the community level will also be a viable mechanism to facilitate quality learning and help improving learning outcomes. Close coordination with the government will be needed in this regard. In the subsequent SCAD phase, a greater emphasis should be provided to education activities, and such interventions should be made across the UCs.

3.4 Equity

All SCAD interventions and sub-activities were designed with inclusivity in mind – based on gender, poverty, ethnicity or any other marginalizing factor. During field

visits, evidence of equitable implementation emerged. One of the most clear features was the creation of separate female community organizations alongside male COs for the purpose of mobilization both genders. As a result, both male and female community members felt as if they could raise their voices and concerns which will be heard at the community or village level. Moreover, an effort was made to include members from the poorest households in these COs. Below, it can be seen that participation of poor households was prevalent: around 48% of the respondents stated that almost all members from poor households while an additional 18% stated that more than half were from poor households. This was cross-checked with respondent's own membership status and poverty levels, which supplemented these results.

Figure 19 Proportion of CO members which belonged from the poorest households in the community
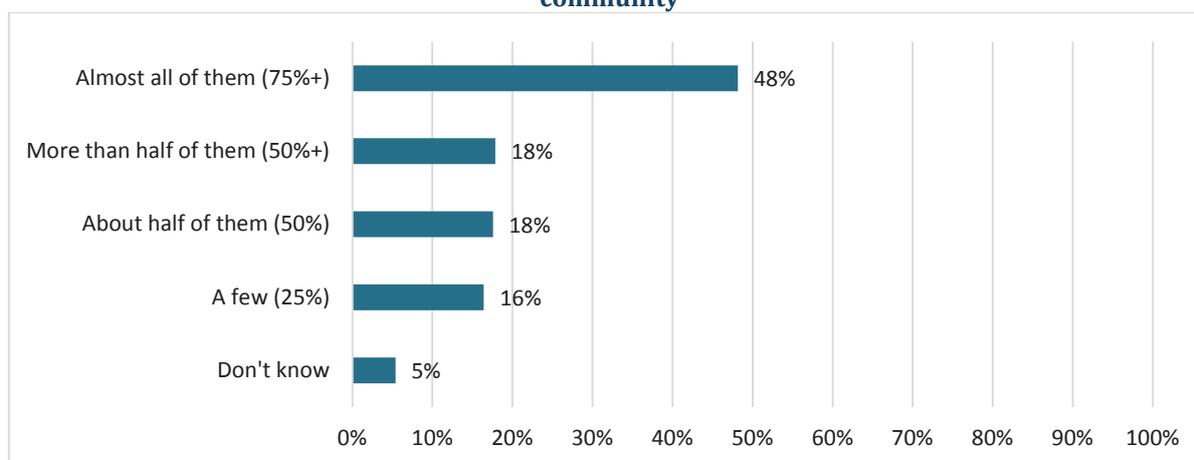
This can further be confirmed by determining membership status of the respondents with their own poverty status. As shown below, a majority of the respondents (66%) who were members of themselves were categorized as poor based on PSC scoring. A similar trend is present where another member of the household was a part of the CO – 61% of such members also originated from poor households. This is in line with the targets set out in the SCAD Outcome Indicators.

Table 3.4 Respondent is member of CO

Category	Poverty Quartile	Score Ranges*	Household %
Poor	Extremely poor	0-11	11.3%
	Chronically poor	12-18	27.9%
	Transitory poor	19-23	26.8%
Non-poor	Non-poor	24-100	34.0%

Table 3.5 Another person from household is member of CO

Category	Poverty Quartile	Score Ranges*	Household %
Poor	Extremely poor	0-11	13.0%
	Chronically poor	12-18	32.5%
	Transitory poor	19-23	15.6%
Non-poor	Non-poor	24-100	39.0%

Furthermore, the leading mechanism for committee formation was through volunteering of members (41%). Identification of personnel also took place by POs and office bearers in order to fulfill vacancies for operational purposes. Moreover, there was a democratic process in the selection of office bearers: in around two-thirds (66%) of COs, elections were reported. This was followed by identification of personnel by POs to fulfill roles or meet requirements for to ensure smooth functioning of the CO.

Figure 20 Selection of Office Bearers
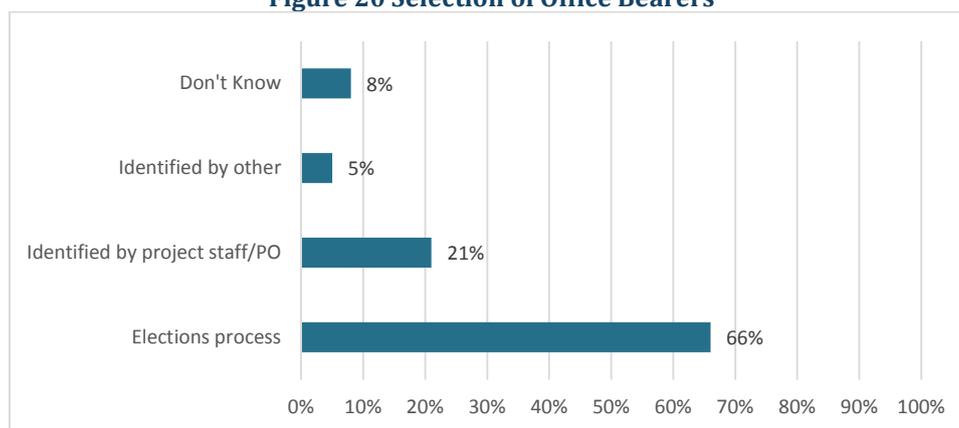
Social mobilization often had a direct implication on the infrastructure activities which took place. This was because COs were involved in the identification and prioritization of infrastructure needs in their respective communities. With relatively inclusive participation in COs and VOs, the implemented infrastructure project was then a result of needs identified by women and the poor residing in these communities. Thus, around 43% of the households stated that all community members have equal access to the infrastructure to a large extent while 48% stated that this access was to a certain extent. A similar result occurs for women being able to access this infrastructure, whereby, 41% stated that women were able to access the infrastructure to a large extent while 48% stated to some extent.

Figure 21 Equal access for all community members
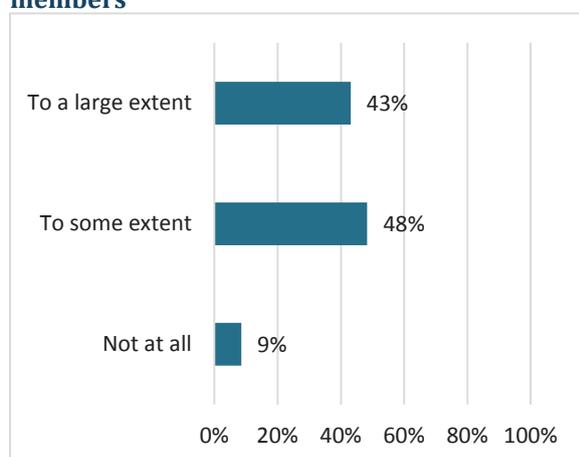
Figure 22 Equal access for females
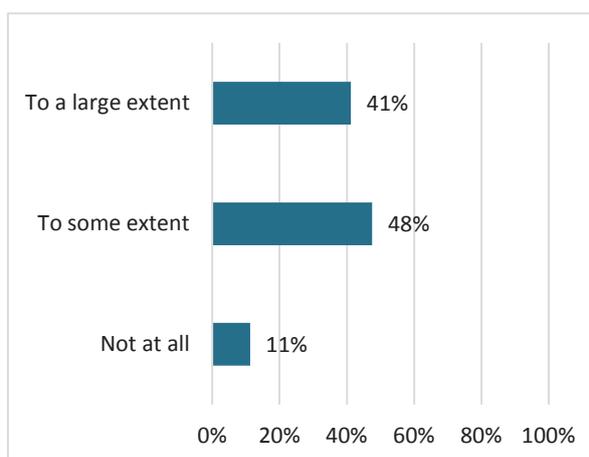
Further, there was no gender bias or any other exclusion mechanism relative to health, education or livelihood interventions. CHC/BHU and school improvements which took place were accessible by all members residing in the communities. However, it was observed that there were certain geographic areas which did not experience improvements in these sectors in their localities – schools and CHCs were either absent or left in the same condition as prior to the intervention. Thus, additional effort needs to be made to ensure that the planned activities are equitably spread/implemented across the target localities.
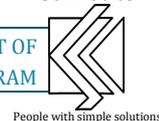
One area in which equity can be improved is the need to implement the interventions across the SCAD UCs. Currently, some UCs are receiving more interventions (amongst the five) relative to others. Thus, the program is not being implemented equitably across its geographic target area. Together with the need to integrate the interventions better and vulnerability exhibited throughout the SCAD UCs, the subsequent phase should consider a relatively equitable distribution of activities across the area.

3.5 Sustainability

One of the major challenges which came to the fore during the assessment of the SCAD program was the sustainability of its interventions and associated activities. Although partner organizations have been present on the ground in implementation, there follow-up of activities which had taken place was sometimes limited. Thus, targets were often met in terms of activities conducted, but there was no indicator on their retention/ sustainability. Accordingly, there were many instances where COs/VOs dissolved or no longer; likewise, much of the infrastructure which was developed with CO/VO prioritization was not maintained. Local Support Organizations have been set up, and are designed to strengthen sustainability in regard to social mobilization. A challenge faced by LSOs was the weak or absent coordination with the government; to allow for sustainability, this link needs to be strengthened.

In the absence of follow-up by POs, CO/VO members were not proactive in the functionality or maintenance of associated infrastructure. There is a clear need to build additional capacity of CO members by the POs in order to allow for functionality even in the absence of PO representatives; it was evident that there was a high level of dependence on POs to implement, maintain and oversee the interventions. To allow for sustainability, providing COs/VOs with requisite funding for maintenance purposes is needed. Nevertheless, a key cause which affected the sustainability of infrastructure was the continued natural disasters in the areas. Link Roads, drainage and water pumps are examples which have been affected in this regard. Disaster Preparedness Management (DPM) Plans were made in some cases, but their implementation on ground was not visible. This resulted in loss of infrastructure in many cases across the SCAD areas.

The government and other key stakeholders such as the Sindh Coastal Development Authority (SCDA) need to be involved for continued sustainability of activities. It was observed during the assessment that involvement of other stakeholders had been limited over the past period. They were often unaware of SCAD activities and thus, were not able to provide any facilitation or guidance. Willingness was shown by such stakeholders and this is an area which SCAD program needs to consider for its subsequent phase. The government is a key player in regard to all intervention areas – infrastructure, health, education and livelihoods – and thus need to be consulted with in activity design and implementation. With government participation in SCAD, there is increased chances of sustainability in terms of its activities and interventions beyond project life. The LSO is a useful platform which can be used to interact with the government and therefore, capacity building of LSO members and forging relationships with the government needs to take place in the future.

Finally, the assessment revealed that the fragmented manner in which SCAD interventions were implemented, their sustainability was affected. As noted elsewhere in the report, the only close association could be seen between the ID and WECC interventions. However, SCAD initiatives related to health, education and livelihood were implemented in isolation of each other and relative to ID/WECC. It is believed that the absence of the integration on ground has had a negative effect on sustainability. The SCAD program design, which had envisioned integration at the ground level, was not reflected in the target area. One of the reasons behind this was the minimal or absent coordination amongst the POs. POs were focused upon their own interventions and geographic area, and were often not aware of activities carried out by other POs (sometimes even in the same UCs). Hence, although the design of SCAD was integrated, its implementation was not – and this is a priority area which needs to be addressed should a subsequent phase of the program take place.

3.6 Impact

Assessing impact is beyond a simple measure of results achieved: rather, it reflects on the overarching Program objective. The impact of the SCAD program refers to two related objectives:

- Sustainable and viable community institutions of the poor are empowered to lead their development and have improved access to quality public services
- Targeted poor and vulnerable households of program coastal areas benefit through increased incomes, improved productive capacity and have accessed sustainable livelihoods.

Based on the indicators emerging from the assessment findings, it was observed that the impact was positive where it directly or indirectly affected or involved community members. Community organizations had been established along with their associated village organizations and local support organizations. These comprised community members and engaged marginalized individuals, including those from poor households and women. Thus, this paved the way for inclusive planning as individuals cited a platform to raise their voices and prioritize needs. Although empowered, this was temporal – the lack of follow-up of these community organizations together with limited capacity building of its members has affected sustainability. This is a key area which needs to be focused upon in the subsequent SCAD Phase.

The second objective relates to livelihood of the individuals residing in the intervention areas. A leading factor which helped improve livelihoods was the implementation of strategic infrastructure according to the needs of the community. Communal needs were prioritized by the individuals themselves in the respective communities through COs; this further allowed for ownership of the infrastructure upon completion. The development of such infrastructure had a direct and indirect effect on individuals' livelihoods – from access to major roads, time saved on acquiring water and provision of lighting during night hours. This has had a direct implication on the productive capacity of individuals, where more time can be allocated to productive activity and there is increased access to other geographic areas.

Nevertheless, additional work needs to take place in building capacities of individuals in regard to skills and enterprise development, which is directly associated with income levels. The subsequent phase of SCAD should directly consider enhanced training and capacity building activities as part of its LEED component.

4 Recommendations

The SCAD interventions and the program overall was deemed as being relevant by the community members and partner organizations. Survey results pertaining to the social and economic circumstances of the households confirmed the poverty and vulnerability of the area. It was acknowledged that appropriate geographic targeted had taken place by PPAF. The circumstances and needs of the people were directly considered in designing the program and its components. Although further assistance is still required, the SCAD UCs depicted marginally better results relative to Control UCs with respect to poverty levels and household income. Thus, this indicates a positive impact on the livelihood of its residents through the various interventions which had taken place, albeit, to a small extent.

SCAD program has been most effective in social mobilization and infrastructure development in terms of reach to the people and their awareness of the components. However, activities related to livelihood, health and education were less prevalent, which translated to a fewer number benefiting as a result. Nevertheless, where individuals had benefited from such interventions, they were regarded as being effective and beneficial. The SCAD program overall was effective in including both male and females of the resident area, as well as targeting the poorest households. There is a need to widen the scope of these activities throughout the UCs and SCAD area for a more equitable implementation and benefit.

Sustainability of the program was highlighted as a key challenge. Even though targets were met, follow-up of activities which had taken place was sometimes limited. It became apparent that many COs/VOs had dissolved as a result; infrastructure and other initiatives were not maintained or no longer functional. There is a clear need to build additional capacity of CO members and coordination with the government is needed to allow for sustainable implementation. In addition, increased coordination amongst the SCAD interventions, and thereby, POs, such that a truly integrated effect can take place on the resident households as envisioned in the program design documents.

Based on the concept of the SCAD Program, its functioning and potential impact on livelihoods – in addition to the vulnerability and need of the people in the target area – a subsequent phase of this project should be undertaken. The subsequent phase should adopt a more integrated approach, taking into consideration all POs and government stakeholders. Enhanced monitoring of activities and follow-up of completed activities is necessary to allow for sustained impact. The designed interventions should take place throughout the SCAD area to allow for equitable impact amongst the communities.

Key recommendations have been devised for this purpose, as discussed below.

Adopting an integrated approach – interconnection and consolidation amongst the components

There are five distinct components of the SCAD program (social mobilization, livelihoods, water and infrastructure, health and education) which need to be managed in close coordination to allow for seamless implementation. The fragmented manner in

which interventions had taken place minimized their effectiveness and limited the impact; it further affected the sustainability of the respective activities. The basis of an integrated approach will be to ensure inter-connection of the activities. Thus, the first step will be to ensure coordination amongst the POs. As demonstrated in the report, POs were often unaware of other SCAD initiatives, even in the UCs where they were working. Next, a mechanism to link the various components is needed. Social mobilization and the corresponding community organizations which are developed can serve as a central component in this regard. By further building their capacities, providing guidance and regular follow-up, COs/VOs can be used as viable monitoring mechanisms regarding infrastructure, livelihood development, health and education initiatives. This can also help generate awareness and embed ownership of these activities by the communities. Drawing from examples elsewhere in the country, eligibility for livelihood or enterprise training can be made conditional upon active membership with a community organization; likewise, the COs can be used as a primary platform to generate awareness regarding education and influence school enrolment; health awareness campaigns can benefit from the organization structure as well. In short, the approach will be comprehensive and inter-related, thereby, increasing the effectiveness and potential impact of the activities.

Integration also refers to adopting a comprehensive approach within a UC. Right now, interventions are being implemented in a varied number of villages; the effect is often captive to the residents of the village only. To maximize reach and benefit, the UC must be targeted overall. This is not to say that each activity should take place in all villages, but instead, all residents should have access to the activities under the five components within their UC. This integrated approach can allow for the UC to benefit as a whole, as opposed to one or two selected villages. Accordingly, the subsequent phase should keep its focus on.

Deepening project interventions

What became apparent during the assessment was the need to deepen the extent of interventions taking place within the UCs. This involves a more comprehensive approach in designing project components and their associated activities. As opposed to one-off training sessions or setting up of a CO, follow-up and related activities should be designed to enhance their effectiveness.

This can be exemplified by intervention as follows. Setting up a CO or a VO may suffice for the early stages of the program, but additional capacity building measures are needed in subsequent phases to make the CO/VO proactive and capable in managing its affairs and/or monitoring other interventions. In terms of livelihood training, more in-depth training (in terms of duration or techniques) and follow-up training courses should be offered to increase employability or enterprise capabilities of individuals. The types of trainings offered should prioritize needs of the people and market demand; market linkages should be facilitated. Health awareness campaigns should be followed up with vaccination campaigns, and subsequently monitoring of vaccinated patients. In regard to education, additional activities such as enrolment campaigns or building teachers' capacities should take place. The type of infrastructure implemented needs to be made more durable or manageable by the communities to allow for sustainability.

Awareness campaigns to be carried out at the community level

It was surprising to witness that many people were not aware of the SCAD interventions which were taking place within their own villages. This has a direct effect on the equity, reach and effectiveness of the intervention. At the start of any activity, SCAD should involve the COs/VOs and raise awareness. Where COs are not present, village elders or notables should be informed of the activities. Their consent and facilitation will be beneficial in making residents aware of the proposed activities. This can help maximize project reach and increase the number of beneficiaries.

Increase the number and extent of LEED activities

Training and enterprise development was regarded as an effective mechanism which had a direct impact on household income and poverty. Participants cited examples of trainings they had received and how this had helped develop or improve skills, often effecting their employability or business. However, the scope of LEED was limited in the implemented SCAD program. The low levels of prevalence were directly associated with the small scale of implementation. Skills training was deemed as a viable mechanism to improve livelihoods, and thus should be focused upon in the subsequent SCAD phase.

Enhancing monitoring of activities: POs and PPAF

A key reason for limited sustainability of activities was limited follow-up by community members, and particularly, partner organizations. In the absence of consistent and close monitoring, COs/VOs had dissolved, infrastructure and associated initiatives were no longer function. Given the extreme circumstances in the area – marked with high levels of poverty and illiteracy – the communities require consistent guidance. Although the objective will be for community ownership of the programme, enhanced monitoring and follow-up of activities by POs can facilitate enhanced performance and sustainability of activities.

Periodic follow-up by PPAF of POs is also needed. Progress monitoring reports are indeed a practice in the overall monitoring and oversight of the SCAD progress, however, physical monitoring needs to be strengthened. This should not be limited to consulting with POs, but in fact, on-ground visits and on-spot checking of implemented activities should take place.

Closer coordination with the government is needed

It was discovered that in district governments were generally unaware of the SCAD project activities. They were not sure of what has been taking place and in which villages. Closer coordination needs to take place with the government, as it is a key stakeholder in the respective target communities, villages and union councils. District governments play a key role in all areas which SCAD is addressing – livelihood, health, education and infrastructure. Therefore, working in close coordination can facilitate project activities. LSOs should be strengthened and linked with governments for this purpose. The SCAD project will be unable to sustain its initiatives without government support and coordination, and thus, immediate relationship building efforts should take place with them in the respective target areas.

Embedding a beneficiary feedback mechanism

In line with project monitoring, a direct beneficiary feedback mechanism should be embedded. This can help oversee project performance from the beneficiary's perspective and allow for course correction measures where needed. Direct feedback from beneficiaries will also help overcome any bias. Accordingly, a third party should be used on a periodic basis (annual or bi-annual) to undertake survey or discussions at the ground level in relation to the implemented activities. Periodic follow-up and engagement of beneficiaries can also allow for sustainability of activities and an additional check on the progress of partner organizations.

Annexures

Annexure 1 Term of Reference (ToRs)

IMPACT ASSESSMENT OF SINDH COASTAL AREAS DEVELOPMENT (SCAD) PROGRAM

1. Organization

Pakistan Poverty Alleviation Fund (PPAF) is the lead apex institution for community-driven development in the country. Set up as a fully autonomous not-for-profit company, PPAF enjoys facilitation and support from the Government of Pakistan, The World Bank, International Fund for Agricultural Development (IFAD), KfW Entwicklungsbank (Development Bank of Germany) and other statutory and corporate donors. PPAF aims to be the catalyst for improving the quality of life, broadening the range of opportunities and socio-economic mainstreaming of the poor and disadvantaged, especially women. The core operating units of the PPAF deliver a range of development interventions at the grassroots/community level through a network of more than 100 Partner Organizations across the country. These include social mobilization, livelihood support, access to credit, infrastructure and energy, health, education and disaster management. Externally commissioned independent studies have demonstrated positive outcomes and impact of PPAF interventions on the lives of benefiting communities related to their economic output, household incomes, assets, agricultural productivity skills and other quality of life indices. For a complete profile, please visit our website at http://www.ppaf.org.pk/

2. Background

The Sindh Coastal Areas Development (SCAD) Program was initiated in 2006 under the Second Pakistan Poverty Alleviation Fund (PPAF-II) Project of the World Bank as a vehicle to improve livelihoods of coastal communities affected by the Left Bank Outfall Drain (LBOD). SCAD was designed to address multifarious environment and water management problems in the Sindh coastal areas, in particular the LBOD Backwash Region (LBR) in the districts of Badin, Thatta and Tharparkar and in coastal areas of Karachi. This program was being implemented by ten PPAF Partner Organizations (POs). The 3rd phase of SCAD program with financial resources allocated through the PPAF-II (Additional Financing for Social Mobilization) ended in June 2011. Under the PPAF III PAD, further support and continuation of the SCAD project was proposed, with an investment of US$ 10.07 million to build on developments of SCAD under PPAF II specifically in relation to infrastructure interventions in each of the 52 Union Councils of 4 coastal districts of SCAD.[1]

The SCAD program objectives specifically contribute to the livelihood improvement and poverty reduction of the coastal communities. The program aims to:

- form viable, inclusive and well governed community organizations
- improve access to basic services, especially small scale infrastructure

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[1] PPAF III Project Appraisal Document, pg. 51

- increase incomes through improved crop, fisheries, and livestock production
- secure access to, and better management of natural resources of coastal area
- integrate coastal areas of Sindh with the national economy
- promote technological innovations
- reduce physical vulnerability

3. Objective and Scope of the Impact Assessments

The objective of this assignment is to assess the overall effectiveness and impact of the multi-sector Sindh Coastal Areas Development (SCAD) Program on the beneficiary population. The various sectors involved in the project include:

- Institutional Development
- Water and Infrastructure Development
- Health and Education Interventions
- Livelihoods and Enterprise Development Program

The assessment will specifically address the following three objectives;

a) The effectiveness and efficiency of the program interventions/activities in contributing to key objectives of the project (PPAF II and mid-term PPAF III, i.e. July 2006 – December 2012) and in terms of value for money;

b) The impact of project activities on the target communities, in particular, the level of beneficiary participation in project activities.

c) Assess the effectiveness of the project management particularly the partners' capacity in coordination, monitoring, planning, reporting, learning and resources management.

d) The findings and recommendations shall be adopted by the PPAF and its POs in order to bring improvement in the SCAD approach and modalities, results in the remaining project period.

4. Scope of Work

The impact assessment of PPAF SCAD program shall provide timely reliable, qualitative and in-depth information as an indicator of outcomes and impacts to PPAF management and all important stakeholders. It shall also highlight changes (positive/negative) in socio-economic conditions of beneficiary population quantitatively and qualitatively, to be used for future policy making.

The consulting firms hired will be responsible for the following:

a) Understanding the context of PPAF SCAD program from project documents, interventions and socio-economic situation prevailing in coastal areas of Sindh province.

b) Developing an inception report that defines detailed methodology and study tools, and identifies beneficiaries and groups to be interviewed at various levels (regional, provincial, district, union council, village and community). A timeline of activities also provided along with timelines for submission of a draft and final report containing results and analysis of results.

c) Refining, in conjunction with the MER unit, the methodology of impact assessment of the SCAD program, which ensures a representative sample, to capture the views of PPAF supported/ funded beneficiaries.
d) Development of a data entry program to be pre-tested by an expert before field work is initiated (field data entry will be done when possible).
e) Pilot testing and finalization of questionnaires and other developed evaluation tools.
f) Hiring and training of survey field teams.
g) Implementation and monitoring of the field survey to ensure high quality data collection.
h) Back checking of data collected through quality control supervisors.
i) Conduct interviews and collect data from the beneficiary interviewees, using agreed methodology and tools.
j) Processing and analysis of data and compilation of draft report of findings and recommendations for presentation to stakeholders. Full data analysis and results to also be provided.
k) A brief presentation to the PPAF and World Bank on findings from the impact assessment.
l) Finalization and submission of reports stating findings and recommendations, taking into account stakeholder comments and inputs in response to draft report.

5. Consulting Team Outputs

- Inception Report
- Finalized survey questionnaires in English and Urdu
- FGD questions (finalized with MER unit)
- A data entry program for study instruments.
- A clean, verified and documented data set to be made available to PPAF (MER) in approximately 30 days after the completion of the field work.
- Presentation of initial Findings, Conclusions, Recommendations draft for PPAF
- The hard copy analysis and results of data collection activities.
- Draft and final reports which include data overview, analysis, findings and recommendations

6. Indicative Methodology

The impact assessment of the PPAF SCAD program intended to identify trends and provide analysis that can shape required policy and program changes. For this purpose, the findings shall be quantified to the degree possible. The core techniques for the study shall be:

a) In-depth interviews of beneficiary households and representative groups of key stakeholders (beneficiaries, communities);
b) Focus group discussions, particularly with the beneficiaries;
c) Participant observations

The consultant team will finalized the impact assessment design in consultation with MER wing of PPAF.

7. Sample Framework and Implementation Summary

The sample size shall be established according to what is considered significant by the consulting organization and MER Unit. Given the use of in-depth probing and qualitative techniques, smaller samples considered to be statistically significant will suffice, yet samples must allow for meaningful cross-tabulation and be of sufficient size to be useful for decision-making.

8. Indicative Research Issues/ Interview Questionnaires

The research issues for the study will be determined by the consulting organization in consultation with the MER Unit. They will be addressed largely by interviewing, using a basic interview questionnaire/ guide that may be modified for use with different stakeholder groups.

The research will answer the following questions:

- What worked well and why?
- What has been achieved so far in the program?
- What went wrong and why? problems and constraints ?
- What is the external and objective analysis of the project for policy decision makers' on the implementation for similar new programs?
- What are practical recommendations for the partners aiming at ensuring the most efficient and effective implementation of future projects?
- What have we learnt about: 1) the context of the project; 2) the project outcomes; 3) the monitoring process itself?
- What are the recommendations for SCAD program for the remaining period?

Moreover, the PPAF would intend to inquire in this impact assessment and seek answers for the following questions;

Program Achievements:
- What are the significant benchmarks that have been achieved by SCAD program in different phases?

Relevance:
- What were the problems identified which each of these programs has been designed to address?
- To what extent are the program goal/objectives aligned to the needs and priorities of the targeted communities?
- Did the program interventions address the identified needs and problems of the beneficiaries?
- How relevant were the program strategies in context of problems identified?

Efficiency and Effectiveness:
- Did the PPAF and its partner's policies and practices ensure timely and effective implementation of project?
- Have the available means been optimally exploited? Are the resources in terms of personnel, finance, and facilities transformed into results and outputs or were they used to achieve specific outcomes?

- What were the most significant aspects of the project environment that effected the achievement of project objectives – were they foreseen and monitored?
- What were the unforeseen effects of the project? Has there been any negative impact – social or economic? How could we have mitigated the negative effects?

Impact:
- What key improvements in quality of life of communities and households have been realized since the inception of the project?
- Has evidence of learning opportunities been captured and utilized by the project? What are the learning opportunities of the program?
- What impacts in terms of women's empowerment have been evidenced? How has greater equality between men and women been achieved by the project to date (e.g. women's decision-making power within the household/at the community level)? What is the evidence of change so far and what impact is forecast on completion?

Sustainability:

- What activities can be sustained where necessary and/or that beneficiaries and their organizations have gained significant new capacities in pursuit of their own development objectives?
- What are the dimensions of sustainability: economic/financial; social/organizational; technological; environmental?
- Are all project activities carried out in a sustainable manner wherever possible?
- Are they likely to initiate other similar projects in the vulnerable communities?
- What relationships/linkages have been formed through project implementation to date that are likely to continue beyond the life of the program?

9. Schedule
Total time required for this impact assessment is **four months**. Expected date for the assignment to start is 1st January, 2013. Moreover, a brief breakdown of the study activity will include:

Activity	Duration
Submission and approval of inception report	1 week
Hiring of field teams by consulting organization	2 weeks
Training and field testing of interview questionnaire/s	2 week
Field work	6 weeks
Data tabulation and analysis	2 weeks
Draft report submission	1 week
Final report preparation	2 weeks

10. Qualification of the Consultant Firm:
– The Consultant/ Firm shall have documented experience of evaluations of national/regional economic and social development programs of comparable scale and complexity

- Lead of consultant must have PhD or Master's Degree, in evaluation, applied research, social science, economics, or a related field and have at least 10 years of experience managing or conducting evaluations.
- Strong understanding of the context and situation regarding Sindh Coastal areas and LBOD impacts.
- Moreover, specifications of the lead team of consultants would include:

a) Team Leader/ Rural Development Specialist (1)
- PhD or Masters degree in rural development, economics (or related field)
- Extensive knowledge and experience of participatory and community demand-driven development in South Asia region (minimum 8 years)
- Excellent report writing, documentation and research experience;
- Strong understanding of rural economy and economic context in Pakistan
- Published author (or at a minimum contributed to publications in local and/or international journals)

b) Specialist in Integrated Community Demand-driven program (1)
- Masters degree in rural development, economics (or related field)
- Extensive knowledge and experience of participatory and community demand-driven development in South Asia region (minimum 5 years)
- Excellent report writing, documentation and research experience;
- Strong understanding of rural economy and economic context in Pakistan

c) Monitoring & Evaluation Expert (1)
- Masters degree in rural development, economics (or related field)
- Extensive knowledge and experience of research, monitoring and evaluation, etc (minimum 8 years)
- Extensive experience (5 years) of working on M&E preferably evaluated various participatory and community demand-driven projects in Pakistan
- Strong understanding of rural economy and economic context in Pakistan

11. Deliverables and Payment Schedule:

Sr.	Deliverable	Proposed Payment percentages
1	Inception report	15%
2	Finalizing of the assignment methodology and development of various data collection tools	15%
3	Draft impact assessment report (including case studies) with recommendations and ways forward	40%
4	Final report	30%

12: Selection Method:

A consultant firm will be selected in accordance with the Selection Based on Consultants Qualification (CQS) method set out in World Bank Procurement Guidelines (October 2006).

Semiotics

People with simple solutions

Annexure 2 Survey Tool
Impact Evaluation of Sindh Coastal Areas Development (SCAD)
Household Beneficiary Questionnaire

Questionnaire ID		Sections Completed	1= SM	2= LEED	3= Health	4= Edu	5= Infra

SECTION-1: SURVEY DETAILS

Question	Response
Full Address	
Revenue village/Muaza/Deh	
Settlement/MohAllah/Goth/ Basti	

District	Tehsil Code	Tehsil	UC Code	Union Council
1=Badin	1	BADIN	1	Bhugra Memon
			2	Lowari Sharif
			3	Seerani
	2	TANDO BAGO	4	Dadah
			5	Khairpur
			6	Pangrio
			7	Control UC-1
2=Karachi	3	KEAMARI TOWN	8	Baba Bhit
			9	Gabopat
			10	Control UC-2
3=Tharparkur	4	DIPLO	11	Boolhari
			12	Dabhiro
			13	Control UC-3
4=Thatta	5	GHORABARI	14	Mahar
	6	JATI	15	Begna
			16	Kothi
	7	KHAROCHAN	17	Kharo Chan
	8	MIRPUR SAKRO	18	Buhara
			19	Ghulamullah
			20	Haji Ghirano
	9	SHAH BANDER	21	Chuhar Jamali
			22	Goongani
			23	Jungo Jalbani
			24	Control UC-4
			25	Control UC-5

FIELD TEAM

DESCRIPTION	ID	NAME / SIGNATURE	DATE					
			D	D	M	M	Y	Y
ENUMERATOR								
SUPERVISOR								
SURVEY COORDINATOR								

SECTION-2: RESPONDENT INFORMATION

ID	Question	Response
ID1	Full name of Respondent: (Respondent must be above 18 years)	
ID2	Gender of Respondent	Male .... 1 Female... 2
ID3	CNIC of Respondent (must be in 13 digits i.e. 37201-2484748-1)	
ID4	Age of Respondent	_____ Years
ID5	Are you the household head?	Yes **(skip to ID7)**... 1 No 2
ID6	a. If not HH head, name of Household Head b. Status of the respondent relationship with HH Head	**a.** --------------------------------(Name of HH). **b.** Spouse .... 1 Father / Mother .... 2 Father /Mother-in-Law .... 3 Son / Daughter .... 4 Daughter-in-law .... 5 Brother / Sister.. 6 Others (specify_____) 7
ID7	Respondent's Father/Husband Name	
ID8	Contact Number of respondent: (If mobile number then must be in 11 digits) like 0347-8727050)	

SECTION 3: HOUSEHOLD INFORMATION – POVERTY SCORE CARD

ID9 Household Roster

No	1	2	3	4. LITERACY(خواندگی) Can he/she read a newspaper or letter				5	6	7	8	9
	Name	Gender Male= 1 Female = 2	AGE How old was HH member on his/her last birthday?	Easy	Difficult	Can't Read	Don't Know	Relationship with HH head	Marital status	Education Status	Currently enrolled in school (children aged 5-16)	Employment status over past 12 months? *(only for members aged 18 and over)*
01* (HH Head)				1	2	3	9	1				
02				1	2	3	9					
03				1	2	3	9					
04				1	2	3	9					
05				1	2	3	9					
06				1	2	3	9					
07				1	2	3	9					
08				1	2	3	9					
09				1	2	3	9					
10				1	2	3	9					
11				1	2	3	9					
12				1	2	3	9					
13				1	2	3	9					
14				1	2	3	9					

<u>Code Column- 3:</u> Put actual HH member age; if less than one year age then put code 0

<u>Code Column-5:</u>**1**=Head; **2**=Husband; **3**=Wife; **4**=Son/daughter/adopted);**5**=Father/mother; **6**=Brother/sister; **7**=Grandchild; **8**=Son/daughter-in-law; **9**=Brother/sister-in-law; **10**=Father/mother-in- law; **11**=Uncle/aunt; **12**=Grandfather/grandmother; **13**=Nephew/niece; **14**=other

<u>Code Column-6</u>: **1=**Married; **2**=Never married; **3**=Divorced; **4**=Widower/widow; **5**=Separated

<u>Code Column-7:</u> **1**. Not literate (above 18 year**s**), **2**. Not in School (1 to 18 years)**, 3**. Literate (above 18 years), **4**. Primary (Grade 1 to 5)**, 5**. Middle (Grade 6 to 8)**, 6**. Matric Grade (9 to 10,) , **7**. Intermediate (Grade 11 to 12), **8**. Degree (Grade 14 or higher), **9**. Diploma, **10**. Other

<u>Code Column 8</u>: 1= Yes; 2=No

<u>Code Column-9</u>: **1**=Government; **2**=Semi government; **3**=Private*; **4**=Pensioner; **5**=Self-employed**; **6**=Not employed***; **7**=Nil (housekeeping, below 18, if above 60 not working, household headship, disabled);
*Working for a person or organization which is private and not in government sector, e.g., labourer.
کسی بھی پرائیویٹ شخص کے ساتھ کام کرنا جیسا کہ مزدور
**Doing your own business or work for living and profit and not as an employee, e.g., farming, sewing and stitching, carpentry, tailoring, etc) منافع کے لئے اپنا کاروبار کارنا جیسا کہ کھیتی باڑی، کپڑوں کی سلائی وغیرہ
***Includes those members who are between 18-60 years of age and do not workان لوگوں کو شامل کریں جو کہ 18 سے 60 کی عمر کے ہیں اور کام نہیں کرتے

ID	Question	Response	To be filled by Supervisor
ID10	What is the total number of members in your household **who live and eat together?** (check with the HH roster) آپ کے گھرانے کی کتنے افراد ہیں جو اکھٹا کھاتے اور رہتے ہیں		
ID11	How many HH members are **less than 18 years** in age?(check with the HH roster)		
ID12	How many HH members are **more than 65 years** in age? (check with the HH roster)		
ID13	What is the **maximum education** زیادہ سے زیادہ (تعلیم)**level of the HH head**?	Never went to school................................ 1 Class 1-5 (primary) .... 2 Class 6-10 (secondary) .... 3 Class 11 / college or more 4	
ID14	How many children in the HH **between age 5 and 16 years** are receiving education?	None.. 1 A few .... 2 All .... 3 No children aged 5-16 years in HH........... 4	
ID15	What is the total number of rooms including **bedroom and living rooms** (excluding store, kitchen, latrine and washroom)?	_____ ROOMS	
ID16	What is the **main source** (بنیادی ذریعہ)of **drinking water** for members of your household?	Piped Into House ....1 Piped Into Yard Or Plot................. ....2 Public Tap ....3 Tube Well/Bore Hole With Pump…............4 Protected Dug Well………………… ....5 Protected Spring……………………… ....6 Rain Water Collection………………… ....7 Bottled Water………………………………8 Unprotected Dug Well…………………9 Unprotected Spring…………………………10 Pond, River Or Stream…………………………11 Tanker-Truck, Vendor……………… ....12 Other (Specify) 13	
ID17	Sanitation. What kind of toilet facility (ٹوائلٹ کی سہولت) does your household use?	No Facility/Bush/Field…………………………1 Open Pit/Traditional Pit Latrine………………2 Improved Pit Latrine(Vip)…………… ....3 Pour Flush Latrine………………………………4 Flush Toilet………………………………………5 Other……………………………………………6	
ID18	**Food Security.** In the past 12 months, did your household experience a **HUNGRY SEASON**?(فاقہ)	Yes ....1 No**(skip to ID21)**...2	
ID19	During what month did the hungry season (فاقہ)begin?	Hungry Season Start (Month)	
ID20	During what month did the hungry season (فاقہ)end?	Hungry Season Ended (Month)	

ID21	Other Asset-Related (اثاثوں کے متعلق)Questions. Does your household OWN…?		1=Yes; 2= No	----------
		Electricity		
		Radio		
		Television		
		Refrigerator		
		Freezer		
		Cooking stove		
		Cooking range		
		Geyser		
		Washing machine		
		Air conditioner		
		Microwave oven		
		Heater		
		Air cooler		
ID22	Does any member of your household **own**…?		1=Yes; 2= No	----------
		Bicycle		
		Motorcycle		
		Car or truck		
		Rickshaw		
		Scooter		
		Tractor		
ID23	Does any member of your household own…?		1=Yes; 2= No	----------
		Chicken or other poultry		
		Sheep		
		Goat		
		Buffalo		
		Camels		
		Bull/ox		
		Cow		
ID24	Does your household own cultivable agricultural land?(ذرعی زمین کاشت کے قابل)	Yes.. 1 No(skip to ID26)..................................... 2		

ID25	If yes then how much	Jureb	Vesa	Marla	Kanal	Acre	Murabba

1 vesa = 1089 sq. ft; 1 Jureb = 20 vesa; 1 Acre = 40 vesa or 8 kanal; 1 Murabba = 25 acre; 1 Kanal = 20 marla

ID26	How many members of the household are *earning income* (پیسے کمانا)?		
ID27	What is the monthly income of each earning member (برسر روزگار افراد) of the household?		
	Sr.	Name	Monthly Income
	1		
	2		
	3		
	4		
ID28	Is the household receiving any *financial assistance* (مالی امداد) from any Government, Non-Government	None...1 Pakistan Bait ul Maal 2

	Organization or Department?	Zakat/ Ushar .... 3 BISP.. 4 Any NGO .... 5 Other (specify) 6	

ID29 Annual Income and Expenses

Directions: *please make sure figures provided below are per annum*

Sr.No	Source(ذریعہ)	Annual Income (سالانہ آمدنی)(Rs.)
1	Crops (فصل)	
2	Vegetables	
3	Orchards (باغات)	
4	Poultry	
5	Sheep/Goats	
6	Cattle	
7	Business/Shop	
8	Rent (Land) (کرائے پر زمین)	
9	Daily Labour	
10	Job/Service (govt. or private or both)	
11	Social Benefits(سماجی فائدے) /Grants (Zakat, BISP, etc.)(امداد)	
12	Other Sources of income in any (Lump Sum)	
13	**Total Income** (کل آمدنی) **(Sum of above` above)**	

Sr. No	Items	Expenses Annual (سالانی اخراجات)(Rs.)
1	Food	
2	Clothing	
3	Housing	
4	Fuel and Utilities (electricity, gas)	
5	Transport/Travel	
6	Health	
7	Education	
8	Social Functions (Different anniversaries or family gatherings etc)	
9	Other Expenses (specify)	
10	**Total Expenditure** **(Sum of Above)**	

SECTION 4: SOCIAL MOBILIZATION

ID	Question	Response	To be filled by Supervisor
ID30	Are you aware (آگاہ) of any community organization(s)(CO) in your village?	Yes.. 1 No**(skip to next section 5)** 2	
ID31	If yes, which COs are you aware (آگاہ) of (specify)?	1. _____ 2. _____ 3._____	
ID32	Are you or someone from your household a member of any community organization?	Yes, myself.. 1 Yes, another member (specify)............................ 2 No members from my household **(skip to ID 61)** 3	
ID33	Which CO are you / your household member a part of? (see from **ID 31** above)	1 .... 1 2 .... 2 3. 3	
ID34	What is your / their position(عہدہ) in the community organization?	Officer bearer....................................... 1 Member .... 2 Other (specify) .... 3 Don't know.. 4	
ID35	For how long(کتنا عرصہ) have you / they been a member of the community organization (in years or months)	_____ Months _____ Years Don't Know 999	
ID36	How many other members(مزید ممبران) are a part(حصہ) of this CO?	Male_____ Female _____ Don't Know 999	
ID37	How often(بار) does the CO meet?	At least once a month........................... 1 Once every 2 months............................ 2 Once every 3-6 months .... 3 Less than once a year .... 4 Don'tKnow......................................999	
ID38	When was the last meeting held?	_____ / _____ Month / Year Don't Know 999	
ID39	In your opinion, how many of the CO members belong(تعلق) from the <u>poorest</u> households in your community?	A few (25%) .... 1 About Half of them (50%)........................ 2 More than half of them (50%+) .... 3 Almost all of them (75%+)...................... 4 Don't Know......................................999	
ID40	If respondent (male) is the member of CO then ask this question Are there are any female members as part of your CO?	None.......................... ....1 A few (25%) .... 2 About Half of them (50%)........................ 3 More than half of them (50%+) .... 4 Don't Know 999	
ID41	If respondent (female) is the member of CO then ask this question Are there are any male members as part of your CO?	None.......................... ....1 A few (25%) .... 2 About Half of them (50%)........................ 3 More than half of them (50%+) .... 4 Don't Know 999	
ID42	If respondent (female) is the member of Mix CO then ask this question Are you able to effectively participate and	Very effectively .... 1 Effectively.. 2 Somewhat effectively 3	

ID	Question	Response	To be filled by Supervisor
	voice your concerns (مؤثر شمولیت اور اپنی آواز بلند کرنا) in the CO where male members are present?	Not at all .... 4 Don't Know 999	
ID43	How did you/they become a member (ممبر بننے؟)	Approached by project staff /PO .... 1 Approached by non-community members...... 2 Approached by community members .... 3 Volunteered myself.. 4 Volunteered herself/himself............................5 Other (specify) 6	
ID44	What was the main reason(بنیادی وجہ) that encouraged(حوصلہ بڑھایا) you/them to join?	To represent my community .... 1 To participate in community affairs.................. 2 To benefit from its services .... 3 Encouraged by others .... 4 Other (specify) 5	
ID45	How were you/they made aware(آگاہ) of the role(کردار) of the CO?	Through project staff/PO .... 1 Through CO Leader .... 2 Through other CO members .... 3 Other (specify) 4	
ID46	Which committees exist(بنی ہوئی) as part of your CO?	Education Committee.. 1 Health Committee .... 2 Infrastructure Committee .... 3 Agriculture/Livestock committee`.......... 4Other (specify) 5	
ID47	Which sub committees exist as part of your COs	Procurement .... 1 Implementation .... 2 Monitoring and audit... 3 Other (specify)..4	
ID48	How are the committee members chosen(انتخاب)?	Appointed by project staff/PO .... 1 Nominated by officer bearers............................ 2 Voluntary basis .... 3 Other... 4	
ID49	How are the CO office bearers (عہدداران)chosen?	Appointed by project staff/PO .... 1 Appointed by other .... 2 Elections Process .... 3 Other... 4	
ID50	Were members of your/their CO offered any training(تربیت)?	Yes... 1 No.. 2	
ID51	Did you/ HH member receive any training?	Yes... 1 No**(skip to ID55)**... 2	
ID52	What training was provided(دی گئی) to you /them?	Administrative Training .... 1 Financial Training.. 2 Community Management Skill Training (CMST) .... 3 Enterprise Development Training (EDT).......... 4 Other (specify) 5	
ID53	Did you/ HH member receive(ملی) any livelihood training?	Yes... 1 No **(skip to ID 55)** 2	
ID54	What type of training did you / they receive?		
ID55	Does your CO offer any financial loans (مالی قرضہ جات دینا) to any member?	Yes... 1 No**(skip to ID 58)**.. 2	
ID56	Did you / HH member take a loan(قرضہ لینا) from the CO?	Yes... 1 No **(skip to ID 58)** 2	
ID57	What was the amount of loan(قرضہ کی رقم) received(حاصل کی)?		

ID	Question	Response				To be filled by Supervisor
ID58	How effective(مؤثر) has the CO been in relation to (select one option per item)					---------
		Very effective 1	Effective 2	Somewhat effective 3	Not effective at all 4	
	Bringing community members together(لوگوں کو اکھٹا کرنا)					
	Identifying(نشان دہی) community problems					
	Addressing(حل کرنا) community problems					
	Delivering(دینا) livelihood training					
	Providing loans(قرضہ دینا)					
	Recovery of loans(قرضہ واپس لینا)					
ID59	What support(امداد) has been provided by the partner organization?	Regular monitoring of CO meetings/activities ....1 Facilitate CO meetings ....2 Assist with CO activities ....3 Ensuring CO meeting participation 4				
ID60	In your opinion, what can be done to improve access to, functioning(کارکردگی) and/or effectiveness(اثر انگیز) of the CO?					
ID61	If you do not participate(حصہ) in any community organization, what is the main reason?	Unaware of any CO ....1 Did not find this useful..2 Did not find a suitable role ....3 Not willing..4 Inaccessible ....5 Do not have the time ....6 Other (specify)...7 Not Applicable 777				

SECTION 5: LIVELIHOOD, EMPLOYMENT, ENTERPRISE DEVELOPMENT

ID	Question	Response	To be filled by Supervisor
ID62	Are you aware(آگاہ) of any skills training programs being offered(کرایا گیا ہو) to your community members?	Yes ....1 No **(skip to section 6)** 2	
ID63	If yes, which ones(کون سا) (specify)?	1. _____ 2. _____ 3._____	
ID64	Did you or any member of your household receive(حاصل کی) skills training from partner organizations?	Yes, I received training ....1 Yes, another HH member (specify).....................2 No, no one received training **(skip to section 6)** 3	
ID65	Was this training provided(دی گئی) to you or any member of your HH as part of the Community Organization activities?	Yes ....1 No ....2 Unaware of CO 3	
ID66	Which training did you / your household member receive? (see attached excel file)	1..1 2..2 3..3	
ID67	What was the duration(دورانیہ) of this training programme?	One week or less.....................................1 2-4 weeks ....2 1-2 months...3 More than 2 months ....4 Don't know 999	
ID68	How useful(فائدہ مند) was this training in teaching you / HH member a new skill?	Very useful ....1 Useful ....2 Somewhat useful ....3 Not useful at all..4 Don't know 999	
ID69	What were the key strengths (بنیادی خصوصیات) of this training programme?	Knowledge / method of trainer ....1 Relevance/ content taught..................................2 Tools / equipment used for training...................3 Applicability of training in job / business ....4 Duration ....5 Other (specify) 6	
ID70	What were the key weaknesses (بنیادی کمزوریاں) of this training programme?	Limited Knowledge / poor method of trainer .....1 Irrelevance/ content taught.................................2 Outdated / impractical tools / equipment used for training ....3 Poor Applicability of training...............................4 Duration ....5 Other (specify) 6	
ID71	What did you/HH member do upon completion(مکمل) of training?	Found a new job ....1 Use skills in existing occupation...........................2 Started my own enterprise ....3 Nothing..4 Other (specify) 5	
ID72	What has been the impact(اثر) on your/HH member earning as a result of your/his/her training?	Increased considerably..1 Increased somewhat ....2 No impact..3 Decreased 4	
ID73	Are you aware of any enterprise(کاروبار) development programs being offered to your	Yes ....1 No 2	

ID	Question	Response	To be filled by Supervisor
	community members?		
ID74	If yes, which ones (specify)?	1. _____ 2. _____ 3._____	
ID75	Did you or any member of your household receive any assets(اثاثے) from partner organizations?	Yes, I received an asset..1 Yes, another HH member (specify)......................2 No, no one received an asset (skip to ID 81) 3	
ID76	Which assets(اثاثے) did you / your household member receive?	1. _____ 2. _____ 3._____	
ID77	Were you provided(دی گئی) any training on use of these assets?	Yes ....1 No **(skip to ID 79)** 2	
ID78	How useful(فائدہ مند) was this training?	Very useful ....1 Useful ....2 Somewhat useful ....3 Not useful at all..4	
ID79	What did you do with these assets(اثاثے)?	Used them in my existing business.....................1 Used them in my existing occupation ....2 Started a new enterprise.....................................3 Sold them ....4 Nothing...5 Other (specify) 6	
ID80	Based on the training / equipment received, to what extent(حد تک) were you able to develop market linkages (مارکیٹ سے رابطہ بنانا)?	To a large extent ....1 To some extent ....2 None at all 3	
ID81	To what extent did the community organization facilitate(سہل کیا) in developing market linkages	To a large extent ....1 To some extent ....2 Not at all...3	
ID82	Did you receive any loan to facilitate you in your enterprise?	Yes, received a loan ....1 No, did not receive a loan**(skip to section 6)** 2	
ID83	Was this loan received from your CO?	Yes ....1 No 2	
ID84	What was the loan amount(رقم)?		
ID85	For how many months is this loan made available(میسر ہونا) to you?		
ID86	Has this loan been repaid(واپس)?	All of it repaid..1 More than half of it repaid..................................2 Less than half of it repaid ....3 Fully outstanding 4	
ID87	Did you need to put up any collateral ضمانت) (کے طور پر to obtain this loan? If yes, specify.	Yes (Specify) ....1 No 2	

SECTION 6: HEALTH

ID	Question	Response	To be filled by Supervisor
ID88	What health services(صحت کی سہولیات) are available to you in your community? (click all that apply)	Community Health Centres (CHC) ....1 Basic Health Unit (BHU) ....2 Rural Health Centre (RHC) ....3 Tehsil Hospital...4 District Hospital ....5 Private Clinics..6 Hakeems ....7 Lady Health Workers ....8 Homeopathic ....9 Other (specify) 10	
ID89	Which of the above mentioned(اوپر دی گئی) facilities is visited the most by you / household members? (select one)		
ID90	Which of the above mentioned facilities is visited most by **female** household members? (select one)		
ID91	Have you/HH member ever visited the Community Health Centre (CHC)?	Yes ....1 No **(skip to ID 101)** 2	
ID92	When did your/HH member last visit take place to the CHC?	_____ / _____ Month / Year	
ID93	On average, how often do you/HH member visit the CHC?	At least once a month ....1 Once every 2 months ....2 Once every 3-6 months................................3 Less than once a year 4	
ID94	What services are provided at the CHC? (click all that apply)	Labour room ....1 Pharmacy ....2 Laboratory...3 OPD Services ....4 Immunization/Vaccination Service..............5 Family planning..6 Awareness campaigns / information...........7 Other (specify) 8	
ID95	What is your/HH member opinion(رائے) of the services available in the CHC?	All services available....................................1 Adequate services available.........................2 Limited services available............................3 No services available at all 4	
ID96	What is the quality of service(سہولیات کا معیار) provided at the CHC?	High quality..1 Adequate quality ....2 Poor quality...3	
ID97	Has the quality of services improved(بہتری) over the last year at the CHC?	Improved a lot ....1 Improved somewhat ....2 Stayed the same ....3 Became worse 4	
ID98	Is there a sufficient number(مناسب تعداد) of trained staff available(موجود) at the CHC?	Yes ....1 No 2	
ID99	What is your/HH member opinion(رائے) of the competence(قابلیت) of this staff at the CHC?	Highly competent ....1 Competent ....2 Somewhat competent..................................3 Not competent at all 4	
ID100	How is their attitude(رویہ), in terms of helpfulness(مددگار)?	Very helpful...1 Helpful...2 Somewhat helpful 3	

ID	Question	Response	To be filled by Supervisor
		Not at all helpful 4	
ID101	Are you/HH member aware(آگاہ) of any government run vaccination / immunization campaigns(مہم) which took place in your community / CHC?	Yes ....1 No 2	
ID102	Did you benefit(فائدہ) from this campaign?	Yes ....1 No 2	
ID103	Are you aware(آگاہ) of any health committee in your community?	Yes ....1 No 2	
ID104	Are you a member of this health committee?	Yes ....1 No 2	
ID105	What is the role(کردار) of the health committee?		
ID106	How effective(مؤثر) is it in carrying out this role(کردار ادا کرنا)؟	Very effective...1 Effective ....2 Somewhat effective....................................3 Not effective at all 4	
ID107	What suggestions(تجاویز) do you have to improve health facilities / CHC in your community?		

SECTION 7: EDUCATION

ID	Question	Response	To be filled by Supervisor
ID108	Do you have any children aged 5-16? (check with roster)	Yes...1 No 2	
ID109	If yes, how many do you have?	_____ Boys _____Girls	Boys: Girls:
ID110	What is their education status(تعلیم کا ردجہ)?		

	Boys	Girls	Total
Attending School (public / private)			
Attending Madirassah ONLY			
Dropped out from school			
Never attended school			
Completed primary / middle and then stopped			

ID	Question	Response	To be filled by Supervisor
ID111	If your child has dropped out (سکول چھوڑ چکا) / never attended school (کبھی سکول نہیں گیا), what was the main reason?	Cannot afford fees / costs ....1 Need children to work/help parents ....2 No school located nearby......................................3 Not satisfied with quality of schooling.................4 Other..5	
ID112	If your child completed primary or middle level, but then stopped, what was the main reason?	Cannot afford fees / costs ....1 Need children to work/help parents ....2 No higher level school located nearby ....3 Not satisfied with quality of schooling.................4 Other..5	
ID113	Did anyone approach(رابطہ) you to enroll(اندراج) your children back to school? If yes, whom?	No one approached ....1 Project staff/PO..2 CO members/Office Bearers ....3 School staff...4 Community centre staff.......................................5 Other (specify) 6	
ID114	What type of school is your child enrolled(اندراج) in?	Public ....1 Private..2 Other (specify) ....3 No child attending school (skip to ID 124) 4	
ID115	If your child(ren) attend a public or private school, what is the main reason for you to send them?	I believe in education...1 For intellectual development of my child............2 School is easily accessible....................................3 Good quality schooling is available ....4 I am able to afford the costs ....5 Others in community enroll their children ....6 Influenced by CO members/PO ....7 Other...8	

ID	Question	Response				To be filled by Supervisor

ID116	How would you rank(درجہ) the school in terms of:					-----------
		Very good	Good	Satisfactory	Poor/ unavailable	
	Physical school building					
	Physical classroom					
	Number of classrooms					
	Furniture for children					
	Quality of teachers					
	Number of teachers					
	Teachers' attendance					
	Feedback on child's progress					
	Learning of child					
	Class Size					
	Availability of textbooks / learning material					
	Availability of toilets					
	Availability of drinking water					

ID117	Do you feel that any of the above mentioned aspects(پہلو) have improved(بہتری) over the last year? (check all that apply)	Physical school building...1 Physical classroom ....2 Number of classrooms...3 Furniture for children ....4 Quality of teachers..5 Number of teachers...6 Teachers' attendance ....7 Feedback on child's progress ....8 Learning of child..9 Class Size 10	

ID118	Do you feel that any of the above mentioned aspects have worsened(بدتر) over the last year? (check all that apply)	Physical school building...1 Physical classroom ....2 Number of classrooms...3 Furniture for children ....4 Quality of teachers..5 Number of teachers...6 Teachers' attendance ....7 Feedback on child's progress ....8 Learning of child..9 Class Size 10	

ID119	If at least one of your child is enrolled(داخل) in secondary school, is he / she provided with life skills courses? (including literacy, numeracy, economic, social etc.)	Yes..1 No ....2 No child in secondary school...............................3	

ID120	If at least one of your child was enrolled(داخل) in school during his / her adolescence(نوجوانی), was he / she provided with an accelerator (بہتری سے course through VO/CO? (والا ہونے	Yes..1 No ....2 No child in adolescence aged..............................3 No child enrolled during adolescence 4	

ID	Question	Response	To be filled by Supervisor
ID121	Are you a part of the School Management Committee (SMC)	Yes as a member ....1 Yes, as a co-signatory...........................2 No 3	
ID122	If yes, how often(بار) does the SMC meet?	At least once a month............................1 Once every 2 months..............................2 Once every 3-6 months ....3 Less than once a year 4	
ID123	How effective(مؤثر) is the school management committee in monitoring(نگرانی) school affairs(امور)?	Very effective ....1 Effective...2 Somewhat effective ....3 Not effective at all.................................4	
ID124	Are you aware of any adult literacy courses(تعلیم بالغاں) offered in your village?	Yes..1 No(skip to ID128).................................2	
ID125	Have you / do you participate in such a course?	Yes..1 No 2	
ID126	Has this course enabled(قابل) you to learn basic literacy skills?	Yes..1 No 2	
ID127	How useful(فائدہ مند) have you found this course to be?	Very useful..1 Useful...2 Somewhat useful ....3 Not useful at all 4	
ID128	What changes do you suggest need to take place to improve(بہتری) education delivery(پہنچانے) in your community?		

SECTION 8: INFRASTRUCTURE DEVELOPMENT

ID	Question	Response	To be filled by Supervisor
ID129	Has any infrastructure(ڈھانچہبنیادی) development(ارتقاء) taken place in your community over the last **8 years** (since 2007)?	Yes...1 No**(skip to end)** 2	
ID130	What has taken place?(circle all that apply)	Hand Pumps ....1 Culverts..2 Solar Lighting Systems ....3 Link Road ....5 RCC Culvert ....6 Bridge..7 Drinking Water Supply Scheme...........8 Dug Well ....9 Flood Protection Band ....11 Brick Pavement ....12 Protection Wall ....13 Rehabilitation of Hand Pumps...........15 Rehabilitation of Link Road.................16 Rehabilitation of DWSS........................17 Sewerage and Sanitation.................18 Drainage...................................19 Drip/Sprinkler/Bubble/Piped Irrigation..........20 Water Course/Canal lining.......................21 Other (specify)......................................18	
ID131	Which of the above schemes took place in the last **3** years?	1. 2. 3. 4. 5.	
ID132	What have been the 3 most effective (زیادہ مؤثر) schemes?	1. 2. 3.	
ID133	What has been the 3 least effective (سب سے کم مؤثر) scheme?	1. 2. 3.	
ID134	Is the developed infrastructure properly(بخوبی) maintained(برقرار رکھنا)?	Yes...1 No...2	
ID135	Who is it maintained by?	PO...1 CO/VO ....2 Community members / Households ....3 Government ....4 Other...5	
ID136	To what extent(حد تک) do all community members have equal access(برابر پہنچ) to the infrastructure?	To a large extent ....1 To some extent ....2 Not at all 3	
ID137	TO what extent are women free to access(آسان پہنچ) the developed infrastructure?	To a large extent ....1 To some extent ....2 Not at all 3	
ID138	Has any damage(نقصان) / negative(منفی)	Yes, a lot of damage.............................1	

ID	Question	Response	To be filled by Supervisor
	impact(اثر) to the environment(ماحول) been brought by the infrastructure	Yes, some damage ....2 No damage at all 3	
ID139	Was any contribution(حصہ) made by the community in its development?	In cash..1 In labour ....2 Other..3 No contribution 4	
ID140	If in cash, approximately(اندازاً) what proportion(تناسب) was provided towards its development	Less than one-quarter..1 About half ....2 Most..3 Not Applicable 777	
ID141	Has any Disaster Preparedness strategy(آفات کی تیاری کا لائحہ عمل) been developed?	Yes..1 No**(skip to ID143)**..2	
ID142	How effective(مؤثر) has this been / does it seem?	Very effective ....1 Effective ....2 Somewhat effective ....3 Not effective at all..4	
ID143	Any feedback(رائے) regarding infrastructure development in your community?		

Annexure 3 List of Person Met

Partner Organization Interviews

S. No	District	Partner Organization	Focal Person	Designation	Meeting Date
1	Karachi	IET	Shaique Ali Syed	Manager	June 27
2	Karachi	Scope	Mahjabeen	Manager	June 30
3	Badin	BRDS	Khadim Hussain	General Manager	July 4
4	Badin	NRSP	Mustafa Jamro	Manager	July 4
5	Tharparkar	TRDP	A. Shewani	Manager	July 5
6	Karachi	AKPBSP	Saleema Saleem	Program Manager	July 7
7	Karachi	HANDS	Raheem Marri	General Manager	July 7
8	Hyderabad	SAFWCO	Liaquat Ali	General Manager CPI	July 8
9	Hyderabad	SPO	Mir Muhammad Baloch	Program Manager	July 8
10	Hyderabad	SiRSP	Mushtaq Mirani	CEO	July 8

		Government Interviews			
S. No	District	Departmnet	Focal Person	Designation	Meeting Date
1	Thatta	Education Departmnet	Ghulam Qadir	EDO Education	July 3
2	Badin	Social Welfare Department	Abdul Ghaffar Khaoosa	Social Welfare Officer	July 4
3	Tharparkur	Health Department	Dr. Pir Bhalal	DHO Health	July 5
4	Thatta	Sindh Coastal Development Authority	Sheraz Soomoro	District Officer	July 9

Semiotics

People with simple solutions

Annexure 4 List of Villages

District	Tehsil	UC	Village
1=Badin	Badin	Bhugra Memon	Chehl
			DHEENGAR
			Lohan
			NARERY
		Lowari Sharif	Lawari Sharif
			SHEIKH POOR
		Seerani	Bandho
			BHUGRO MAL
			nangar kheet
	TANDO BAGO	Dadah	changhi
			khari kabrio
		Khairpur	BACHAYIO BHEEL
			KHAIRPUR
		Pangrio	Feyani
			HAAR
		Control UC-1	DUZZ
			Patel
2=Karachi	KEAMARI TOWN	Baba Bhit	BABA ISLAND
			Younasabad
		Gabopat	Abdual Rehman Ghot
			Deyo Chanara
			GOND PASS
			Lal bakhar
		Control UC-2	ABDULLAH GABOOL GHOT
			Tayser
3=Tharparkur	DIPLO	Boolhari	Ali Bandar
			Gadar
			Hathrai
			Sahani
		Dabhiro	Bitri
			dabhro
			Dounhai
			Kariveeri
			Sakri
		Control UC-3	Jhirmiro
			Mohsan Para
			Nisarveri
			Soomrasar
			Vihar
4=Thatta	GHORABARI	Mahar	Mohammad Shoro
			Udero
	JATI	Begna	Dando
		Kothi	Chabandi
			Tango
	KHAROCHAN	Kharo Chan	BABIYO
			DARSI
	MIRPUR SAKRO	Buhara	Buhara
			Kaghan

District	Tehsil	UC	Village
		Ghulamullah	Ghulam Ullah
			Mohsin Dars
			Samki
		Haji Ghirano	Daboo
			Saleh Mohamamd Moolepoto
	SHAH BANDER	Chuhar Jamali	Dhutri
			Koor
		Goongani	Ballo Jamali
			Machhki
		Jungo Jalbani	Haji Ahmad Jatt
			Nangar Khan Chandio
			Nawazo
		Control UC-4	Pat Makkar
			Sarriji
		Control UC-5	Ali Mohammad
			Halaki
			Sajjan Mir Behar

Annexure 5 Data Tables

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