



KIT Royal
Tropical
Institute

Karunafoundation Nepal
Saving children from disability, one by one



Impact Study Disability Prevention & Rehabilitation Program Nepal

Baseline Report Quantitative Epidemiological Study



Pierre Pratley and Nima Yaghmaei
Royal Tropical Institute, Amsterdam
July 7th 2021

Baseline Report 2021

Principal investigator

Name: Dr. Pierre Pratley
Position: Senior Advisor Health Systems Strengthening

Institution responsible for the research

Royal Tropical Institute (KIT)

Royal Tropical Institute (KIT)
Mauritskade 63
1092 AD Amsterdam
The Netherlands

E-mail and phone numbers

p.pratley@kit.nl

Contents

List of Tables	5
List of Figures	7
Abbreviations	8
1 Executive Summary	9
2 Introduction	13
2.1 Setting	13
2.2 Program Under Evaluation: the Disability Prevention and Rehabilitation Program (DPRP)	14
3 Methodology	16
3.1 Study goals and objectives	16
3.2 Study design	18
3.3 Epidemiological study	19
3.3.1 Questionnaire preparation	19
3.3.2 Sampling frame	20
3.3.3 Ethical clearance	21
3.3.4 Survey Team	21
3.3.5 Survey training	22
3.3.6 Pilot testing and survey finalization	23
3.3.7 Fieldwork	24
3.3.8 Key observations during data collection	25
3.3.9 Data entry, submission, cleaning, preparation, and sample weights	26
3.4 Qualitative study	26
3.5 Costing and cost-effectiveness	27
4 Results	28
4.1 Women	28
4.1.1 Socio-demographics, respondent and household characteristics	28
4.1.2 Folic acid supplementation	30
4.1.3 Self-report of Antenatal Care (ANC) uptake	31
4.1.4 Antenatal Care (ANC) uptake according to ANC card	34
4.1.5 Skilled birth attendance and statistics on births	36
4.1.6 Child health	40
4.2 Persons living with a disability	43
4.2.1 Socio-demographics, respondent and household characteristics	43
4.2.2 Education	46
4.2.3 Employment	47
4.2.4 Disability status and registration	49
4.2.5 Social participation	51
4.2.6 Decision making	53
4.2.7 Civic participation	54
4.2.8 Quality of Life	55

4.2.9 Abuse	56
4.2.10 Economic status	59
4.2.11 Health status	61
5 Conclusions, discussion and recommendations	65
6 References	67
7 Annexes	68

List of Tables

Table 1: Executive summary: KPIs for prevention component: folic acid supplementation, institutional deliveries and postnatal check-ups.....	10
Table 2: Executive summary: KPIs for prevention component: ANC.....	11
Table 3: Executive summary: KPIs for Community-based Rehabilitation component.....	12
Table 4: DPRP impact study evaluation matrix including research questions based on OECD DAC criteria, KPIs and means of verification and reporting	16
Table 5: Survey team composition	21
Table 6: Women and child's age (n=2,170)	28
Table 7: Household and respondent characteristics (n=2,170).....	29
Table 8: Key variables regarding folic acid supplementation	30
Table 9: Adequate ANC uptake and any ANC uptake (n=2,170).....	31
Table 10: Respondent report of any complications in the final 3 weeks of pregnancy (n=2,170)	31
Table 11: Respondent report of reasons for not accessing ANC (n=35).....	32
Table 12: Respondent report of type of professional providing ANC (n=2,135).....	32
Table 13: Respondent report of location where ANC was provided at 4, 6, 8 and 9 months.....	32
Table 14: Respondent report on type of advice and services received during ANC (n=2,135)	33
Table 15: Respondent report of iron and deworming tablets taken during pregnancy and vaccines taken before or during pregnancy (n=2,170).....	33
Table 16: Availability of ANC card during survey (n=2,170).....	34
Table 17: Services rendered at 4, 6, 8 and 9 months according to ANC card.....	34
Table 18: Provision of iron tablets, deworming drugs and Vitamin A according to ANC card (n=371) ..	35
Table 19: Primary support person and location of delivery according to ANC card (n=371)	35
Table 20: Complications recorded on ANC card (n=371).....	36
Table 21: KPI – Institutional delivery	36
Table 22: Reasons for not having given birth in a facility	37
Table 23: Key statistics on type of birth and complications at birth.....	37
Table 24: Location of birth, source of referral, time taken to reach facility and means of travel to facility.....	38
Table 25: Length of labor, weeks at birth, types of preparation for birth and primary support person for birth (n=2,170).....	38
Table 26: Pregnancy outcomes	39
Table 27: Postnatal Check-up timing	40
Table 28: Child health check, growth monitoring and vitamin A supplementation.....	40
Table 29: Exclusive breastfeeding	41
Table 30: Respondent report of child vaccinations: Any, BCG, OPV and IPV	41
Table 31: Respondent report of child vaccinations: Respondent report of Diptheria, Pertussis and Tetanus (DPT), Pneumococcal and MMR vaccinations	42
Table 32: Respondent age, religion and ethnicity.....	43
Table 33: Respondent's marital status and age at marriage.....	44
Table 34: Whether respondent has ever been pregnant, age at first pregnancy and history of stillbirth	45
Table 35: Respondent's relationship to household head.....	45
Table 36: Respondent's highest completed level of education and location attending school	46
Table 37: Reasons why respondent dropped out of school (more than one answer possible)	47
Table 38: Employment status and occupation	47
Table 39: Respondents looking for work and reasons respondent is not looking for work.....	48
Table 40: Type of disability card and duration of disability.....	49
Table 41: Use, need for and status of walking aid during daily life	50
Table 42: Use, need for and status of visual aid during daily life.....	50
Table 43: Use, need for and status of hearing / communication aid during daily life	51
Table 44: Physical Abuse.....	57
Table 45: Physical Abuse During Pregnancy	57
Table 46: Sexual Abuse	58

Table 47: Financial Status of Self/Family	59
Table 48: Home Ownership	59
Table 49: Land Ownership	59
Table 50: Knowledge On Financial Services	60
Table 51: Social Protection Programme	60
Table 52: Knowledge on Social Protection	60
Table 53: Social Security Allowance	60
Table 54: Use of Loans	61
Table 55: Vocational Training	61
Table 56: Health Status	61
Table 57: Access To Health Facility	62
Table 58: Satisfaction With Health Provider	62
Table 59: Frequency of Check Ups	62
Table 60: Healthcare utilization	63
Table 61: Rehabilitation services utilization	64
Table 62: Annex - Members of household	68
Table 63: Annex - Disease classification	68
Table 64: Social, cultural or religious participation	69
Table 65: Annex - Participation in community, recreational, leisure and sports	70
Table 66: Annex - Frequency of attendance in religious/spiritual Places	71
Table 67: Annex - Barriers For not attending social events	71
Table 68: Annex - Frequency in participating in local club/organization	72
Table 69: Annex - Barriers for not attending more community and recreational sports	72
Table 70: Annex - Frequency of shopping/getting services	73
Table 71: Annex - Barriers for shopping/getting services	73
Table 72: Annex - Frequency of involvement in committees	74
Table 73: Annex - Barriers to involvement in committees	74
Table 74: Annex - Frequency interacting with authority (officials, village chiefs)	75
Table 75: Annex - Barriers to interacting with authority (officials, village chiefs)	75
Table 76: Annex - Frequency interacting with strangers	76
Table 77: Annex - Barriers to interacting with strangers	76
Table 78: Annex - Frequency of participating in sports activity	77
Table 79: Annex - Barriers to interacting with strangers	77
Table 80: Annex - Participation in a self-help group	78
Table 81: Annex - Decision Making	78
Table 82: Annex - Civic Participation	79
Table 83: Annex - Quality of life	80
Table 84: Annex - Pain & Medical Treatment	81
Table 85: Annex - Level of Enjoyment & Meaning	81
Table 86: Annex - Unfair treatment	81
Table 87: Annex -Mental State	82
Table 88: Annex - Safety in environment	83
Table 89: Annex - Access to information and leisure	84
Table 90: Annex - Wellness	84
Table 91: Annex - Satisfaction with vocational & social life	85

List of Figures

Figure 1: Nepal and province 1 and its districts including the DPRP's planned implementation batches (Source: Karuna Foundation Nepal)..... 14

Figure 2: Study design and timeline..... 18

Figure 3: Disability Classification & Reported Level of Difficulty (n=1,001) 49

Figure 4: Participation in social activities (n=910)..... 52

Figure 5: Frequency of social participation (n=910) 52

Figure 6: Reported barriers to social participation 53

Figure 7: Decision making power (n=840) 53

Figure 8: Civic Participation (n=840)..... 55

Figure 9: Quality of life indicators (n=910)..... 56

Figure 10: Satisfaction with life (n=910) 56

Figure 11: Quality of life (n=910)..... 56

Abbreviations

ANC	Antenatal Care
BCG	Bacillus Calmette–Guérin vaccine
CAPI	Computer Aided Personal Interview
CBR	Community-based rehabilitation
DPRP	Disability Prevention and Rehabilitation Program
DTP	Diphtheria, Pertussis and Tetanus vaccine
FCHV	Female Community Health Volunteer
I2CInspire 2 Care Program	
KFN	Karuna Foundation Nepal
KPI	Key Performance Indicator
OPV	Oral Polio Vaccination
SBA	Skilled Birth Attendant
TBA	Traditional Birth Attendant
VDCs	Village Development Committees

1 Executive Summary

This report outlines the results from the baseline data collection for the impact study of the Disability Prevention and Rehabilitation Program (DPRP) in Nepal's Province 1. The program aims to strengthen community-based healthcare for mothers, children and people with a disability in Nepal. Following an initial piloting phase in Ilam district, DPRP is set to be replicated throughout Nepal's province 1 by Nepal's Ministry of Social Welfare, provincial government and its districts in province 1 together with Karuna Foundation starting January 2020. By following the evidence-based interventions within the program, this impact study aims to document evidence of impact at outcome and output levels of the program throughout replication. The current report details the findings obtained during baseline data collection which took place from early December 2020 until mid-January 2021.

To evaluate the outputs of evidence based components of the program, this study's methodology follows a quasi-experimental mixed methods approach which allows for triangulation between its three key components: a quantitative epidemiological study, a qualitative study and a costing study. The objectives of the quantitative epidemiological study are to analyze trends of existing key program indicators through a household survey on Maternal, Neonatal and Child Health and Disability issues in a number of randomly sampled implementation and control districts (based on socio-demographics and government decision regarding replication districts & palikas) at baseline and end-line with an optional midline. The qualitative study aims to give insight into the barriers and drivers for sustainable implementation in existing Government, local health institutional and community structures as well as unexpected impacts of the program and the cost and cost-effectiveness study aims to understand the important cost drivers of the program and its efficiency in terms of cost per DALYs averted. The current baseline report presents the results from the quantitative epidemiological study following DPRP's Key Performance Indicators for the prevention and disability component of the program. Results from the qualitative and costing study, along with endline quantitative data will be presented in the endline report.

We employ a two stage random sampling approach across to measure outcomes in two distinct populations: 2,170 women that were pregnant in the past 24 months, and 1,050 persons with disabilities. Each sample is divided in a "treatment" group, 50% of the sample living in an area in which DPRP is immediately implemented (ie. batch 1 or 2) and a "control" group, which will receive DPRP at a later stage (batches 3 and 4).

Baseline results for DPRP's KPI's as discussed with the KIT team for the prevention and rehabilitation components of the impact study are presented in Tables 1-3 below. In order to optimize measurement and reporting of KPI's the KIT team proposes some (slight) changes to the formulation and operationalization of indicators. These indicators are marked by an asterisk in the tables below.

Table 1 indicates there is ample room for improvement for DPRP's program activities to contribute to knowledge of folic acid and adequate folic acid supplementation prior

to pregnancy. While less than a quarter of all surveyed women report any knowledge of folic acid (21.7%, 95% CI 13.5%-33.0%), even less women report having taken any folic acid prior to pregnancy. Institutional deliveries, defined as the mother reporting delivery in a Primary Healthcare Center, General Hospital, Health Post, other public health facility, FPAN, Private hospital or clinic, other medical facility, AMDA hospital, or BPKISH Facility was measured at 85.2% (79.1% – 89.7%) which is quite high, but could be further improved given the potential for preventing excess morbidity and mortality. Of these institutional deliveries, 27.7% (18.6% – 39.2%) took place in a private hospital or clinic. The percentage of women receiving postnatal checks as per protocol was also low at baseline, at around 19.4% (12.6% – 28.5%), showing potential for improvement by the DPRP endline.

Table 1: Executive summary: KPIs for prevention component: folic acid supplementation, institutional deliveries and postnatal check-ups

KPIs Prevention component			
OC	Indicator	%	95% CI
OC*	% of mothers with knowledge of folic acid (n=2,170)	21,7	[13,5–33,0]
OC*	% of mothers that reported knowledge of folic acid, received advice, and took folic acid prior to pregnancy (n= 2,170)	3,8	[1,8–7,8]
OC5	% of institutional deliveries ¹ (n= 2,170)	TBC	TBC
OC7	% of women who had three Postnatal Check-ups as per protocol of Government of Nepal (24 hrs, 72 hrs, 7 days of delivery)(n= 2,170)	19,4	[12,6–28,5]

Met opmerkingen [YN1]: This is still pending confirmation of list of types of facilities which were sent to KFN

Regarding ANC, a key indicator for the DPRP program, the baseline survey had three types of measurements to assess this indicator (see Table 2): the survey asked women about their self-reported number and timing of ANC checkups, but also asked women for their ANC card as a means of verification.

The initial DPRP monitoring framework proposed % of women receiving 1 ANC visit as a KPI, but this indicator was found to be too high at baseline (above 95% across all three measurements) with insufficient room for improvement, so an alternative, meaningful KPI is proposed below: mean number of ANC visit.

While the mean number of self-reported ANC checkups is relatively high (3,7, 95% CI 3,6–3,8), the mean number of ANC checkups is lower among those women self-reporting with ANC card and those verified with an ANC card. A possible explanation for this is that ANC services provided in private facilities may not have been marked on the ANC card, measurement of progress on this potential KPI could be further

¹ Institutional delivery was based on survey data collected on skilled birth attendance, and defined as institutional if the baby was delivered in a PHC, General hospital, Health Post, Other public health facility, FPAN, Private hospital/clinic, Other medical facility, AMDA hospital, or BPKISH Facility. Deliveries were considered as not institutional if the baby was delivered at home, other home, and "others" location, other NGO, and on the way to the facility.

improved upon by improving registration of ANC visits on ANC cards and cross-checks with medic mobile data, as well as community health workers capturing ANC visits and sharing these with the program.

Adequate ANC uptake according to protocol (4 visits at 4, 6, 8 and 9 months of pregnancy) shows a similar trend to the mean number of visits, with self-report at 79,5% (74,1%-84,1%), self-report of those with ANC card at 66,9% (57,9%-74,8%) and adequate ANC uptake confirmed with ANC card at 37,6% (24,9%-52,2%). This indicator shows ample room for improvement, especially when verifiable with ANC card.

Table 2: Executive summary: KPIs for prevention component: ANC

KPIs Prevention component: ANC							
		Self-report		Self-report of those with ANC Card		Confirmed with ANC card	
OC	Indicator	Mean # of ANC checkups	95% CI (n=2,135)	Mean # of ANC checkups	95% CI (n=371)	Mean # of ANC checkups	95% CI (n=371)
OC*	Mean number of ANC checkup for pregnant women	3,7	[3,6-3,8]	3,5	[3,3-3,6]	2,7	[2,3-3,1]
		%	95% CI (n=2,135)	%	95% CI (n=371)	%	95% CI (n=371)
OC4	% of pregnant women who had four ANC check-ups as per Government of Nepal's protocol (4,6,8 and 9 months of pregnancy)	79,5	[74,1-84,1]	66,9	[57,9-74,8]	37,6	[24,9-52,2]

The KPI's measured during baseline for the community-based rehabilitation (CBR) component in Table 3 were reported by persons with disability sampled as part of the baseline survey, or in the case the person with disability was under 18 years of age or unable to respond, reported by their caretaker. 70,7% (65,8%-75,1%) of persons with disabilities reported having a disability card. While this is quite a high percentage, there is still ample room for improvement for this indicator, given that a key objective of the DPRP is to register all persons with disabilities in its caption area. In contrast, only 0,3% (0,0%-1,5%) of respondents reported membership of a Milijuli Samuha group, an indicator that shows major room for improvement since these self-help groups are a key method to facilitate community based rehabilitation and access to services and assistive devices within DPRP.

54,0% (34,6%-72,3%) of school going age children (5-18 years of age) with disabilities are going to school, 29,4% of school going children with disabilities were receiving a government scholarship, indicators that both could be further improved by DPRP by the endline of this study. Dropout rates among children with disabilities were measured at 33,6% (19,9%-50,8%) and could be further reduced by endline by DPRP. Lastly, the vast majority of persons with disability holding a red or blue card reported access to social security allowance (89,3% 95% CI 79,3%-94,8%). While this is a large

portion of the population for this indicator, as DPRP aims to enable all red and blue card holders to gain access to social security allowance, if could further increase at endline of this impact study.

Table 3: Executive summary: KPIs for Community-based Rehabilitation component

KPIs Community-based rehabilitation component			
OC	Indicator	%	95% CI
O11	% of persons with disabilities who have Disability ID cards (n=1,050)	70,7	[65,8-75,1]
O23	% of persons with disabilities that are members of Milijuli Samuha (Self Help Group)(n=910)	0,3	[0,0-1,5]
OC13	% of school going age children (6-17 years) with disabilities going to school (excluding severe disabilities ²)(n=139)	54,2	[36,2-71,1]
OC14	Dropout rate among children with disabilities (n=102)	25,9	[15,2-40,6]
OC15	% school going children with disability attending government schools receiving scholarship from Government (n=74)	31,4	[15,1-54,1]
OC16	% of persons with disabilities with red or blue card holders having access to social security allowance (n=505)	89,3	[79,3-94,3]

Met opmerkingen [PP2]: Urban / rural disaggregation forthcoming upon confirmation with KFN

The remainder of the report tabulates all key variables of interest that were collected during the baseline study, some of which could be of interest to the DPRP program for programmatic use. The impact study team remains available to discuss the collection of some of key variables during mid- endline.

The report concludes that the DPRP is well positioned to show improvement on KPI's selected and recommends a number of changes to the KPI's to further improve measurement of impact at endline.

² Children with red disability card are considered as having a severe disability.

2 Introduction

While concerted efforts have been made to improve maternal and child health over the past decade in Nepal, figures on neonatal deaths, rates of disability at birth and stunted growth remain high. For example, the neonatal mortality rate (rate of death during first 28 days after birth) remains as high as 21 deaths per 1000 live births, whereas under-five mortality is around 39 deaths per 1000 live births (NDHS 2016). Compared to regional figures, which range from 1-30 deaths per 1000 live births for neonatal mortality (Tran, 2012), and the SDG targets to reduce under five mortality to as low as 25 per 1000 live births (United Nations, 2015), there is still room for improvement on both targets in Nepal.

Maternal and child mortality in Nepal is often linked in the literature to insufficient quality of health care, compounded by delays in access to care due to social, economic or geographic challenges (Nepal et al., 2020; Morrison et al, 2014; Shah et al., 2015). Moreover, inequities within Nepal further drive differential outcomes in reproductive, maternal, neonatal and child health as the neonatal mortality rate is twice as high among the poorest wealth quintile compared with the richest one, and also is higher among younger mothers compared to mothers of mean reproductive age.

Since 2007 Karuna Foundation Nepal (KFN) has been developing its multi-pronged approach to disability prevention and community-based rehabilitation. A key aspect in Karuna's approach is close collaboration with local governments as illustrated in an impact study of a pilot that was conducted in several districts in the East of Nepal. Over these past years, the Karuna Foundation Nepal together with local government and local partners has worked on developing a model for saving lives at birth and prevention of birth defects. Notably, Karuna together with local government in Ilam District in Province 1 have piloted a program called Inspire2Care (I2C) that aimed at preventing disabilities through adequate access to care for pregnant mothers and the community based rehabilitation of persons living with disabilities so that they can live a happy and productive life.

Results from the impact study as well as political leadership within Province one prompted the Government of Province 1 in Nepal together with local authorities and Karuna Foundation Nepal to replicate the I2C program to further contribute to improving key indicators in maternal and child health and disability prevention and community based rehabilitation. The ultimate goal of the program, which at replication was named "Disability Prevention and Rehabilitation Program" (DPRP) is to improve the health, development and wellbeing of mothers, children and persons with disabilities throughout Province 1.

2.1 Setting

Nepal's Province 1 is situated in the East of Nepal, bordering India's Sikkim and West Bengal states on the East, India's Bihar state to the South, and the Tibet Autonomous Region of China on the North (see Figure 1). It was established as part of the adoption of the new constitution of Nepal in September 2015 and covers around 18% of Nepal's

total land area, or around 26,000 km² and is the country's 3rd most populous state with a population of around 4,5 million (Nepal In Data, 2021),

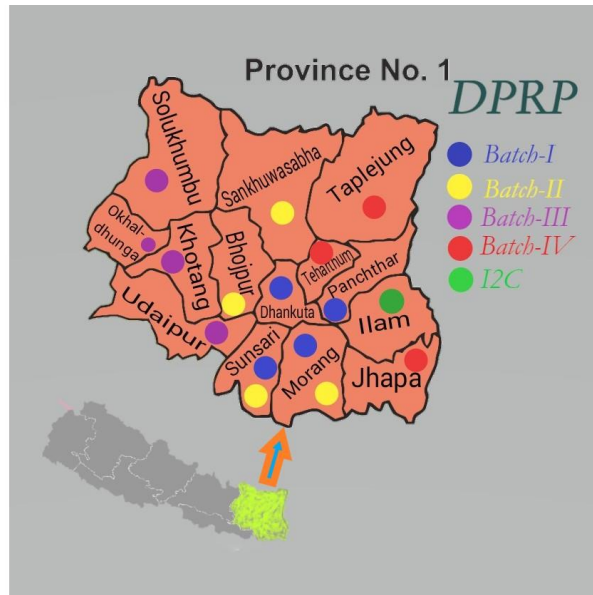


Figure 1: Nepal and province 1 and its districts including the DPRP's planned implementation batches (Source: Karuna Foundation Nepal)

An important contextual factor to understand in Nepal is the aforementioned adoption of the new constitution in 2015 which resulted in the devolution of previously more centralized power to local levels in order to strengthen localism and development (Chaudhary, 2019). It is in this context that the request for, and ownership of the DPRP should be seen.

Lastly, the COVID-19 epidemic has had and continues to have a profound effect on Nepal and its population. The Nepalese government responded rapidly to the global epidemic and repeatedly declared (partial) shutdowns which have affected program implementation and fieldwork for this study, and at the time of writing Nepal is once again under lockdown, facing new variants of SARS-CoV-2 which continue to place a heavy burden on Nepal's health system.

2.2 Program Under Evaluation: the Disability Prevention and Rehabilitation Program (DPRP)

The Disability Prevention and Rehabilitation Program is entering a replication phase where Nepal's Ministry of Social Welfare, provincial government and its districts in province 1 supported by Karuna Foundation have started implementation in 2019. The DPRP aims at strengthening local health institutions and communities and increasing local health financing in Nepal in order to rehabilitate persons with disabilities and give them access to social life, education and work and develop "disability inclusive communities". It also aims to improve mother and child health

through better care practices and to ultimately reduce maternal mortality, early child death, birth defects, and acquired disabilities for children below ten years.

The DPRP program has three program strategies that underlie the program theory of change, and guide its interventions:

1. A prevention component through awareness raising and service strengthening, focused on maternal, neonatal and child health
2. Community-based rehabilitation, focused on developing an inclusive environment where disabled people are recognized, accepted and are able to live to their full potential
3. Local health institutions and social structures strengthening, focused on system management and capacity building of health and social workers at various levels

Over the past 10 years Karuna Foundation has refined the DPRP (previously Inspire2Care) approach aimed at developing a cost-effective community-based care program which is adoptable by Governments and local communities. The Government of Nepal has now expressed interest in the national implementation of the program, which will start by replicating DPRP in selected areas in Nepal's province 1.

Roll-out will be coordinated and take place according to the replication plan (see Figure 1 for geographical targeting of the four batches), where rolling out will happen at the Palika-level. The Palikas under the replication plan have been chosen in close coordination with Nepal's government officials in a meeting held at the end of July 2019.

KIT Royal Tropical Institute was selected to conduct an independent impact evaluation into the DPRP program, of which the methodology is further elaborated below.

3 Methodology

3.1 Study goals and objectives

The overall objective of the DPRP impact study is to measure impact at output and outcome level, assess cost effectiveness of the program and identify factors that influence program implementation and integration of the DPRP approach into local health services. The overall impact study includes the program's prevention, rehabilitation and systems strengthening components whereas the costing study will focus on the prevention component. The objectives of the impact study have been selected with the DAC Criteria for Evaluating Development Assistance (OECD) in mind, and ultimately, program components will be analyzed with DAC criteria in mind, in order to assess the relevance, effectiveness, efficiency, impact and sustainability of the program.

Specific objectives follow from the OECD criteria applied to Karuna Foundation's program logic and are summarized in Table 4 below.

Table 4: DPRP impact study evaluation matrix including research questions based on OECD DAC criteria, KPIs and means of verification and reporting

OECD DAC Criteria	Operationalization into research question	Means of verification and reporting
1) Relevance "Is the program doing the right things?"	A) To what extent do the DPRP's intervention objectives and design respond to beneficiary, provincial, country, and partner needs? B) To what extent do the DPRP's intervention objectives and design respond to policies and country and regional priorities, and to what extent would DPRP continue to do so if circumstances change?	A) Desk review, data from qualitative interviews and focus group discussions at endline B) Desk review, data from qualitative interviews and focus group discussions at endline
2) Effectiveness "Is the program achieving its objectives?"	A) To what extent did the DPRP achieve its objectives, and its results, including any differential results across groups?	A) Desk review, data from qualitative interviews and focus group discussions at endline, quantitative survey data from baseline-midline-endline comparison
3) Efficiency "How well are resources being used?"	A) To what extent did the intervention deliver results in an economic, cost-effective and timely way?	A) Desk review, data from qualitative interviews and focus group discussions at endline, quantitative survey data from baseline-midline-endline comparison, data on cost effectiveness
4) Sustainability "Will the benefits last?"	A) To what extent are the net benefits of the intervention likely to continue beyond the duration of the program?	A) Desk review, data from qualitative interviews and focus group discussions at endline,

		quantitative survey data from baseline-midline-endline comparison
5) Impact "What difference does the intervention make?"	A) To what extent did the DPRP generate significant positive or negative, intended or unintended, higher-level effects?	A) Desk review, data from qualitative interviews and focus group discussions at endline, quantitative survey data from baseline-midline-endline comparison
KPIs ³ (Output (O) and Outcome (OC) level)	Operationalization	Means of verification and reporting
O11	% of persons with disabilities who have Disability ID cards	Quantitative survey data from baseline-midline-endline comparison
O23	% of persons with disabilities or their families are members of Milijuli Samuha (Self Help Group)	Quantitative survey data from baseline-midline-endline comparison
OC1	% of mothers that report taking folic acid prior to conception	Quantitative survey data from baseline-midline-endline comparison
OC1.2	% of mothers that report taking folic acid three months following conception	Quantitative survey data from baseline-midline-endline comparison
OC3	% pregnant women who had at least one ANC checkup	Quantitative survey data from baseline-midline-endline comparison
OC4	% of pregnant women who had four ANC checkups as per Government of Nepal's protocol (4,6,8 and 9 months of pregnancy)	Quantitative survey data from baseline-midline-endline comparison
OC5	% institutional delivery	Quantitative survey data from baseline-midline-endline comparison
OC7	% of women who had three Postnatal Check-ups as per protocol of Government of Nepal (24 hrs, 72 hrs, 7 days of delivery)	Quantitative survey data from baseline-midline-endline comparison
OC13	% of school going age children (6-17 years) with disabilities going to school (excluding severe disabilities)	Quantitative survey data from baseline-midline-endline comparison
OC14	Dropout rate among children with disabilities	Quantitative survey data from baseline-midline-endline comparison
OC15	% school going children with disability attending government schools receiving scholarship from Government	Quantitative survey data from baseline-midline-endline comparison
OC16	% of persons with disabilities with red and blue card holders having access to social security allowance	Quantitative survey data from baseline-midline-endline comparison

³ As taken from Karuna's M&E plan

3.2 Study design

The impact study will answer the formulated study questions by using a quasi-experimental mixed-methods design relying on both quantitative (epidemiological and econometric) methods and qualitative (sociological and anthropological) research methods. Findings from various methods will be triangulated to reach the highest level of synthesis and understanding of impact, cost-effectiveness and their influencing factors. Data collection will be centered around 2 pivotal years: baseline (Q1 2020) and end-line (Q3 2023) with an optional, potentially more program-driven midline, potentially conducted in q2 of 2022 (see Figure 2).

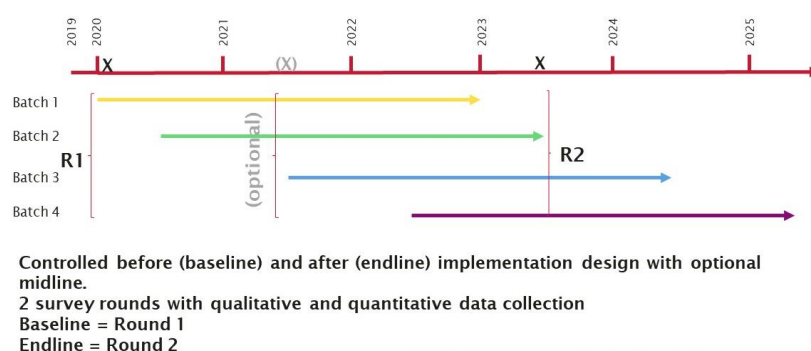


Figure 2: Study design and timeline

The overarching design will consist of a before (Round 1, baseline) and after (Round 2, endline) design which will include the following analytical methods:

1. **Epidemiological study:** Trend analysis of existing key program indicators captured by the project:
 - A Household survey on key maternal perinatal health indicators (Folic acid supplementation, ANC visits according to government protocol and Skilled Birth Attendance) in at least two implementation palikas (based on socio-demographics and government decision regarding replication districts & palikas) at baseline and end-line.
 - A Household survey on key Community Based Rehabilitation indicators (participation in society, access to education, empowerment, access to assistive devices, etc.) in at least two implementation palikas (based on socio-demographics and government decision regarding replication districts & palikas) at baseline and end-line.
2. **Qualitative study:** at province level and in a selected number of palikas over time (base- and endline) comprising of interviews with key informants, including (local) government staff, health and social workers and focus group discussions with community members at mid- and end-line, to give insight into the barriers and drivers for sustainable implementation in existing government, local health institutional and community structures as well as lessons learned during implementation.
3. **Cost and cost-effectiveness study:** to understand the important cost drivers of the program and its efficiency in terms of cost per DALYs averted. This analysis will use the same methodology employed in previous assessments to ensure

Met opmerkingen [PP3]: Recent indications from Funder have confirmed support for a midline in 2022, so this figure will be updated accordingly. A new plan will be developed for the implementation of a next phase: batch 3 and 4. This will start in 2022/2023 Also, implementation of batch 1 and 2 may be extended till 2024.(Annet)

comparability. Furthermore, based on this analysis recommendations can be made to further maximize impact and minimize investments of the Karuna Foundation.

3.3 Epidemiological study

DPRP's monitoring and evaluation (M&E) framework aims to achieve impact on the following health indicators:

- 1) Incidence of birth defects
- 2) Incidence of acquired disability
- 3) Maternal Mortality Ratio
- 4) Neonatal Mortality Rate
- 5) % of persons with disabilities and/or their family members reporting increased social and economic acceptance of persons with disabilities
- 6) % of local structures continue disability prevention and rehabilitation program with support from Provincial Government

After careful review of the theory of change, M&E plan and impact indicators, the study team has proposed a focus on output and outcome-level impact in its study protocol, in order to measure attribution to and efficacy of the program. This means that only impact at outcome and output level that can be directly linked through evidence-based causality will be measured using a household survey at two points in time: baseline (Q4 2021) and endline (Q4 2023) (see Figure 2). KPI's for both the prevention and community based rehabilitation (CBR) quantitative household surveys are listed in the evaluation matrix in Table 4. The Monitoring Plan follows both the best available evidence and indicators available and is in line with WHO norms and protocols. The CBR indicators are aligned with the WHO CBR monitoring framework.

We know from the costing study conducted in Ilam district in Province 1 that the HMIS data has quality issues, which may hinder our ability to rely on it for this study. Therefore selected key HMIS indicators were also included in the household survey, along with treatment seeking indicators to allow to correct for differences which are expected between indicators collected at community versus health facility level in order to take into account that not all cases reach health facilities. Most notably, ANC was checked both against self-report and with an ANC module that allows data collectors to copy and verify data contained in the interviewed women's ANC (HMIS) card.

3.3.1 Questionnaire preparation

The questionnaires for the quantitative study were prepared in full cooperation with the client (UBS Optimus Foundation) as well as beneficiary (Karuna Foundation). Regular coordination meetings were held with both partners and a biweekly call was established throughout the questionnaire drafting phase with Karuna Foundation's M&E officers. KIT put out a competitive tender and subcontracted the Nepali company Solutions Consultant Pvt. Ltd. (hereafter Solutions), a renown data collection company to implement the survey. Prior to contracting, Solutions was cleared by UBS Optimus Foundation and KIT's corporate responsibility offices.

3.3.2 Sampling frame

Sample Design and Selection

Nepal is now divided into 7 provinces and 3 ecological regions. At the time of the 2011 Census, as per the earlier administrative division, Nepal was divided into 75 districts, further divided into 3,157 smaller VDCs (Village Development Committees, which are designated as rural areas) and 217 municipalities (designated as urban areas). These VDCs and municipalities were again divided into wards (36,020) which are the smallest administrative units.

However, the recent changes in the administrative divisions of Nepal replaced the earlier 14 zones and 75 districts by 7 Provinces and the country's VDCs and municipalities by 744 local units. As per the current restructuring, the local level units have been divided into 4 metropolitan cities, 13 sub-metropolitan, 246 municipal councils, 481 village councils and 6,679 wards. This change in the administrative structure involved merging of various wards due to which many wards got bigger in size. Similarly, 45% of the rural wards have also been re-categorized as urban wards at present.

Sampling Plan

A two stage randomized clustered sampling technique has been followed for the survey as described below.

Stage I- Ward Selection: For the purpose of the study, the wards (the smallest administrative units) within preselected palikas from Province 1 were considered as the primary sampling units (PSUs) for the study. In the first stage, all the wards within each pre-selected palikas were listed and two wards were randomly selected⁴ from each palika for household selection. The list of wards within those palikas were updated as per the new administrative restructuring of the 2011 census data. For a list of sampled districts, palikas and wards, see the Solutions baseline technical report.

Stage II- Household and respondent selection: Household and respondent selection was carried out using a GIS based sampling technique where each of the randomly selected wards were overlaid with a grid. All the intersections in the grid were numbered 1 to n; following which a computer software was used to select a random starting point using the GIS based selection process in each ward from which the enumerators were supposed to start data collection. The satellite maps with GIS markers were pre-loaded in the tablets so that the enumerators were able to track down the **starting points** after turning on location services. After reaching the start point, the interviewers used a spin the bottle technique to randomize the direction in which sampling would take place. After starting with a household, the interviewers were instructed to choose every third house on their left to complete the required number of interviews.

⁴ Using real randomized selection obtained from random.org

For respondent selection, the interviewers were instructed to use a screener to identify if the household had:

- i. a woman who had given birth within the last two years
- ii. or a person with disability.

However, this household and respondent selection process was followed during the pilot test exercise which proved to be less effective and time consuming as most of the households selected did not have the eligible respondents, and in some cases, households having respondents who met the eligibility criteria were being skipped while following the random walk method. Therefore, after selecting the first household, the interviewers adopted referral method especially for identifying the respondent with difficulties. In various locations, the interviewers were also assisted by the palika level/ ward level officials and community members to identify households with respondents who met the eligibility criteria.

Upon identification of such households, the interviewers randomly selected the respondent using the next birthday method (if there were more than one family member eligible for the survey-) and administered the survey upon gaining consent from the respondent or a caretaker/parent/guardian).

3.3.3 Ethical clearance

Before the start of the survey, once the questionnaires were finalized, an application seeking ethical clearance was submitted to NHRC (Nepal Health and Research Council) which is the only institutional body that grants ethical clearance (particularly for Health-related surveys) in Nepal. The ethic application was submitted through an online proposal submission system which was reviewed by the internal and external team members appointed by NHRC. After the review, the proposal was forwarded to the Ethical Review Board and was finally approved after 8 months of submission due to delays caused by the coronavirus pandemic. A clearance fee equivalent to 3% of the total contract value, along with the questionnaire, and other details regarding the sampling, study design, approach and methodology were submitted to NHRC for obtaining the approval.

3.3.4 Survey Team

For the purpose of fieldwork implementation for the quantitative component, Solutions selected and contracted a total of 16 field teams. For an outline of all survey staff and their role, see Table 5 below.

Table 5: Survey team composition

Position in team	Number of persons	Tasks assigned
Survey Coordinator	1	Client-agency relationship, study design, survey implementation, trainings
Field Manager/Assistant	2	Survey implementation, logistics, fieldwork monitoring and coordination, data processing
Data Manager / Assistant	2	Data entry supervision and quality control, preparation of data entry forms, data management and tabulations, synchronization

Data Manager / Assistant	2	Data entry supervision and quality control, preparation of data entry forms, data management and tabulations, synchronization
Supervisors	8	Data Collection Supervision and Quality control at field level
Enumerators	32	Data Collection

Each field team comprised of 2 enumerators who were assigned a particular strata or region. 8 supervisors and 32 enumerators were monitored and supervised by two field managers and 2 data managers. There were 2 data processors/editors working under direct supervision of the data managers. These processors worked at the central level (headquarters) and performed editing; validation checks followed by the data approval process. Each of the data processor was responsible for handling a set of data (for e.g. data transferred from one supervisor or 4 enumerators).

3.3.5 Survey training

A four day remote training and orientation was conducted 24th of November 2020 to 27th of November 2020 through Zoom with a total of 8 supervisors and 40 enumerators (with 8 backup enumerators) along with one or several members from the Karuna Team attending. The core team in the training comprised of a project manager, study coordinator, field manager, assistant field managers, field supervisors, data manager and assistant data managers/editors.

On the first day, the enumerators and supervisors were provided details about the objective of the study and the organizations involved in the project. Following the introduction, they were provided the basics of research like their roles and responsibilities, the importance of informed consent, how to maintain confidentiality and research ethics. In cases where the respondent does not agree to participate, the enumerators were asked to stress on the importance of the study and emphasize the value of his/her opinions. For the accuracy of the data, the enumerators were trained with various techniques to control biasness. The enumerators were also trained on how to introduce themselves to the respondents and establish a good rapport by being courteous and professional. Before discussing the content, they were given a demonstration of case disposition that provides knowledge on the various situations of the interview. Following this, the women questionnaire was discussed in paper version.

The second day of training started with a project introduction refresher to summarize the previous day. The enumerators then went through each question of the women questionnaire to check the content and flow. In this way, disabled questionnaire was also discussed making the enumerators read each question one by one. On the third day, the enumerators went through the remaining question of the disabled and proxy on the paper version of the questionnaire. On the fourth day the Data Manager demonstrated the process of CAPI (Computer Aided Personal Interview) which included signing in the application, syncing questionnaires, GPS, completing the interviews and general tablet usage- dos and don'ts. Then, the questionnaire was further discussed in CAPI version including skips and general logics. The enumerators practiced in the tablet to administer the questionnaire and

check the flow of the content. An overall review of the training was also done; which included the meet and greet section, and CAPI administration.

On the fifth and the sixth day, the remaining section of the questionnaires were practiced. Then, again the enumerators were made to self-practice the content in tablet from the beginning. Mock sessions were conducted among the enumerators to provide real life settings in data collection to prepare the enumerators in dealing with any challenges during pilot and real field work. During this period, issues with the content were received from the enumerators and supervisors mostly in terms of relevancy in Nepalese context, skips etc. The enumerators were then instructed to take the tablets with them and practice administering the questionnaire on tablet devices in their home.

On the seventh day, sampling and sample selection were conducted along with the Sars-Cov-2 PCR tests of all team members. The results of PCR tests were also obtained. On the 8th day, questionnaires were assigned, enumerator id was assigned, and required materials like stationery items, tablets, charger, show cards etc. were handed over to the enumerators. On the 9th and 10th day, the teams traveled to their respective locations for pilot interviews. On the 11th and 12th day, pilot interviews were conducted. On the 13th day, data and issues from the pilot were compiled. On the 14th day, debrief session was conducted remotely.

Similarly, a separate session was conducted with the supervisors, on the seventh and the eight day. The supervisors were trained for on the content of survey questionnaire. They were also trained on approving, rejecting interviews, commenting on the errors before passing it back to the enumerators using the CAPI platform Survey Solutions. They were further briefed about locating the places where the enumerators assigned to them would be conducting interviews and trained about how they were to give out daily assignments to enumerators for ensuring that the daily data collection activities run smoothly. They were also instructed on how to conduct field validation checks, and how to help out the enumerators if they had any tablet related questions.

3.3.6 Pilot testing and survey finalization

Following the trainings, pilot test for the women and disabled/proxy surveys were conducted in eleven locations in Morang and Sunsari on the 4th and 5th December 2020 with the following objectives:

- 1) Appraising respondents' comprehension, responses and interest
- 2) Appraising interviewers' tasks in terms of the content and the language of the questionnaire
- 3) Evaluating questionnaire flow and (skip) logic

For a full list of the locations where the pilot surveys were conducted, please see Solution's technical report on the baseline survey.

The quantitative survey questionnaires were edited and finalized after the training and the pilot tests. During the training, minor changes in translations to Nepali were made which were incorporated in the final version of the questionnaire. After the pilot tests, the final version of the questionnaire were updated in both the paper

version and the electronic version of the questionnaire. All the changes were made before the field teams were deployed.

Apart from the addition of a few instructions, response codes, and, the following major changes were made in the Women's Questionnaire:

- Addition of appropriate response codes for the respondent's occupation (Q17) and household's main sources of income (Q22).
- Question regarding the receiving of advice to consume folic acid was revised (Q26).
- Question regarding the amount received from the government for the regular ANC visits (QANC1) was added.
- Question regarding the outcome of the delivery (QP1) and other related questions (QP2 and Qp3) were added.
- Response codes for child's vaccination (Q90) were revised.
- Taking photographs of child's vaccination card was also included.

Apart from the addition of a few response codes, and skip patterns, major changes in the Disabled/Proxy Questionnaires were incorporated as follows.

Both:

- Addition of appropriate response codes for the respondent's occupation (Q31) and household's main sources of income (Q41).
- Questions regarding still birth (Q38a and Q38b) and consumption of folic acid (Q40a) were also added.
- Question regarding disability history (Q42a) was also added.

Proxy:

- Minimum age criteria were setup for questions regarding statement reading exercise (8 years), marital status (15 years), difficulties in doing certain tasks (8 years), participation in social activities (14 years), decision making (18 years), civic participation (18 years), quality of life (14 years), access to financial services (18 years) and vocational training (14 years).

3.3.7 Fieldwork

Once the survey instruments were drafted, an ethical clearance certificate was obtained from NHRC which the only institutional body in Nepal that grants ethical clearance. Further, in order to avoid/tackle issues arising from non-cooperating local authorities/partners along with issues related to non-response, a letter of introduction and authorization was obtained from KIT which outlined the rationale and validity of the survey.

Moreover, appropriate measures were taken to contact the local authorities well before survey staff left for the field work. Assistance from local organization(s) – mainly ward level officials and local network agents was also sought to get information on the field situations (regarding weather, accessibility, strikes, closures etc.) to ensure smooth and timely implementation of the data collection process. Further, the members from the Karuna team arranged for various letters of introduction from the respective palikas which made it extremely convenient for

the enumerators to obtain consent from the target respondents and to gain support and cooperation from the community members at the selected wards/palikas.

Each team member was provided with the following before they were deployed for fieldwork. All enumerators and supervisors were provided a training/field manual with detailed information on the project, research methods and a set of questionnaires. An introductory letter about the survey and its objectives drafted by the Karuna Foundation team was presented to the respondents along with the ethical clearance letter from NHRC and a separate letter from Solutions Consultants to make them aware of the survey and also to disclose information about the various stakeholders of the project. Further, an introductory letter from the Ministry of Social Development addressed to the Palikas were also made available to the team members which proved to be extremely helpful to gain cooperation from the Palika officials and other community members during fieldwork.

All enumerators were provided with a set of tablets to conduct the survey on the mobile devices. Along with inbuilt GPS, these tablets had features to make data transmission through mobile phone network, Bluetooth and Wi-Fi. In view of the situation related to unavailability of electricity at all places at all times, enumerators were also given battery packs as a back up to enable them to charge their tablets. All enumerators and supervisors were provided with their negative PCR test results to ensure the safety of the team and the respondents.

The teams were provided with an additional sampling aide comprising of the maps and location details of some areas/wards where household interviews were to be conducted. The maps portrayed the sample location along with the starting points and major landmarks for the wards. The field teams were provided with necessary financial and logistical support along with fuel contingencies and their roles and responsibilities were fully laid out before they were sent out to the field.

The enumerators conducted data collection through face-to-face interviews following the Computer Aided Personal Interviewing techniques with systematically selected respondents assigned to each of them. The enumerators carried out the following tasks during the data collection process. Before starting fieldwork, the enumerators were trained to be organized, logistically prepared and mentally prepared before approaching each possible respondent. They were made prepared to answer any question that may be asked from the respondent. Both the enumerators and the supervisors were properly briefed about the different partners involved in the project and the objectives of the study and its possible impacts in the long run. It was assured that the enumerators are confident, professional (balanced with some friendliness), assertive and flexible. Before each interview they obtained informed consent from all the respondents. The respondents were assured about their anonymity as well as confidentiality of their responses and the enumerators were instructed to assure the respondents that their answers would only be used at aggregate level for statistical purposes.

3.3.8 Key observations during data collection

The respondents were unable to differentiate between institutional delivery and the amount of ANC checkups received. This led to a potential overestimation of the

number of ANC visits received. To mitigate this, the survey team contacted the concerned local government officials to validate the number of ANC visits received.

While collecting the data, fieldworkers noticed the details filled in ANC cards was not uniform as different health workers had their own way of recording information. Hence, the enumerators had to validate the information by asking the respondents. Also, information related to the delivery were not recorded in most of the ANC cards.

3.3.9 Data entry, submission, cleaning, preparation, and sample weights

3.3.9.1 Data entry and Submission

Since the quantitative survey used CAPI technique as its main tool, the interviewers used portable electronic devices (tablets/phablets) to conduct the interview and collect data. Hence the interviews and data entry took place simultaneously using the "Survey Solutions" platform which is developed and offered by The World Bank. Wherever possible, data was uploaded or transferred to the central server upon completion of the interview. Each team was equipped with tablets/phablets; battery packs and a set of extension cord to charge the equipment in case of unavailability of the electricity in rural areas.

3.3.9.2 Data cleaning and processing

The questionnaires were prepared using Designer- an online application software, which was imported to the Survey Solutions system. The questionnaire forms were then distributed to each individual enumerator. Basically, the process included three phases/profiles, through which the data was passed on for final completion – Headquarter, Supervisor and Enumerator. For more information on QA during data collection, see Solution's baseline data collection technical report.

3.3.9.3 Rejection rate

The overall success rate for the impact study was almost 100% (2 interviews rejected for Women survey and 2 interviews for the Disability survey). This was because the Karuna Foundation Team communicated about the survey to its field team and the same to the Ministry of Social Development (provincial level). The Ministry then informed the local government (palikas) via email about the survey and a letter prepared by the ministry addressed to all the palikas (in the sample) were presented requesting their cooperation and providing assistance to the data collection team during the survey. The palikas supported the data collection activities and provided necessary assistance to the data collection teams whenever required. Hence the data collection process was carried out smoothly without major issues surrounding non-response.

3.4 Qualitative study

The qualitative study is further described in the study protocol and is expected to be conducted either at midline (if funding allows) or endline, pending the effects of the COVID-19 pandemic on the ability of the study team to conduct in-person fieldwork in Nepal.

3.5 Costing and cost-effectiveness

The costing and cost-effectiveness study is further described in the study protocol and will be reported on at endline.

4 Results

Results from the baseline quantitative epidemiological study are presented below. In order to facilitate comparison of baseline data with data collected later in time, results at this time are mostly presented tables including percentages and 95% confidence intervals. This will allow for comparison based on statistical significance with midline and endline data.

4.1 Women

As presented in detail in section 3.3.2 a total of 2,170 women were interviewed in 17 randomly selected palikas, half of which in palikas that are included in implementation batches 1 and 2 (n=1,085), the other half in randomly selected "control" palikas (n=1,085). Unless otherwise noted, no statistically significant differences were observed in estimates between treatment and control palikas, which would be expected given that this is baseline data.

4.1.1 Socio-demographics, respondent and household characteristics

Table 6 lists women and children's age in the baseline sample. The majority of women in the sample who have had a child in the past 24 months are aged 20-29 years old. The age distribution is similar to the Nepal Demographic and Health (NDHS, 2016) survey's age distribution in Province 1. Despite expected potential issues with finding women with early newborns, around 6% of the women surveyed in the random sample had a newborn of that age. All age brackets are represented in the sample displayed below and allow for comparison with results from future surveys.

Table 6: Women and child's age (n=2,170)

Women's age	%	95% CI
<20	7,4	[5,5-9,8]
20-24	35,5	[31,2-40,1]
25-29	32,0	[28,4-35,8]
30-34	16,7	[14,5-19,2]
35-39	5,5	[4,2-7,1]
>40	2,9	[1,7-5,2]
Child's age (in months)	%	95% CI
NA	0,2	[0,1-0,6]
<1	5,9	[4,2-8,2]
1-6	22	[19,1-25,2]
6-12	23,5	[21,0-26,2]
12-24	48,4	[45,0-51,8]

Table 7 illustrates household and respondent's characteristics including respondent's relationship to the household head, and respondent's religion, ethnicity and education level. Respondents were most likely to live with their husband, or

father or mother in law. The vast majority of respondents reported Hinduism as their religion (83%), the most commonly reported ethnicities in our sample in Province 1 were Janjati (38%) and Brahman/Chhetri (32%) and the vast majority of respondents was literate (90%) with half of the respondents reporting secondary (Grade 9 to 12) as their highest achieved level of education. Distance to a government public health facility was relatively short for the majority of respondents, as 80% had to travel less than 30 minutes, 13% between 30 and 60 minutes and only 7% reported travel time to the local health facility of over 60 minutes.

Table 7: Household and respondent characteristics (n=2,170)

Relationship with Household Head	%	95% CI
Respondent is head of household	5,5	[4,3-7,1]
Husband	43,6	[40,2-47,1]
Mother	1,6	[0,9-2,7]
Father	4,1	[2,4-7,0]
Mother in law	14,3	[11,9-17,1]
Father in law	29,2	[25,9-32,8]
Sister / Brother in law	1,1	[0,3-2,5]
Other	0,4	[0,2-1,0]
Respondent's religion	%	95% CI
Islam	3,4	[1,0-10,3]
Hinduism	83,6	[75,8-89,2]
Buddhism	4,2	[2,6-6,9]
Christianity	2,2	[1,4-3,5]
Kiratism	6,6	[4,1-10,5]
Others, Please specify	0,0	[0,0-0,1]
Respondent's ethnicity	%	95% CI
Dalit	11,9	[7,8-17,8]
Janjati	38,4	[28,8-49,0]
Madheshi	14,1	[9,1-21,3]
Muslim	3,4	[1,0-10,3]
Brahman/Chhetri	31,9	[23,1-42,1]
Others, Please specify	0,4	[0,1-1,5]
Respondent's level of education	%	95% CI
Illiterate	9,9	[6,3-15,3]
Can Read/Write	3,4	[2,4-5,0]
Basic (Grade 1 to 8)	28,5	[24,3-33,1]
Secondary (Grade 9 to 12)	50,0	[45,2-54,8]
Higher than Secondary	8,2	[5,1-12,8]
Time needed to reach Government (public) health facility	%	95% CI
Less than 30 minutes	79,7	[71,2-86,2]
30 - 60 minutes	12,9	[9,0-18,1]
More than 60 minutes	7,4	[4,4-12,2]

4.1.2 Folic acid supplementation

Key variables on folic acid supplementation, a Key Performance Indicator (KPI) within DPRP, are displayed in Table 8 below. A striking finding is that 78% of respondents did not know of folic acid, but also that 15% of respondents was advised to take folic acid, but did not take it regularly. This indicates there is major room for improvement of DPRP to train health professionals to advise and follow up on folic acid supplementation. The most prevalent means of receiving information and advice on folic acid supplementation is through the respondent's doctor.

Table 8: Key variables regarding folic acid supplementation

Knowledge of and practice of Folic Acid Supplementation (n=2,170)	%	95% CI
Doesn't know of folic acid	78,3	[67,0-86,5]
Knows of folic acid, but was never advised to take it	2,6	[1,4-4,8]
Knows of folic acid, was advised to take it, but didn't take it	15,3	[8,9-25,0]
Knows of folic acid, was advised to take it, and took it	3,8	[1,8-7,8]
Source of information to take folic acid (n=327)	%	95% CI
Doctor	43,9	[22,1-68,3]
Nurse	18,6	[10,7-30,3]
Midwife	12,5	[5,6-25,7]
FCHVs	15,3	[6,2-32,9]
Relative/neighbour/friend	4,7	[2,2-9,9]
Paramedics (Health Assistant/AHW)	3,2	[1,5-6,8]
No one	0,5	[0,1-2,3]
Source of advice to take folic acid (n=280)	%	95% CI
Doctor	52,5	[25,5-78,1]
Nurse	18,4	[10,0-31,6]
Midwife	18,1	[7,6-37,4]
FCHVs	8,8	[3,2-21,9]
No one	0,9	[0,1-6,4]
Paramedics (Health Assistant/AHW)	0,7	[0,3-2,1]
Relative/neighbour/friend	0,5	[0,1-1,9]
Folic acid consumption (n=52)	%	95% CI
less than 7	1,2	[0,2-7,0]
7	88,3	[64,1-96,9]
more than 7	10,6	[2,3-37,1]
Folic acid consumption (n=52)	%	95% CI
More than one a day	10,6	[2,3-37,1]
Daily	88,6	[63,9-97,2]
Occasionally	0,8	[0,1-7,6]

4.1.3 Self-report of Antenatal Care (ANC) uptake

The prevalence of self-reported ANC uptake, defined as four or more ANC visits by the respondent to a health professional during pregnancy is listed in Table 9. Interestingly, 80% of respondents self-report ANC uptake, and 99% of respondents self-report any ANC uptake. It should be noted that these figures are very likely to be an overestimation as they rely on respondent's self-report. The evaluation team advises to proceed with caution with these figures and refer to the ANC uptake numbers that were verified with an ANC card.

Table 9: Adequate ANC uptake and any ANC uptake (n=2,170)

Adequate ANC uptake (4 or more visits)	Self-report		Self-report of those with ANC Card		Confirmed with ANC card	
	%	95% CI (n=2,170)	%	95% CI (n=371)	%	95% CI (n=371)
All ANC visits (four or more)	79,5	[74,1-84,1]	66,9	[57,9-74,8]	37,6	[24,9-52,2]
Less than four ANC visits	20,5	[15,9-25,9]	33,1	[25,2-42,1]	62,4	[47,8-75,1]
Respondent received any ANC during pregnancy	%	95% CI (n=2,170)	%	95% CI (n=371)	%	95% CI (n=371)
Yes	98,7	[96,4-99,5]	100	[100-100]	96,3	[90,1-98,7]
No	1,3	[0,5-3,6]	0	[0-0]	3,7	[1,3-9,9]
Respondent report of timing of first ANC visit at 4 months	%	95% CI (n=2,135)	%	95% CI (n=371)	%	95% CI (n=371)
Yes	92,6	[90,2-94,4]	89,2	[82,1-93,6]	79,2	[72,5-84,6]
No	7,4	[5,6-9,8]	10,8	[6,4-17,9]	20,8	[15,4-27,5]
Respondent report of timing of second ANC visit at 6 months	%	95% CI (n=2,135)	%	95% CI (n=371)	%	95% CI (n=371)
Yes	94,6	[92,1-96,4]	88,0	[81,0-92,7]	71,0	[57,6-81,6]
No	5,4	[3,6-7,9]	12,0	[7,3-19,0]	29,0	[18,4-42,4]
Respondent report of timing of third ANC visit at 8 months	%	95% CI (n=2,135)	%	95% CI (n=371)	%	95% CI (n=371)
Yes	93,6	[91,3-95,3]	90,4	[85,6-93,7]	69,6	[58,5-78,9]
No	6,4	[4,7-8,7]	9,6	[6,3-14,4]	30,4	[21,1-41,5]
Respondent report of timing of fourth ANC visit at 9 months	%	95% CI (n=2,135)	%	95% CI (n=371)	%	95% CI (n=371)
Yes	87,5	[82,4-91,3]	77,5	[68,3-84,6]	52,0	[39,9-63,9]
No	12,5	[8,7-17,6]	22,5	[15,4-31,7]	48,0	[36,1-60,1]

Table 10 lists whether respondents experienced any complications in the last 3 weeks of pregnancy. 11% of women report experiencing any complications during pregnancy.

Table 10: Respondent report of any complications in the final 3 weeks of pregnancy (n=2,170)

Respondent report of complications during last 3 weeks of pregnancy	%	95% CI
Yes	10,6	[7,1-15,7]
No	89,4	[84,3-92,9]

For those respondents that did not access ANC, Table 11 lists reasons the respondent did not seek access to ANC. Please note that respondents could choose more than one answer category in responding to this question. Interestingly, a majority of respondents report feeling awkward (72%) and not feeling ANC visits were necessary (62%) as key reasons for not seeking ANC, which may indicate a potential for more information provision and education regarding the importance of ANC visits through community health workers facilitated by DPRP.

Table 11: Respondent report of reasons for not accessing ANC (n=35)

Respondent report of reasons for not accessing ANC	%	95% CI
Distance	8,9	[2,0-32,5]
Family Pressure	5,3	[0,6-33,6]
Cost	1,5	[0,2-9,0]
Not Necessary	62,2	[22,5-90,3]
Problems With Staff	0	[0-0]
Bad Experience	0	[0-0]
Felt Awkward	71,8	[35,0-92,3]
Other	5,9	[1,2-24,1]

Table 12 lists the types of professional provided the ANC services. The majority of respondents report having received ANC services from either a doctor (68%) or a midwife (73%). Respondents could provide more than one answer.

Table 12: Respondent report of type of professional providing ANC (n=2,135)

Respondent report of type of professional providing ANC	%	95% CI
Doctor	68,2	[56,5-78,0]
Nurse/Midwife	72,7	[56,3-84,6]
Health Assistant	16,8	[11,2-24,3]
FCHV (Female Community Health Volunteer)	10,1	[5,6-17,5]
TBA (Traditional Birth Attendant)	0,5	[0,2-1,6]
Don't Know	0	[0-0]
Other	0,2	[0,1-0,6]

Table 13 provides detail on the location and timing of ANC update among respondents interviewed. Overall, across all four visits, an average of 19,2% of ANC services is provided in private facilities. This seems a bit lower than other measurements such as the DHS.

Table 13: Respondent report of location where ANC was provided at 4, 6, 8 and 9 months

Respondent report of location where ANC was provided	At 4 months (n=1,962)		At 6 months (n=2,012)		At 8 months (n=1,974)		At 9 months (n=1,900)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Home	0,1	[0,0-0,5]	0	[0-0]	0	[0,0-0,1]	0,1	[0,0-0,8]
Government hospital	22,3	[15,9-30,4]	23,5	[17,5-30,7]	25,7	[19,5-33,1]	27,6	[20,8-35,6]

PHC Center	6,9	[2,5-17,6]	6,3	[2,3-16,1]	6,4	[2,2-17,0]	4,6	[1,7-12,0]
Health Post	37,4	[25,0-51,7]	35,2	[23,6-48,9]	31,2	[20,5-44,5]	31	[20,9-43,3]
PHC Outreach Clinic	0,8	[0,3-1,8]	0,8	[0,3-2,1]	0,8	[0,3-1,8]	0,8	[0,3-2,2]
FPAN	5,8	[0,9-28,3]	5,9	[1,0-28,2]	5,5	[0,9-26,9]	5,3	[0,8-26,8]
Other NGO	1,8	[0,6-5,3]	1,7	[0,6-4,9]	1,9	[0,6-5,3]	1,8	[0,6-5,1]
Private Hospital/Nursing home	14,4	[7,2-26,7]	14,6	[8,2-24,7]	17,1	[9,8-28,1]	16,3	[9,0-28,0]
Private Clinic	3,2	[1,8-5,4]	4,5	[2,7-7,4]	3,0	[1,8-5,1]	2,3	[1,3-3,9]
Other Private Medical Facilities	0	[0,0-0,3]	0	[0,0-0,3]	1,3	[0,5-3,1]	0,2	[0,0-0,6]
AMDA Hospital	0,5	[0,2-1,7]	0,5	[0,2-1,8]	6,1	[1,6-20,5]	2,3	[1,0-5,3]
BPKIHS University-run hospital	5,9	[1,5-20,2]	5,9	[1,5-20,9]	0	[0,0-0,3]	7,0	[1,9-22,3]
Other	1,0	[0,2-3,8]	1,0	[0,3-3,7]	1,0	[0,2-3,9]	0,8	[0,2-3,1]

Table 14 lists the types of advice and services provided during ANC visits. Respondents were able to provide more than one response.

Table 14: Respondent report on type of advice and services received during ANC (n=2,135)

Respondent report on type ANC advice received	%	95% CI
SBA	68,5	[54,7-79,8]
Institutional Delivery	79,2	[68,7-86,9]
Early Breastfeeding	69,5	[55,4-80,7]
EBF	74,4	[59,1-85,4]
Family Planning	57,3	[46,0-67,8]
Signs of Complications	84,8	[81,3-87,8]
Access to Care	83,4	[78,2-87,5]
Received all of the above	42,2	[30,7-54,5]
Respondent report on type of ANC services received	%	95% CI
Blood Pressure	99,1	[97,9-99,6]
Ultrasound	94,3	[91,2-96,3]
Blood Test	95,7	[93,5-97,2]
Urine Test	97,3	[95,8-98,3]
ANC Services: All Services	91,3	[87,1-94,2]

Table 15 provides respondent report of ingestion of iron tablets and deworming tablets as well as vaccine uptake.

Table 15: Respondent report of iron and deworming tablets taken during pregnancy and vaccines taken before or during pregnancy (n=2,170)

Respondent report on number of iron tablets taken during pregnancy	%	95% CI
None	2,0	[1,0-4,0]
less than 180	37,1	[31,3-43,3]
180-200	51,7	[45,8-57,6]
more than 200	9,2	[6,4-13,1]
Respondent report on deworming pill taken during pregnancy	%	95% CI
No	7,8	[4,7-12,7]

Yes	89,9	[84,8-93,4]
I do not know	2,3	[1,2-4,2]
Respondent report on tetanus and/or diphteria shot taken during pregnancy	%	95% CI
Don't Know	0,1	[0,0-0,4]
No Vaccine	2,7	[1,6-4,7]
1 Vaccine	25,5	[21,0-30,5]
2 Vaccines	70,0	[64,3-75,1]
More than 2 vaccines	1,8	[0,7-4,5]
Respondent report on tetanus and/or diphteria shot taken before pregnancy	%	95% CI
Don't Know	1,3	[0,7-2,4]
No Vaccine	62,0	[49,8-72,9]
1 Vaccine	9,1	[6,3-13,2]
2 Vaccines	18,6	[13,8-24,6]
More than 2 vaccines	8,9	[6,3-11,3]

4.1.4 Antenatal Care (ANC) uptake according to ANC card

As part of the survey, we also asked women whether they still had their ANC card and whether we could photograph it and record the data. Table 16 through Table 20 below highlight the data collected on ANC card provided by the respondent.

Table 16 below summarizes the number of ANC cards that were recorded during baseline data collection. A total of 15% of women, or 371 women had their card available. While this is not a majority of the sample, it is an important starting point to potentially validate self-report data and make a strong case by endline that not only self-report of ANC and related variables and KPIs, but also actual recorded cases as validated by the ANC card may have improved due to DPRP program activities.

Table 16: Availability of ANC card during survey (n=2,170)

Respondent report on tetanus and/or diphteria shot taken before pregnancy	%	95% CI
Card available	15,1	[11,6-19,6]
Card lost/discarded	73,8	[64,3-81,6]
Never had card	6,1	[2,0-17,0]
Prefer not to show	0,3	[0,1-1,2]
Unaware of card concept	0,9	[0,2-4,4]
Card in health post/hospital	3,7	[1,4-9,3]

Table 17 lists services provided according to the ANC card during ANC visits.

Table 17: Services rendered at 4, 6, 8 and 9 months according to ANC card

Respondent report of location where ANC was provided	At 4 months (n=299)	At 6 months (n=287)	At 8 months (n=268)	At 9 months (n=211)
--	---------------------	---------------------	---------------------	---------------------

	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Weight check	86,7	[60,7-96,5]	94,2	[88,7-97,1]	89,3	[79,9-94,6]	90,5	[75,2-96,8]
Anaemia	52,1	[36,3-67,6]	50,1	[34,3-65,9]	45,7	[29,5-62,8]	42,8	[27,3-59,9]
Edema	10	[4,5-20,6]	12,9	[6,7-23,5]	8,3	[4,7-14,2]	7,8	[3,9-14,9]
Blood Pressure	91,8	[86,2-95,3]	89,5	[83,2-93,6]	84,7	[75,4-90,9]	83,6	[70,6-91,5]
Height Uterus	25,9	[18,3-35,3]	35,1	[24,3-47,7]	36,5	[25,2-49,4]	41,4	[30,9-52,8]
Fetal Presentation	20	[12,3-30,8]	32,5	[19,0-49,5]	45,1	[32,4-58,5]	51,9	[37,5-66,0]
Fetal Heartbeat	18,4	[10,1-31,1]	52,9	[41,0-64,5]	72,4	[59,3-82,5]	71,7	[57,4-82,7]
Iron Tablets	82,3	[59,9-93,5]	90,1	[79,9-95,4]	84	[72,3-91,3]	74,7	[56,3-87,1]
Deworming	78,1	[66,7-86,4]	14,3	[10,4-19,2]	5,3	[2,5-10,5]	1,5	[0,5-4,5]
TD Vaccination	57,5	[40,8-72,6]	50,2	[36,8-63,5]	9,5	[5,7-15,5]	3,6	[1,6-7,8]
Others	3,9	[0,9-15,6]	0,9	[0,3-2,9]	4,8	[1,9-11,9]	7,1	[1,8-24,9]

Table 18 lists the provision of iron tablets, deworming drugs and vitamin A according to ANC cards provided by respondents. It should be noted that self-report of intake of iron tablets and deworming drugs is not statistically significantly different from reporting based on ANC card verification.

Table 18: Provision of iron tablets, deworming drugs and Vitamin A according to ANC card (n=371)

Iron tablet provision according to ANC card	%	95% CI
Yes	93	[84,5-97,1]
No	7	[2,9-15,5]
Deworming drugs provision according to ANC card	%	95% CI
Yes	81,6	[69,4-89,6]
No	18,4	[10,4-30,6]
Provision of Vitamin A supplementation after birth according to ANC card	%	95% CI
Yes	16,2	[6,2-36,1]
No	83,8	[63,9-93,8]

Table 19 lists Primary support person and location of delivery according to ANC card. Of note, the majority of ANC cards does not register either variable.

Table 19: Primary support person and location of delivery according to ANC card (n=371)

Primary support person at birth according to ANC card	%	95% CI
Doctor	11,7	[4,9-25,5]
Nurse	7	[3,4-14,0]
Midwife	3,9	[1,9-7,6]
Paramedics (Health Assistant/AHW)	0,4	[0,1-1,6]
No one	0,5	[0,1-2,8]
Not recorded on ANC	76,5	[59,4-87,9]
Location of delivery according to ANC card	%	95% CI
Government hospital	11,1	[4,6-24,2]

PHC (primary healthcare) Center	1,4	[0,2-8,0]
Health Post	1,2	[0,4-3,7]
Other NGO (Non-Governmental Organisation) Facilities	4,3	[1,0-16,7]
Private Hospital/Nursing home	3,3	[1,1-9,3]
AMDA Hospital (AMDA-NGO established hospital)	0,1	[0,0-0,9]
BPKIHS university-run hospital	0,3	[0,1-1,3]
Not stated in ANC card	78,4	[59,9-89,8]

Complications were also recorded on the ANC card. Table 20 below contains data from ANC cards in which around 90% of births recorded were free of complications, this is slightly higher, but not statistically significantly different from self-report data which indicates 82% of women experienced complications (see Table 23).

Table 20: Complications recorded on ANC card (n=371)

Complications recorded on ANC card	%	95% CI
No Complications	89,5	[79,5-95,0]
Breech presentation	0	[0,0-0,0]
Shoulder presentation	0	[0,0-0,0]
Vacuum/Forceps used	0	[0,0-0,0]
C-section	6,7	[2,3-17,9]
High Blood pressure	0,5	[0,1-3,7]
Labour Lasting hours	2,2	[0,6-7,9]
No Discharge of placenta	0	[0,0-0,0]
Treatment/counselling	2,1	[0,7-5,9]
Other complications	0,8	[0,3-2,5]

4.1.5 Skilled birth attendance and statistics on births

Table 21 lists the KPI for institutional delivery for our women's sample. 85% of women report institutional delivery. Institutional delivery was based on survey data collected on skilled birth attendance, and defined as institutional if the baby was delivered in a PHC, General hospital, Health Post, Other public health facility, FPAN, Private hospital/clinic, Other medical facility, AMDA hospital, or BPKISH Facility. Deliveries were considered as not institutional if the baby was delivered at home, other home, and "others" location, other NGO, and on the way to the facility.

Table 21: KPI – Institutional delivery

Institutional delivery (n=2,170)	%	95% CI
Yes	85,2	[79,1-89,7]
No	14,8	[10,3-20,9]

The survey also asked women why they did not give birth in a health facility with accredited personnel, the results of which are listed in Table 22 below. More than one reason could be given by the respondent. A striking finding in this table is that over half the respondents (55,4%) that did not give birth in a facility or with a skilled

Met opmerkingen [PP4]: Need to revisit this indicator with KFN. It is likely much too high due to the nature of the question. Technically, this is not Institutional Delivery, but a self-report measure based on perceived Skilled Birth Attendance (who assisted with your birth). The final estimates for this indicator are thus still forthcoming and may need to be complemented / contextualized and M&E framework may need to be updated

birth attendant present responded this was because the child was born before arriving to the facility.

Table 22: Reasons for not having given birth in a facility

Respondent report of reason for not delivering at a facility (n=411)	%	95% CI
Cost	5,0	[1,8-12,8]
Closed Facility	1,2	[0,3-4,8]
Facility Distance	7,2	[4,4-11,6]
Trust Issues	2,4	[0,8-7,2]
Poor HCW Behaviour	0,0	[0-0]
No Healthcare Workers	0,7	[0,2-2,3]
No Family Permission	2,1	[0,6-7,6]
Not Necessary	33,7	[24,2-44,8]
Not Customary	1,9	[0,8-4,4]
Born Before Arriving to Facility	55,4	[44,1-66,2]
Other	5,6	[3,3-9,6]

Respondents were also asked about the mode of delivery, whether any complications had occurred at birth, location of birth, source of referral to a facility, time taken to reach the facility and means of travel to the facility, which are displayed in tables Table 23 and Table 24 below. In addition, key statistics on labor, including length of labor, weeks at birth, preparation for birth and primary support person for the birth are listed in Table 25.

Table 23: Key statistics on type of birth and complications at birth

Respondent report of type of birth (n=2,170)	%	95% CI
Vaginal delivery	71,6	[65,0-77,5]
Caesarean section	28,4	[22,5-35,0]
Respondent report on decision making timing for caesarian section (n=442)	%	95% CI
Before labour pains	68,4	[62,0-74,2]
After labour pains	31,6	[25,8-38,0]
Respondent report on any complications at birth (n=2,170)	%	95% CI
Yes	17,9	[11,8-26,2]
No	82,1	[73,8-88,2]
Respondent report of breech (n=2,170)	%	95% CI
Yes	0,9	[0,5-1,6]
No	97,8	[95,4-99,0]
I don't know	1,3	[0,4-3,9]
Respondent report of umbilical cord wrapped around baby (n=2,170)	%	95% CI
Yes	2	[1,3-3,1]
No	93,8	[90,7-95,9]
I don't know	4,2	[2,4-7,2]

Table 24: Location of birth, source of referral, time taken to reach facility and means of travel to facility

Respondent report of location of birth (n=2,170)	%	95% CI
Your home	11,2	[7,5-16,5]
Other home	0,2	[0,1-0,6]
Government hospital	35,4	[29,1-42,3]
PHC (primary healthcare) Center	1,5	[0,7-3,6]
Health Post	9,7	[6,2-15,0]
FPAN (Family Planning Association of Nepal)	2,3	[0,4-12,4]
Other NGO (Non-Governmental Organisation) Facilities	1,9	[0,7-5,1]
Private Hospital / Nursing home / clinic	23,6	[15,2-34,8]
AMDA Hospital (AMDA-NGO established hospital)	4,1	[1,8-9,1]
BPKIHS university-run hospital	8,5	[3,3-20,2]
On the way to the health facility	1	[0,5-1,8]
Other	0,5	[0,1-2,2]
Source of referral to facility (n=1,759)	%	95% CI
Doctor	16,5	[9,7-26,6]
Nurse	7,6	[4,3-13,0]
Midwife	9,5	[5,9-14,8]
Paramedics (Health Assistant/AHW)	1,2	[0,6-2,4]
Relative/neighbour/friend	48,5	[40,9-56,2]
FCHVs	4	[2,6-6,2]
No one/ (I made decision myself)	12,7	[8,1-19,4]
Other	0,1	[0,0-0,5]
Time taken to reach facility (n=1,759)	%	95% CI
less than 30 minutes	42,5	[31,0-54,9]
30-60 minutes	38,4	[30,1-47,4]
61-120 minutes	9,5	[6,6-13,5]
over 120 minutes	9,6	[5,7-15,7]
Means of travel to facility (n=1,759)	%	95% CI
Public Bus	7,5	[5,1-10,9]
Car (private)	4,3	[2,3-8,0]
Car (taxi)	9,2	[6,1-13,4]
Ambulance	35,2	[28,4-42,6]
By Foot	10,4	[7,2-14,9]
Bicycle (private)	0,2	[0,0-0,8]
Motorcycle (Scooter)	5,1	[2,9-8,8]
Other	29,6	[24,3-35,5]

Table 25: Length of labor, weeks at birth, types of preparation for birth and primary support person for birth (n=2,170)

Length of labor	%	95% CI
normal labour <8hr	45,8	[39,3-52,4]

prolonged labour (8hr+)	25,8	[21,2-31,1]
c-section (no labour)	16,3	[12,4-21,2]
c-section (<8hr labour)	7,6	[4,9-11,7]
c-section (8hr+ labour)	4,4	[3,1-6,3]
Weeks at birth	%	95% CI
Extremely pre-term (<28 weeks)	0	[0-0]
very pre-term (28-32 weeks)	0,7	[0,3-1,4]
late pre-term (32-37 weeks)	55,9	[45,7-65,6]
term (37-42 weeks)	43,4	[33,7-53,7]
post-term (>42 weeks)	0,1	[0,0-0,3]
Type of preparation for birth	%	95% CI
Saved money	80,1	[76,0-83,6]
Arrange transport	23,5	[17,9-30,3]
Looked for blood donor	13,6	[9,0-20,0]
Contact HCW	8,7	[5,2-14,4]
Buy safe delivery kit	1,9	[0,9-4,0]
Arrange food	6,4	[5,2-74,2]
Arrange clothes	75,8	[68,1-82,1]
No preparation	11,1	[7,7-15,7]
Primary support person for birth	%	95% CI
Doctor	35,5	[24,1-48,7]
Nurse	28,4	[23,6-33,7]
Midwife	8,6	[5,4-13,4]
Paramedics (Health Assistant/AHW)	0,6	[0,3-1,2]
Traditional Birth Attendant	0,7	[0,3-1,7]
Relative/neighbour/friend	24,7	[16,6-35,0]
FCHVs	1,4	[0,7-3,0]
No one	0,1	[0,0-0,3]
Others, Please specify	0,1	[0,0-0,4]

Pregnancy outcomes are listed in Table 26. Very few respondents reported any still births or the passing of a child within a few hours or days after birth. Around 8% of respondents reported low birth weight, and another 10% reported their child was not weighed at birth. Around 82% of respondents reported normal birthweight.

Table 26: Pregnancy outcomes

Outcome of delivery (n=2,170)	%	95% CI
Live birth	99,8	[99,4-99,9]
Still birth	0,1	[0,0-0,5]
The child died few hours/few days after birth	0,1	[0,0-0,2]
Gender of child (n=2,170)	%	95% CI
Female	52,8	[49,5-55,7]
Male	47,2	[44,2-50,3]
Weight of child (n=2,170)	%	95% CI

very low (<1500g)	0,1	[0,0-0,4]
low (1500-2500g)	8,2	[6,0-11,2]
normal (2500g+)	81,8	[77,3-85,5]
not weighed	9,7	[6,4-14,6]
still birth	0,1	[0,0-0,5]

4.1.6 Child health

As can be seen in Table 27, postnatal checkups are an area that could still benefit from improvement, and while 86% of women (95% CI 79,6%-90,8%) report having received a postnatal checkup within 24 hours of birth, postnatal checkups between 24 hours and 3 days were only reported by 35% of respondents, and postnatal checkups between 3 days and one week of birth only reported by 25% of respondents.

Table 27: Postnatal Check-up timing

Postnatal Check-up Within 24 Hours of Birth (n=2,170)	%	95% CI
Yes	86,1	[79,6-90,8]
No	13,9	[9,2-20,4]
Postnatal Check-up Between 24 Hours and 3 Days of Birth (n=2,170)	%	95% CI
Yes	34,5	[26,1-44,1]
No	65,5	[55,9-73,9]
Postnatal Check-up Between 3 Days and One Week of Birth (n=2,170)	%	95% CI
Yes	25,2	[18,8-33,0]
No	74,8	[67,0-81,2]

Child health checks also show room for improvement as 12% of respondents report timing of the first child health check at over 24 hours and only 52% of respondents report their child being monitored for growth in the past month. The same is the case for vitamin A supplementation, where around 32% of respondents report that their child did not receive vitamin A supplementation (Table 28).

Table 28: Child health check, growth monitoring and vitamin A supplementation

Respondent report of timing of first child health check (n=2170)	%	95% CI
No answer	0,8	[0,4-1,6]
Immediate start	71,9	[59,7-81,5]
less than hour	0,3	[0,1-1,1]
over 1 hour, but within 24 hours	15	[11,0-20,3]
over 24 hours	12	[6,7-20,5]
Respondent report of growth monitoring of child in past month (n=2164)	%	95% CI
Yes	51,6	[43,7-59,4]
No	48,4	[40,6-56,2]
Respondent report of whether child received Vitamin A supplementation (n=2170)	%	95% CI
Yes, before prompt	19,2	[14,7-24,8]
Yes, after prompt	15,3	[11,3-20,4]

No, before prompt	14,8	[10,2-20,9]
No, after prompt	16,9	[11,8-23,7]
Don't know	5,8	[3,3-10,1]
Not Applicable (Child is age 6 months or below)	28	[25,3-30,9]
No vaccinations or supplementation at all	0	[0,0-0,1]

Exclusive breastfeeding for the first 6 months of life is an important WHO-recommended practice to ensure adequate development of the child. However, as can be seen in Table 29, 25,5% of women stop breastfeeding before the child is 6 months of age.

Table 29: Exclusive breastfeeding

Respondent report of age at which she stopped exclusive breastfeeding (n=1609)	%	95% CI
less than one month	0,5	[0,2-1,2]
1-5 months	25	[19,5-31,5]
6 months	67,1	[59,6-73,7]
7 or more months	7,4	[5,0-11,0]
Respondent report of non-exclusive breastfeeding in first 3 days (n=2164)	%	95% CI
Yes	29,7	[22,1-38,8]
No	69,5	[60,3-77,4]
No Answer	0,8	[0,4-1,6]
Respondent report of provision of food additional to breastfeeding (n=2164)	%	95% CI
Yes	72,9	[70,7-75,0]
No	26,3	[24,3-28,4]
No Answer	0,8	[0,4-1,6]

Respondent report of child vaccinations are displayed in Table 30 below. The report of Bacillus Calmette-Guérin (BCG) vaccination of 94,6% (95% CI 91,9%-97,1%) is not statistically significantly different from the vaccination coverage reported by WHO for 2019 (96%) (WHO, 2020). The data are a bit more ambiguous for Oral Polio Vaccine OPV as only 84,8% (95% CI 82,2%-87,2%) of respondents report their child received OPV, which is statistically significantly lower than the WHO estimated coverage (92% for 2019) (WHO, 2020). This pattern is similar for Inactivated Polio Vaccine 78,3% (62,1% - 95,8%). The lower percentage is however also explained by the inclusion of non-eligible children in our sample and should only be seen as an indication of the vaccination coverage. For endline, the research team can calculate and compare actual vaccination coverage among eligible children.

Table 30: Respondent report of child vaccinations: Any, BCG, OPV and IPV

Respondent report of whether child received any vaccination (n=2,164)	%	95% CI
Yes	95,1	[91,9-97,1]
No	4,8	[2,9-8,0]
I don't know	0,1	[0,0-0,4]
Respondent report of whether child received BCG vaccination (n=2,164)	%	95% CI

Yes, before prompt	74,2	[66,1-80,9]
Yes, after prompt	20,4	[14,1-28,5]
Don't know	0,6	[0,3-1,3]
No vaccinations at all	4,8	[2,9-8,0]
Respondent report of whether child received Oral Polio vaccination (n=2,164)	%	95% CI
Yes	84,8	[82,2-87,2]
No	4,6	[3,2-6,5]
Don't know	1,5	[0,8-2,6]
No vaccinations at all	4,8	[2,9-8,0]
Not Applicable	4,3	[3,1-5,8]
Respondent report of number of times child received Oral Polio vaccination (n=1,857)	%	95% CI
1	23,4	[19,0-28,4]
2	44	[39,1-49,0]
3	27,9	[23,3-33,0]
4	4,7	[3,1-7,1]
Respondent report of whether child received Inactivated Polio vaccination (n=2,170)	%	95% CI
Yes, before prompt	41,4	[33,3-50,1]
Yes, after prompt	36,9	[28,8-45,7]
No, before prompt	0,7	[0,3-1,3]
No, after prompt	1,8	[0,8-3,8]
Don't know	0,9	[0,4-2,2]
Not Applicable (Child is age 14 weeks or below)	18,3	[16,0-20,8]
No vaccinations at all	0,1	[0,0-0,3]

A similar pattern can be observed in DPT, Prumococcal and MMR vaccinations, again the lower rate of report here is due to the inclusion of non-eligible children in the data below. For the endline report, the research team can calculate and compare actual vaccination coverage among eligible children following WHO estimated coverage calculations.

Table 31: Respondent report of child vaccinations: Respondent report of Diphteria, Pertussis and Tetanus (DPT), Pneumococcal and MMR vaccinations

Respondent report of whether child received Diphteria, Pertussis and Tetanus (DPT) vaccination (n=2,170)	%	95% CI
Yes, before prompt	54,6	[46,4-62,5]
Yes, after prompt	32,0	[24,1-41,2]
No, before prompt	0,8	[0,4-1,6]
No, after prompt	2,0	[0,9-4,0]
Don't know	0,2	[0,1-0,7]
Not Applicable (Child is age 6 weeks or below)	9,7	[7,8-12,1]
No vaccinations at all	0,6	[0,3-1,4]
Respondent report of whether child received Pneumococcal vaccination (n=2,170)	%	95% CI

Yes, before prompt	47,6	[39,9-55,4]
Yes, after prompt	35,9	[27,9-44,7]
No, before prompt	1,3	[0,7-2,4]
No, after prompt	3,5	[2,2-5,6]
Don't know	0,7	[0,2-1,9]
Not Applicable (Child is age 10 weeks or below)	10,9	[8,9-13,3]
No vaccinations at all	0,2	[0,0-0,6]
Respondent report of whether child received Measles, Mumps, and Rubella (MMR) vaccination (n=2,170)	%	95% CI
Yes, before prompt	43,8	[37,9-49,9]
Yes, after prompt	14,4	[10,8-19,0]
No, before prompt	2,0	[1,2-3,2]
No, after prompt	2,1	[1,0-4,4]
Don't know	0,7	[0,3-1,3]
Not Applicable (Child is age 9 months or below)	37	[33,4-40,7]
No vaccinations at all	0	[0,0-0,1]

4.2 Persons living with a disability

The following section presents the results from the disability questionnaire.

4.2.1 Socio-demographics, respondent and household characteristics

As can be seen from Table 32 a total of 1,050 disabled persons was interviewed, among which 621 male, 428 female and one non-gender binary person. The data in this section remains gender disaggregated to facilitate subgroup analysis where necessary for DPRP program staff.

Table 32: Respondent age, religion and ethnicity

Respondent's Age	Male (n=621)		Female (n=428)		Non-gender binary (n=1)		Total (n=1,050)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
<5 years old	1,8	[0,5-6,3]	1,7	[0,7-4,3]	0	[0-0]	1,8	[0,6-5,0]
5-9 years old	3,6	[2,1-6,2]	4	[2,0-7,7]	0	[0-0]	3,8	[2,8-5,0]
9-19 years old	15	[10,9-20,2]	24,7	[16,9-34,7]	0	[0-0]	19	[15,7-22,8]
19-30 years old	15,5	[12,0-19,7]	14,6	[10,4-20,2]	100	[100]	15,2	[12,3-18,5]
30-49 years old	24	[20,4-28,1]	24,8	[19,7-30,6]	0	[0-0]	24,3	[20,8-28,2]
49 years or older	40,1	[34,8-45,5]	30,2	[23,7-37,6]	0	[0-0]	36	[31,3-41,0]
Religion	Male (n=621)		Female (n=428)		Non-gender binary (n=1)		Total (n=1,050)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Islam	4,7	[1,1-18,3]	3,1	[0,4-21,4]	0	[0-0]	4	[0,8-18,4]
Hinduism	74,2	[62,1-83,4]	78,7	[65,7-87,7]	0	[0-0]	76	[64,3-84,8]
Buddhism	9	[4,9-16,0]	9	[4,3-17,8]	0	[0-0]	9	[4,8-16,3]
Christianity	4,3	[2,8-6,4]	2,1	[0,9-4,7]	100	[100]	3,4	[2,4-4,9]

Kiratism	7,8	[3,7-15,6]	7	[3,7-12,9]	0	[0-0]	7,5	[4,0-13,5]
Others	0,1	[0,0-0,5]	0,1	[0,0-0,7]	0	[0-0]	0,1	[0,0-0,5]
Ethnicity	Male (n=621)		Female (n=428)		Non-gender binary (n=1)		Total (n=1,050)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Dalit	8,9	[7,0-11,1]	11,5	[6,8-18,8]	100	[100]	10	[7,8-12,7]
Janjati	47,8	[33,3-62,6]	42,5	[31,5-54,3]	0	[0-0]	45,6	[34,0-57,7]
Madheshi	6	[2,0-16,8]	5,7	[2,6-12,1]	0	[0-0]	5,9	[2,5-13,5]
Muslim	4,7	[1,1-18,3]	3,1	[0,4-21,4]	0	[0-0]	4	[0,8-18,4]
Brahman/Chhetri	32,2	[21,8-44,8]	36,1	[25,8-47,9]	0	[0-0]	33,8	[24,1-45,1]
Others	0,4	[0,1-2,1]	1	[0,2-4,6]	0	[0-0]	0,7	[0,2-1,9]

Sociodemographics regarding marital status and age at marriage are displayed below in Table 33. A striking finding is that among the baseline sample of persons with a disability, we observed around 27,6% of female respondents (16,4% - 51,0%) and 7,9% of male respondents (4,1% - 15,2%) reported underage marriage. Moreover, a total of 2 individuals reported having married before they were 11 years old, at 7 and 10 years old respectively, their current age was now 69. To compare these data, UNFPA reports 41% of women aged 20 to 24 are married before they turn 18, which amounts to the third highest child marriage prevalence in South Asia (UNFPA, 2021). This value was 0 for our baseline sample as no individuals in our sample were between 20-24 years old and married before they were 18 years.

Table 33: Respondent's marital status and age at marriage

Marital status	Male (n=537)		Female (n=355)		Non-gender binary (n=1)		Total (n=893)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Currently Married	51,4	[44,4-58,4]	26,9	[19,3-36,1]	0	[0-0]	41,6	[34,8-48,7]
Divorced	1,7	[0,8-3,4]	1,3	[0,5-3,8]	0	[0-0]	1,5	[0,8-2,8]
Never Married/Never Engaged	42,2	[34,0-50,7]	62,4	[51,3-72,3]	100	[100]	50,3	[41,6-59,0]
Widow/Widower	4,4	[2,5-7,6]	8,2	[4,4-14,7]	0	[0-0]	5,9	[3,8-9,1]
Age at marriage	Male (n=334)		Female (n=173)		Non-gender binary (n=0)		Total (n=507)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Less than 11yrs	0,1	[0,0-0,7]	1,2	[0,2-8,3]	n/a	n/a	0,4	[0,1-2,4]
11-18yrs	7,8	[4,4-13,5]	26,4	[17,8-37,2]	n/a	n/a	13,4	[8,6-20,4]
18-20yrs	12,2	[7,0-20,4]	22,9	[15,8-31,9]	n/a	n/a	15,4	[10,0-23,1]
20-25yrs	39,4	[33,4-45,7]	34,7	[25,5-45,3]	n/a	n/a	38	[32,7-43,5]
25-30yrs	29,1	[20,6-39,3]	9,7	[5,8-15,8]	n/a	n/a	23,2	[16,9-31,0]
30-35yrs	9,1	[5,9-13,8]	3,3	[1,6-6,7]	n/a	n/a	7,3	[5,1-10,5]
35-40yrs	1,3	[0,4-3,8]	1,4	[0,5-4,0]	n/a	n/a	1,3	[0,6-2,9]
40+yrs	1	[0,4-2,8]	0,4	[0,1-1,8]	n/a	n/a	0,8	[0,3-2,0]

History of ever being pregnant and age at first pregnancy is listed below in Table 34.

Table 34: Whether respondent has ever been pregnant, age at first pregnancy and history of stillbirth

Respondent has ever been pregnant	Female (n=428)		Non-gender binary (n=1)		Total (n=1,050)	
	%	95% CI	%	95% CI	%	95% CI
Yes	36,4	[26,9-47,1]	0	[0-0]	36,3	[26,8-47,0]
No	63,6	[52,9-73,1]	100	[100]	63,7	[53,0-73,2]
Age at first pregnancy	Female (n=167)		Non-gender binary (n=0)		Total (n=167)	
	%	95% CI	%	95% CI	%	95% CI
11-18yrs	11,5	[4,5-27,3]	n/a	n/a	11,5	[4,5-27,3]
18-20yrs	22,9	[15,8-32,0]	n/a	n/a	22,9	[15,8-32,0]
20-25yrs	42,0	[33,1-51,4]	n/a	n/a	42,0	[33,1-51,4]
25-30yrs	17,8	[11,6-26,3]	n/a	n/a	17,8	[11,6-26,3]
30-35yrs	3,9	[1,8-8,1]	n/a	n/a	3,9	[1,8-8,1]
35-40yrs	1,2	[0,4-3,7]	n/a	n/a	1,2	[0,4-3,7]
40+yrs	0,7	[0,2-2,3]	n/a	n/a	0,7	[0,2-2,3]
History of stillbirth	Female (n=167)		Non-gender binary (n=0)		Total (n=167)	
	%	95% CI	%	95% CI	%	95% CI
Yes	21,9	[15,0-30,9]	n/a	n/a	21,9	[15,0-30,9]
No	76,8	[68,1-83,7]	n/a	n/a	76,8	[68,1-83,7]
Don't know	1,3	[0,3-4,8]	n/a	n/a	1,3	[0,3-4,8]

Table 35: Respondent's relationship to household head

Respondent's relationship to household head	Male (n=621)		Female (n=428)		Non-gender binary (n=1)		Total (n=1,050)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Respondent is head of household	25,3	[20,2-31,1]	7,6	[4,7-11,9]	0	[0-0]	18	[14,8-21,7]
Caretaker (non-relative)	0,5	[0,1-2,9]	0,9	[0,1-5,2]	0	[0-0]	0,7	[0,2-2,0]
Friend	0	[0,0-0,2]	0	[0-0]	0	[0-0]	0	[0,0-0,1]
Brother in law	0,3	[0,0-2,2]	0,1	[0,0-0,7]	0	[0-0]	0,2	[0,0-1,1]
Child	6	[2,9-12,1]	5,4	[3,0-9,5]	0	[0-0]	5,8	[3,3-9,8]
Mother	15,9	[11,8-21,0]	14,1	[10,4-18,9]	0	[0-0]	15,2	[12,1-18,9]
Father	28,7	[22,0-36,6]	33,1	[26,4-40,7]	100	[100]	30,6	[24,6-37,3]
Father in law	0	[0-0]	1,2	[0,5-3,1]	0	[0-0]	0,5	[0,2-1,3]
Mother in law	0	[0-0]	0,2	[0,0-0,9]	0	[0-0]	0,1	[0,0-0,4]
Sibling (brother/sister)	5,1	[2,9-9,0]	13	[7,3-22,2]	0	[0-0]	8,4	[4,7-14,4]
Sister in law	1,8	[0,7-4,1]	3,4	[1,4-8,1]	0	[0-0]	2,4	[1,0-5,6]
Wife/Husband	11,4	[6,7-18,7]	14	[8,4-22,4]	0	[0-0]	12,5	[8,0-18,8]
Uncle	0,8	[0,2-2,9]	0,1	[0,0-0,9]	0	[0-0]	0,5	[0,1-1,7]
Aunt	1,2	[0,4-3,4]	1,4	[0,4-5,7]	0	[0-0]	1,3	[0,5-3,3]
Other	3	[1,4-6,3]	5,4	[3,0-9,5]	0	[0-0]	4	[2,4-6,6]

4.2.2 Education

Educational status of the sample of persons with disability is listed in Table 36. Table 37 lists the reasons for dropping out of school.

Table 36: Respondent's highest completed level of education and location attending school

Respondent's highest completed level of education	Male (n=615)		Female (n=424)		Non-gender binary (n=1)		Total (n=1,040)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Illiterate	46,4	[38,4-54,6]	69,6	[60,7-77,3]	100	[100]	56	[48,1-63,5]
Can Read/Write (ECD /Adult literacy class)	6,1	[4,1-9,0]	5,2	[2,7-9,7]	0	[0-0]	5,7	[4,1-7,9]
Basic (Grade 1 to 8)	31	[24,4-38,5]	18,8	[14,6-24,0]	0	[0-0]	26	[20,7-32,0]
Secondary (Grade 9 - 12)	12,7	[9,8-16,3]	4,8	[2,5-9,3]	0	[0-0]	9,5	[7,3-12,3]
Higher than secondary	3,8	[1,6-8,7]	1,5	[0,3-8,1]	0	[0-0]	2,9	[1,3-6,3]
Location attending school for those currently attending	Male (n=48)		Female (n=42)		Non-gender binary (n=0)		Total (n=90)	
	%	95% CI	95% CI	95% CI	%	95% CI	%	95% CI
Mainstream institutions (public/government)	56,3	[33,6-76,6]	68,8	[42,1-87,0]	n/a	n/a	62,5	[41,1-79,9]
Mainstream institutions (private)	18,6	[7,7-38,5]	2,8	[0,4-15,4]	n/a	n/a	10,8	[4,3-24,7]
Specialized institutions (public/government)	13,8	[4,1-37,6]	21,4	[6,4-52,2]	n/a	n/a	17,6	[6,6-39,2]
Specialized institutions (private)	8,4	[1,1-42,2]	5,3	[0,6-33,2]	n/a	n/a	6,8	[0,9-37,9]
Other places	2,9	[0,4-18,9]	1,8	[0,2-13,3]	n/a	n/a	2,3	[0,5-9,9]
Location attending school for those currently attending	Male (n=272)		Female (n=96)		Non-gender binary (n=0)		Total (n=368)	
	%	95% CI	95% CI	95% CI	%	95% CI	%	95% CI
Mainstream institutions (public/government)	86,7	[76,3-93,0]	79,3	[59,2-91,0]	n/a	n/a	84,7	[73,6-91,7]
Mainstream institutions (private)	6,5	[2,9-13,9]	8,9	[3,8-19,3]	n/a	n/a	7,2	[3,8-13,0]
Specialized institutions (public/government)	6,9	[2,6-17,0]	11,7	[3,7-31,4]	n/a	n/a	8,2	[3,2-19,5]
Specialized institutions (private)	1	[0,1-6,9]	0	[0-0]	n/a	n/a	0,7	[0,1-4,8]
Respondent ever dropped out of school	Male (n=320)		Female (n=138)		Non-gender binary (n=0)		Total (n=458)	
	%	95% CI	95% CI	95% CI	%	95% CI	%	95% CI
Mainstream institutions (public/government)	33,6	[24,6-44,0]	45,5	[30,0-61,9]	n/a	n/a	37,3	[27,1-48,7]
Mainstream institutions (private)	66,3	[55,9-75,3]	54,5	[38,1-70,0]	n/a	n/a	62,6	[51,2-72,8]

Specialized institutions (public/government)	0,1	[0,0-0,9]	0	[0-0]	n/a	n/a	0,1	[0,0-0,6]
--	-----	-----------	---	-------	-----	-----	-----	-----------

Table 37: Reasons why respondent dropped out of school (more than one answer possible)

Reasons why respondent dropped out of school	Male (n=615)		Female (n=424)		Non-gender binary (n=1)		Total (n=1,040)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
My Disability Was Too Severe	31,1	[15,7-52,3]	31,9	[14,6-56,2]	100	[100]	31,4	[20,9-44,2]
My Disability Has Become More Severe	38,7	[28,1-50,4]	48,5	[30,8-66,5]	0	[0-0]	42,4	[32,0-53,5]
School is/was Too Far	13,3	[6,7-24,7]	17,4	[5,6-42,6]	0	[0-0]	14,8	[6,8-29,3]
Lack of Disability Friendly Structures in School	6,4	[1,3-25,4]	12,1	[6,1-22,5]	0	[0-0]	8,5	[4,3-16,1]
Lack of Disability Friendly Learning Environment in School	3,5	[0,9-12,1]	3	[0,7-11,5]	0	[0-0]	3,3	[1,2-9,0]
Lack of Disability Friendly Teaching Environment in School	0,2	[0,0-1,6]	6,2	[2,2-16,3]	0	[0-0]	2,4	[0,9-6,7]
Lack of Assistive Devices	0	[0-0]	8,6	[3,3-20,4]	0	[0-0]	3,3	[1,2-8,2]
Lack of Special Education Center	2,8	[0,5-15,2]	3,9	[1,1-12,8]	0	[0-0]	3,2	[1,2-8,5]
Family Did Not Support Me	16	[6,7-33,6]	15,4	[5,4-36,7]	0	[0-0]	15,8	[8,1-28,4]
Bullying From Other Young People	0,8	[0,2-4,1]	1,1	[0,2-6,4]	0	[0-0]	0,9	[0,2-4,6]
Lack of Money	22,5	[10,1-42,9]	14,4	[4,8-36,2]	0	[0-0]	19,5	[8,5-38,6]
Other	5,5	[1,4-19,5]	5	[1,3-17,6]	0	[0-0]	5,3	[2,1-12,9]

4.2.3 Employment

Statistics of persons with disabilities within our baseline sample are listed in Table 38 and Table 39. Please note that in table 39, more than 1 option could be selected, therefore the total is over 100%. However, the number is only slightly above 100% because the vast majority of respondents answered only 1 option.

Table 38: Employment status and occupation

Employment status	Male (n=615)		Female (n=424)		Non-gender binary (n=1)		Total (n=1,040)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Not Working	44,1	[37,5-50,9]	41	[30,5-52,4]	0	[0-0]	42,8	[35,2-50,7]
Worked in Past 7 Days	40,4	[31,6-49,9]	41,8	[32,0-52,3]	100	[100-100]	41	[32,2-50,5]
Worked in Past 12 months, But Not Past 7 days	2,2	[1,0-4,6]	0,3	[0,1-1,6]	0	[0-0]	1,4	[0,7-2,8]
Not Applicable (less than 15 years old)	13,3	[9,1-19,0]	16,9	[13,0-21,6]	0	[0-0]	14,7	[11,7-18,5]

Occupation	Male (n=328)		Female (n=209)		Non-gender binary (n=1)		Total (n=538)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Farming	45,9	[37,7-54,3]	32,1	[22,8-43,0]	100	[100-100]	40,3	[32,7-48,5]
Agricultural/Fishing	4,6	[2,2-9,4]	1,1	[0,3-4,4]	0	[0-0]	3,2	[1,5-6,6]
Non-Agriculture/Non-fishing	5,5	[2,5-11,7]	0,6	[0,1-2,7]	0	[0-0]	3,5	[1,7-7,2]
Private Sector/NGO - Higher edu not required	8,7	[5,0-14,6]	5,7	[1,1-23,7]	0	[0-0]	7,5	[4,5-12,1]
Private Sector/NGO - Higher edu required	0,1	[0,0-0,6]	1	[0,1-7,1]	0	[0-0]	0,5	[0,1-2,8]
Skilled professional (Higher education not required)	5,3	[2,7-10,0]	1,7	[0,3-9,1]	0	[0-0]	3,8	[2,3-6,2]
Skilled professional (Higher education required)	3,5	[1,3-9,2]	2,2	[0,5-8,3]	0	[0-0]	2,9	[1,5-5,6]
Entrepreneur	11	[5,6-20,5]	4,9	[1,4-16,0]	0	[0-0]	8,5	[4,4-15,9]
Religious worker	0	[0-0]	0	[0-0]	0	[0-0]	0	[0-0]
Civil servant	2	[0,6-6,6]	0	[0-0]	0	[0-0]	1,2	[0,3-4,0]
Artist	2,4	[0,4-12,9]	0	[0-0]	0	[0-0]	1,4	[0,2-7,7]
Military	0	[0-0]	0	[0-0]	0	[0-0]	0	[0-0]
Police	0	[0-0]	0	[0-0]	0	[0-0]	0	[0-0]
Housekeeper-paid	0,4	[0,1-1,4]	0,2	[0,0-1,4]	0	[0-0]	0,3	[0,1-0,9]
Housework-own	54,2	[39,7-68,1]	78,4	[57,4-90,7]	0	[0-0]	64	[48,9-76,7]
Other	1,1	[0,2-4,6]	0	[0-0]	0	[0-0]	0,6	[0,1-2,8]

Table 39: Respondents looking for work and reasons respondent is not looking for work

Whether respondent is looking for work	Male (n=225)		Female (n=148)		Non-gender binary (n=0)		Total (n=373)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Not Working	44,1	[37,5-50,9]	41	[30,5-52,4]	n/a	n/a	42,8	[35,2-50,7]
Worked in Past 7 Days	40,4	[31,6-49,9]	41,8	[32,0-52,3]	n/a	n/a	41	[32,2-50,5]
Worked in Past 12 months, But Not Past 7 days	2,2	[1,0-4,6]	0,3	[0,1-1,6]	n/a	n/a	1,4	[0,7-2,8]
Not Applicable (less than 15 years old)	13,3	[9,1-19,0]	16,9	[13,0-21,6]	n/a	n/a	14,7	[11,7-18,5]
Reasons respondent is not looking for work	Male (n=216)		Female (n=146)		Non-gender binary (n=0)		Total (n=362)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Employed, On Sick Leave For >3 Months	0,5	[0,1-3,5]	0	[0-0]	n/a	n/a	0,3	[0,0-2,2]
Retired Because of Health Issue	4,1	[1,4-11,7]	1,4	[0,4-5,4]	n/a	n/a	3,1	[1,2-7,8]
Retired Due To Age	1,5	[0,3-6,7]	2,8	[0,6-11,8]	n/a	n/a	2	[0,7-5,6]
Retired Early	0,3	[0,0-2,0]	0,5	[0,1-3,9]	n/a	n/a	0,3	[0,1-1,5]
Unpaid Work in the Family	0,9	[0,2-3,1]	0	[0-0]	n/a	n/a	0,5	[0,1-2,0]

Difficulty Finding Work - Rejected	0	[0-0]	0	[0-0]	n/a	n/a	0	[0-0]
Difficulty Finding Work - Not fit	2,7	[1,0-6,9]	5,5	[1,9-14,9]	n/a	n/a	3,8	[1,6-8,7]
Disability Prevents Me From Working	92,2	[82,5-96,7]	93,5	[84,9-97,3]	n/a	n/a	92,7	[84,2-96,8]
Stigmatized	0,9	[0,2-4,0]	2,1	[0,7-6,5]	n/a	n/a	1,4	[0,6-3,3]
Others	1,8	[0,4-6,6]	1,9	[0,3-10,4]	n/a	n/a	1,8	[0,4-7,8]

4.2.4 Disability status and registration

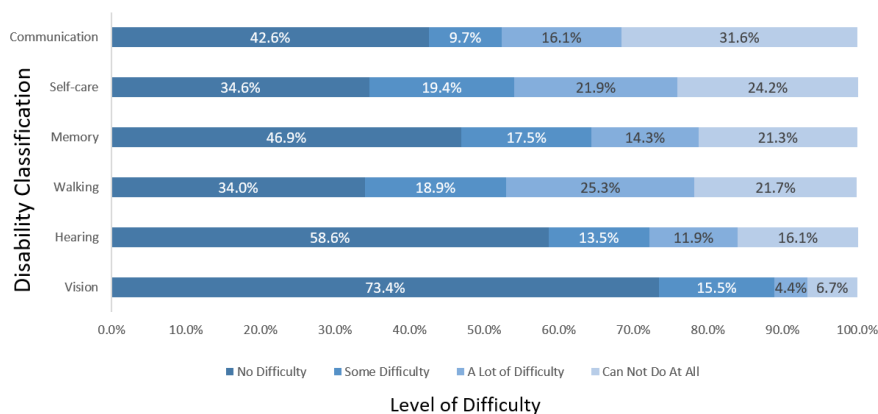
Type of disability card, a KPI for DPRP as well as duration of the disability are listed in Table 40.

Table 40: Type of disability card and duration of disability

Type of disability card	Male (n=621)		Female (n=428)		Non-gender binary (n=1)		Total (n=1,050)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
No card	26,5	[21,6-32,0]	33,4	[28,3-39,1]	0	[0-0]	29,3	[24,9-34,2]
Red	24,9	[17,1-34,8]	29,5	[22,2-38,0]	0	[0-0]	26,8	[19,4-35,8]
Blue	36,5	[28,2-45,7]	28,7	[23,8-34,2]	100	[100]	33,3	[27,1-40,2]
Yellow	8,3	[4,9-13,8]	6	[3,5-10,2]	0	[0-0]	7,4	[4,5-11,9]
White	3,8	[2,4-6,0]	2,3	[1,1-4,8]	0	[0-0]	3,2	[2,0-5,1]
Duration of disability	Male (n=)		Female (n=)		Non-gender binary (n=1)		Total (n=)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
By Birth	50,5	[42,5-58,5]	67,4	[56,4-76,8]	0	[0-0]	57,4	[48,6-65,9]
Few Day/Weeks After Birth	0,7	[0,2-2,2]	1,7	[0,7-4,2]	0	[0-0]	1,1	[0,6-2,2]
Within Year of Birth	3,6	[2,2-5,7]	2,6	[1,2-5,5]	0	[0-0]	3,2	[2,3-4,4]
After 1st of Life	45,2	[36,9-53,8]	28,3	[20,7-37,3]	100	[100]	38,3	[30,7-46,5]

The baseline survey also asked respondents with a disability about the level of difficulty they encountered based on disability classification. Figure 3 illustrates the data collected. Please note that full statistics (mean and 95% CI) for graphs presented in the baseline report can be found in the annex to this report.

Figure 3: Disability Classification & Reported Level of Difficulty (n=1,001)



Statistics on the use, need and status of aids is listed below in Table 41, Table 42 and Table 43.

Table 41: Use, need for and status of walking aid during daily life

Use of walking aid	Male (n=621)		Female (n=428)		Non-gender binary (n=1)		Total (n=1,050)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Yes	27,1	[21,7-33,3]	17,3	[11,0-26,2]	0	[0-0]	23,1	[18,2-28,7]
No	72,9	[66,7-78,3]	82,7	[73,8-89,0]	100	[100]	76,9	[71,3-81,8]
Need for walking aid	Male (n=439)		Female (n=337)		Non-gender binary (n=1)		Total (n=777)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Need, But Don't Have	43,7	[32,6-55,4]	34,6	[27,5-42,5]	0	[0-0]	39,6	[32,4-47,4]
Need, But The Current Aid Isn't Appropriate	1,8	[0,5-5,8]	2,5	[1,0-6,1]	0	[0-0]	2,1	[0,7-5,6]
No, Do Not Need Aid	54,6	[43,2-65,5]	62,9	[56,1-69,3]	100	[100]	58,3	[51,6-64,7]
Status of walking aid	Male (n=182)		Female (n=91)		Non-gender binary (n=0)		Total (n=273)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Works Well	75,6	[65,7-83,3]	58,3	[44,7-70,8]	n/a	n/a	70,2	[60,8-78,2]
Doesn't Work	22,1	[15,1-31,1]	37,6	[25,0-52,1]	n/a	n/a	26,9	[19,3-36,1]
Isn't Appropriate	2,3	[0,8-6,9]	4,1	[1,0-14,9]	n/a	n/a	2,9	[1,1-7,3]

Table 42: Use, need for and status of visual aid during daily life

Use of visual aid	Male (n=621)		Female (n=428)		Non-gender binary (n=1)		Total (n=1,050)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Yes	7,1	[3,9-12,7]	3,4	[1,6-6,8]	0	[0-0]	5,6	[3,5-8,9]
No	92,8	[87,2-96,1]	96,6	[93,2-98,4]	100	[100]	94,4	[91,1-96,5]
Don't know	0	[0,0-0,4]	0	[0-0]	0	[0-0]	0	[0,0-0,2]

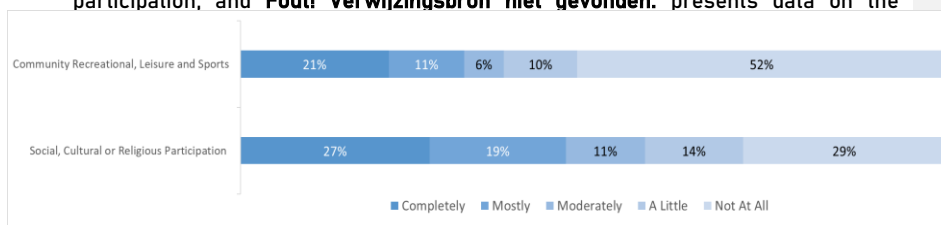
Need for visual aid	Male (n=)		Female (n=)		Non-gender binary (n=1)		Total (n=)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Need, But Don't Have	12,4	[8,6-17,5]	13,2	[9,8-17,7]	0	[0-0]	12,7	[9,7-16,5]
Need, But The Current Aid Isn't Appropriate	1,5	[0,5-4,6]	0,7	[0,2-2,3]	0	[0-0]	1,1	[0,4-3,0]
No, Do Not Need Aid	86,2	[81,2-90,0]	86,1	[81,6-89,6]	100	[100]	86,1	[82,5-89,2]
Status of visual aid	Male (n=)		Female (n=)		Non-gender binary (n=0)		Total (n=)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Works Well	78,9	[62,6-89,3]	78,7	[40,6-95,2]	n/a	n/a	78,9	[60,4-90,1]
Doesn't Work	20,3	[10,2-36,5]	21,3	[4,8-59,4]	n/a	n/a	20,6	[9,4-39,1]
Isn't Appropriate	0,8	[0,1-6,5]	0	[0-0]	n/a	n/a	0,6	[0,1-4,8]

Table 43: Use, need for and status of hearing / communication aid during daily life

Use of hearing/communication aid	Male (n=621)		Female (n=428)		Non-gender binary (n=1)		Total (n=1,050)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Yes	0,6	[0,1-2,7]	0,7	[0,2-2,8]	0	[0-0]	0,6	[0,2-1,7]
No	99,4	[97,4-99,8]	99,3	[97,2-99,8]	100	[100]	99,4	[98,3-99,8]
Don't know	0,1	[0,0-0,6]	0		0	[0-0]	0	[0,0-0,3]
Need for hearing/communication aid	Male (n=)		Female (n=)		Non-gender binary (n=1)		Total (n=)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Need, But Don't Have	31,8	[21,0-44,9]	32	[22,0-44,1]	0	[0-0]	31,9	[21,7-44,1]
Need, But The Current Aid Isn't Appropriate	1,9	[0,6-5,3]	1,5	[0,6-4,0]	0	[0-0]	1,7	[0,6-4,6]
No, Do Not Need Aid	66,4	[53,1-77,5]	66,4	[54,6-76,5]	100	[100]	66,4	[54,3-76,7]
Status of hearing/communication aid	Male (n=)		Female (n=)		Non-gender binary (n=0)		Total (n=)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Works Well	0	[0-0]	20	[1,1-85,2]	0	[0-0]	8,9	[0,5-67,1]
Doesn't Work	90,4	[18,6-99,7]	80	[14,8-98,9]	0	[0-0]	85,8	[33,0-98,7]
Isn't Appropriate	9,6	[0,3-81,4]	0	[0-0]	100	[100]	5,3	[0,2-59,0]

4.2.5 Social participation

Fout! Verwijzingsbron niet gevonden. lists data collected at baseline on social participation, and **Fout! Verwijzingsbron niet gevonden.** presents data on the



frequency of social participation. As there were few differences in gender, the data is presented is not gender disaggregated.

Figure 4: Participation in social activities (n=910)

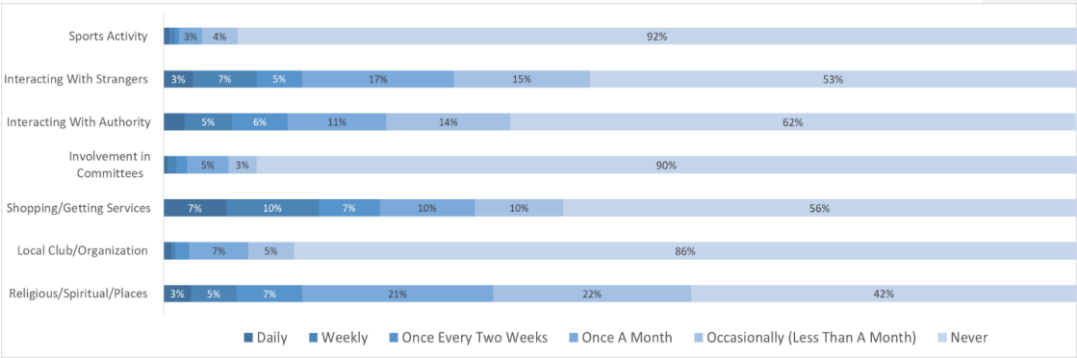


Figure 5: Frequency of social participation (n=910)

The baseline questionnaire also asked respondents with a disability to report any barriers to social participation, the results of which are presented below in Figure 6.

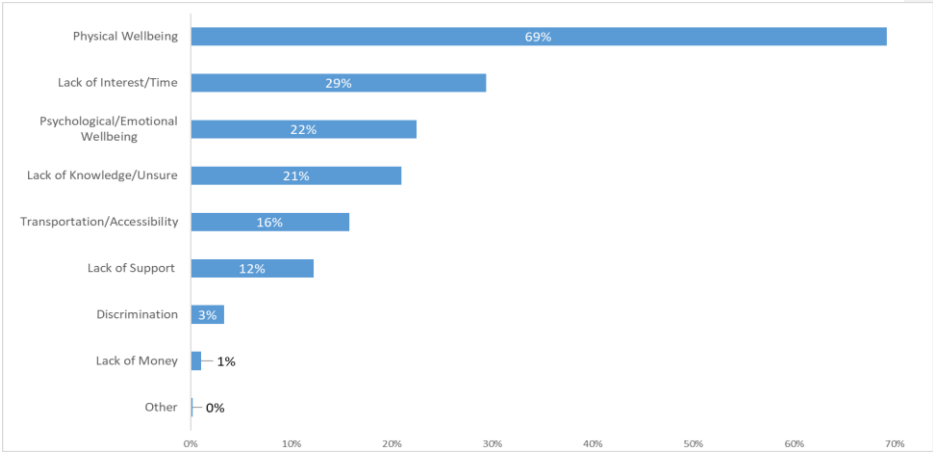


Figure 6: Reported barriers to social participation

4.2.6 Decision making

We also included questions on decision making power to capture the extent to which persons with disabilities feel they have the autonomy to make decisions in a number of key areas in their lives. Figure 7 presents the results from these questions.

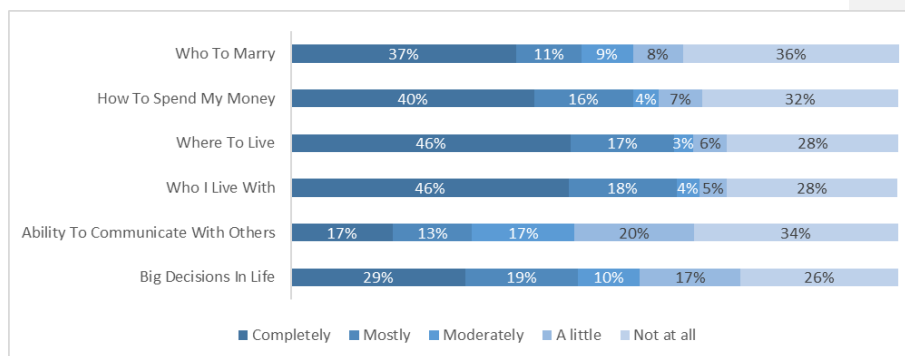
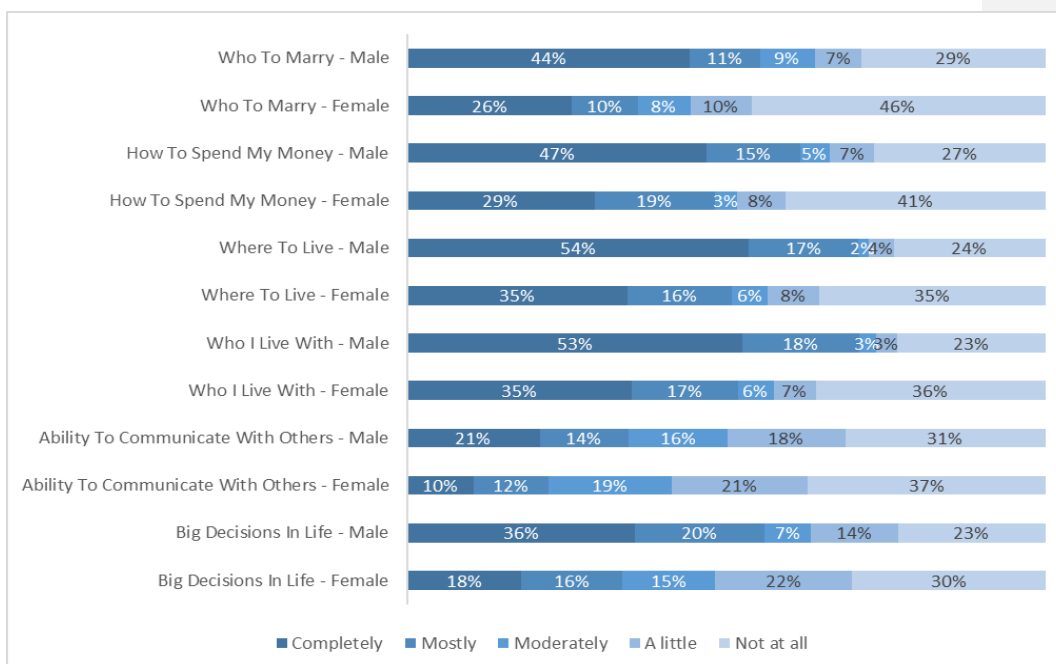


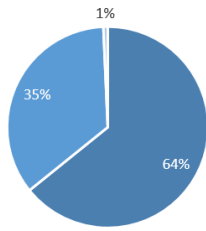
Figure 7: Decision making power, overall and gender disaggregated (n=840)



4.2.7 Civic participation

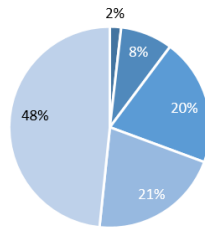
Data on civic participation of persons with disabilities is presented in Figure 8 below.

A: Voted in previous election



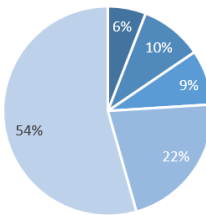
■ Yes ■ No ■ Don't Know

B: Influence on how community is run



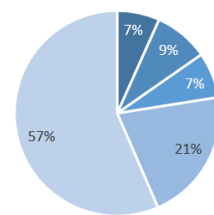
■ Completely ■ Mostly ■ Moderately ■ A little ■ Not at all

C: Knowledge on legal rights



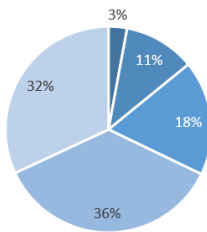
■ Completely ■ Mostly ■ Moderately ■ A little ■ Not at all

D: Knowledge on accessing justice system



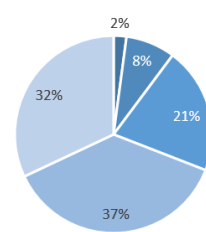
■ Completely ■ Mostly ■ Moderately ■ A little ■ Not at all

E: Opinion - Do policies provide people with disabilities equal rights?



■ Completely ■ Mostly ■ Moderately ■ A little ■ Not at all

F: Do disabled peoples organizations adequately represent your concerns?



■ Completely ■ Mostly ■ Moderately ■ A little ■ Not at all

Figure 8: Civic Participation (n=840)

4.2.8 Quality of Life

Met opmerkingen [PP5]: In coordination with KFN M&E, we still need to confirm the aggregation of questions into a meaningful index following WHO QoL psychometric guidance technical notes, this is still forthcoming

Not all quality of life indicators included – feeling that other people treat you unfairly is a combination of 4 unfair treatment indicators

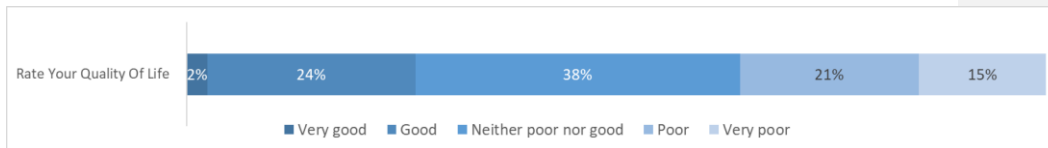


Figure 11: Quality of life (n=910)

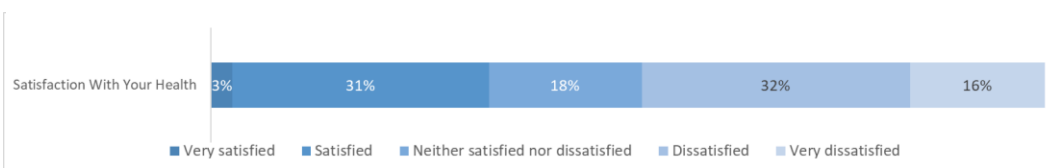


Figure 10: Satisfaction with life (n=910)

4.2.9 Abuse

We can keep as tables

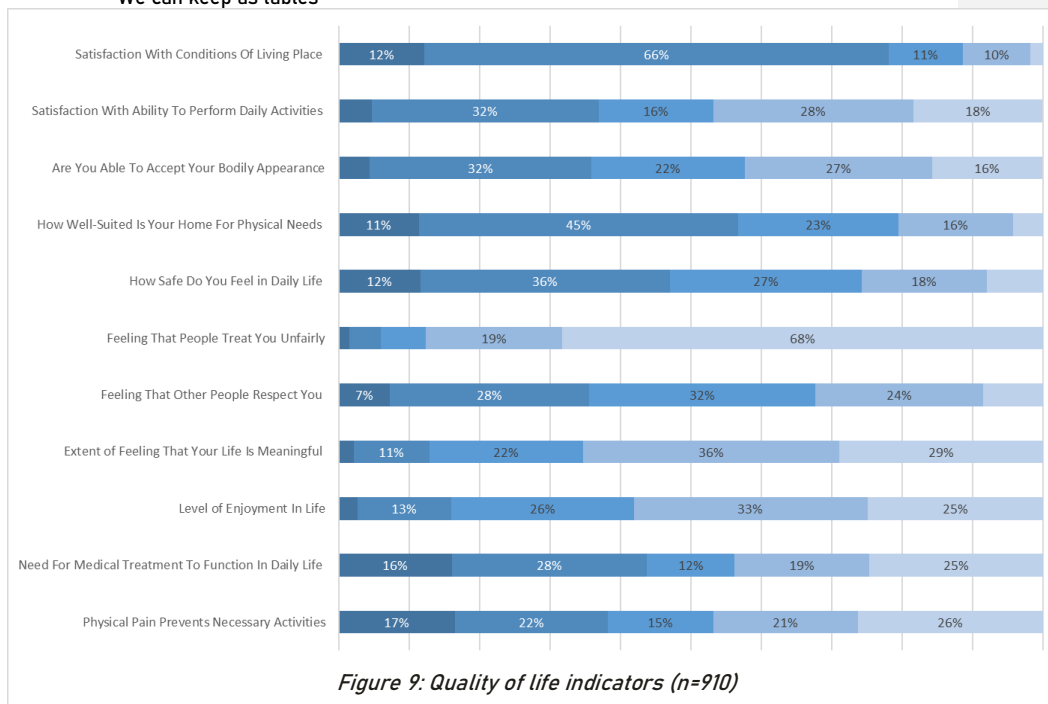


Figure 9: Quality of life indicators (n=910)

Table 44: Physical Abuse

Been Physically Abused (At Any Point Since Age of 15)	Male (n=537)		Female (n=355)		Non-gender binary (n=1)		Total (n=893)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Yes	6,7	[3,9-11,5]	4,5	[2,0-9,8]	0	[0-0]	5,8	[3,4-9,7]
No	92,7	[87,8-95,7]	94,8	[89,6-97,5]	100	[100]	93,5	[89,5-96,1]
Do Not Wish To Answer	0,5	[0,1-3,2]	0,7	[0,1-5,3]	0	[0-0]	0,6	[0,1-4,0]
The Person Who Abused You	Male (n=45)		Female (n=21)		Non-gender binary (n=0)		Total (n=66)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Current Husband/Wife/Partner	5,5	[0,6-35,2]	32	[9,1-68,9]	n/a	n/a	13,6	[3,8-38,5]
Former Husband/Wife/Partner	0	[0-0]	15	[3,6-45,2]	n/a	n/a	4,6	[1,4-14,1]
Current Boyfriend/Girlfriend	0	[0-0]	0	[0-0]	n/a	n/a	0	[0-0]
Former Boyfriend/Girlfriend	0	[0-0]	0	[0-0]	n/a	n/a	0	[0-0]
Mother/Step-mother	1,6	[0,3-7,7]	0	[0-0]	n/a	n/a	1,1	[0,2-5,4]
Father/Step-father	0	[0-0]	3	[0,3-22,9]	n/a	n/a	0,9	[0,1-7,7]
Sister/Brother	17,4	[4,5-48,7]	24,1	[9,2-49,7]	n/a	n/a	19,4	[6,1-47,2]
Daughter/Son	0	[0-0]	2,5	[0,3-21,2]	n/a	n/a	0,8	[0,1-6,8]
Other Relative	18,6	[7,8-38,0]	42,4	[16,6-73,1]	n/a	n/a	25,9	[12,0-47,3]
Mother-in-law	0	[0-0]	0	[0-0]	n/a	n/a	0	[0-0]
Father-in-law	0	[0-0]	0	[0-0]	n/a	n/a	0	[0-0]
Other In-laws	0	[0-0]	12,8	[2,7-43,7]	n/a	n/a	3,9	[0,6-22,9]
Teacher	0	[0-0]	0	[0-0]	n/a	n/a	0	[0-0]
Employer/Someone at work	8,7	[1,9-32,3]	0	[0-0]	n/a	n/a	6	[1,6-19,8]
Police/Soldier	1	[0,1-8,0]	0	[0-0]	n/a	n/a	0,7	[0,1-5,7]
Neighbors	52,8	[35,0-69,9]	19,1	[8,5-37,6]	n/a	n/a	42,4	[29,9-56,0]
Others	13,2	[3,4-39,8]	11,4	[1,2-57,4]	n/a	n/a	12,6	[4,6-30,3]
Frequency Of Physical Abuse In Last 12 Months	Male (n=45)		Female (n=21)		Non-gender binary (n=0)		Total (n=66)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Often	4	[0,8-18,8]	0	[0-0]	n/a	n/a	2,8	[0,5-13,7]
Sometimes	25,8	[13,2-44,2]	10,7	[1,9-42,7]	n/a	n/a	21,1	[13,6-31,3]
Not in the last 12 months	70,2	[53,8-82,7]	89,3	[57,3-98,1]	n/a	n/a	76,1	[64,4-84,8]

Table 45: Physical Abuse During Pregnancy

Physical Abuse During Pregnancy	Male (n=0)		Female (n=167)		Non-gender binary (n=0)		Total (n=167)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Yes	n/a	n/a	4,1	[1,0-15,3]	n/a	n/a	4,1	[1,0-15,3]
No	n/a	n/a	95,4	[85,1-98,7]	n/a	n/a	95,4	[85,1-98,7]

Do Not Wish To Answer	n/a	n/a	0,5	[0,1-2,2]	n/a	n/a	0,5	[0,1-2,2]
The Person Who Abused You	Male (n=0)		Female (n=5)		Non-gender binary (n=0)		Total (n=5)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Current Husband/Partner	n/a	n/a	6,1	[0,1-87,1]	n/a	n/a	6,1	[0,1-87,1]
Former Husband/Partner	n/a	n/a	21,4	[0,2-97,3]	n/a	n/a	21,4	[0,2-97,3]
Current Boyfriend	n/a	n/a	0	[0-0]	n/a	n/a	0	[0-0]
Former Boyfriend	n/a	n/a	0	[0-0]	n/a	n/a	0	[0-0]
Mother/Step-mother	n/a	n/a	0	[0-0]	n/a	n/a	0	[0-0]
Father/Step-father	n/a	n/a	0	[0-0]	n/a	n/a	0	[0-0]
Sister/Brother	n/a	n/a	30,7	[5,4-77,3]	n/a	n/a	30,7	[5,4-77,3]
Daughter/Son	n/a	n/a	0	[0-0]	n/a	n/a	0	[0-0]
Other Relative	n/a	n/a	0	[0-0]	n/a	n/a	0	[0-0]
Mother-in-law	n/a	n/a	21,4	[0,2-97,3]	n/a	n/a	21,4	[0,2-97,3]
Father-in-law	n/a	n/a	21,4	[0,2-97,3]	n/a	n/a	21,4	[0,2-97,3]
Other In-laws	n/a	n/a	38,1	[5,9-85,9]	n/a	n/a	38,1	[5,9-85,9]
Teacher	n/a	n/a	0	[0-0]	n/a	n/a	0	[0-0]
Employer/Someone at work	n/a	n/a	0	[0-0]	n/a	n/a	0	[0-0]
Police/Soldier	n/a	n/a	0	[0-0]	n/a	n/a	0	[0-0]
Others	n/a	n/a	41,8	[8,7-84,4]	n/a	n/a	41,8	[8,7-84,4]

Table 46: Sexual Abuse

Forced Into Sexual Intercourse/Perform Sexual Acts	Male (n=537)		Female (n=355)		Non-gender binary (n=1)		Total (n=893)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Yes	0,1	[0,0-0,5]	1,3	[0,5-3,5]	0	[0-0]	0,5	[0,2-1,5]
No	99,9	[99,5-100,0]	98	[95,5-99,1]	100	[100]	99,2	[98,1-99,6]
Do not wish to answer	0	[0-0]	0,7	[0,2-3,0]	0	[0-0]	0,3	[0,1-1,2]
The Person Who Abused You	Male (n=1)		Female (n=11)		Non-gender binary (n=0)		Total (n=12)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Current Husband/Wife/Partner	0	[0-0]	0	[0-0]	n/a	n/a	0	[0-0]
Former Husband/Wife/Partner	0	[0-0]	33	[4,3-84,4]	n/a	n/a	30,7	[3,8-83,4]
Current/Former Boyfriend/Girlfriend	0	[0-0]	0	[0-0]	n/a	n/a	0	[0-0]
Father/Step-father	0	[0-0]	0	[0-0]	n/a	n/a	0	[0-0]
Brother/Step-brother	0	[0-0]	0	[0-0]	n/a	n/a	0	[0-0]
Other Relative	0	[0-0]	7,4	[0,4-59,5]	n/a	n/a	6,9	[0,5-52,3]
In-laws	0	[0-0]	0	[0-0]	n/a	n/a	0	[0-0]
Friend/Acquaintance	100	[100-100]	0	[0-0]	n/a	n/a	6,9	[0,5-52,3]
Family Friend	0	[0-0]	0	[0-0]	n/a	n/a	0	[0-0]
Teacher	0	[0-0]	0	[0-0]	n/a	n/a	0	[0-0]

Employer/Someone at work	0	[0-0]	0	[0-0]	n/a	n/a	0	[0-0]
Police/Soldier	0	[0-0]	0	[0-0]	n/a	n/a	0	[0-0]
Priest/Religious leader	0	[0-0]	0	[0-0]	n/a	n/a	0	[0-0]
Stranger	0	[0-0]	52,2	[11,5-90,2]	n/a	n/a	48,6	[9,9-89,0]
Others	0	[0-0]	7,4	[0,4-59,5]	n/a	n/a	6,9	[0,5-52,3]

4.2.10 Economic status

We can keep as tables?

Table 47: Financial Status of Self/Family

Do You & Your Family Have Enough Money To Meet Your Needs	Male (n=609)		Female (n=417)		Non-gender binary (n=1)		Total (n=1,027)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Not At All	16,5	[12,9-21,0]	15,2	[9,5-23,3]	0	[0-0]	16	[12,7-19,9]
A Little	40,1	[32,0-48,7]	38,6	[28,8-49,6]	0	[0-0]	39,5	[31,1-48,5]
Moderately	36,5	[28,1-45,9]	35,6	[28,0-44,0]	100	[100]	36,2	[28,8-44,2]
Mostly	5,2	[2,9-9,0]	9,8	[6,5-14,7]	0	[0-0]	7,1	[4,6-10,8]
Completely	1,7	[0,8-3,7]	0,7	[0,2-2,6]	0	[0-0]	1,3	[0,7-2,6]

Table 48: Home Ownership

Ownership of a House Alone/Jointly	Male (n=499)		Female (n=318)		Non-gender binary (n=1)		Total (n=818)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Alone only	37,8	[22,3-56,4]	17,6	[7,2-36,9]	0	[0-0]	29,9	[16,2-48,7]
Jointly only	21,1	[13,4-31,7]	22,9	[14,0-35,0]	100	[100]	21,8	[14,2-32,1]
Both alone and jointly	0,4	[0,1-1,9]	0,2	[0,0-1,8]	0	[0-0]	0,3	[0,1-1,8]
Does not own	40,6	[27,6-55,1]	59,4	[48,3-69,6]	0	[0-0]	47,9	[35,6-60,4]
Possession of a Title Deed For Any House Owned	Male (n=301)		Female (n=134)		Non-gender binary (n=1)		Total (n=436)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Yes	53,1	[43,7-62,3]	31,7	[16,9-51,4]	0	[0-0]	46,6	[36,2-57,3]
No	46,8	[37,6-56,2]	68,1	[48,4-83,0]	100	[100]	53,3	[42,6-63,7]
Don't know	0	[0,0-0,4]	0,2	[0,0-1,7]	0	[0-0]	0,1	[0,0-0,5]

Table 49: Land Ownership

Ownership of Any Agricultural/Non-agricultural Land Alone/Jointly	Male (n=499)		Female (n=318)		Non-gender binary (n=1)		Total (n=818)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Alone only	33,2	[20,7-48,5]	17	[8,2-32,0]	0	[0-0]	26,9	[15,8-41,8]
Jointly only	17,9	[11,7-26,6]	20,5	[12,6-31,6]	100	[100]	19	[12,7-27,5]
Both alone and jointly	0,5	[0,1-2,5]	0	[0-0]	0	[0-0]	0,3	[0,1-1,5]
Does not own	48,4	[36,2-60,8]	62,5	[52,5-71,5]	0	[0-0]	53,8	[43,0-64,3]

Possession of a Title Deed For Any Land Owned	Male (n=292)		Female (n=138)		Non-gender binary (n=1)		Total (n=431)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Yes	57,2	[41,9-71,3]	34,2	[20,1-51,7]	0	[0-0]	49,9	[36,2-63,6]
No	42,8	[28,7-58,1]	65,1	[47,5-79,4]	100	[100]	49,9	[36,2-63,6]
Don't know	0	[0-0]	0,7	[0,2-2,6]	0	[0-0]	0,2	[0,1-0,8]

Table 50: Knowledge On Financial Services

Knowledge On Getting Financial Services (Credit, Insurance, Grants, Savings Programs)	Male (n=499)		Female (n=318)		Non-gender binary (n=1)		Total (n=818)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Yes	37,6	[29,4-46,5]	21,7	[13,6-32,8]	100	[100]	31,5	[24,4-39,5]
No	58	[47,8-67,6]	73,1	[62,5-81,6]	0	[0-0]	63,8	[54,6-72,1]
Don't know	4,4	[2,2-8,5]	5,2	[2,8-9,4]	0	[0-0]	4,7	[2,7-7,9]

Table 51: Social Protection Programme

Currently Benefit From Any Social Protection Programme	Male (n=609)		Female (n=417)		Non-gender binary (n=1)		Total (n=1,027)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Yes	57,5	[51,3-63,5]	61	[55,6-66,1]	0	[0-0]	58,9	[53,9-63,8]
No	41,8	[35,4-48,4]	38,7	[33,7-44,1]	100	[100]	40,6	[35,5-45,8]
Don't know	0,7	[0,2-2,1]	0,3	[0,1-1,3]	0	[0-0]	0,5	[0,2-1,4]

Table 52: Knowledge on Social Protection

Knowledge On Social Protection Against Loss Of Income Through Old Age, Sickness or Disability	Male (n=279)		Female (n=153)		Non-gender binary (n=1)		Total (n=433)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Yes	43,2	[29,7-57,7]	18	[8,9-32,9]	100	[100]	34,3	[23,2-47,6]
No	56,8	[42,3-70,3]	82	[67,1-91,1]	0	[0-0]	65,7	[52,4-76,8]

Table 53: Social Security Allowance

Currently Benefit From Any Social Security Allowance	Male (n=295)		Female (n=209)		Non-gender binary (n=1)		Total (n=505)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Yes	85,7	[68,8-94,2]	95,1	[84,0-98,6]	0	[0-0]	89,3	[79,3-94,8]
No	14,3	[5,8-31,2]	4,9	[1,4-16,0]	100	[100]	10,7	[5,2-20,7]

Table 54: Use of Loans

Have You Taken Out A Loan With Prevention and Rehabilitation Group (Milijuli Samuha)	Male (n=532)		Female (n=354)		Non-gender binary (n=1)		Total (n=887)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Yes	2,4	[0,9-6,1]	1,3	[0,4-4,3]	0	[0-0]	2	[0,9-4,2]
No	96,6	[91,5-98,7]	98	[93,2-99,5]	100	[100]	97,2	[94,1-98,7]
Don't know	1	[0,3-3,2]	0,7	[0,1-3,1]	0	[0-0]	0,8	[0,3-2,1]
Use of Loan	Male (n=20)		Female (n=6)		Non-gender binary (n=0)		Total (n=26)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Crop agriculture	15,9	[3,8-47,1]	0	[0-0]	n/a	n/a	11,5	[3,1-34,3]
Animal husbandry	9,1	[2,0-32,8]	4,3	[0,4-35,4]	n/a	n/a	7,8	[2,0-26,0]
Home improvements	14,4	[3,3-45,8]	16	[2,0-64,1]	n/a	n/a	14,9	[4,4-40,1]
To expand an existing business	8	[1,4-35,2]	0	[0-0]	n/a	n/a	5,8	[1,1-26,2]
To start a new business	0	[0-0]	14,5	[1,5-64,8]	n/a	n/a	4	[0,4-30,8]
To meet an emergency expense	18,9	[3,8-58,0]	79,7	[25,9-97,8]	n/a	n/a	35,5	[9,8-73,6]
Others	45	[7,7-88,9]	0	[0-0]	n/a	n/a	32,7	[4,9-82,1]

Table 55: Vocational Training

Received Vocational Training	Male (n=544)		Female (n=365)		Non-gender binary (n=1)		Total (n=910)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Yes	13	[9,2-18,1]	8,4	[3,7-17,7]	0	[0-0]	11,1	[8,7-14,1]
No	86,7	[81,7-90,5]	91,6	[82,3-96,3]	100	[100]	88,7	[85,6-91,2]
Don't know	0,3	[0,0-2,1]	0	[0-0]	0	[0-0]	0,2	[0,0-1,3]
Does/Did The Vocational Training Fit Your Needs	Male (n=64)		Female (n=29)		Non-gender binary (n=0)		Total (n=93)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Not at all	15,2	[6,7-30,6]	17,1	[4,3-49,0]	n/a	n/a	15,8	[8,2-28,1]
A little	7	[2,6-17,5]	11,4	[3,3-32,6]	n/a	n/a	8,4	[3,3-19,4]
Moderately	18,7	[8,2-37,3]	33,5	[14,5-59,9]	n/a	n/a	23,2	[12,0-40,2]
Mostly	31,2	[22,8-41,1]	18,4	[9,4-32,9]	n/a	n/a	27,3	[19,4-37,0]
Completely	27,9	[12,9-50,2]	19,6	[8,9-37,6]	n/a	n/a	25,3	[13,0-43,4]

4.2.11 Health status

We can keep as tables?

Table 56: Health Status

How Would You Rate Your Health Today?	Male (n=279)		Female (n=179)		Non-gender binary (n=1)		Total (n=433)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Very Good	2,4	[0,7-7,5]	2,2	[0,4-11,6]	0	[0-0]	2,3	[0,6-8,0]

Good	29,4	[21,2-39,1]	27,4	[19,5-37,1]	100	[100]	28,8	[21,9-36,9]
Neither Poor Nor Good	31,4	[20,4-44,9]	29,2	[20,6-39,6]	0	[0-0]	30,6	[21,9-40,9]
Poor	30,6	[22,8-39,6]	34,3	[22,5-48,5]	0	[0-0]	31,9	[23,5-41,5]
Very poor	6,3	[3,7-10,4]	6,8	[2,7-16,2]	0	[0-0]	6,5	[3,8-10,7]

Table 57: Access To Health Facility

Time To Reach The Nearest Health Facility	Male (n=621)		Female (n=428)		Non-gender binary (n=1)		Total (n=1,050)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Less Than 30 Minutes	70,5	[60,3-79,0]	71,2	[59,6-80,5]	100	[100]	70,8	[60,7-79,2]
30 - 60 Minutes	17,9	[13,5-23,4]	19,2	[13,7-26,3]	0	[0-0]	18,4	[14,2-23,5]
More Than 60 Minutes	11	[5,8-19,6]	9,6	[4,7-18,5]	0	[0-0]	10,4	[5,5-18,9]
Don't Know	0,6	[0,1-2,6]	0	[0-0]	0	[0-0]	0,4	[0,1-1,6]
Most Convenient/Available Form Of Transportation	Male (n=621)		Female (n=428)		Non-gender binary (n=1)		Total (n=1,050)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Public bus	0,5	[0,1-1,6]	1,8	[0,5-6,5]	0	[0-0]	1	[0,3-3,3]
Car (private)	0,4	[0,1-2,9]	0,1	[0,0-0,9]	0	[0-0]	0,3	[0,1-1,6]
Taxi/Auto	39,6	[25,5-55,7]	41	[21,0-64,5]	0	[0-0]	40,2	[24,1-58,7]
Ambulance	0,4	[0,1-1,6]	0,8	[0,1-6,0]	0	[0-0]	0,6	[0,2-2,1]
By foot	49	[33,6-64,5]	49,9	[29,8-70,1]	100	[100]	49,4	[32,8-66,1]
Bicycle (private)	4,3	[1,5-11,9]	1,8	[0,7-4,8]	0	[0-0]	3,3	[1,2-9,0]
Motorcycle/Scooter (private)	5,3	[3,2-8,7]	3,6	[1,2-10,3]	0	[0-0]	4,6	[2,7-7,6]
Others	0,5	[0,1-2,7]	0,9	[0,1-7,2]	0	[0-0]	0,7	[0,1-3,1]

Table 58: Satisfaction With Health Provider

Extent Of Satisfaction In Last Visit To Healthcare Provider	Male (n=279)		Female (n=179)		Non-gender binary (n=1)		Total (n=433)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Very Dissatisfied	2,7	[1,0-7,1]	0,4	[0,1-3,2]	0	[0-0]	1,9	[0,8-4,6]
Dissatisfied	9,3	[4,0-20,2]	9,4	[2,8-27,1]	0	[0-0]	9,3	[5,0-16,7]
Neither Satisfied Nor Dissatisfied	13,9	[7,7-23,8]	15,9	[8,6-27,3]	0	[0-0]	14,6	[8,3-24,3]
Satisfied	59,1	[49,8-67,7]	65,4	[52,8-76,2]	100	[100]	61,4	[53,2-69,0]
Very satisfied	14,8	[9,1-23,1]	8,7	[3,7-19,1]	0	[0-0]	12,6	[8,4-18,6]
Don't know	0,2	[0,0-1,6]	0,2	[0,0-1,8]	0	[0-0]	0,2	[0,0-0,9]

Table 59: Frequency of Check Ups

Last Regular Health Check Up	Male (n=621)	Female (n=428)	Non-gender binary (n=1)	Total (n=1,050)
------------------------------	--------------	----------------	-------------------------	-----------------

	%	95% CI	%	95% CI	%	95% CI	%	95% CI
In The Last Year (Within 12 Months)	22,7	[16,1-31,0]	17,5	[10,1-28,8]	0	[0-0]	20,6	[14,1-28,9]
Between 1-2 Years Ago	12,9	[9,2-17,7]	6,7	[3,6-11,9]	0	[0-0]	10,3	[7,5-14,0]
Between 2-5 Years Ago	9,1	[5,7-14,2]	11,7	[8,6-15,7]	0	[0-0]	10,1	[7,1-14,3]
Longer Than 5 years Ago	38	[30,9-45,6]	38,2	[30,8-46,2]	0	[0-0]	38	[31,8-44,7]
Never	17,4	[14,0-21,5]	25,9	[18,4-35,3]	100	[100]	21	[16,3-26,5]

Table 60: Healthcare utilization

In The last 12 months, Has There Been a Time When You Needed Health Care?	Male (n=621)		Female (n=428)		Non-gender binary (n=1)		Total (n=1,050)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Yes	48,1	[41,2-55,1]	43,1	[35,3-51,3]	0	[0-0]	46	[40,0-52,2]
No	51,9	[44,9-58,8]	56,8	[48,6-64,7]	100	[100]	54	[47,8-60,0]
Don't know	0	[0-0]	0	[0,0-0,4]	0	[0-0]	0	[0,0-0,2]
Were You Able To Get The Care You Needed?	Male (n=280)		Female (n=194)		Non-gender binary (n=0)		Total (n=474)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Yes, Able To Get The Care I Needed	80,3	[66,5-89,3]	84,8	[75,5-91,1]	n/a	n/a	82,1	[70,6-89,7]
No, Not Able To Get The Care I Needed	19,7	[10,7-33,5]	15,2	[8,9-24,5]	n/a	n/a	17,9	[10,3-29,4]
Reasons For Not Getting The Care Needed	Male (n=74)		Female (n=44)		Non-gender binary (n=0)		Total (n=118)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Distance To Facility	31,7	[12,3-60,6]	35	[13,4-65,2]	n/a	n/a	32,8	[15,3-56,9]
Affordability/Cost Of Services	64,4	[52,1-75,1]	64	[32,0-87,0]	n/a	n/a	64,3	[51,5-75,3]
No Transportation Available	1,3	[0,3-4,7]	3,8	[0,9-14,6]	n/a	n/a	2,1	[0,7-5,9]
Transportation Not Accessible	2,6	[0,6-10,6]	3,1	[0,8-11,2]	n/a	n/a	2,8	[0,9-8,4]
Cost Of Transportation	28,4	[17,3-42,9]	23,4	[8,9-48,7]	n/a	n/a	26,8	[15,3-42,5]
Previous Badly Treatment	2,1	[0,3-14,6]	0	[0-0]	n/a	n/a	1,4	[0,2-10,4]
Lack Of Time	1,1	[0,2-5,4]	0	[0-0]	n/a	n/a	0,7	[0,1-3,6]
Inadequate Drug/Treatment From Healthcare Provider	20,5	[10,0-37,6]	22,2	[7,8-48,8]	n/a	n/a	21	[12,0-34,2]
Inadequate Skills From Healthcare Provider	17,3	[10,1-27,9]	25,1	[9,7-51,2]	n/a	n/a	19,8	[10,6-34,1]
Do Not Know Where To Go	20	[10,9-33,8]	20,4	[7,8-43,6]	n/a	n/a	20,1	[10,8-34,4]
Tried But Was Denied Care	10,5	[2,2-37,8]	5,4	[1,0-23,9]	n/a	n/a	8,9	[2,6-25,9]
Not Sick Enough	4,3	[1,2-14,5]	0	[0-0]	n/a	n/a	2,9	[0,8-10,1]
Others	1,8	[0,4-8,2]	0,7	[0,1-5,7]	n/a	n/a	1,4	[0,4-5,6]

Table 61: Rehabilitation services utilization

In The Past 12 Months, Has There Been A Time When You Needed Rehabilitation Services	Male (n=621)		Female (n=428)		Non-gender binary (n=1)		Total (n=1,050)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Yes	25,7	[18,8-34,2]	20,8	[13,8-30,2]	0	[0-0]	23,7	[16,8-32,4]
No	73,7	[65,1-80,8]	78,3	[68,8-85,5]	100	[100]	75,6	[66,8-82,7]
Don't know	0,6	[0,2-2,0]	0,8	[0,2-4,0]	0	[0-0]	0,7	[0,2-2,2]
Were You Able To Get The Services That You Needed	Male (n=176)		Female (n=107)		Non-gender binary (n=0)		Total (n=283)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Yes, Able To Get The Services I Needed	30,5	[15,2-51,9]	37	[19,6-58,6]	n/a	n/a	32,9	[17,8-52,5]
No, Not Able To Get The Services I Needed	69,5	[48,1-84,8]	63	[41,4-80,4]	n/a	n/a	67,1	[47,5-82,2]
Reasons For Not Getting The Services Needed	Male (n=140)		Female (n=80)		Non-gender binary (n=0)		Total (n=222)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Distance To Facility	26,7	[12,5-48,3]	18,2	[6,1-43,5]	n/a	n/a	23,8	[11,7-42,5]
Affordability/Cost Of Services	51,7	[38,4-64,7]	44,9	[23,1-68,9]	n/a	n/a	49,4	[33,3-65,7]
No Transportation Available	5,2	[1,9-13,0]	6,2	[2,0-17,7]	n/a	n/a	5,5	[2,0-14,1]
Transportation Not Accessible	8,4	[2,8-22,4]	4,7	[1,5-13,7]	n/a	n/a	7,2	[2,9-16,6]
Cost Of Transportation	23,1	[11,2-41,8]	18,2	[5,6-45,6]	n/a	n/a	21,5	[9,9-40,4]
Previous Badly Treatment	0	[0-0]	0	[0-0]	n/a	n/a	0	[0-0]
Lack Of Time	0	[0-0]	0	[0-0]	n/a	n/a	0	[0-0]
Inadequate Drug/Treatment From Healthcare Provider	9,8	[3,1-26,9]	0,5	[0,0-4,0]	n/a	n/a	6,7	[2,1-19,5]
Inadequate Skills From Healthcare Provider	5	[1,3-17,2]	0	[0-0]	n/a	n/a	3,3	[0,8-12,3]
Do Not Know Where To Go	38,7	[21,0-60,0]	60,8	[36,5-80,7]	n/a	n/a	46,2	[27,6-65,8]
Tried But Was Denied Care	4,5	[1,3-15,1]	1,8	[0,3-11,9]	n/a	n/a	3,6	[1,2-10,6]
Not Sick Enough	1,3	[0,3-6,2]	2,8	[0,7-10,2]	n/a	n/a	1,8	[0,6-4,9]
Others	2,3	[0,3-15,7]	0	[0-0]	n/a	n/a	1,5	[0,2-10,5]

5 Conclusions, discussion and recommendations

This baseline study contains a wealth of information with programmatic relevance to the DPRP's implementation, which can be used to assess the impact of the program at endline. The data generally indicates that at baseline, most of DPRP's KPIs are at a level that improvement is feasible by the time an endline survey is conducted.

Some striking findings for the prevention component of the program include the low knowledge and practice of taking folic acid prior to conception, low proportion of women who report Postnatal check-ups as per protocol and relatively high level of institutional deliveries measured. Another key finding on DPRP's KPIs relates to antenatal care, and the need to continue and strengthen verification of adequate antenatal care uptake with ANC cards as self-report measures are known to be biased upwards.

For DPRP's community-based rehabilitation component, KPIs are generally showing a higher trend at baseline compared to the prevention component, except membership of a Milijuli Samhua group, which is virtually nonexistent in our representative sample of province 1. However, DPRP's KPIs and activities aim to increase community-based rehabilitation indicators to around 100% and the DPRP program activities are aimed at ensuring registration of all persons with disabilities throughout Province 1 as well as ensuring all children of school going age are able to attend school, do not drop out and receive scholarship where appropriate. Therefore, even the CBR indicators are likely to increase beyond the baseline level 95% confidence interval.

In terms of lessons learned and recommendations, findings from the baseline study propose a few improvements to the current DPRP M&E framework, and specifically on the measurability of KPI's. The criteria used to propose these improvements are based on measurability of the indicator, including ensuring that KPI's are verifiable where possible, and on the ability of the program to influence the indicators, and attributably improve on the indicator by endline.

Applying these criteria to the indicators for the prevention component, we suggest changes to the folic acid indicators due to issues with measurability and verifiability. As folic acid intake consists of daily intake prior to pregnancy, asking a direct question in the survey on daily intake prior to pregnancy is highly susceptible to recall bias. This is evident from the data, and as knowledge of folic acid is low and as this indicator can be directly influenced by DPRP, we suggest using the simplified indicator "% of mothers with knowledge of folic acid", which at baseline is at 21,7% (95% CI 13,5%-33,0%), an indicator that has sufficient room to improve by baseline.

As second indicator, instead of focusing on "adequate folic acid intake", which is hard to measure through an impact study household survey due to the aforementioned recall bias, we suggest tracking "% of mothers that reported knowledge of folic acid,

received advice, and took folic acid prior to pregnancy", which can also directly be influenced by DPRP, and can vastly improve from its current baseline value of 3,8% (95% CI 1,8%–7,8%). We still recommend to measure the adequacy of folic acid intake, and it is better measured through medic mobile and community based health worker-collected data that is routinely monitored by DPRP.

We also suggest to change the "at least 1 ANC visit" indicator to "Mean number of ANC checkups for pregnant women".

In addition, we suggest to modify the output indicator 023 "persons with disabilities or their families that are members of Milijuli Samuha group" to "persons with disabilities, for reasons of measurability (as membership of "families" is hard to operationalize or measure and was not measured as part of the baseline study).

6 References

Chaudhary, D. (2019). The decentralization, devolution and local governance practices in Nepal: the emerging challenges and concerns. *Journal of Political Science*, 19, 43-64.

Morrison, Joanna, et al. "Exploring the first delay: a qualitative study of home deliveries in Makwanpur district Nepal." *BMC pregnancy and childbirth* 14.1 (2014): 1-7.

Nepal, A., Dangol, S. K., & van der Kwaak, A. (2020). Improving maternal health services through social accountability interventions in Nepal: an analytical review of existing literature. *Public health reviews*, 41(1), 31. <https://doi.org/10.1186/s40985-020-00147-0>

Nepal in Data, <https://nepalindata.com/overview/province/>, accessed 4th of May 2021

Shah, R., Sharma, B., Khanal, V., Pandey, U. K., Vishwokarma, A., & Malla, D. K. (2015). Factors associated with neonatal deaths in Chitwan district of Nepal. *BMC research notes*, 8(1), 1-8.

Tran, H. T., Doyle, L. W., Lee, K. J., & Graham, S. M. (2012). A systematic review of the burden of neonatal mortality and morbidity in the ASEAN Region. *WHO South-East Asia Journal of Public Health*, 1(3), 239-248.

UNFPA, 2021. <https://nepal.unfpa.org/en/node/15217>

United Nations (2015), *Transforming Our World: The 2030 Agenda For Sustainable Development* United Nations, United Nations, <https://sustainabledevelopment.un.org/post2015/transformingourworld>.

WHO, 2020 BCG Immunization coverage estimates by country, <https://apps.who.int/gho/data/node.main.A830?lang=en>

7 Annexes

Table 62: Annex - Members of household

Members of Household	Male (n=621)		Female (n=428)		Non-gender binary (n=1)		Total (n=1,050)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Alone	0,4	[0,2-1,1]	0,6	[0,3-1,6]	0	[0-0]	0,5	[0,2-1,1]
Aunt	3,1	[1,7-5,6]	4,8	[2,7-8,6]	0	[0-0]	3,8	[2,6-5,5]
Brothers	37,5	[29,5-46,3]	45,7	[37,9-53,7]	0	[0-0]	40,9	[35,2-46,7]
Father	40,3	[37,1-43,7]	45,2	[38,6-52,1]	100	[100]	42,4	[39,0-45,9]
Father In law	0,3	[0,1-2,0]	1,4	[0,6-3,3]	0	[0-0]	0,8	[0,4-1,6]
Grandmother	4,9	[3,4-7,1]	8,1	[5,7-11,5]	0	[0-0]	6,2	[4,6-8,5]
Grandfather	3,3	[1,5-6,9]	5,6	[4,1-7,6]	0	[0-0]	4,2	[2,9-6,0]
Husband	0	[0-0]	19,1	[13,5-26,4]	0	[0-0]	7,8	[5,7-10,7]
Mother	51,2	[45,0-57,4]	56,3	[49,3-63,1]	100	[100]	53,4	[48,0-58,6]
Mother In law	0	[0-0]	3,9	[2,1-7,1]	0	[0-0]	1,6	[0,9-3,0]
Sister	28,6	[24,1-33,6]	32,2	[25,8-39,2]	0	[0-0]	30,1	[25,8-34,6]
Uncle	3,6	[2,2-5,9]	3,3	[1,7-6,5]	0	[0-0]	3,5	[2,2-5,6]
Wife	43,2	[38,2-48,3]	0	[0-0]	0	[0-0]	25,4	[22,1-29,1]
Child	43,0	[36,2-50,1]	26,9	[19,7-35,7]	0	[0-0]	36,4	[29,9-43,4]
Brother In law	1,3	[0,5-3,4]	0,6	[0,1-3,2]	0	[0-0]	1,0	[0,3-2,7]
Sister In law	11,1	[8,1-15,2]	16,5	[11,4-23,2]	0	[0-0]	13,3	[10,6-16,6]
Other	26,5	[20,3-33,8]	24,2	[18,6-30,9]	0	[0-0]	25,5	[20,8-30,9]

Table 63: Annex - Disease classification

Disability Classification								
Vision	Male (n=596)		Female (n=404)		Other (n=1)		Total (n=1,001)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
No Difficulty	70,6	[62,1-77,8]	77,4	[69,1-84,0]	100	[100]	73,4	[65,4-80,1]
Some Difficulty	18,7	[14,8-23,4]	11,0	[6,7-17,5]	0	[0-0]	15,5	[11,8-20,2]
A Lot of Difficulty	4,6	[2,5-8,5]	4,0	[2,3-6,7]	0	[0-0]	4,4	[2,7-7,0]
Can Not Do At All	6,1	[3,5-10,4]	7,6	[4,7-11,9]	0	[0-0]	6,7	[4,5-9,9]
Hearing	Male (n=596)		Female (n=404)		Other (n=1)		Total (n=1,001)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
No Difficulty	60,4	[48,7-71,0]	56,0	[45,5-65,9]	100	[100]	58,6	[48,0-68,5]
Some Difficulty	14,4	[10,3-19,8]	12,1	[7,7-18,7]	0	[0-0]	13,5	[10,0-17,9]
A Lot of Difficulty	11,2	[7,5-16,2]	12,9	[8,2-19,6]	0	[0-0]	11,9	[8,1-17,1]
Can Not Do At All	14,1	[8,4-22,7]	19,0	[11,8-29,2]	0	[0-0]	16,1	[9,8-25,3]
Walking	Male (n=596)		Female (n=404)		Other (n=1)		Total (n=1,001)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
No Difficulty	32,1	[26,3-38,6]	36,6	[29,3-44,7]	100	[100]	34,0	[30,0-38,2]

Some Difficulty	16,6	[13,4-20,4]	22,2	[17,6-27,7]	0	[0-0]	18,9	[16,7-21,3]
A Lot of Difficulty	27,7	[22,4-33,8]	21,9	[16,8-28,0]	0	[0-0]	25,3	[20,7-30,6]
Can Not Do At All	23,5	[19,7-27,8]	19,2	[14,1-25,7]	0	[0-0]	21,7	[18,6-25,3]
Memory	Male (n=596)		Female (n=404)		Other (n=1)		Total (n=1,001)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
No Difficulty	51,7	[41,3-62,0]	39,8	[25,5-56,1]	100	[100]	46,9	[35,4-58,7]
Some Difficulty	15,7	[12,1-20,2]	20,0	[11,7-32,3]	0	[0-0]	17,5	[12,2-24,4]
A Lot of Difficulty	12,4	[9,5-16,1]	17,0	[11,6-24,2]	0	[0-0]	14,3	[11,2-18,1]
Can Not Do At All	20,1	[14,0-28,0]	23,1	[14,8-34,3]	0	[0-0]	21,3	[14,8-29,7]
Self-Care	Male (n=596)		Female (n=404)		Other (n=1)		Total (n=1,001)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
No Difficulty	33,6	[27,0-40,9]	35,8	[28,0-44,4]	100	[100]	34,6	[28,7-40,9]
Some Difficulty	18,3	[13,8-23,8]	21,0	[15,6-27,6]	0	[0-0]	19,4	[15,6-23,8]
A Lot of Difficulty	23,9	[17,8-31,3]	19,0	[15,3-23,5]	0	[0-0]	21,9	[17,8-26,6]
Can Not Do At All	24,2	[18,5-31,0]	24,2	[17,3-32,7]	0	[0-0]	24,2	[19,5-29,6]
Communication	Male (n=596)		Female (n=404)		Other (n=1)		Total (n=1,001)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
No Difficulty	46,3	[37,1-55,8]	37,2	[26,0-49,9]	100	[100]	42,6	[33,3-52,4]
Some Difficulty	9,6	[6,6-13,6]	10,0	[6,6-14,9]	0	[0-0]	9,7	[7,1-13,2]
A Lot of Difficulty	14,7	[10,8-19,8]	18,1	[13,1-24,5]	0	[0-0]	16,1	[12,4-20,7]
Can Not Do At All	29,4	[21,5-38,8]	34,7	[25,4-45,4]	0	[0-0]	31,6	[23,7-40,6]

Table 64: Social, cultural or religious participation

Social, Cultural or Religious Participation	Male (n=544)		Female (n=365)		Non-gender binary (n=1)		Total (n=910)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Completely	28,8	[14,9-48,3]	24,0	[10,5-45,9]	0	[0-0]	26,8	[13,3-46,8]
Mostly	18,8	[11,7-28,8]	20,0	[13,6-28,4]	0	[0-0]	19,3	[12,7-28,1]
Moderately	9,6	[6,1-14,9]	13,4	[8,6-20,1]	100	[100]	11,2	[7,8-16,0]
A Little	14,4	[10,1-20,2]	13,3	[8,0-21,2]	0	[0-0]	13,9	[9,5-20,0]
Not At All	28,3	[21,6-36,2]	29,4	[19,7-41,4]	0	[0-0]	28,7	[21,6-37,2]
Barriers for Social, Cultural, or Religious Participation	Male (n=269)		Female (n=204)		Non-gender binary (n=1)		Total (n=474)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
No Interest	22,4	[14,6-32,7]	22,8	[16,1-31,3]	0	[0-0]	22,5	[15,9-30,9]
Lack of Money	2,9	[1,0-8,2]	1,3	[0,2-8,7]	0	[0-0]	2,2	[0,9-5,4]
No Transport Available	0,6	[0,1-2,5]	0	[0-0]	0	[0-0]	0,3	[0,1-1,5]
Transport Available, Not Personally Accessible	9,9	[3,7-23,6]	2,3	[0,7-7,1]	0	[0-0]	6,6	[2,7-15,4]
No Time	3,4	[1,3-9,0]	5,7	[1,8-16,6]	0	[0-0]	4,4	[1,7-10,8]
Don't Know Where/How to Attend	11,6	[6,7-19,2]	15,3	[8,6-25,7]	0	[0-0]	13,1	[8,3-20,2]
Discriminated Against By Others	2,8	[1,1-6,7]	3,7	[1,1-12,0]	100	[100]	3,3	[1,8-5,9]
Discriminated Against by Organizers	1	[0,2-5,1]	1,2	[0,2-6,3]	0	[0-0]	1,1	[0,3-3,5]

Area Not Physically Accessible	20,1	[11,9-31,8]	18,2	[9,3-32,7]	0	[0-0]	19,3	[11,7-30,1]
Unsure If Area Is Accessible	3,9	[1,2-12,0]	6,1	[2,3-15,3]	0	[0-0]	4,8	[1,9-11,7]
Unsure If Would Be Discriminated Against	2,5	[0,5-11,3]	0,3	[0,0-2,6]	0	[0-0]	1,6	[0,4-6,4]
No One To Accompany Me	8,0	[4,2-14,5]	8,9	[4,7-16,1]	0	[0-0]	8,3	[4,6-14,5]
Family Does Not Support Me To Attend	11,0	[5,0-22,4]	18,1	[8,8-33,4]	0	[0-0]	14,0	[6,7-26,8]
Not Physically Well Enough To Attend	76,6	[66,1-84,6]	65,4	[54,3-75,1]	0	[0-0]	71,8	[62,6-79,5]
Not Psychologically/Emotionally Well Enough	20,4	[9,3-39,0]	16,2	[6,9-33,6]	0	[0-0]	18,6	[9,0-34,7]
Other	0	[0-0]	0	[0-0]	0	[0-0]	0	[0-0]

Table 65: Annex - Participation in community, recreational, leisure and sports

Participate In Community Recreational, Leisure and Sports	Male (n=544)		Female (n=365)		Non-gender binary (n=1)		Total (n=910)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Completely	21,4	[8,0-45,9]	20,5	[7,4-45,5]	0	[0-0]	21,0	[7,9-45,3]
Mostly	9,7	[5,4-16,8]	12,1	[7,5-19,1]	0	[0-0]	10,7	[6,6-16,7]
Moderately	3,7	[2,0-6,8]	8,3	[5,5-12,4]	0	[0-0]	5,6	[3,9-7,9]
A little	12,7	[8,6-18,3]	7,2	[4,4-11,5]	0	[0-0]	10,4	[7,3-14,7]
Not at all	52,6	[38,4-66,4]	51,8	[34,2-69,0]	100	[100]	52,3	[37,4-66,8]
Barriers For Participating In Community Recreational, Leisure and Sports	Male (n=389)		Female (n=275)		Non-gender binary (n=1)		Total (n=665)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
No Interest	32,9	[23,4-43,9]	41,1	[29,4-53,9]	100	[100]	36,2	[26,8-46,8]
Lack of Money	1,9	[0,6-6,3]	1,1	[0,2-7,6]	0	[0-0]	1,6	[0,6-4,3]
No Transport Available	0,2	[0,1-0,9]	0	[0-0]	0	[0-0]	0,1	[0,0-0,6]
Transport Available, Not Personally Accessible	2,5	[1,0-6,3]	2,4	[0,9-6,2]	0	[0-0]	2,5	[1,3-4,5]
No Time	4,2	[1,8-9,8]	5,1	[1,8-14,0]	0	[0-0]	4,6	[1,9-10,5]
Don't Know Where/How to Attend	11,1	[6,5-18,3]	17,7	[12,1-25,1]	0	[0-0]	13,8	[9,3-19,8]
Discriminated Against By Others	3	[0,8-9,8]	2,6	[0,7-10,0]	0	[0-0]	2,8	[1,2-6,3]
Discriminated Against by Organizers	0,4	[0,1-2,0]	0	[0-0]	0	[0-0]	0,2	[0,0-1,2]
Area Not Physically Accessible	13,7	[8,1-22,1]	14,8	[7,5-27,0]	0	[0-0]	14,1	[8,3-22,9]
Unsure If Area Is Accessible	0	[0-0]	0	[0-0]	0	[0-0]	0	[0-0]

Unsure If Would Be Discriminated Against	1,9	[0,4-9,0]	1,2	[0,3-4,8]	0	[0-0]	1,6	[0,5-5,0]
No One To Accompany Me	0	[0-0]	0	[0-0]	0	[0-0]	0	[0-0]
Family Does Not Support Me To Attend	7,4	[2,1-22,9]	13,3	[5,3-29,6]	0	[0-0]	9,8	[3,4-25,2]
Not Physically Well Enough To Attend	74,5	[62,9-83,5]	70,6	[60,3-79,1]	0	[0-0]	72,9	[62,8-81,0]
Not Psychologically/Emotionally Well Enough	23,2	[12,4-39,2]	19,7	[9,6-36,0]	0	[0-0]	21,8	[11,7-36,8]
Other	0	[0-0]	0	[0-0]	0	[0-0]	0	[0-0]

Table 66: Annex - Frequency of attendance in religious/spiritual Places

Frequency of Attendance Religious/Spiritual Places	Male (n=544)		Female (n=365)		Non-gender binary (n=1)		Total (n=910)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Daily	3,1	[2,0-4,8]	2,9	[1,0-8,4]	0	[0-0]	3,0	[1,8-5,1]
Weekly	6,8	[4,1-11,3]	2,4	[0,7-8,0]	0	[0-0]	5,0	[3,1-8,0]
Once Every Two Weeks	7,1	[3,9-12,6]	7,3	[3,4-14,9]	0	[0-0]	7,2	[4,2-12,0]
Once A Month	21,7	[16,2-28,5]	19,7	[15,2-25,2]	0	[0-0]	20,9	[16,8-25,7]
Occasionally (Less Than A Month)	20,1	[15,0-26,3]	23,9	[18,1-30,9]	100	[100]	21,7	[17,3-26,9]

Table 67: Annex - Barriers For not attending social events

Barriers For Not Attending More Social Events	Male (n=312)		Female (n=237)		Non-gender binary (n=1)		Total (n=550)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
No Interest	17,9	[11,6-26,5]	17,8	[10,7-28,2]	0	[0-0]	17,8	[12,6-24,7]
Lack of Money	0,7	[0,3-2,1]	0,4	[0,1-1,9]	0	[0-0]	0,6	[0,2-1,6]
No Transport Available	1,2	[0,3-4,3]	1,0	[0,3-3,9]	100	[100]	1,2	[0,4-3,5]
Transport Available, Not Personally Accessible	6,3	[3,3-11,8]	5,0	[1,5-15,2]	0	[0-0]	5,8	[2,7-11,8]
No Time	6,6	[3,4-12,4]	6,9	[2,7-16,6]	0	[0-0]	6,7	[3,7-11,9]
Don't Know Where/How to Attend	7,9	[4,2-14,6]	17,7	[11,2-26,8]	0	[0-0]	12,1	[7,6-18,9]
Discriminated Against By Others	3,5	[1,3-8,9]	1,4	[0,3-6,6]	0	[0-0]	2,6	[1,3-5,3]
Discriminated Against by Organizers	2,3	[0,7-7,3]	1,8	[0,3-11,6]	0	[0-0]	2,1	[0,5-8,2]
Area Not Physically Accessible	12,7	[7,6-20,5]	15,3	[8,3-26,6]	0	[0-0]	13,8	[8,2-22,5]
Unsure If Area Is Accessible	5,4	[2,6-11,2]	5,3	[1,8-14,8]	0	[0-0]	5,4	[2,4-11,5]
Unsure If Would Be Discriminated Against	0,1	[0,0-0,6]	0,5	[0,1-4,3]	0	[0-0]	0,3	[0,1-1,6]
No One To Accompany Me	5,4	[2,7-10,5]	12,9	[8,7-18,9]	0	[0-0]	8,6	[5,7-12,9]

Family Does Not Support Me To Attend	5,7	[1,8-16,2]	9,1	[3,9-19,9]	0	[0-0]	7,2	[2,8-17,0]
Not Physically Well Enough To Attend	73,2	[55,1-85,9]	81,2	[68,0-89,8]	0	[0-0]	76,6	[62,6-86,4]
Not Psychologically/Emotionally Well Enough	22,2	[11,8-37,7]	16,1	[9,7-25,4]	0	[0-0]	19,5	[11,3-31,5]
Other	0	[0-0]	0	[0-0]	0	[0-0]	0	[0-0]

Table 68: Annex - Frequency in participating in local club/organization

Frequency In Participating In Local Club/Organization	Male (n=544)		Female (n=365)		Non-gender binary (n=1)		Total (n=910)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Daily	0,7	[0,2-2,5]	1,2	[0,4-3,4]	0	[0-0]	0,9	[0,4-2,1]
Weekly	0,5	[0,1-2,0]	0,2	[0,0-1,5]	0	[0-0]	0,4	[0,1-1,2]
Once Every Two Weeks	2,3	[1,0-5,4]	0,4	[0,1-2,1]	0	[0-0]	1,5	[0,7-3,4]
Once A Month	8,9	[6,2-12,8]	2,8	[1,3-6,1]	0	[0-0]	6,5	[4,2-9,7]
Occasionally (Less Than A Month)	5,7	[3,2-9,8]	4,0	[1,4-10,8]	0	[0-0]	5,0	[3,1-7,9]
Never	81,9	[76,5-86,2]	91,3	[83,8-95,5]	100	[100]	85,7	[81,3-89,2]

Table 69: Annex - Barriers for not attending more community and recreational sports

Barriers For Not Attending More in Community Recreational/Leisure/Sports	Male (n=464)		Female (n=345)		Non-gender binary (n=1)		Total (n=810)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
No Interest	31,9	[24,5-40,4]	38,1	[29,0-48,1]	100	[100]	34,6	[27,4-42,5]
Lack of Money	0,2	[0,0-1,9]	1,3	[0,2-7,6]	0	[0-0]	0,7	[0,2-3,1]
No Transport Available	0,3	[0,1-1,9]	0,4	[0,0-2,8]	0	[0-0]	0,3	[0,1-1,3]
Transport Available, Not Personally Accessible	4,2	[2,0-8,7]	1,9	[0,4-9,1]	0	[0-0]	3,2	[1,4-7,4]
No Time	5,5	[2,8-10,5]	6,3	[2,7-13,9]	0	[0-0]	5,8	[3,0-11,0]
Don't Know Where/How to Attend	20,7	[11,7-34,0]	27,0	[18,6-37,6]	0	[0-0]	23,4	[15,1-34,3]
Discriminated Against By Others	2,1	[0,8-5,2]	1,6	[0,5-5,2]	0	[0-0]	1,9	[1,0-3,6]
Discriminated Against by Organizers	1,2	[0,3-4,4]	0	[0-0]	0	[0-0]	0,7	[0,2-2,5]
Area Not Physically Accessible	7,6	[3,8-14,4]	9,5	[4,8-18,0]	0	[0-0]	8,4	[4,4-15,4]
Unsure If Area Is Accessible	3,1	[1,3-7,2]	5,0	[2,4-9,9]	0	[0-0]	3,9	[1,9-7,9]
Unsure If Would Be Discriminated Against	0,9	[0,2-4,8]	0,2	[0,0-1,6]	0	[0-0]	0,6	[0,1-2,7]
No One To Accompany Me	2,0	[0,8-4,9]	4,4	[2,1-9,0]	0	[0-0]	3,0	[1,6-5,7]
Family Does Not Support Me To Attend	5,8	[1,9-16,0]	7,2	[2,5-19,4]	0	[0-0]	6,4	[2,2-17,2]

Not Physically Well Enough To Attend	68,2	[57,6-77,2]	61,0	[51,7-69,6]	0	[0-0]	65,1	[55,7-73,5]
Not Psychologically/Emotionally Well Enough	16,0	[8,9-27,1]	16,9	[10,6-26,0]	0	[0-0]	16,4	[9,8-26,2]
Other	0,1	[0,0-0,9]	0,9	[0,2-4,9]	0	[0-0]	0,5	[0,1-2,0]

Table 70: Annex - Frequency of shopping/getting services

Frequency of Shopping/Getting Services	Male (n=544)		Female (n=365)		Non-gender binary (n=1)		Total (n=910)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Daily	8,5	[5,8-12,4]	4,6	[1,9-10,7]	0	[0-0]	6,9	[4,5-10,7]
Weekly	11	[6,7-17,4]	8,8	[4,6-16,2]	0	[0-0]	10,1	[6,2-16,0]
Once Every Two Weeks	6,9	[4,3-10,9]	6,2	[3,2-11,7]	100	[100]	6,7	[4,3-10,2]
Once A Month	11,8	[7,1-19,2]	8,3	[5,0-13,5]	0	[0-0]	10,4	[6,7-15,8]
Occasionally (Less Than A Month)	9,2	[6,9-12,3]	10,4	[5,8-17,8]	0	[0-0]	9,7	[7,2-13,0]
Never	52,5	[47,0-58,0]	61,7	[54,9-68,1]	0	[0-0]	56,2	[51,4-60,9]

Table 71: Annex - Barriers for shopping/getting services

Barriers for Shopping/Getting Services	Male (n=310)		Female (n=242)		Non-gender binary (n=0)		Total (n=552)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
No Interest	31,9	[24,5-40,4]	38,1	[29,0-48,1]	100	[100]	34,6	[27,4-42,5]
Lack of Money	0,2	[0,0-1,9]	1,3	[0,2-7,6]	0	[0-0]	0,7	[0,2-3,1]
No Transport Available	0,3	[0,1-1,9]	0,4	[0,0-2,8]	0	[0-0]	0,3	[0,1-1,3]
Transport Available, Not Personally Accessible	4,2	[2,0-8,7]	1,9	[0,4-9,1]	0	[0-0]	3,2	[1,4-7,4]
No Time	5,5	[2,8-10,5]	6,3	[2,7-13,9]	0	[0-0]	5,8	[3,0-11,0]
Don't Know Where/How to Attend	20,7	[11,7-34,0]	27,0	[18,6-37,6]	0	[0-0]	23,4	[15,1-34,3]
Discriminated Against By Others	2,1	[0,8-5,2]	1,6	[0,5-5,2]	0	[0-0]	1,9	[1,0-3,6]
Discriminated Against by Organizers	1,2	[0,3-4,4]	0	[0-0]	0	[0-0]	0,7	[0,2-2,5]
Area Not Physically Accessible	7,6	[3,8-14,4]	9,5	[4,8-18,0]	0	[0-0]	8,4	[4,4-15,4]
Unsure If Area Is Accessible	3,1	[1,3-7,2]	5,0	[2,4-9,9]	0	[0-0]	3,9	[1,9-7,9]
Unsure If Would Be Discriminated Against	0,9	[0,2-4,8]	0,2	[0,0-1,6]	0	[0-0]	0,6	[0,1-2,7]
No One To Accompany Me	2,0	[0,8-4,9]	4,4	[2,1-9,0]	0	[0-0]	3,0	[1,6-5,7]
Family Does Not Support Me To Attend	5,8	[1,9-16,0]	7,2	[2,5-19,4]	0	[0-0]	6,4	[2,2-17,2]
Not Physically Well Enough To Attend	68,2	[57,6-77,2]	61,0	[51,7-69,6]	0	[0-0]	65,1	[55,7-73,5]

Not Psychologically/Emotionally Well Enough To Attend	16,0	[8,9-27,1]	16,9	[10,6-26,0]	0	[0-0]	16,4	[9,8-26,2]
Other	0,1	[0,0-0,9]	0,9	[0,2-4,9]	0	[0-0]	0,5	[0,1-2,0]

Table 72: Annex - Frequency of involvement in committees

Frequency of Involvement in Committees(HFOMC, SMC, PTA)	Male (n=544)		Female (n=365)		Non-gender binary (n=1)		Total (n=910)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Daily	0	[0-0]	0,9	[0,2-4,7]	0	[0-0]	0,4	[0,1-2,0]
Weekly	1,6	[0,5-4,8]	0,1	[0,0-0,9]	0	[0-0]	1,0	[0,4-2,8]
Once Every Two Weeks	2,0	[0,5-7,5]	0,2	[0,0-1,5]	0	[0-0]	1,2	[0,3-4,7]
Once A Month	5,6	[2,8-10,6]	3,0	[1,4-6,3]	0	[0-0]	4,5	[2,5-8,0]
Occasionally (Less Than A Month)	4,1	[2,0-8,1]	1,6	[0,4-5,9]	0	[0-0]	3,1	[1,6-5,7]
Never	86,7	[82,3-90,2]	94,3	[89,0-97,1]	100	[100]	89,8	[86,5-92,4]

Table 73: Annex - Barriers to involvement in committees

Barriers to Involvement in Committees(HFOMC, SMC, PTA)	Male (n=484)		Female (n=350)		Non-gender binary (n=1)		Total (n=835)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
No Interest	28,1	[20,3-37,3]	39,6	[32,4-47,3]	0	[0-0]	32,9	[26,3-40,2]
Lack of Money	0,3	[0,1-1,5]	0	[0-0]	0	[0-0]	0,2	[0,0-0,9]
No Transport Available	0,1	[0,0-0,9]	0	[0-0]	0	[0-0]	0,1	[0,0-0,5]
Transport Available, Not Personally Accessible	3,1	[1,4-6,6]	2	[0,7-5,6]	0	[0-0]	2,6	[1,3-5,3]
No Time	4,7	[2,3-9,2]	2,4	[1,0-5,8]	0	[0-0]	3,7	[2,1-6,6]
Don't Know Where/How to Attend	24,1	[14,5-37,3]	25,3	[17,2-35,7]	0	[0-0]	24,6	[15,9-36,0]
Discriminated Against By Others	2,0	[0,7-5,3]	1,1	[0,3-4,9]	0	[0-0]	1,6	[0,6-4,6]
Discriminated Against by Organizers	2,0	[0,8-5,0]	0,8	[0,1-5,6]	0	[0-0]	1,5	[0,6-3,5]
Area Not Physically Accessible	8,3	[4,5-14,9]	9,6	[4,5-19,4]	0	[0-0]	8,8	[4,6-16,3]
Unsure If Area Is Accessible	2,1	[0,7-6,0]	2,7	[1,0-6,7]	0	[0-0]	2,3	[1,0-5,4]
Unsure If Would Be Discriminated Against	0,4	[0,1-1,5]	0,6	[0,1-2,5]	0	[0-0]	0,5	[0,1-1,8]
No One To Accompany Me	2,5	[1,0-6,2]	5,2	[2,7-10,0]	0	[0-0]	3,6	[2,0-6,5]
Family Does Not Support Me To Attend	5,6	[2,2-13,6]	9,1	[3,1-24,3]	0	[0-0]	7,1	[2,6-18,0]
Not Physically Well Enough To Attend	68,3	[54,3-79,6]	68,4	[58,0-77,3]	0	[0-0]	68,3	[56,6-78,1]
Not Psychologically/Emotionally Well Enough To Attend	26,9	[15,9-41,7]	25,9	[14,1-42,6]	100	[100]	26,5	[15,8-40,9]

Other	0,4	[0,1-3,0]	0	[0-0]	0	[0-0]	0,2	[0,0-1,8]
-------	-----	-----------	---	-------	---	-------	-----	-----------

Table 74: Annex - Frequency interacting with authority (officials, village chiefs)

Frequency Interacting With Authority(Officials, Village Chiefs)	Male (n=544)		Female (n=365)		Non-gender binary (n=1)		Total (n=910)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Daily	3,5	[1,4-8,3]	0,6	[0,1-3,0]	0	[0-0]	2,3	[1,0-5,2]
Weekly	7,8	[4,9-12,0]	1,5	[0,6-3,7]	0	[0-0]	5,2	[3,5-7,7]
Once Every Two Weeks	7,5	[4,1-13,6]	3,8	[1,8-7,8]	100	[100]	6,1	[3,4-10,7]
Once A Month	13,8	[10,4-18,1]	6,4	[3,6-11,3]	0	[0-0]	10,8	[8,1-14,3]
Occasionally (Less Than A Month)	14,5	[9,9-20,7]	12,4	[6,3-22,9]	0	[0-0]	13,6	[9,3-19,5]
Never	52,9	[44,6-61,1]	75,1	[62,1-84,8]	0	[0-0]	61,9	[53,3-69,9]

Table 75: Annex - Barriers to interacting with authority (officials, village chiefs)

Barriers To Interacting With Authority(Officials, Village Chiefs)	Male (n=332)		Female (n=289)		Non-gender binary (n=0)		Total (n=621)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
No Interest	16,5	[12,2-22,0]	19,0	[11,0-30,9]	0	[0-0]	17,7	[12,1-25,2]
Lack of Money	0,1	[0,0-0,6]	0	[0-0]	0	[0-0]	0	[0,0-0,3]
No Transport Available	0,3	[0,0-2,8]	0	[0-0]	0	[0-0]	0,2	[0,0-1,5]
Transport Available, Not Personally Accessible	1,6	[0,3-7,2]	0,4	[0,1-2,3]	0	[0-0]	1,0	[0,3-3,9]
No Time	2,1	[0,7-5,8]	1,4	[0,3-5,3]	0	[0-0]	1,8	[0,6-5,0]
Don't Know Where/How to Attend	15,1	[7,4-28,4]	20,2	[12,4-31,0]	0	[0-0]	17,5	[10,5-27,6]
Discriminated Against By Others	1	[0,2-4,3]	4,1	[0,9-17,2]	0	[0-0]	2,4	[0,6-10,0]
Discriminated Against by Organizers	0	[0-0]	0	[0-0]	0	[0-0]	0	[0-0]
Area Not Physically Accessible	16,6	[9,3-27,9]	11,0	[5,1-21,9]	0	[0-0]	14,0	[7,6-24,2]
Unsure If Area Is Accessible	7,0	[3,3-14,2]	4,6	[1,9-10,6]	0	[0-0]	5,8	[2,8-11,8]
Unsure If Would Be Discriminated Against	1,3	[0,3-4,8]	1,6	[0,6-4,1]	0	[0-0]	1,4	[0,5-3,9]
No One To Accompany Me	1,6	[0,4-6,6]	1,9	[0,7-5,5]	0	[0-0]	1,7	[0,5-5,7]
Family Does Not Support Me To Attend	4,5	[1,8-11,0]	5,9	[2,4-13,7]	0	[0-0]	5,2	[2,3-11,3]
Not Physically Well Enough To Attend	55,1	[39,5-69,8]	58,4	[40,5-74,3]	0	[0-0]	56,7	[40,7-71,4]
Not Psychologically/Emotionally Well Enough To Attend	31,3	[21,2-43,6]	27,9	[17,8-40,8]	0	[0-0]	29,7	[20,8-40,5]
Other	1,2	[0,2-8,0]	0,2	[0,0-0,8]	0	[0-0]	0,7	[0,1-4,1]

Table 76: Annex - Frequency interacting with strangers

Frequency Interacting With Strangers	Male (n=544)		Female (n=365)		Non-gender binary (n=1)		Total (n=910)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Daily	3,3	[1,7-6,5]	3,1	[1,2-7,6]	0	[0-0]	3,2	[1,5-6,6]
Weekly	9,5	[7,5-12,0]	3,3	[1,2-8,4]	0	[0-0]	7,0	[5,5-8,8]
Once Every Two Weeks	5,0	[2,5-9,8]	5,0	[2,2-11,1]	0	[0-0]	5,0	[2,5-9,9]
Once A Month	19,6	[12,2-29,8]	12,2	[7,7-18,7]	100	[100]	16,6	[11,5-23,4]
Occasionally (Less Than A Month)	16,1	[12,2-21,1]	13,1	[8,8-19,1]	0	[0-0]	14,9	[11,1-19,6]
Never	46,4	[36,6-56,6]	63,4	[50,9-74,3]	0	[0-0]	53,3	[45,1-61,3]

Table 77: Annex - Barriers to interacting with strangers

Barriers To Interacting With Strangers	Male (n=345)		Female (n=272)		Non-gender binary (n=0)		Total (n=617)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
No Interest	20,7	[12,5-32,3]	21,9	[13,1-34,4]	0	[0-0]	21,3	[13,5-31,9]
Lack of Money	0,1	[0,0-0,6]	0	[0-0]	0	[0-0]	0	[0,0-0,4]
No Transport Available	0	[0-0]	0	[0-0]	0	[0-0]	0	[0-0]
Transport Available, Not Personally Accessible	0,5	[0,1-4,2]	0	[0-0]	0	[0-0]	0,3	[0,0-2,3]
No Time	0,9	[0,4-2,2]	2,1	[0,7-6,4]	0	[0-0]	1,5	[0,6-3,3]
Don't Know Where/How to Attend	17,3	[9,8-28,7]	19,1	[12,2-28,6]	0	[0-0]	18,2	[11,5-27,4]
Discriminated Against By Others	1,1	[0,3-4,3]	2,7	[0,6-11,8]	0	[0-0]	1,8	[0,5-6,5]
Discriminated Against by Organizers	1,8	[0,6-5,5]	1,1	[0,2-6,7]	0	[0-0]	1,5	[0,4-5,4]
Area Not Physically Accessible	8,8	[3,9-18,6]	11,7	[5,4-23,7]	0	[0-0]	10,1	[4,9-19,8]
Unsure If Area Is Accessible	4,1	[1,6-9,8]	1,3	[0,4-4,2]	0	[0-0]	2,8	[1,2-6,6]
Unsure If Would Be Discriminated Against	0,9	[0,2-4,2]	0,8	[0,2-3,8]	0	[0-0]	0,9	[0,3-2,6]
No One To Accompany Me	1,4	[0,4-5,2]	0,9	[0,3-3,4]	0	[0-0]	1,2	[0,4-3,2]
Family Does Not Support Me To Attend	3,7	[1,1-11,6]	4,5	[1,3-14,9]	0	[0-0]	4,1	[1,2-12,7]
Not Physically Well Enough To Attend	52,9	[44,4-61,2]	54,8	[39,4-69,3]	0	[0-0]	53,7	[42,9-64,3]
Not Psychologically/Emotionally Well Enough To Attend	27,0	[19,7-35,9]	25,2	[16,1-37,2]	0	[0-0]	26,2	[19,1-34,8]
Other	0	[0-0]	0	[0-0]	0	[0-0]	0	[0-0]

Table 78: Annex - Frequency of participating in sports activity

Frequency Of Participating In Sports Activity	Male (n=544)		Female (n=365)		Non-gender binary (n=1)		Total (n=910)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Daily	0,9	[0,2-3,2]	0,1	[0,0-1,1]	0	[0-0]	0,6	[0,2-1,9]
Weekly	0,6	[0,2-1,9]	0,9	[0,2-4,7]	0	[0-0]	0,7	[0,2-2,0]
Once Every Two Weeks	0,6	[0,2-1,8]	0	[0,0-0,4]	0	[0-0]	0,4	[0,1-1,1]
Once A Month	3,1	[1,6-6,0]	1,7	[0,7-4,3]	0	[0-0]	2,5	[1,5-4,3]
Occasionally (Less Than A Month)	5,0	[2,6-9,3]	2,4	[1,0-5,5]	0	[0-0]	3,9	[2,0-7,4]
Never	89,9	[85,0-93,4]	94,8	[90,2-97,3]	100	[100]	91,9	[87,7-94,8]

Table 79: Annex - Barriers to interacting with strangers

Barriers To Interacting With Strangers	Male (n=512)		Female (n=354)		Non-gender binary (n=1)		Total (n=867)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
No Interest	34,8	[28,8-41,4]	42,8	[33,5-52,8]	100	[100]	38,2	[31,8-45,0]
Lack of Money	0	[0,0-0,4]	0	[0-0]	0	[0-0]	0	[0,0-0,2]
No Transport Available	0,2	[0,0-1,8]	0	[0-0]	0	[0-0]	0,1	[0,0-1,0]
Transport Available, Not Personally Accessible	1,2	[0,3-4,5]	1,2	[0,3-4,6]	0	[0-0]	1,2	[0,4-3,5]
No Time	4,7	[2,6-8,5]	2,5	[0,9-6,7]	0	[0-0]	3,8	[2,2-6,5]
Don't Know Where/How to Attend	9,3	[4,3-18,8]	7,8	[3,9-15,0]	0	[0-0]	8,7	[4,5-16,0]
Discriminated Against By Others	0,9	[0,3-2,8]	1,3	[0,3-5,2]	0	[0-0]	1,1	[0,4-2,9]
Discriminated Against by Organizers	0,1	[0,0-0,6]	0,9	[0,1-5,1]	0	[0-0]	0,4	[0,1-2,0]
Area Not Physically Accessible	5,4	[2,4-12,0]	6,9	[3,8-12,4]	0	[0-0]	6,0	[3,1-11,3]
Unsure If Area Is Accessible	3,0	[1,3-6,8]	3,0	[1,3-6,7]	0	[0-0]	3,0	[1,4-6,3]
Unsure If Would Be Discriminated Against	0,1	[0,0-0,5]	0,2	[0,0-1,4]	0	[0-0]	0,2	[0,1-0,6]
No One To Accompany Me	3,0	[1,5-6,0]	1,3	[0,5-3,4]	0	[0-0]	2,3	[1,3-4,1]
Family Does Not Support Me To Attend	6,9	[2,3-19,0]	6,7	[2,1-19,2]	0	[0-0]	6,8	[2,3-18,7]
Not Physically Well Enough To Attend	78,6	[71,6-84,3]	75,3	[62,9-84,7]	0	[0-0]	77,2	[68,5-84,1]
Not Psychologically/Emotionally Well Enough To Attend	21,2	[12,7-33,3]	18,6	[11,2-29,3]	0	[0-0]	20,2	[12,5-30,9]
Other	0,4	[0,0-2,6]	0	[0-0]	0	[0-0]	0,2	[0,0-1,5]

Table 80: Annex - Participation in a self-help group

Member of Self-Help Group	Male (n=544)		Female (n=365)		Non-gender binary (n=1)		Total (n=910)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Milijuli Group	0,4	[0,0-2,9]	0,1	[0,0-1,1]	0	[0-0]	0,3	[0,0-1,5]
Other	0,4	[0,1-1,7]	0	[0-0]	0	[0-0]	0,3	[0,1-1,0]
No	98,9	[96,8-99,6]	99,0	[95,6-99,8]	100	[100]	99,0	[97,5-99,6]
Don't Know	0,3	[0,1-1,2]	0,8	[0,1-4,6]	0	[0-0]	0,5	[0,2-1,7]

Table 81: Annex - Decision Making

Ability To Make Big Decisions In Life	Male (n=511)		Female (n=328)		Non-gender binary (n=1)		Total (n=840)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Not at all	23,2	[16,6-31,3]	30,4	[21,6-40,9]	0	[0-0]	26,0	[19,9-33,1]
A little	13,6	[10,4-17,5]	21,5	[13,9-31,7]	0	[0-0]	16,6	[13,1-20,8]
Moderately	7,3	[4,4-11,7]	14,5	[10,1-20,3]	0	[0-0]	10,1	[7,1-14,0]
Mostly	20,3	[15,8-25,7]	15,9	[11,0-22,4]	100	[100]	18,6	[14,8-23,2]
Completely	35,7	[27,0-45,4]	17,8	[12,7-24,3]	0	[0-0]	28,7	[21,9-36,7]
Satisfaction On Ability To Communicate With Others	Male (n=511)		Female (n=328)		Non-gender binary (n=1)		Total (n=840)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Not at all	31,4	[22,9-41,4]	37,3	[28,4-47,1]	0	[0-0]	33,7	[26,7-41,5]
A little	18,4	[13,7-24,4]	21,4	[16,2-27,7]	0	[0-0]	19,6	[15,9-23,9]
Moderately	15,5	[11,6-20,3]	19,3	[14,2-25,7]	0	[0-0]	16,9	[14,1-20,3]
Mostly	14,0	[10,1-18,9]	11,7	[8,7-15,4]	100	[100]	13,1	[10,3-16,5]
Completely	20,7	[15,4-27,3]	10,4	[5,6-18,3]	0	[0-0]	16,7	[12,3-22,3]
I Can Decide For Myself Who I Live With	Male (n=511)		Female (n=328)		Non-gender binary (n=1)		Total (n=840)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Disagree	23,2	[16,4-31,6]	36	[28,0-45,0]	0	[0-0]	28,1	[22,0-35,2]
Somewhat Disagree	3,4	[1,6-7,0]	6,6	[2,9-14,2]	0	[0-0]	4,6	[2,4-8,8]
Neutral	2,5	[1,1-5,8]	5,6	[2,1-14,2]	0	[0-0]	3,7	[1,5-8,9]
Somewhat Agree	18,4	[13,8-24,1]	16,7	[12,9-21,3]	100	[100]	17,8	[14,9-21,1]
Agree	52,5	[43,8-61,1]	35,1	[27,4-43,6]	0	[0-0]	45,7	[38,0-53,7]
I Can Decide For Myself Where To Live	Male (n=511)		Female (n=328)		Non-gender binary (n=1)		Total (n=840)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Disagree	23,7	[16,3-33,1]	35,4	[27,0-44,9]	0	[0-0]	28,2	[21,7-35,8]
Somewhat Disagree	4,0	[2,0-7,9]	8,1	[4,0-15,7]	0	[0-0]	5,6	[3,1-9,7]
Neutral	1,6	[0,6-4,6]	5,6	[2,3-13,1]	0	[0-0]	3,2	[1,2-7,8]
Somewhat Agree	17,2	[12,0-24,0]	16,4	[9,7-26,2]	100	[100]	16,9	[12,9-21,9]
Agree	53,5	[45,6-61,3]	34,5	[25,6-44,7]	0	[0-0]	46,1	[38,3-54,1]

I Can Decide For Myself How To Spend My Money	Male (n=511)		Female (n=328)		Non-gender binary (n=1)		Total (n=840)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Disagree	26,9	[19,0-36,6]	40,8	[32,2-50,2]	0	[0-0]	32,3	[24,6-41,0]
Somewhat Disagree	7,0	[4,2-11,3]	7,6	[4,2-13,3]	0	[0-0]	7,2	[4,6-11,1]
Neutral	4,6	[2,3-9,0]	3,4	[1,6-7,1]	0	[0-0]	4,1	[2,3-7,1]
Somewhat Agree	14,7	[9,1-22,9]	18,9	[14,9-23,7]	100	[100]	16,4	[12,3-21,6]
Agree	46,9	[39,5-54,4]	29,3	[21,2-39,0]	0	[0-0]	40,0	[33,6-46,8]
I Can Decide For Myself Who To Marry	Male (n=511)		Female (n=328)		Non-gender binary (n=1)		Total (n=840)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Disagree	28,8	[21,3-37,8]	46,1	[35,7-56,9]	100	[100]	35,6	[28,6-43,3]
Somewhat Disagree	7,3	[4,5-11,8]	9,5	[5,3-16,4]	0	[0-0]	8,2	[5,2-12,5]
Neutral	8,6	[4,5-15,9]	8,3	[4,0-16,5]	0	[0-0]	8,5	[5,0-14,1]
Somewhat Agree	11	[7,8-15,1]	10,3	[6,0-17,0]	0	[0-0]	10,7	[8,2-13,8]
Agree	44,3	[35,5-53,5]	25,8	[19,7-33,0]	0	[0-0]	37,1	[30,8-43,9]

Table 82: Annex - Civic Participation

Voting In Previous Election	Male (n=511)		Female (n=328)		Non-gender binary (n=1)		Total (n=840)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Yes	69,3	[61,0-76,5]	56,1	[43,8-67,8]	100	[100]	64,2	[55,4-72,1]
No	30,2	[23,0-38,6]	42,9	[31,5-55,1]	0	[0-0]	35,1	[27,3-43,9]
Don't Know	0,5	[0,1-2,5]	1,0	[0,3-3,7]	0	[0-0]	0,7	[0,2-2,8]
Influence On The Way Your Community Is Run	Male (n=511)		Female (n=328)		Non-gender binary (n=1)		Total (n=840)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Not at all	41,7	[34,1-49,7]	58,9	[49,7-67,4]	0	[0-0]	48,3	[42,5-54,2]
A little	21,2	[16,9-26,3]	20,5	[16,5-25,3]	100	[100]	21,0	[17,4-25,2]
Moderately	22,3	[17,9-27,5]	17,5	[10,9-26,8]	0	[0-0]	20,4	[16,0-25,7]
Mostly	12,4	[8,9-17,0]	2,1	[1,0-4,6]	0	[0-0]	8,4	[6,2-11,2]
Completely	2,4	[1,2-4,6]	0,9	[0,3-3,2]	0	[0-0]	1,8	[1,1-3,1]
Knowledge On Legal Rights	Male (n=511)		Female (n=328)		Non-gender binary (n=1)		Total (n=840)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Not at all	44,4	[36,0-53,2]	70,3	[60,3-78,7]	0	[0-0]	54,4	[46,8-61,8]
A little	24,0	[18,6-30,4]	17,8	[11,9-25,8]	0	[0-0]	21,6	[16,4-27,9]
Moderately	9,7	[5,9-15,4]	6,5	[3,5-11,7]	100	[100]	8,5	[5,4-13,1]
Mostly	13,0	[9,0-18,4]	4,2	[2,0-8,5]	0	[0-0]	9,6	[6,7-13,6]
Completely	8,9	[4,6-16,7]	1,2	[0,3-4,3]	0	[0-0]	5,9	[3,2-10,8]
Knowledge On Accessing The Justice System	Male (n=511)		Female (n=328)		Non-gender binary (n=1)		Total (n=840)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Not at all	47,5	[38,6-56,5]	70,8	[59,3-80,2]	0	[0-0]	56,5	[48,9-63,8]

A little	23,9	[19,2-29,4]	16,4	[10,2-25,4]	0	[0-0]	21,0	[16,2-26,7]
Moderately	7,7	[4,4-13,2]	6,1	[3,2-11,3]	100	[100]	7,2	[4,6-11,0]
Mostly	11,1	[8,0-15,2]	4,7	[2,1-9,9]	0	[0-0]	8,6	[6,4-11,5]
Completely	9,7	[5,1-17,8]	2,0	[0,7-5,9]	0	[0-0]	6,7	[3,8-11,5]
Opinion - Do The Policies Provide People With Disabilities Equal Rights	Male (n=511)		Female (n=328)		Non-gender binary (n=1)		Total (n=840)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Not at all	30,5	[26,7-34,7]	34,1	[26,2-43,1]	0	[0-0]	31,9	[27,8-36,3]
A little	34,4	[29,9-39,1]	38,5	[31,9-45,5]	0	[0-0]	35,9	[31,8-40,3]
Moderately	18,2	[13,4-24,2]	17,7	[12,4-24,5]	100	[100]	18,0	[14,6-22,1]
Mostly	13,1	[9,0-18,8]	8,3	[4,0-16,5]	0	[0-0]	11,2	[7,7-16,2]
Completely	3,8	[1,9-7,4]	1,4	[0,4-4,6]	0	[0-0]	2,9	[1,5-5,5]
Extent You Feel Disabled Peoples Organizations Adequately Represent Your Concerns	Male (n=511)		Female (n=328)		Non-gender binary (n=1)		Total (n=840)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Not at all	31,1	[25,5-37,4]	33,4	[23,6-44,9]	0	[0-0]	32,0	[26,3-38,3]
A little	34,4	[29,8-39,2]	41,4	[33,0-50,2]	0	[0-0]	37,1	[33,2-41,1]
Moderately	23,4	[16,1-32,8]	16,6	[10,0-26,2]	0	[0-0]	20,7	[15,0-28,0]
Mostly	9,1	[6,6-12,5]	6,4	[2,6-15,0]	100	[100]	8,1	[5,4-12,2]
Completely	1,9	[0,8-4,4]	2,3	[0,9-5,9]	0	[0-0]	2,1	[1,1-3,9]

Table 83: Annex - Quality of life

Rate Your Quality Of Life	Male (n=544)		Female (n=365)		Non-gender binary (n=1)		Total (n=910)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Very poor	13,9	[9,3-20,2]	16,3	[11,8-22,0]	0	[0-0]	14,8	[11,1-19,5]
Poor	18,4	[13,1-25,2]	24,1	[17,8-31,9]	100	[100]	20,8	[15,8-26,8]
Neither poor nor good	39,0	[31,2-47,4]	36,1	[26,3-47,2]	0	[0-0]	37,8	[29,9-46,3]
Good	27,5	[22,8-32,9]	19,5	[13,0-28,1]	0	[0-0]	24,2	[19,5-29,8]
Very good	1,2	[0,4-3,6]	4,1	[2,2-7,4]	0	[0-0]	2,4	[1,3-4,2]
Satisfaction With Your Health	Male (n=544)		Female (n=365)		Non-gender binary (n=1)		Total (n=910)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Very dissatisfied	15,4	[10,7-21,5]	17,5	[10,1-28,6]	0	[0-0]	16,2	[11,2-22,8]
Dissatisfied	33,1	[26,3-40,7]	30,7	[20,5-43,3]	0	[0-0]	32,1	[25,2-39,9]
Neither satisfied nor dissatisfied	16,8	[11,5-24,0]	20,6	[12,5-32,0]	0	[0-0]	18,3	[12,8-25,6]
Satisfied	32,3	[25,3-40,2]	28,3	[20,3-38,0]	100	[100]	30,7	[24,2-38,1]
Very satisfied	2,4	[0,9-6,0]	2,9	[1,2-6,9]	0	[0-0]	2,6	[1,7-4,0]

Table 84: Annex - Pain & Medical Treatment

The Extent That (Physical) Pain Prevents You From Doing What You Need To Do	Male (n=544)		Female (n=365)		Non-gender binary (n=1)		Total (n=910)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Not at all	24,4	[14,6-37,9]	28,9	[13,9-50,4]	100	[100]	26,3	[14,9-42,1]
A little	22,0	[16,7-28,3]	18,5	[11,4-28,6]	0	[0-0]	20,5	[15,8-26,3]
A moderate amount	16,9	[13,8-20,5]	12,1	[5,8-23,7]	0	[0-0]	15,0	[10,8-20,4]
Very much	21,6	[16,2-28,2]	22,0	[15,4-30,3]	0	[0-0]	21,7	[16,1-28,6]
An extreme amount	15,1	[8,7-24,9]	18,5	[12,0-27,4]	0	[0-0]	16,5	[10,8-24,3]
Need For Medical Treatment To Function In Daily Life	Male (n=544)		Female (n=365)		Non-gender binary (n=1)		Total (n=910)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Not at all	21,6	[14,1-31,7]	29,1	[16,5-46,0]	100	[100]	24,7	[15,5-36,9]
A little	22,0	[15,2-30,7]	14,9	[7,8-26,8]	0	[0-0]	19,1	[14,0-25,5]
A moderate amount	11,2	[6,9-17,5]	14,2	[10,7-18,5]	0	[0-0]	12,4	[9,5-16,0]
Very much	30,0	[23,1-38,0]	24,3	[14,2-38,4]	0	[0-0]	27,7	[19,8-37,2]
An extreme amount	15,2	[9,7-23,0]	17,5	[10,9-26,9]	0	[0-0]	16,1	[11,2-22,7]

Table 85: Annex - Level of Enjoyment & Meaning

Level of Enjoyment In Life	Male (n=544)		Female (n=365)		Non-gender binary (n=1)		Total (n=910)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Not at all	23,8	[16,3-33,4]	26,5	[16,0-40,4]	0	[0-0]	24,9	[18,5-32,6]
A little	32,1	[26,3-38,5]	34,8	[28,3-42,0]	100	[100]	33,2	[28,2-38,7]
A moderate amount	26,8	[20,4-34,4]	24,5	[19,4-30,6]	0	[0-0]	25,9	[20,8-31,8]
Very much	15,5	[11,3-20,7]	10,1	[6,4-15,6]	0	[0-0]	13,3	[10,0-17,4]
An extreme amount	1,8	[0,8-3,9]	4,1	[1,4-11,3]	0	[0-0]	2,7	[1,3-5,4]
Extent of Feeling That Your Life Is Meaningful	Male (n=544)		Female (n=365)		Non-gender binary (n=1)		Total (n=910)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Not at all	27,8	[19,5-37,9]	30,5	[20,4-43,0]	0	[0-0]	28,9	[21,3-37,9]
A little	36,1	[31,5-40,9]	37,0	[29,5-45,2]	0	[0-0]	36,4	[31,9-41,2]
A moderate amount	23,0	[17,1-30,2]	20,0	[15,9-24,9]	100	[100]	21,8	[17,3-27,2]
Very much	10,8	[6,2-18,2]	10,6	[7,0-15,7]	0	[0-0]	10,7	[7,7-14,8]
An extreme amount	2,4	[0,8-6,7]	1,9	[0,7-4,9]	0	[0-0]	2,2	[0,8-5,7]

Table 86: Annex - Unfair treatment

Feeling That Other People Respect You	Male (n=511)		Female (n=328)		Non-gender binary (n=1)		Total (n=840)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Not at all	8,6	[6,1-12,0]	8,4	[3,6-18,4]	0	[0-0]	8,5	[6,1-11,9]
A little	22,3	[18,1-27,2]	26,0	[17,6-36,5]	0	[0-0]	23,8	[19,3-28,9]

A moderate amount	30,4	[23,6-38,2]	34,7	[22,9-48,6]	0	[0-0]	32,1	[25,7-39,3]
Very much	31,2	[23,5-40,0]	24,1	[16,3-34,3]	0	[0-0]	28,3	[21,3-36,6]
An extreme amount	7,5	[4,2-13,0]	6,8	[3,8-12,0]	100	[100]	7,3	[4,8-10,8]
Feeling That Some People Treat You Unfairly	Male (n=511)		Female (n=328)		Non-gender binary (n=1)		Total (n=840)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Not at all	58,6	[51,0-65,8]	53,1	[45,9-60,2]	100	[100]	56,4	[50,1-62,5]
A little	27	[22,1-32,6]	28	[21,7-35,3]	0	[0-0]	27,4	[23,5-31,7]
A moderate amount	8,8	[6,3-12,2]	10,3	[6,5-15,9]	0	[0-0]	9,4	[6,7-13,0]
Very much	3,9	[2,3-6,5]	7,7	[4,5-12,9]	0	[0-0]	5,4	[3,5-8,5]
An extreme amount	1,7	[0,8-3,8]	0,9	[0,3-2,8]	0	[0-0]	1,4	[0,6-3,0]
Feeling That Friends Treat You Unfairly/Discriminate	Male (n=511)		Female (n=328)		Non-gender binary (n=1)		Total (n=840)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Not at all	66,8	[58,6-74,0]	65,6	[56,8-73,5]	100	[100]	66,3	[59,7-72,4]
A little	20,1	[15,6-25,4]	19,4	[13,3-27,4]	0	[0-0]	19,8	[16,0-24,2]
A moderate amount	7,6	[4,3-13,2]	8,1	[4,8-13,5]	0	[0-0]	7,8	[4,7-12,8]
Very much	3,9	[2,1-7,0]	6,0	[2,7-12,7]	0	[0-0]	4,7	[2,7-8,2]
An extreme amount	1,6	[0,4-6,2]	0,8	[0,2-3,5]	0	[0-0]	1,3	[0,3-4,9]
Feeling That People You Work For/With Treat You Unfairly	Male (n=511)		Female (n=328)		Non-gender binary (n=1)		Total (n=840)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Not at all	77,0	[67,6-84,2]	78	[64,6-87,3]	100	[100]	77,4	[69,8-83,6]
A little	15,2	[10,4-21,7]	15,8	[7,3-30,9]	0	[0-0]	15,4	[10,5-22,2]
A moderate amount	2,5	[0,9-6,5]	3,4	[1,0-10,9]	0	[0-0]	2,9	[1,1-7,2]
Very much	4,3	[1,8-9,6]	1,1	[0,3-4,2]	0	[0-0]	3,0	[1,3-6,7]
An extreme amount	1,0	[0,2-4,8]	1,6	[0,3-7,3]	0	[0-0]	1,3	[0,3-5,7]
Feeling That Municipality/Other Public Officials Treat You Unfairly	Male (n=511)		Female (n=328)		Non-gender binary (n=1)		Total (n=840)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Not at all	72,6	[66,0-78,4]	72,7	[65,2-79,1]	100	[100]	72,7	[67,8-77,0]
A little	14,4	[10,9-18,8]	15,7	[8,7-26,4]	0	[0-0]	14,9	[10,7-20,5]
A moderate amount	5,5	[3,3-9,1]	5,3	[2,6-10,8]	0	[0-0]	5,5	[3,3-8,8]
Very much	4,8	[2,5-9,2]	4,4	[1,5-12,1]	0	[0-0]	4,6	[2,4-8,8]
An extreme amount	2,6	[0,8-7,6]	2,0	[0,4-8,8]	0	[0-0]	2,3	[0,7-7,7]

Table 87: Annex -Mental State

Feeling That Dreams, Hopes And Wishes Will Happen	Male (n=544)		Female (n=365)		Non-gender binary (n=1)		Total (n=910)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Not at all	34,0	[26,0-43,0]	36,4	[26,3-47,7]	0	[0-0]	34,9	[27,2-43,6]
A little	32,8	[29,0-36,9]	33,3	[27,6-39,6]	100	[100]	33,1	[29,9-36,3]
A moderate amount	19,9	[15,3-25,4]	19,8	[12,0-31,0]	0	[0-0]	19,9	[15,4-25,3]
Very much	11,1	[7,7-15,8]	7,9	[4,8-12,8]	0	[0-0]	9,8	[7,0-13,5]

An extreme amount	2,2	[0,7-6,5]	2,5	[1,0-6,0]	0	[0-0]	2,3	[0,9-6,1]
How Well Are You Able To Concentrate	Male (n=544)		Female (n=365)		Non-gender binary (n=1)		Total (n=910)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Not at all	22,6	[14,8-32,9]	29,7	[22,5-38,1]	0	[0-0]	25,5	[18,8-33,5]
A little	21,4	[15,6-28,8]	28,4	[21,3-36,7]	0	[0-0]	24,2	[19,6-29,6]
A moderate amount	14,8	[11,2-19,2]	15,7	[11,2-21,6]	0	[0-0]	15,1	[11,8-19,2]
Very much	30,8	[25,9-36,2]	19,2	[11,6-30,2]	100	[100]	26,1	[20,3-33,0]
An extreme amount	10,4	[7,0-15,1]	7,0	[4,8-10,1]	0	[0-0]	9,0	[6,7-12,0]

Table 88: Annex - Safety in environment

How Safe Do You Feel in Daily Life	Male (n=511)		Female (n=328)		Non-gender binary (n=1)		Total (n=840)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Not at all	7,1	[3,9-12,5]	9,4	[4,4-18,8]	0	[0-0]	8,0	[4,8-13,2]
A little	19,5	[12,8-28,6]	15,0	[11,3-19,8]	0	[0-0]	17,7	[13,4-23,0]
A moderate amount	25,3	[19,0-33,0]	30,0	[24,5-36,1]	0	[0-0]	27,2	[22,6-32,4]
Very much	36,0	[29,7-42,7]	34,8	[28,2-42,1]	100	[100]	35,5	[30,9-40,5]
An extreme amount	12,1	[6,7-20,7]	10,8	[5,8-19,2]	0	[0-0]	11,6	[6,7-19,2]
How Healthy Is Your Physical Environment	Male (n=511)		Female (n=328)		Non-gender binary (n=1)		Total (n=840)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Not at all	2,9	[1,3-6,0]	1,9	[0,6-5,6]	0	[0-0]	2,5	[1,3-4,7]
A little	11,2	[8,5-14,8]	19,0	[12,1-28,4]	0	[0-0]	14,4	[11,0-18,6]
A moderate amount	26,9	[20,4-34,5]	22,4	[14,0-33,7]	0	[0-0]	25,0	[19,0-32,2]
Very much	48,8	[36,8-61,0]	47,9	[32,8-63,4]	100	[100]	48,5	[36,7-60,4]
An extreme amount	10,2	[3,9-23,9]	8,8	[2,8-24,7]	0	[0-0]	9,6	[3,5-24,0]
How Well-Suited Is Your Home To Your Physical Needs	Male (n=511)		Female (n=328)		Non-gender binary (n=1)		Total (n=840)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Not at all	4,6	[2,3-9,1]	3,9	[1,8-8,1]	0	[0-0]	4,3	[2,4-7,7]
A little	14,8	[11,5-18,9]	18,3	[12,8-25,4]	0	[0-0]	16,2	[12,5-20,7]
A moderate amount	24,0	[17,8-31,5]	21,1	[15,0-28,9]	0	[0-0]	22,8	[17,9-28,6]
Very much	44,3	[34,1-55,0]	46,6	[33,4-60,3]	100	[100]	45,3	[34,9-56,0]
An extreme amount	12,3	[5,8-24,1]	10,1	[3,7-24,5]	0	[0-0]	11,4	[5,0-23,7]
Satisfaction With Conditions Of Living Place	Male (n=511)		Female (n=328)		Non-gender binary (n=1)		Total (n=840)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Not at all	1,6	[0,5-4,9]	2,0	[0,5-7,9]	0	[0-0]	1,8	[0,7-4,6]
A little	8,9	[5,4-14,5]	10,6	[6,3-17,4]	0	[0-0]	9,6	[7,6-12,1]
A moderate amount	9,6	[6,8-13,5]	11,7	[5,8-22,1]	0	[0-0]	10,5	[6,7-15,9]
Very much	66,6	[60,9-71,8]	64,9	[55,4-73,3]	100	[100]	65,9	[61,0-70,5]
An extreme amount	13,2	[8,4-20,3]	10,8	[4,9-22,0]	0	[0-0]	12,2	[7,2-20,1]

Table 89: Annex - Access to information and leisure

Availability Of Information That You Need In Daily Life	Male (n=544)		Female (n=365)		Non-gender binary (n=1)		Total (n=910)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Not at all	21,1	[14,0-30,6]	18,7	[12,3-27,5]	100	[100]	20,2	[13,7-28,8]
A little	29,3	[22,5-37,1]	37,2	[30,2-44,8]	0	[0-0]	32,5	[26,5-39,2]
Moderately	21,0	[15,2-28,2]	26,4	[18,9-35,7]	0	[0-0]	23,2	[17,4-30,2]
Mostly	26,4	[16,7-39,1]	16,3	[10,8-23,8]	0	[0-0]	22,3	[14,6-32,5]
Completely	2,3	[0,6-8,3]	1,3	[0,4-4,2]	0	[0-0]	1,9	[0,8-4,4]
Extent To Which You Have The Opportunity For Leisure Activities	Male (n=544)		Female (n=365)		Non-gender binary (n=1)		Total (n=910)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Not at all	28,3	[18,0-41,6]	39,3	[31,7-47,5]	100	[100]	32,8	[24,1-42,9]
A little	23,7	[17,9-30,7]	28,0	[21,4-35,7]	0	[0-0]	25,5	[20,8-30,7]
Moderately	17,8	[12,1-25,6]	11,5	[6,9-18,4]	0	[0-0]	15,2	[10,5-21,7]
Mostly	26,5	[16,9-38,9]	18,8	[10,9-30,4]	0	[0-0]	23,3	[15,2-34,1]
Completely	3,6	[1,6-8,0]	2,5	[0,8-6,9]	0	[0-0]	3,1	[1,8-5,4]

Table 90: Annex - Wellness

Do You Have Enough Energy For Everyday Life	Male (n=511)		Female (n=328)		Non-gender binary (n=1)		Total (n=840)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Not at all	18,8	[11,4-29,5]	23,4	[16,5-32,0]	0	[0-0]	20,7	[14,3-28,8]
A little	34,0	[27,3-41,3]	32,6	[22,6-44,5]	0	[0-0]	33,4	[27,1-40,4]
Moderately	27,0	[18,7-37,3]	29,2	[20,2-40,4]	0	[0-0]	27,9	[21,0-36,1]
Mostly	16,9	[13,8-20,4]	12,5	[7,5-20,1]	100	[100]	15,1	[11,9-19,1]
Completely	3,4	[2,1-5,4]	2,3	[0,8-6,1]	0	[0-0]	2,9	[2,0-4,3]
Are You Able To Accept Your Bodily Appearance	Male (n=511)		Female (n=328)		Non-gender binary (n=1)		Total (n=840)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Not at all	16,1	[10,4-24,0]	14,9	[10,4-21,1]	0	[0-0]	15,6	[11,5-20,9]
A little	27,7	[23,1-32,9]	24,9	[20,2-30,2]	0	[0-0]	26,6	[23,0-30,5]
Moderately	22,5	[17,0-29,3]	20,9	[17,0-25,4]	0	[0-0]	21,8	[17,8-26,5]
Mostly	29,4	[21,7-38,4]	34,6	[28,3-41,5]	100	[100]	31,5	[25,2-38,6]
Completely	4,3	[2,1-8,5]	4,7	[1,6-12,7]	0	[0-0]	4,4	[2,1-9,1]
Satisfaction With Sleep	Male (n=511)		Female (n=328)		Non-gender binary (n=1)		Total (n=840)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Very dissatisfied	3,3	[1,3-7,9]	6,0	[2,8-12,4]	0	[0-0]	4,4	[2,2-8,6]
Dissatisfied	7,8	[4,7-12,8]	12,6	[7,9-19,7]	0	[0-0]	9,8	[6,4-14,7]
Neither satisfied nor dissatisfied	9,6	[6,2-14,4]	8,3	[5,3-12,8]	0	[0-0]	9,0	[6,1-13,2]
Satisfied	55,4	[45,7-64,7]	58,1	[47,1-68,4]	100	[100]	56,5	[47,9-64,8]
Very satisfied	23,9	[16,9-32,6]	14,9	[9,2-23,2]	0	[0-0]	20,2	[14,6-27,3]

Satisfaction With Sex Life	Male (n=511)		Female (n=328)		Non-gender binary (n=1)		Total (n=840)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Very dissatisfied	3,5	[1,3-8,9]	8,8	[3,7-19,6]	100	[100]	5,5	[2,3-12,4]
Dissatisfied	11,2	[6,8-17,8]	18,7	[5,9-45,6]	0	[0-0]	13,8	[6,5-26,9]
Neither satisfied nor dissatisfied	23,2	[15,5-33,3]	29,3	[18,4-43,2]	0	[0-0]	25,4	[17,6-35,1]
Satisfied	54,0	[45,0-62,8]	41,2	[27,7-56,2]	0	[0-0]	49,4	[39,7-59,2]
Very satisfied	8,1	[5,1-12,5]	2,0	[0,7-5,8]	0	[0-0]	5,9	[3,9-8,8]

Table 91: Annex - Satisfaction with vocational & social life

Satisfaction With Ability To Perform Daily Activities	Male (n=511)		Female (n=328)		Non-gender binary (n=1)		Total (n=840)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Very dissatisfied	15,7	[9,6-24,5]	22,2	[15,2-31,3]	0	[0-0]	18,3	[13,2-24,8]
Dissatisfied	29,9	[21,8-39,4]	26,4	[18,0-36,9]	0	[0-0]	28,4	[20,6-37,9]
Neither satisfied nor dissatisfied	17,7	[12,5-24,4]	14,4	[10,7-19,2]	0	[0-0]	16,3	[12,2-21,6]
Satisfied	31,4	[23,6-40,5]	33,1	[22,7-45,5]	100	[100]	32,2	[24,8-40,5]
Very satisfied	5,3	[2,9-9,8]	3,9	[1,4-10,6]	0	[0-0]	4,7	[2,6-8,4]
Satisfaction With Capacity For Work	Male (n=511)		Female (n=328)		Non-gender binary (n=1)		Total (n=840)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Very dissatisfied	22,5	[15,6-31,4]	25,0	[17,9-33,6]	0	[0-0]	23,5	[18,2-29,8]
Dissatisfied	28,2	[21,8-35,7]	27,7	[18,7-38,9]	0	[0-0]	28,0	[20,9-36,3]
Neither satisfied nor dissatisfied	17,2	[12,0-24,1]	14,3	[10,3-19,4]	0	[0-0]	16,0	[11,7-21,6]
Satisfied	27,0	[21,4-33,5]	30,2	[21,1-41,1]	100	[100]	28,4	[22,8-34,7]
Very satisfied	5,0	[3,0-8,1]	2,9	[1,0-8,0]	0	[0-0]	4,1	[2,9-5,9]
Satisfaction With Personal Relationships	Male (n=511)		Female (n=328)		Non-gender binary (n=1)		Total (n=840)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Very dissatisfied	5,3	[2,9-9,3]	3,5	[1,9-6,5]	0	[0-0]	4,6	[2,5-8,0]
Dissatisfied	7,2	[4,1-12,5]	8,5	[5,8-12,4]	0	[0-0]	7,8	[5,2-11,4]
Neither satisfied nor dissatisfied	17,2	[10,9-26,1]	17,3	[10,6-27,1]	0	[0-0]	17,2	[11,3-25,3]
Satisfied	53,4	[40,0-66,3]	61,4	[50,6-71,2]	0	[0-0]	56,6	[44,9-67,6]
Very satisfied	17,0	[11,6-24,2]	9,2	[5,8-14,2]	100	[100]	13,9	[9,8-19,3]
Satisfaction With Support From Friends	Male (n=511)		Female (n=328)		Non-gender binary (n=1)		Total (n=840)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Very dissatisfied	3,6	[2,1-6,1]	4,0	[2,1-7,4]	0	[0-0]	3,8	[2,2-6,4]
Dissatisfied	10,7	[5,7-19,1]	9,7	[6,3-14,4]	0	[0-0]	10,3	[6,7-15,5]
Neither satisfied nor dissatisfied	20,2	[14,3-27,7]	28,1	[19,0-39,5]	0	[0-0]	23,4	[16,6-32,0]
Satisfied	53,3	[37,9-68,2]	50,8	[39,8-61,8]	100	[100]	52,3	[39,1-65,3]

Very satisfied	12,1	[7,8-18,4]	7,4	[4,4-12,3]	0	[0-0]	10,2	[7,1-14,4]
----------------	------	------------	-----	------------	---	-------	------	------------