



Mein Pragati Assam Phase 2

# MIDLINE REPORT



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## Abbreviations

AAA	Atal Amrit Abhiyan
APY	Atal Pension Yojana
ASHA	Accredited Social Health Activist
ASRLM	Assam State Rural Livelihood Mission
ATM	Automated teller machine
BC	Business Correspondents
BPL	Below Poverty Line
CSP	Customer Service Point
CSC	Common Service centre
FD	Fixed Deposit
FGD	Focus Group Discussion
FLW	Financial Literacy Workshops
FO	Field Officer
Govt	Government
JSSY	Janani Shishu Suraksha Yojana
Kms	Kilometers
LIC	Life Insurance corporation of India
MFI	Microfinance Institution
N/n	Population count/Sample count
NGO	Non-Government Organisation
NPRPD	National Programme for Rehabilitation of persons with Disabilities
PAN	Permanent Account Number
PMJJBY	Pradhan Mantri Jeevan Jyoti Bima Yojana
PMSBY	Pradhan Mantri Suraksha Bima Yojana
PMUY	Pradhan Mantri Ujjwala Yojana
RD	Recurring Deposit
RGVN	Rashtriya Gramin Vikas Nidhi
Rs	Rupees
SHG	Self-help Group
SRC	Self-regulatory committee
SSY	Sukanya Samriddhi Yojana
VLFIC	Village Level Financial Inclusion Committee

## **Executive Summary**

CRISIL Foundation in partnership with Rashtriya Gramin Vikas Nidhi (RGVN) is implementing a project, “Mein Pragati” - A Financial Capability Building project in 6 districts (Barpeta, Darrang, Goalpara, Kamrup, Morigaon and Nalbari) of Assam. The project covers 379 villages. Total beneficiaries targeted in the project are 100,000. The first phase of Mein Pragati in Assam is over and now the second phase is in progress. M2i conducted the baseline survey for the second phase in June 2018 and now in September 2019, midline evaluation has been done. This report presents the findings of the midline evaluation.

The overall approach for the midline was to gather data from various stakeholders through questionnaire for quantitative analysis and through FGDs and interviews for qualitative data. The community related data was collected from all 6 districts, in 40 villages of Assam. Questionnaire survey was done with 1,854 community members in the treatment group (where project is being implemented) and with 305 respondents in the control group (where no project intervention was made). The midline treatment group data has been compared with the baseline data and also with the control group to ascertain change or impact.

One of the key components of the second phase was building capacity of Sakhis and enabling them to work independently on revenue model. The midline assessed the ‘Sakhi model’ and collected data on various parameters from 315 Sakhis. The report is divided into two broad sections: (A) Analysis of Sakhi Model (B) Community level findings.

## **Midline Findings**

### **A Analysis of Sakhi model**

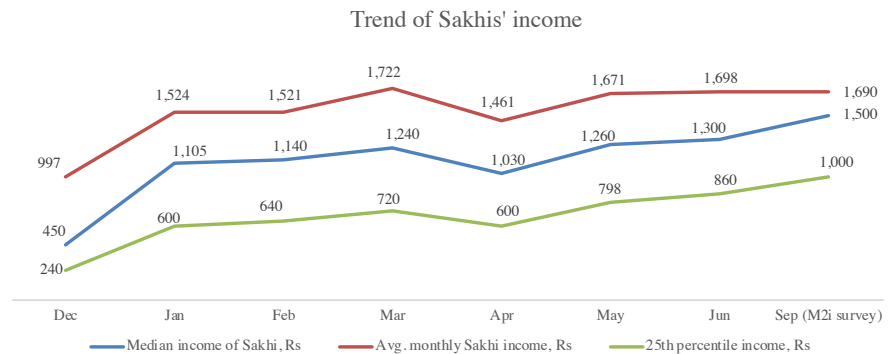
Midline findings suggest that the idea of having local, community based financial advisors - “Sakhi” was conceptually sound and relevant in the current context. Financial literacy and knowledge about financial services and government schemes among people is still very limited. People lack access to financial service providers and government service providers, as their availability is dispersed. People often lack knowledge about their eligibility and the required processes to avail the services.

The service providers such as gas agencies, government departments, banks etc. still have limited touch points and often have limited resources to be able to reach people. In this context, Sakhis play an important role in filling up this gap and making financial and government services accessible.

The midline found that the strategy of choosing Sakhis from SHGs was quite effective as Sakhis had been trained in Phase 1 of the project and were quite approachable locally. People could relate to them and trust them, leading to Sakhis being able to establish themselves quickly as

service providers in the community. The community also expressed satisfaction with the quality of services provided by Sakhis.

The revenue model for Sakhis was very critical from the sustainability perspective. Project played an enabling role in establishing the revenue model and the income data of Sakhis over last 9 months is showing a positive trend, which is quite encouraging. The mean income of Sakhi had jumped from Rs620 in baseline to Rs1,690 in midline.



Interaction with Sakhis showed their increasing confidence in delivering services, increase in the bouquet of services they were offering now and their ability to command fees for these services.

Despite these successes, some of the critical observations with regards to Sakhi model observed during midline were:

- Sakhis still have limited capacity to act as financial advisors to guide people on financial matters, they act more as sales agents
- The project monitoring is focussed too much on quantitative indicators such as revenues and less on capacity aspects and nature of advisory provided by Sakhis
- Still significant number of Sakhis (around 30-40%, based on estimations of project staff) are dependent on project FOs and local agents for delivery of services, they have constraints related to mobility and lack capacity to independently deal with government officials or financial institutions
- The revenues across Sakhis vary widely, the key factors driving Sakhis' revenues, identified during FGDs in midline were – mobility (71%), size of village (68%), time devoted to activity (57%), location of village (42%), outreach of a particular scheme in an area (36%) and personal trait of Sakhis (30%) (Figures in brackets reflect % of Sakhis reporting that as a factor influencing their income).

Notwithstanding the limitations highlighted above, the Sakhi model has worked well and is likely to continue in the future. There is also opportunity of Sakhis acting as Haq Darshak's and also act as qualified Gram Shaktis, as substantial (56%) of the Sakhis had smart phones. Initiative of Gram Shakti and Haq Darshak are again some of the good developments within the project and must be pursued further.

The project had also introduced a community based monitoring mechanism by forming VLFICs in each village. Unfortunately, VLFIC model did not succeed and by the time of midline, none of the VLFICs were active.

The midline evaluation found that the VLFIC model had certain constraints at the conceptual level and also at the operational level due to which it could not succeed. At the conceptual level, VLFIC were formed much later in the project and its members could not fully internalize the project idea, could associate well with the project and did not have any direct stake or incentive to work in the VLFIC. Further, VLFIC did not have any government backing or legal sanctity and hence it was difficult to institutionalise it in short time. Sakhis could also not fully relate to VLFIC. The issues at the conceptual level led to operational level issues. Organizing meetings of VLFIC and engaging them became difficult as the two critical stakeholders ‘VLFIC members’ and the ‘Sakhis’ were not fully aligned in their understanding of the initiative and the scope of monitoring.

This report makes a recommendation on changing the VLFIC model to a self-regulatory model by forming Self-regulatory Committees (SRCs) of Sakhis. This model addresses the issues inherent in VLFIC. However, RGVN and CRISIL will have to deliberate the model in detail before making any change.

## **B Community based findings**

The community level findings have provided insight on the access to financial services, access to government schemes, impact on households and impact on women.

### **Access to finance**

The data clearly suggests that the community in the project villages (treatment group) had significantly higher access to more advanced financial products (life insurance, health insurance, pension, RD and FD) compared to control group.

The access to more basic financial services like saving accounts and credit did not show much difference between treatment and control group. Access to saving accounts is now almost universal, the numbers were already high in baseline for all cohorts and hence there was not much scope for change. On the credit services, the main source of credit were MFIs which have equal outreach in treatment and control groups, and hence even on access to credit the difference was not observed. But products like life insurance, health insurance and pension showed significantly higher access in treatment group.

### **Access to government schemes**

The project seems to have had a good impact in treatment group where many government schemes, had much higher enrolments in treatment group than control group. The qualitative findings suggested that the Sakhis, supported by the project staff, had been active in promoting these schemes and hence the difference can be attributed to the project intervention. The key schemes that showed significantly higher enrolments in treatment group over control group were – PMSBY, PMJJBY, Atal Amrit Abhiyan, Ayushman Bharat, Sukanya Samridhi Yojana, PAN card, Weaver card and Labour card. A very popular scheme, PMUY showed significant increase between enrolments from baseline to midline, for both treatment and control group, however no significant difference in access was found in midline treatment and control group.

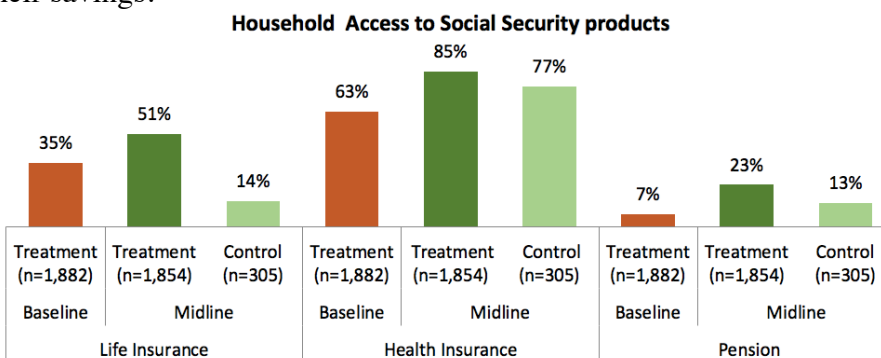
### Household level impact

At the household the level, midline shows certain interesting findings. There has been significant improvement in treatment group in terms of people investing in long-term saving products like RD. While there has been increase in RD investments in control group, the number is significantly higher for treatment group. On FD there has been no change in control group but the treatment group shows a significant positive change on that too.

Saving instruments	Baseline		Midline	
	Treatment	Control	Treatment	Control
<b>RD</b>	8%	3%	27%	15%
<b>FD</b>	5%	4%	11%	4%

However, no difference was observed in income and expenditure levels between baseline and endline. Despite no significant change observed quantitatively on income and expenditure between baseline and midline, 46% respondents in midline reported increased savings in last two years. This proportion was much higher in treatment group (46%) than the control group (28%). In treatment group 41% of the respondents attributed increase in saving to better money management compared to only 16% doing so in the control group. Majority of the respondents in the treatment group reported education (67%) and health (52%) as the key areas where they either utilized or plan to utilize their savings.

A major impact of the project has been the improvement in access to social security products for the project beneficiaries, as can be seen in the chart.



The treatment group beneficiaries even fared better on some of the vulnerability indicators used in midline compared to the control group.

### Impact on women

Midline findings suggest limited impact on women’s indicators. The project had positive impact on indicators that were directly addressed in the project such as women’s ability to conduct banking transactions. 53% of women in treatment group had independently transacted with banks over-the-counter in last 1 year while only 41% reported doing so in the same period in the control group. Women in treatment group in general reported higher confidence in dealing with bankers or other officials.

The indicator related to leadership role played by women also showed slightly better performance in treatment group (20%) compared to control group (15%).

However, higher level socio-economic indicators neither showed difference between treatment and control, nor showed much change from baseline level to midline. These indicators included proportion of earning women, average earning of working women, asset ownership and financial decision-making. Project can develop certain women empowerment related modules and deliver them through FLWs in order to directly address the women empowerment related issues.

### **External stakeholders**

Midline survey also took opinion of relevant external stakeholders – mainly financial services providers and government service providers. The midline findings showed that the project had good level of engagement with external stakeholders like local bankers, BCs, insurance agents, local government officials as well as Panchayat functionaries. All the service providers met during midline, including field level ASRLM staff, knew about the project and the project's field level staff.

The service providers also knew Sakhis and mentioned that Sakhis approach them for various services. The service providers had a positive opinion for the project as it had helped them in delivery of their own services. Gas distributors, bankers, CSPs and CSCs all mentioned that Sakhis played a good role in building awareness about various schemes as well as getting community members for enrollment, which had had a positive impact on their own businesses and targets.



## **1 Context and Methodology**

### **1.1 Context**

CRISIL Foundation in partnership with Rashtriya Gramin Vikas Nidhi (RGVN) is implementing a project, “Mein Pragati” - A Financial Capability Building project in 6 districts (Barpeta, Darrang, Goalpara, Kamrup, Morigaon and Nalbari) of Assam. The project covers 379 villages. Total beneficiaries targeted in the project are 100,000. The first phase of Mein Pragati in Assam is over and now the second phase is in progress.

The goal of Mein Pragati Phase II is to strengthen, sustain and expand the impact created during Phase I. Specific goals are:

- Strengthen: Continue engagement with 100,000 women covered in Phase I to influence behavioral change.
- Sustain: Build and strengthen an enabling ecosystem at the village level which will continue to support the community in building financial capabilities after the year 2020.
- Expand: Expand outreach to other members in these communities, both men and women, who may or may not be organized into SHGs.

M2i conducted baseline survey for the project in June 2018 and now in September 2019, Midline evaluation has been done. This report presents the findings of the Midline evaluation.

### **1.2 Approach and Methodology**

The overall approach for the Midline was to gather data from various stakeholders to assess the project activities, progress made in the project and to ascertain the changes on the outcome and impact indicators. This was done through collection of qualitative and quantitative data from various project stakeholders.

To ascertain the change, the quantitative data collected on outcome and impact indicators in this midline has been compared with the baseline data. In addition, in the baseline as well as in the midline, data was also collected from certain villages where no project intervention had been done (control group), thus data from ‘treatment’ villages was also been compared with that of ‘control’ villages.

The sample in the baseline had been statistically drawn and same sample size has been repeated in the midline. The data in midline has been collected from the same villages as in the baseline, although respondents in the baseline and in the midline may not be same. Statistical tests have been performed on the data wherever needed.

The qualitative and quantitative data collected from various stakeholders along with sample size and type of research tools used are summarized in the table below.

### Qualitative Data

Stakeholders	Research tools used	Sample size
RGVN Project Leadership team	Semi-structured interviews	<ul style="list-style-type: none"> <li>Project Director</li> <li>Project Manager</li> <li>Project M&amp;E Officer</li> </ul>
RGVN field team	Semi-structured interviews	<ul style="list-style-type: none"> <li>District Coordinators - 3</li> <li>Field Officers - 17</li> </ul>
Sakhis	<ul style="list-style-type: none"> <li>Focus Group Discussions</li> <li>Questionnaire survey</li> </ul>	FGDs - 7 Questionnaire survey - 315
VLFIC members	<ul style="list-style-type: none"> <li>Semi-structured interviews</li> </ul>	VLFIC members – 10
Community – Treatment	<ul style="list-style-type: none"> <li>Focus Group Discussions</li> <li>Questionnaire survey</li> </ul>	<ul style="list-style-type: none"> <li>FGDs – 10</li> <li>Questionnaire survey – 1,854</li> </ul>
Community – Control	<ul style="list-style-type: none"> <li>Focus Group Discussions</li> <li>Questionnaire survey</li> </ul>	<ul style="list-style-type: none"> <li>FGDs - 5</li> <li>Questionnaire survey - 305</li> </ul>
Agencies and other institutions	<ul style="list-style-type: none"> <li>Service providers and officials</li> </ul>	BCs/CSPs: 7 PAN card agents/CSCs: 6 ASRLM: 5 Gas agency: 4 Insurance agents: 4 Ward member and village head: 1 each

### Quantitative Data - Sample

	Baseline	Midline*
Treatment	1,882	1,854
Control group	311	305
<b>Total</b>	<b>2,193</b>	<b>2,159</b>
<b>Sakhi</b>	<b>300</b>	<b>315</b>

### District wise distribution of Midline Sample

Cohort	Nalbari	Morigaon	Darrang	Kamrup	Barpeta	Goalpara	Total
Treatment	240	756	240	242	183	193	<b>1,854</b>
Control	30	155	30	30	30	30	<b>305</b>
<b>Total</b>	<b>270</b>	<b>911</b>	<b>270</b>	<b>272</b>	<b>213</b>	<b>223</b>	<b>2,159</b>

The key activity undertaken in the second phase of the project has been the capacity building of Sakhis and supporting them to act as community advisors on a revenue-based model. Thus, the midline evaluation critically analyses the whole Sakhi model and its sustainability. The report is segregated into two main sections:

- A. Analysis of Sakhi model and the VLFIC intervention
- B. Project impact on community

# **Section A**

**Analysis of Sakhi model and the VLFIC intervention**

## 2 Analysis of Sakhi model

### 2.1 Understanding the ‘Sakhi model’

#### *The context*

Before we analyse the Sakhi Model, it is first important to understand the Sakhi model. This section discusses the context of Sakhi model and various interventions made in the project under Sakhi model.

CRISIL’s Mein Pragati project is a financial literacy project which aims to create greater awareness among community about various financial services and government schemes and to enable the community to access these services.

The idea is, with greater awareness and access to financial services and to government schemes, the community will have:

- Greater sensitization towards their financial needs and awareness about avenues available to meet those financial needs
- Greater ability to plan finances for short and long-term needs
- Greater access to range of financial services resulting in better social security and reduced vulnerability
- Awareness and access to host of government schemes will result in better quality of life
- Since, the overall intervention is being channelled through women SHGs, the project would lead to women’s empowerment

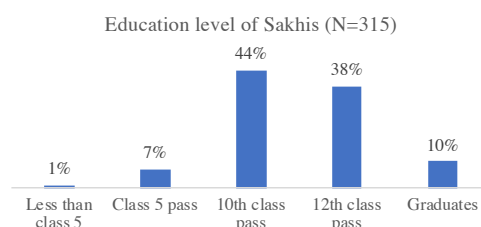
The above premise presents the overall Theory of Change for the project. The project engaged field level staff to build the capacity of the community through structured trainings and linking them to financial service providers and government schemes. This was the main focus of the project in Phase 1.

However, one of the questions that remained was who would guide and support the community beyond the project period when no project staff would be available? This question set the main context for second phase of the project.

#### **Mein Pragati Phase -II**

The need was to have a local, trusted and easily approachable advisor who was one amongst the community and could ensure perpetuity of services. Perpetuity could only come if the services could be offered on some revenue model. Thus, in the second phase of the project it was conceptualised to create a cadre of local, community-based advisors who could provide these services to people on a fee basis.

The second phase of the project is therefore focused on creating this community level cadre of advisors, called ‘Sakhis’. Sakhis are all women who have been selected from the SHGs with whom the Phase-I of the project was implemented. In the midline evaluation it was found that most Sakhis were modestly educated, 52% had



studied up to 10<sup>th</sup> standard or less and 90% of Sakhis had studied up to 12<sup>th</sup> standard or less as shown in the chart.

These identified Sakhis were trained by the project's staff and were supported to enable them to deliver advisory on financial services and government schemes and charge fee for it.

Under the project, the fee being charged and revenues earned by Sakhis are being tracked as one of the important indicators for the model's success. The project does not interfere or control fee too strictly however it does monitor it. The idea is to have a market driven model but initially Sakhis do need guidance on pricing the products and services as the concept is new.

Sakhis generally provide services within their village and one village generally has one Sakhi. But, progressive Sakhis may move out of their respective villages and can discover their own markets. In certain big villages, there could be more than 1 Sakhi, but these are rare.

#### *Village Level Financial Inclusion Committee*

To have a monitoring mechanism, the project conceptualised to have a community based committee in each village, which could monitor Sakhi's services and pricing. This committee is called the Village Level Financial Inclusion Committee (VLFIG). It has around 4-5 members including Village Head, member from Panchayat, any banker/insurer, Anganwadi worker etc. The committee has to meet monthly and to discuss with Sakhi her work, plans and monitor against any malpractices.

#### *Haq Darshak*

As the project progressed with Sakhis, CRISIL developed a mobile-based application. This application can help in identification of several state and central government schemes a family is eligible for by entering the family profile.

This mobile based application was introduced and certain identified Sakhis having smart phones were trained in the application, these Sakhis were called 'Haq Darshak'. Thus, 'Haq Darshak' are Sakhis that are technology enabled and take support from the mobile application in advisory on government schemes.

#### *Gram Shakti*

CRISIL also created an on-line course on financial literacy for Sakhis. This course can be undertaken on the smart phone and the learning material is always available for reference on the phone. At the end of the course, Sakhis have to take a quiz and those passing the course are called 'Gram Shakti'. This is like a certification course for Sakhis on financial services and government schemes. Thus, project identified certain Sakhis having smart phones and encouraged them to take the course. So far 34 Sakhis had passed the course. However, formal certificates had not been issued to any Sakhi by the time of the Midline survey.

## **2.2 Analysis of Sakhi model<sup>1</sup>**

### **i Relevance of the model**

The idea of having local, community based financial advisors is conceptually sound and is relevant in the current context. The relevance of the model comes for the following facts:

- Financial literacy and knowledge about financial services and government schemes among people is still very limited
- The access to financial or government service providers, although has been increasing over the years, is still dispersed. CSPs and CSCs do not have village level presence and are mostly located in block level towns in some cases and may not be available even in block level towns in all districts.
- The service providers such as gas agencies, government departments, banks etc. also have limited touch points and often have very limited staff at disposal to be able to effectively create awareness among people about various services and government schemes.
- People lack knowledge of welfare and financial schemes, about the eligibility criteria for these schemes/services and the process of availing them.
- The idea of offering services on fee basis is also sound as it creates sustainability rather than dependence on a project.

Thus, in the above context the idea of having local trusted advisor from amongst the community appears conceptually sound and relevant in the prevailing context.

### **ii Effectiveness of executing the Sakhi model**

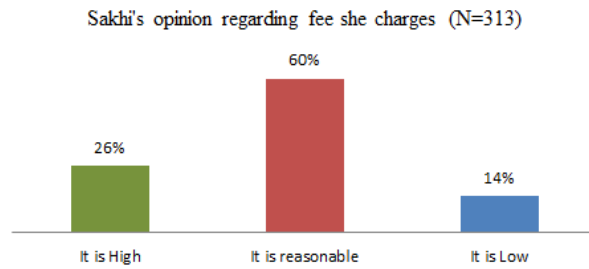
The findings of the midline showed the following on the effectiveness of rolling out the Sakhi model:

- The Sakhi cadre was selected from the SHGs, this strategy was found to be effective as these selected members had already received the financial literacy trainings in Phase 1 and understood the context well.
- In introducing the revenue model within Sakhi, the project took a balanced approach. The project did not try to enforce a fee on Sakhis for different services, which would not have been sustainable in the long run. Instead, the project gave Sakhis the freedom to decide the fee on their own through market demand and also built their capacity to be able to price their own products.

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<sup>1</sup> The charts and data quoted in this section is based on the Midline survey done by M2i of 315 Sakhis across all 6 project districts.

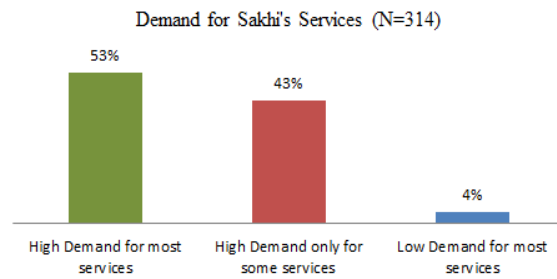
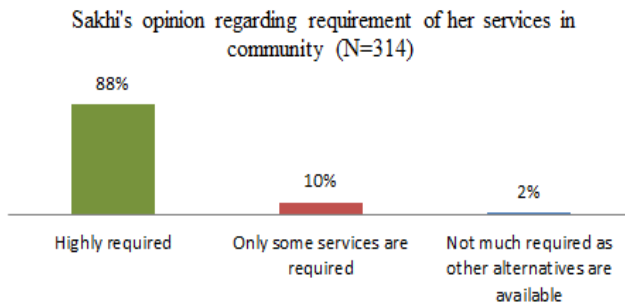
While this freedom was provided, Sakhis being new to the revenue model, the project maintained the vigil on the pricing and guided the Sakhis to remain competitive, to be fair and to price their services which are prudent from the long-term perspective. This was also done to avoid too much disparity in prices of same services across Sakhis or to check any malpractices. Thus, in the initial phase when the market forces have not fully taken hold, the project effectively balanced the role of a market maker and a regulator. The findings of the midline suggest that most Sakhis found the pricing of products reasonable and did not have any issues on the pricing.



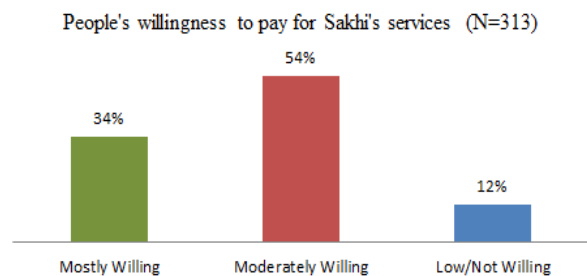
- **Rewards and recognition (R&R) activities:** The Sakhis are rewarded and recognized in monthly review meetings on their achievement which was found to be an effective exercise for motivating Sakhis. Most Sakhis, receiving awards felt proud and a sense of achievement, encouraging others too.

### iii Demand for services and willingness of people to pay for Sakhi's services

The survey of Sakhis as well as group discussions with them revealed that services they offer are highly required in rural areas and also Sakhis acknowledge demand for their services. 53% Sakhis mentioned that there was 'high demand for most services', while 43% felt that there was 'high demand for only some services' that they offered.



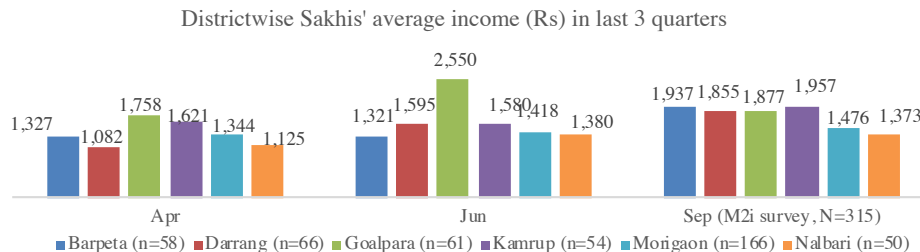
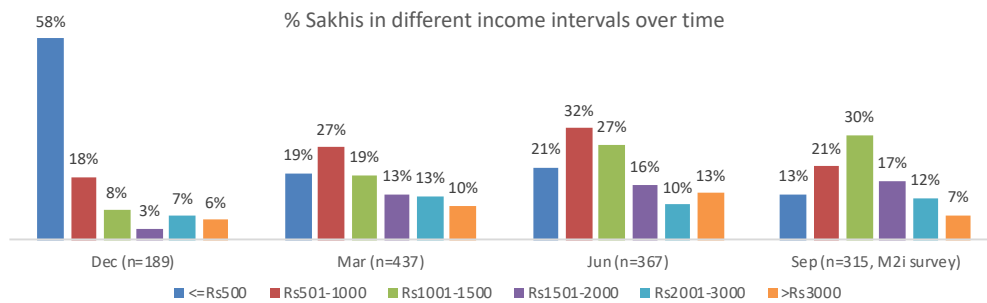
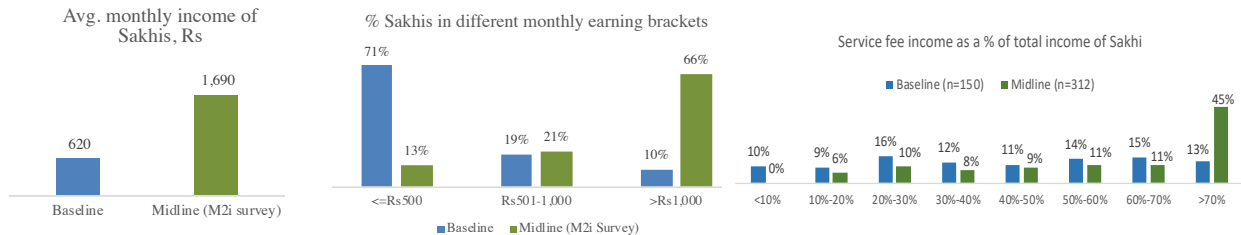
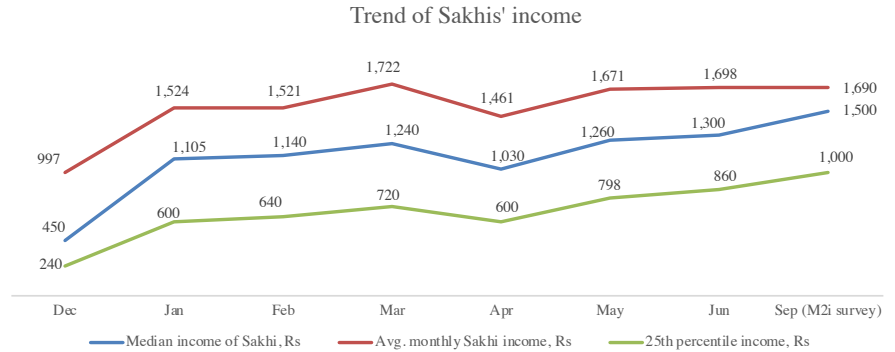
On people's willingness to pay the responses of Sakhis were mixed. While, 34% of the Sakhis felt that people were 'mostly willing' to pay for their services, 54% Sakhis felt people were only 'moderately willing' to pay. However, the fact that only 12% Sakhis mentioned that people have 'low willingness' to pay, suggest the need of the services Sakhi offer and also that people in general are willing to pay. This is corroborated by the revenues that Sakhis have been able to earn over the last one year, as analysed in the next section.



#### iv Analysis of revenues of Sakhi

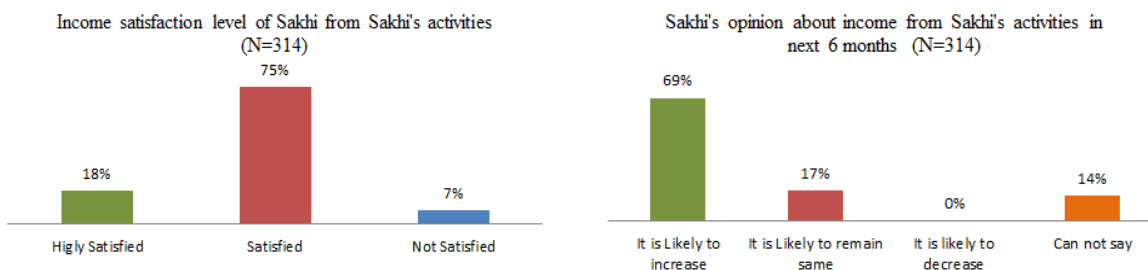
M2i analysed the revenue data of Sakhis for the December 2018 to September 2019. The revenue data from December 2018 to June 2019 data was sourced from RGVN and was shared with M2i for midline evaluation. However, M2i also collected primary data on revenues from Sakhi as of September 2019.

The data shows an increasing trend in the average income as well as in the median income of the Sakhis, as can be seen in the chart. The average being much higher than the median, reflects a positive skew in the data, which means some Sakhis are earning significantly high amounts. However, the fact that even the 25<sup>th</sup> percentile is Rs860, means that most Sakhis (75%) are able to earn more than Rs860 in a month. This is a significant improvement over baseline conducted in June 2018, when the average monthly earning of Sakhi was only Rs620.





In the primary survey with Sakhis, most Sakhis reported being satisfied with the income they were able to earn. Not just that most Sakhis were satisfied but also had a positive outlook towards future income from their activities as Sakhi, as can be seen in the charts below.



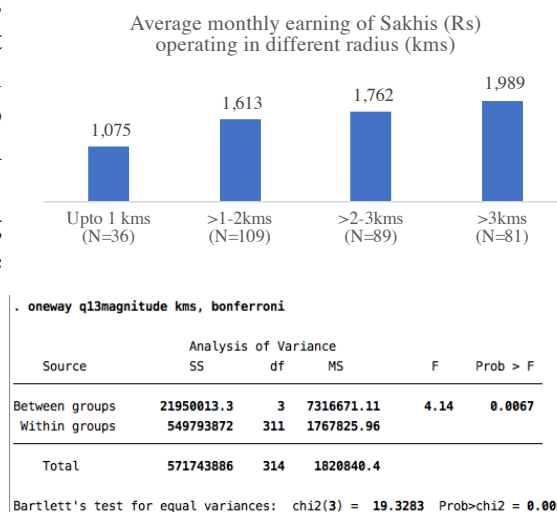
While the income has clearly increased for Sakhis over a period of time, there is still a lot of variation in the individual earnings across Sakhis, as can be seen from the table below.

### Variations in income between Sakhis

	Dec-18	Mar-19	Jun-19	Sep-19 (M2i survey)
Avg. monthly Sakhi income, Rs	997	1,722	1,698	1,690
Std. Dev. in income	1,738	1,780	1,996	1,349
Coefficient of variation (SD/Mean)	174%	103%	118%	80%
Maximum earning, Rs	15,150	14,480	28,500	25,000
Minimum earning, Rs	10	50	100	0
Earning range, Rs	15,140	14,430	28,400	25,000

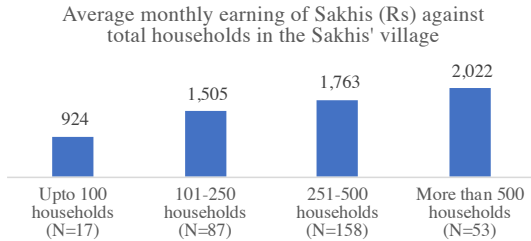
The Midline evaluation also analysed the reasons behind the variations in earnings. This was to explore the key factors that influence a Sakhi's income. The findings suggest following key factors influencing Sakhi's income.

- Mobility of Sakhi:** Another important factor is the mobility of Sakhi. Mobility is an important factor for successfully conducting the Sakhi related work. Sakhi has to travel not just to market her services but also to engage with government officials and service providers. Sakhis used public transports for travelling whose frequency often was low creating some constraints for Sakhis in travelling, particularly for those operating in remote areas. Sakhis who could travel are able to better deliver the services and earn more. The primary data also clearly corroborates this. Cross-tabulation of radius in which Sakhis reported that they operated, with their average income shows a



trend. One-way ANOVA showed significant difference in mean income in between the operational radius categories at 95% level of confidence.

- Village size:** The analysis of data showed that there is also relationship between size of village in which Sakhi works and her income as can be seen in the chart. Data suggests that Sakhi's operating in bigger villages have higher potential of earning and do earn higher than those in smaller villages. This difference in mean income in between the number of household categories was found statistically significant, showing that the size of village does influence earning potential.



Source	SS	df	MS	F	Prob > F
Between groups	19651309.6	3	6550436.55	3.69	0.0123
Within groups	552092576	311	1775217.29		
Total	571743886	314	1820840.4		

Bartlett's test for equal variances:  $\chi^2(3) = 41.5437$  Prob> $\chi^2 = 0.000$

- Time devoted by Sakhi to the activity:** The discussions with Sakhis revealed that not all Sakhis work full-time on these activities. The number of days spent in a week on Sakhi related work and the number of hours dedicated to the activity per day varies widely across Sakhis. This has a direct influence on their earnings. M2i cross-tabulated the data on time spent on Sakhi activities against the earnings as reported by Sakhis themselves. The table below shows the relationship.

Days spent/month	No. of Sakhis	Avg. monthly income, Rs
1-10 days	36 (11%)	1,129
11-20 days	185 (59%)	1,658
21-30 days	93 (30%)	1,972
<b>Total</b>	<b>315</b>	<b>1,690</b>

Source for tables: M2i Midline survey

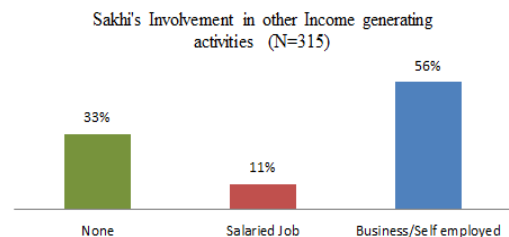
Time spent per day	No. of Sakhis	Avg. monthly income, Rs
Upto 1 hr	24 (8%)	1,198
>1-2 hr	108 (34%)	1,616
>2-3 hr	86 (27%)	1,644
>3 hr	97 (31%)	1,936
<b>Total</b>	<b>315</b>	<b>1,690</b>

One-way ANOVA showed significant difference in mean income between the number of days categories at 95% confidence level.

Source	SS	df	MS	F	Prob > F
Between groups	18912081.2	2	9456040.61	5.34	0.0053
Within groups	552831804	312	1771896.81		
Total	571743886	314	1820840.4		

Bartlett's test for equal variances:  $\chi^2(2) = 12.8200$  Prob> $\chi^2 = 0.002$

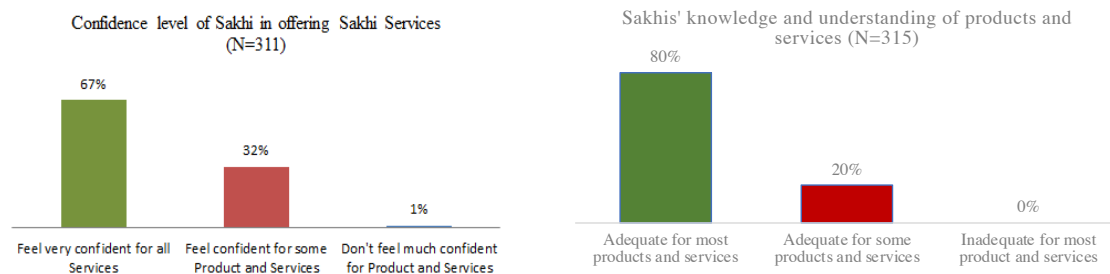
Interaction with Sakhis revealed that the time spent on the activities varies across Sakhis either because Sakhis do not have time on account of domestic household chores, young children etc. or they may be professionally engaged in other activities. In the survey 67% Sakhis reported of being engaged in some other income generating activity.



- **Proximity to urban centres:** Generally Sakhis that are closer to urban centres have less demand as people have more avenues for such services. However, Sakhis that are located more distant from such facilities have greater opportunities and are able to earn more.
- **Demand for a particular scheme in an area:** Demand for certain scheme in an area creates greater opportunities for earning. These demand could sometimes also be localised E.g. in Kamrup district in certain areas there was very high demand for *Ujjwala* scheme and Sakhis were able to charge good fee for linking to *Ujjwala*. However, in villages in Morigaon which had already exhausted the scheme and most households had availed it, did not have demand for that scheme.
- **Personal enterprising traits of Sakhi:** Sakhis that are enterprising and progressive generally perform well. This personal trait varies from Sakhi to Sakhi.

#### v Sakhi's confidence and capacity

The midline evaluation revealed there has been significant overall change in the capacities of the Sakhis and their confidence in the last one year. In the midline evaluation, most Sakhis felt confident and thought they had adequate knowledge about government schemes, based on Sakhi's own self-assessment. The charts below show Sakhi's own assessment of their confidence and knowledge.



While most Sakhi's have self-rated themselves as 'confident', the discussion with various RGVN staff and also personal interaction of M2i team with Sakhis revealed significant variation among Sakhis on their capacities, ability to travel, communication skills and level of dependence on RGVN's FOs. This is one of the reasons why still only 36% Sakhis are able to earn above Rs1,500 per month.

#### Some of the critical observations on Sakhis' capability are:

- Most Sakhis still not capable of acting and are not acting as financial advisors, mainly are linkage agents

On behest of a Sakhi, Hemanta Medhi, took a life insurance scheme. Since he wanted secure his wife and children, he assumed that he should take insurance in on his wife's name. He was very proud that he was able to secure his wife's life. However, he did not have a life insurance on his name despite being the main income earner. Similar cases were observed in other areas as well.

Katahguri village, Bhurbandha block, Morigaon

- Significant number of Sakhis have high varying level of dependence on FOs. There are also Sakhis who simply gather applications and give to FO, who does the rest. The table below shows District Coordinators’ approximate estimation of Sakhis depending on FOs.

**District Coordinators’ approximate estimation of dependent Sakhis**

District	Sakhis independently able to manage	Sakhis still depending on FOs	% dependent
Barpeta	32	10	24%
Darrang	30	25	45%
Goalpara	39	10	20%
Kamrup	25	29	54%
Morigaon	60	109	64%
Nalbari	27	20	43%
<b>Total</b>	<b>213</b>	<b>203</b>	<b>49%</b>

- Many Sakhis themselves depend on local agents. Rather than dealing with the agencies and offices directly, they gather applications and get it done from agents.
- Some Sakhis depend on their husbands, children etc. for delivering services.

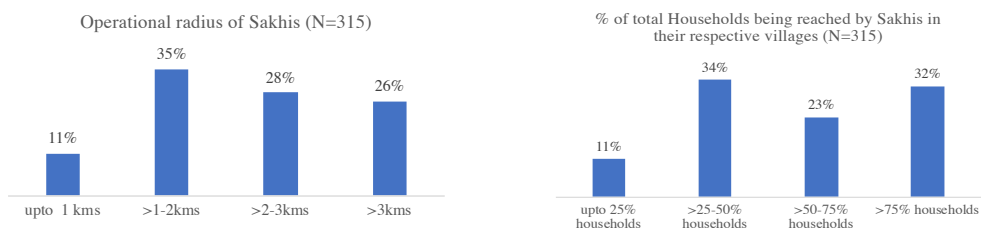
“Many of them (Sakhis) approach agents or depend heavily on our FOs or on their husbands or on their children. The need is to empower them more and to evolve them as CSPs/CSCs and to be able to directly approach agencies.”

District Coordinator, Morigaon

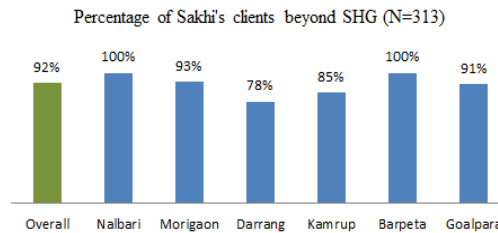
**vi Sakhi’s services and catchment for service delivery**

It was found that about a year ago when Sakhis had just started working there were only very limited number of services they were delivering. However, after one year of operations, Sakhis have been able to identify market demand for services and are offering much wider pool of services. The services Sakhis now offer range from linkages to government schemes to getting LPG cylinders refilled, to passbook update, paying utility bills etc.

In terms of catchment, most Sakhis operated within their own villages, 44% Sakhis operated in the radius of 2 kms from their home as can be seen in the chart below. In the previous section we saw that the radius of operation influenced the earning potential. The chart on the right, below shows the % of households in the villages that Sakhis were reaching out to. 11% of the Sakhis were reaching up to 25% households in their villages while 34% were reaching up to 50%. 55% Sakhis reported of reaching over 50% of the households in their villages.

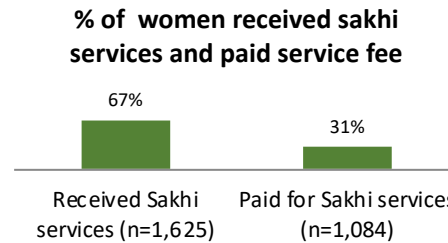


Sakhis also reported that they were offering services to all families even outside the SHGs. 92% Sakhis reported of offering services to families outside SHGs. This was also one of the objectives of the project, that Sakhis are able to offer services beyond SHGs.

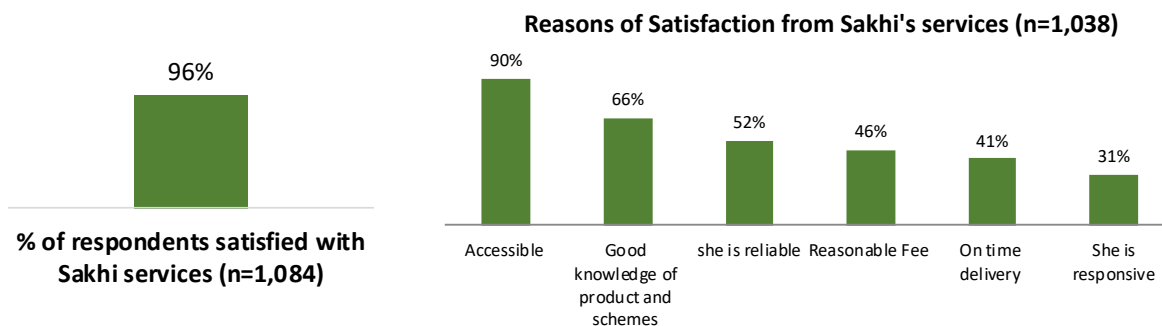


### vii Community feedback on Sakhis' services

The community with whom the Sakhis worked provided positive feedback on Sakhis' services. In FGDs, respondents mentioned that Sakhi was the primary source of information and contact person for them for Government schemes.



The quantitative data from Midline survey showed that 67% of the respondents had availed Sakhi services. Out of them, 31% respondents had availed service on fee basis. Sakhi had provided services related to PAN cards, PMUY, PMSBY, Weaver and labour cards these respondents. 96% of the respondents who availed Sakhi services in Midline sample, were satisfied with her services. Respondents reported easy accessibility, adequate knowledge on products and services and reliability as the top three reasons of satisfaction from Sakhi services.



### Quotes of SHG members on Sakhi's services during FGDs

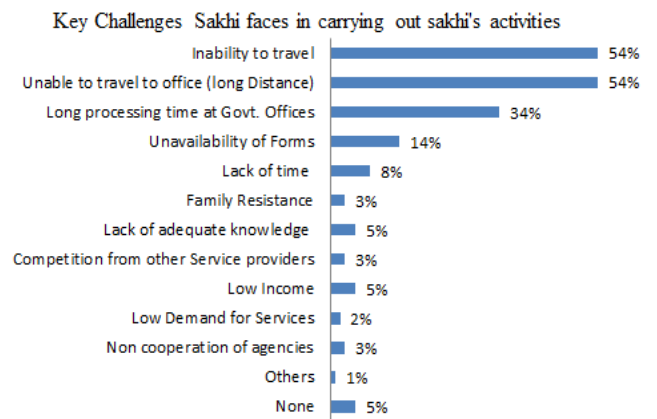
“If we approach Sakhi for some task, it means that the task will 100% be successfully completed”

“Sakhi has adequate knowledge on government schemes and know the exact process to avail the schemes”

“We get a PAN card in one month if we take Sakhi services whereas other vendors or service providers take more time for the same work”

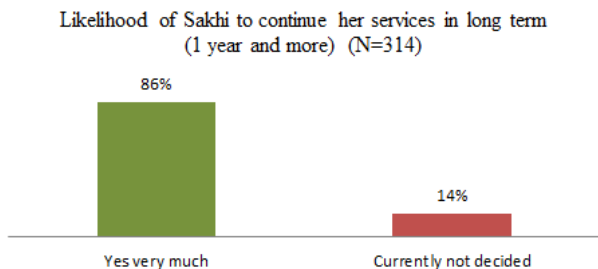
### viii Challenges faced by Sakhis and opinion on continuing the services

While Sakhis faced different challenges, the key challenge that most Sakhis reported was about mobility. Sakhis used public transports for travelling, whose frequency often was low creating some constraints for Sakhis in travelling, particularly for those operating in remote areas. Moreover, as already discussed above, many Sakhis due to engagement in other livelihood activities, domestic work or because of social reasons found difficult to travel.



This was one of the key reasons why many Sakhis depended on nearby agents or RGVN staff. Apart from mobility, other challenges reported were non-cooperation by government staff, red-tape or process related complications for government schemes. Interestingly, demand or lack of personal knowledge were not among prominent challenges.

Despite the challenges, Sakhis overwhelmingly reported of continuing with Sakhi activities in the future too. However, as the project is still on-going and the Sakhis have high association with the project, their responses may be positively biased to certain extent.



### ix Financial Literacy workshop

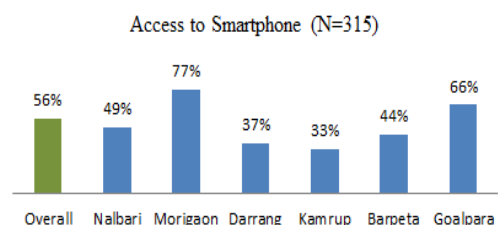
While in Phase 1 of the project structured trainings on financial literacy were conducted, in Phase 2, RGVN is now conducting Financial Literacy Workshops (FLW) for the community. This intervention is not as intensive as the financial literacy trainings. The main objective of FLW is to sensitize the community towards financial services and government schemes, so that they can adopt them to better plan their future goals and reduce financial vulnerability. FLWs are being organized as per a plan wherein 1 FO has to ensure that 10 FLWs are organised, through Sakhis, in a quarter under his/her supervision. It is expected that Sakhis will eventually be able to conduct these workshops on their own in the community. Apart from awareness building these workshops can also help Sakhis in identifying members needing services. The idea of FLW was found good, however, interaction with project staff revealed that currently Sakhis are still not capable to independently conduct FLWs, they still require and hand-holding and mostly remain as observers in these FLWs, while FOs conduct the workshops.

### Recommendations for Sakhi model

- The midline findings suggest that the project is putting excessive weightage on quantitative outputs - linkage to government schemes, revenues of Sakhis, median

income etc. This has the risk of evolving Sakhis as selling agents and not as advisors. There is a need focus on qualitative aspects and capacity building of Sakhis to act as financial advisors.

- There is limited focus during the project monitoring on qualitative indicators such as the kind of advisory Sakhis are providing, quality of advisory, capacity of Sakhis, dependence on FOs etc.
- In light of the above points, there is a need to build capacity of Sakhis to act as financial advisors, a new curriculum/training may be needed for this.
- Provide Haq Darshak mobile application to all Sakhis having smart phones including Gram Shaktis. The primary data collected from Sakshi shows that 56% of the Sakhis have smart phones.
- Encourage Sakhis to undertake Gram Shakti course.
- Change the monitoring mechanism for Sakhis from VLFIC to SRC (discussed in detail in the next section)
- Graduate Sakhis to act as CSPs and CSCs
- Focus on qualitative indicators and not just quantitative indicators in assessing Sakhis' performance and the project's success.



### 2.3 Analysis of Village Level Financial Inclusion Committee (VLFIC)

VLFIC had been formed under the project to monitor and support Sakhis. The idea was to create a community based mechanism to monitor Sakhis. 4-5 member committee in each village had been formed, which would meet monthly and review the work done by Sakhi. These committees had been formed around June-July 2018. However, during the Midline assessment none of the VLFICs were functional. The discussions with RGVN team revealed that most committees had had only 2-3 meetings before becoming defunct.

During Midline assessment the reason for VLFIC not being able to continue were explored. Discussions were done with RGVN staff at Head Office as well as field level, with Sakhis and also VLFIC members. In M2i's opinion the overall issue can be looked at two levels.

#### A Conceptual level

While prima facie the idea of having a village level community-based mechanism to monitor and support Sakhi appeared good, it faced certain fundamental constraints. VLFICs were not part of the original project design and were introduced only in the second phase of the project. The committee members could not understand the project well and could not fully understand or appreciate the Sakhi's role and the fee-based model.

Although the committee members were given an orientation about the project, they could not fully internalize the project objectives and the activities therein. Furthermore, the committee members were also not clear about their own role, responsibilities and the scope of their activities. There was a misalignment between the role of Sakhis and what the committee was

monitoring them on. This misalignment was evident from the kind of issues that came up during VLFIC meetings. VLFIC members also had no incentive, stake or obligation to work in the committee and guide Sakhis, while the Sakhis earned revenues. VLFIC did not even have any legal sanctity or government backing.

From the Sakhis' perspective, she had been part of the project for long, had been trained and had been conducting activities in the field. However, suddenly she was made accountable to a committee to which she could not relate to, a committee which did not fully understand the project or her role, a committee which was overreaching its scope and questioning the revenue model itself, when on the other hand, the project was treating revenues as a success indicator creating, a dichotomy for her.

Further, Sakhi did not believe that VLFIC was adding any value to her activities or supporting her in her activities. On the contrary, organizing and reporting to VLFIC on a monthly basis became a cumbersome activity for her, an avoidable hassle at best. Thus, from Sakhis' perspective there was a natural disenchantment for the committee.

## **B Operational level**

The conceptual level issues manifested themselves in the operational level issues that were faced in organizing these meetings. These operational issues included:

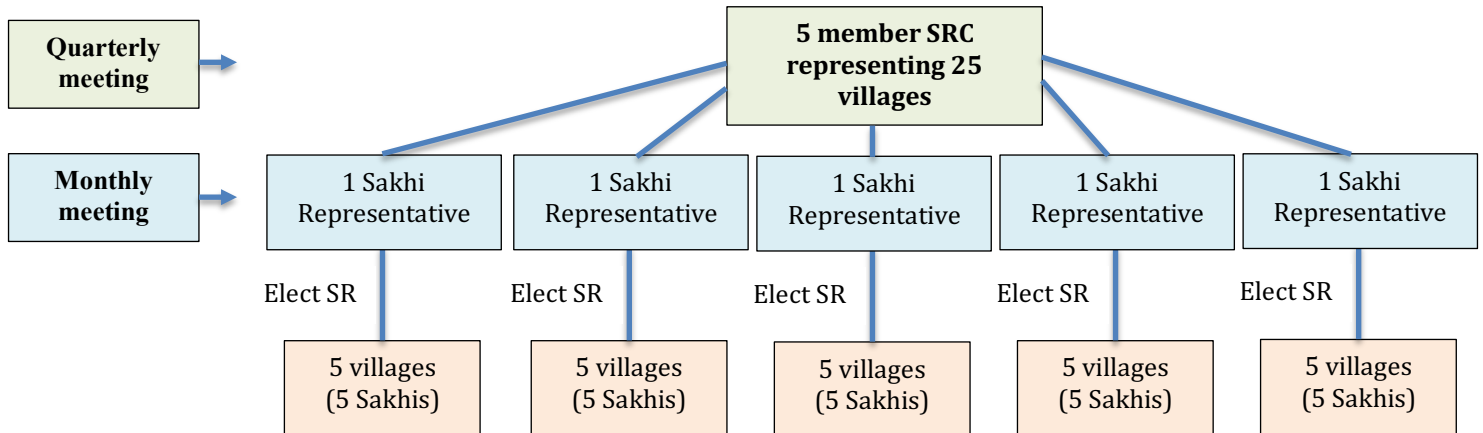
1. Members in the committee were not able commit time for the meetings. Thus, gathering members for meeting was difficult. While Sakhi was accountable under the project, the committee members had no such obligation.
2. Committee members started questioning Sakhis on her revenues. Some committee members did not like the idea of revenues at all and would expect Sakhi to do it for free.
3. Some committees had the confusion that the Sakhi was getting revenues under the project or from ASRLM and were still charging people, which they thought was unfair.
4. Certain committee members started seeing personal opportunities in the revenue model of Sakhi. They would explore the revenues earned by Sakhi and would attempt to start providing same services themselves, thus creating competition for Sakhi and also the conflict of interest.
5. Some committees started asking Sakhis to even work on schemes which were beyond her mandate or capacity such as - urging her to work on getting infrastructure for village – roads, electricity, school etc.
6. During meeting with VLFIC members in villages, it was found that in some cases husband or some other close relative of Sakhi was in the VLFIC, thus there was a conflict of interest.
7. There was no budget or no incentive for the VLFIC members to remain engaged in the forum. This was to the extent that even for tea or snacks during VLFIC meetings, Sakhi had to spend from her own pocket, creating further burden for her.

Thus, from the VLFIC side, it had no interest, association or incentive to monitor. From the Sakhi side too, she could not associate with the committee or their line of monitoring, saw no value addition from the exercise and instead started facing new challenges from the activity, resulting in VLFICs not sustaining.



## Recommendations for an alternative to VLFIC

As an alternative to VLFIC, M2i recommends to have a SRC – Self Regulatory Committee of Sakhis. This could be an elected committee to operate at a certain level e.g. 25 villages. The committee can have around 5-6 Sakhis who can be elected. The structure could be as below.



### Key activities of SRC

For effective functioning of the SRC, initially basic minimum agenda can be given for the SRC meetings, later SRC may evolve their own agenda. Some of the key items for SRC could be:

- SRC can exchange the information on fee being charged for different services by different Sakhis. The committee may check too much variations in fee for same services across Sakhis.
- SRC may discuss and resolve any malpractice by any Sakhi or Sakhi's entering into each other's territory.
- SRC may discuss challenges being faced by Sakhis, SR may hear these challenges for Sakhis in her area on monthly meeting and raise it in SRC in quarterly meeting.
- SRC may discuss new services and opportunities that Sakhis can take advantage of and how Sakhis can improve revenues.
- SRC may engage with banks, insurers, government officials and call them for interaction with villagers.
- SRC may hold small events or camps in their areas on different subjects and call officials.
- SRC may decide certain monthly contribution amount from each Sakhi (Rs30-50) which can be used for petty expenses as well as for holding camps, calling officials, training of Sakhis etc.

The model of SRC will have the following key advantages over VLFIC:

- SRC members are elected by Sakhis themselves instead of being externally appointed. All Sakhis will therefore have more ownership on SRC.

- All SRC members will be themselves be Sakhis and hence understand the work and issues well.
- There will personal stake of all members in the SRC.
- There will be no threat of external members usurping the agenda, posing competition or digressing from the scope.
- SRC will have direct interest in Sakhis' working well, in addressing malpractices, in creating new opportunities for Sakhis, capacitating Sakhis as it will lead to better revenues for all and better working environment.

# **Section B**

## **Community Level Findings**

### 3 Community Level Findings

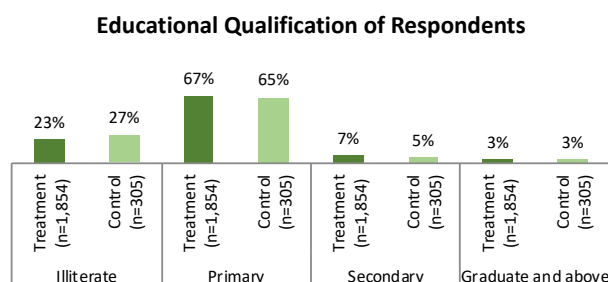
In order to ascertain impact of the project at the community level, a survey of the community was conducted. Data was collected from 1,854 respondents where the project intervention had taken place (treatment group). In addition, data from 305 respondents from other villages was taken where the project had not made any intervention either directly or through Sakhis (control group). The data from the treatment group was compared with the baseline and the control group to find the difference. This section discusses the findings of the community survey. However, the section starts with the analysis of the project milestones that CRISIL Foundation provided to RGVN. These milestones are related to Sakhi and the target community.

#### 3.1 Profile of the respondents in the midline

**Age of respondents:** The table below shows the age distribution of the sample respondents. The average age of the respondents was 37 years which was same across the two cohorts- treatment and control.

Distribution of respondents' age		
Age Distribution	Midline-Treatment	Midline-Control
18-25 yrs	12%	17%
26-33 yrs	26%	29%
34-41 yrs	30%	22%
42-49 yrs	18%	16%
> 49 yrs	14%	16%
<b>n</b>	<b>1,854</b>	<b>305</b>

**Education levels of respondents:** The educational qualification of respondents across cohorts was similar. The respondents were modestly educated, around 90% of the respondents across cohorts had not studied beyond the 10th standard.



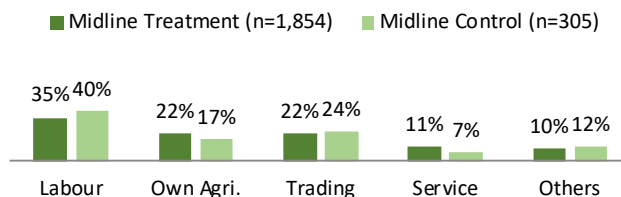
**Household size:** The average household size was 4.5 in treatment group and 4.3 control group.

Average Household size		
Average members	Midline-Treatment	Midline-Control
Adult male	1.5	1.4
Adult female	1.5	1.4
Male children <17yrs	0.7	0.8
Female children <17yrs	0.7	0.7
Average Household size	4.5	4.3
<b>n</b>	<b>1,854</b>	<b>305</b>

### Primary livelihood activity of the households:

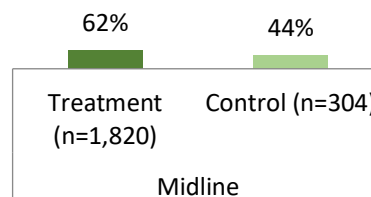
The primary livelihood activities of the sample in both the cohorts was labour (semi/unskilled) followed by agriculture and small business. 10% and 12% of the respondents in treatment and control groups respectively, were engaged in other livelihood activities like-job (private or public), animal husbandry etc.

Primary occupation of household members



In terms of agriculture land ownership, a higher proportion of respondents from the treatment group had agriculture land. The average landholding size was 0.4 hectares and 0.3 hectares in treatment and control groups respectively.

% of Households owned agricultural land



### Household income and expenditure profile:

The average income and expenditure across the two cohorts is shown below. The average income as well as the expenditure across the two cohorts was slightly different and the difference were found statistically significant at 95% level of confidence. However, the difference in the income as well as the expenditure for the two cohorts was not much, the confidence interval within which the mean income, for the two cohorts, is likely to lie is shown below.

Average household income and expenses (in Rs.)

Monthly average	Midline-Treatment	Midline-Control
Household Income	10,118	9,082
Household expenses	6,865	6,350
n	1,854	305

### 95% Confidence interval for household mean income for the two cohorts

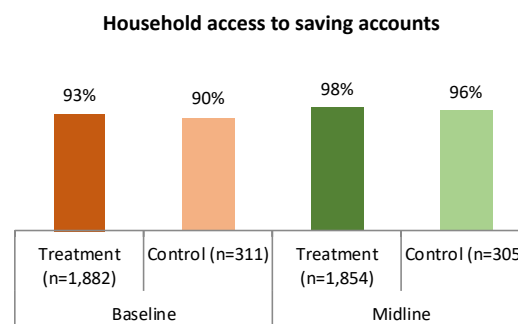
Over	Mean	Std. Err.	[95% Conf. Interval]	
q36				
treatment	10118.24	121.134	9880.684	10355.79
control	9082.237	253.7273	8584.659	9579.815

### 3.2 Access to financial services

Mein Pragati project is primarily a financial inclusion project. Thus, one of the key parameter of the midline evaluation was to see any change in the financial inclusion status on various financial services amongst the project beneficiaries. To ascertain the change, the data on financial status of the treatment group has been compared with the baseline as well as the control groups.

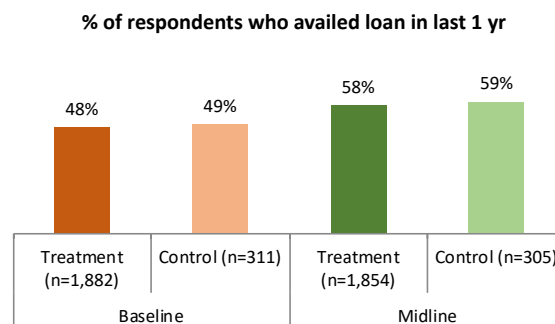
#### i Access to saving accounts

The access to bank accounts was already very high during baseline both in treatment as well as in control groups. During midline too, the data suggests even higher numbers of account holders both for treatment and control groups. There was no statistically significant difference in the treatment and control group numbers during midline. Access to saving accounts is now almost universally high. While the project may have reinforced awareness on banking services, the project did not have much scope for creating a change on this indicator, given high baseline numbers. Access to saving services no longer appears to be a challenge in the project area, although discussions with bankers suggested that a high proportion (over 30%) of overall accounts are inactive.



#### ii Access to credit

The midline data showed an increase in access to credit services in the last one year across cohorts. MFI was reported as the major source of credit in both the baseline and the midline. During the FGDs it was also observed that at least 3-4 MFIs were present in each visited village irrespective of cohorts. Thus, due to high outreach of MFIs, people had access to credit services. There was no significant difference in access to credit services between treatment and control groups in midline. However, a major difference between treatment and control groups was the fact that while 27% treatment group respondents reported SHGs also as a source of credit, this proportion was much lower at 13% for control group. The midline data suggested a positive change in access to credit. Dependency on informal sources for borrowing declined as compared to the baseline.



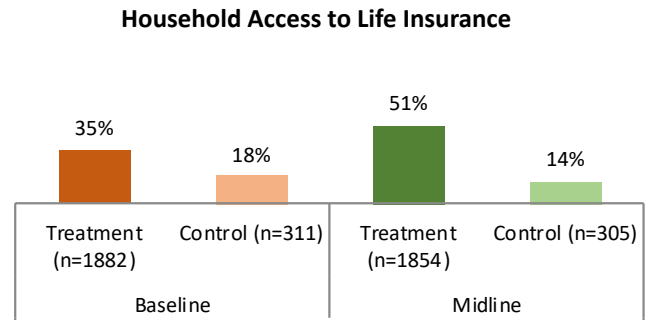
**Sources of borrowing in the last 1 year**

Sources	Baseline		Midline	
	Treatment	Control	Treatment	Control
<b>MFI</b>	57%	56%	65%	79%
<b>Bank</b>	17%	19%	3%	3%
<b>SHG</b>	26%	20%	27%	13%
<b>Money Lender</b>	2%	0%	3%	5%
<b>Family/Friends</b>	11%	14%	2%	4%
<b>n</b>	895	153	1,069	182

### iii Access to Insurance and pension services

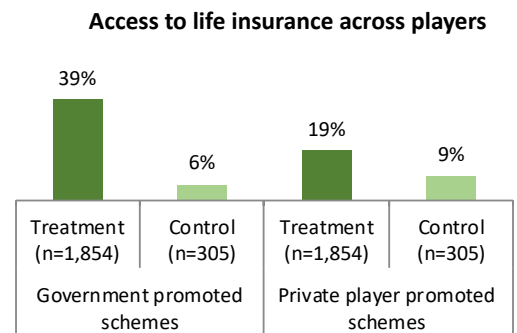
#### Life Insurance

Midline showed that there has been a significant improvement in the adoption of insurance services among the treatment group families. The midline data showed 51% of the respondents from the treatment group having at least one member with life insurance cover in the family. This was considerably higher compared to baseline and control group data. Thus, the change was likely because of the project intervention.



The major reason for the increase in insurance services was the high adoption of Government promoted life insurance products specially-Pradhan Mantri Suraksha Bima Yojana (PMSBY). The product was actively promoted by Sakhis during the project.

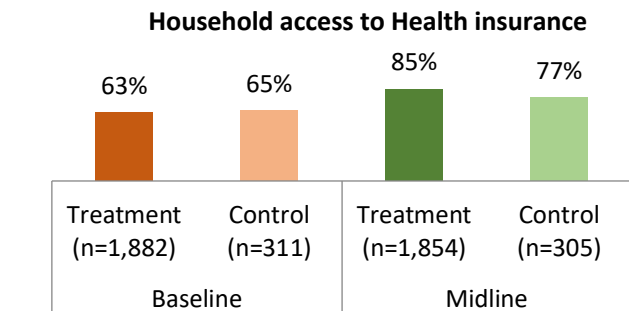
Adoption of insurance through insurance companies also saw higher uptake in the treatment group. LIC was the most preferred company. LIC had highest touch points and the project’s engagement with LIC agents helped to improve the access to LIC policies. During in-depth interview with LIC agents- they mentioned that Jeevan Lakshya 833, Jeevan Shanti 850, Jeevan Umang 845, Jeevan Akshay 189 and Endowment plan 814 were the most common LIC policies taken by respondents. They also acknowledged that their business had improved after the project.



*“My LIC business has improved by 10-20% after association with Mein Pragati project”- Mr. Abul Ali, a LIC agent from Goalpara district .*

#### Health Insurance

The Midline treatment group data showed a significant improvement in access to health insurance over baseline in both the cohorts



```

.prttest hi, by(q3)
Two-sample test of proportions      treatment: Number of obs = 1854
control: Number of obs = 305

```

Variable	Mean	Std. Err.	z	P> z	[95% Conf. Interval]
treatment	.8495146	.0083038			.8332394 .8657897
control	.7672131	.0241984			.719785 .8146412
diff	.0823014	.0255835			.0321586 .1324443
	under Ho:	.0227731	3.61	0.000	

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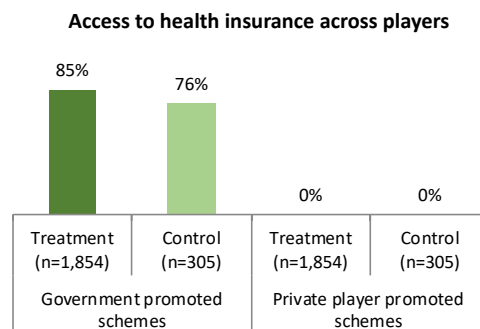
diff = prop(treatment) - prop(control)      z = 3.6140
Ho: diff = 0
Ha: diff < 0      Ha: diff != 0      Ha: diff > 0
Pr(Z < z) = 0.9998      Pr(|Z| < |z|) = 0.0003      Pr(Z > z) = 0.0002

```

(treatment and control). However, the improvement was higher in treatment group compared to the control group. Access to health insurance in treatment group sample

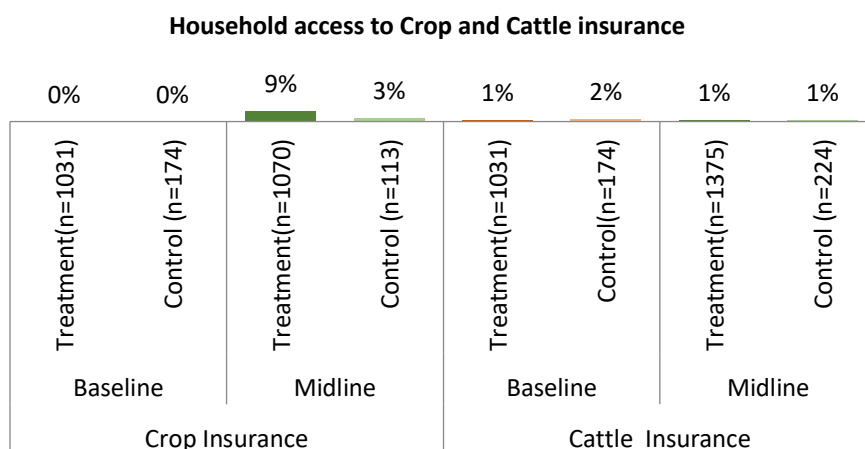
was 85% compared to 77% in control group. This difference in proportion was statistically significant at 95% level of confidence.

Interestingly, the overall access to health insurance in Assam both, in treatment and control group was substantially higher as compared to Rajasthan's Mein Pragati project where access was around 11%. This difference in access was mainly on account of the Government promoted schemes specially Atal Amrit Abhiyan (AAA) – a health insurance scheme implemented by the Government of Assam in 2012 where no enrolment fee was charged for BPL families. The difference in adoption of scheme in treatment and control group also indicates that people in the treatment group reacted better to a government scheme due to greater awareness in the treatment group.



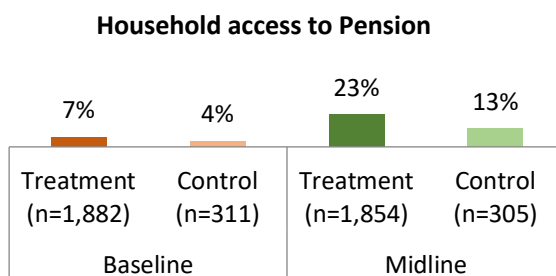
### Crop and cattle insurance

The midline data showed an improvement in access to crop insurance in both treatment and control group as compared to baseline. However, the adoption of crop insurance in midline was found to be similar across cohorts. The ASRLM field level cadres specially Krishi Sakhis were seen active in promoting crop insurance in the community. But there was no improvement observed in access to cattle insurance.

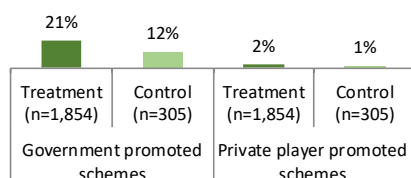


### Pension

There has been an improvement in access to pension in midline in both the cohorts, however the improvement is more in treatment group. There is also significant difference in access to pension services between treatment and control groups, with treatment group being significantly higher.



**Access to pension across players**



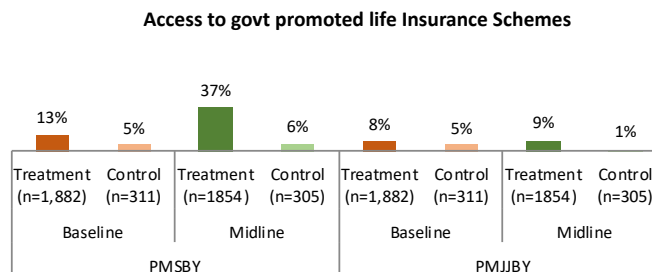
It was found that most people had availed pension service through Government promoted pension schemes like old age pension where they did not need to pay any premium upfront. The penetration of company promoted pension schemes was almost negligible.



### 3.3 Access to Government schemes

#### i. Life insurance schemes

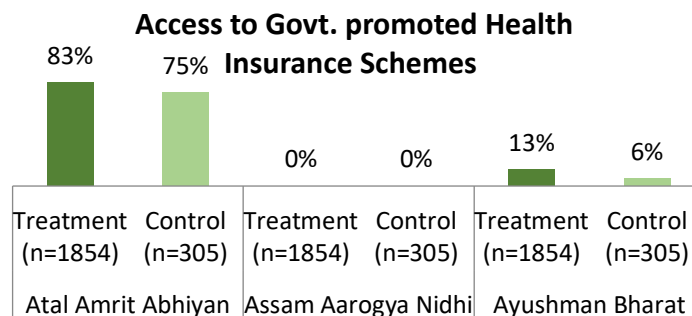
Among life insurance schemes of government, Pradhan Mantri Suraksha Bima Yojana (PMSBY)- an Accidental insurance scheme showed highest adoption. PMSBY's popularity is mainly on account of its very affordable premium of Rs12 per annum. PMSBY showed a very high jump in adoption in treatment group and the difference with control group was quite significant, control group did not show any difference between baseline and midline



Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) – life insurance scheme, did not show any increase in enrolments from baseline to midline for any cohort, although there were significantly higher number of enrolments in the scheme in the treatment group compared to the control group. Low traction for this life insurance scheme was mainly due to its high annual premium of Rs330. FGDs with the community showed that people were not able to differentiate between PMSBY and PMJJY and were primarily driven by the premium amount of the two schemes.

#### ii. Health insurance schemes

Among different government health insurance schemes, Atal Amrit Abhiyan (AAA) stood out against all other schemes with very high enrollments across both cohorts. The scheme was launched in 2016 where no enrolment fee was charged for BPL families. Moreover, the Government of Assam had organized enrolment drive at the panchayat level for AAA, which helped in improving the access. While there was general push for scheme, the data suggests higher adoption of scheme in treatment group compared to control group. During the interviews with staff and Sakhis, it was found that the project staff and the Sakhis also helped in creating awareness about the scheme in the community.



#### Beneficiary of AAA

Biren Medi, a resident of Medhipara village Nalbari is one of the beneficiaries of AAA. He had received free and cashless treatment of Rs. 2 lakh for his heart surgery at a private hospital. He was motivated and guided by Rita Medhi (project field officer) to enroll in the scheme.

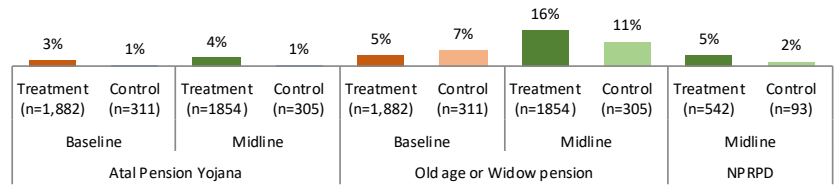


Another health insurance scheme- Ayushman Bharat was introduced by the Government of India in 2018. Even for this scheme the enrolments in the treatment group were found significantly higher than the control group.

### iii. Pension related schemes

The access to pension services was overall low among community although there has been significant increase over baseline, particularly in the treatment group. Among all pension schemes, old age and widow pension schemes had higher enrolments compared to Atal Pension and National Programme for Rehabilitation of Persons with Disabilities (NPRPD), pension scheme for differently-abled.

Household access to pension schemes



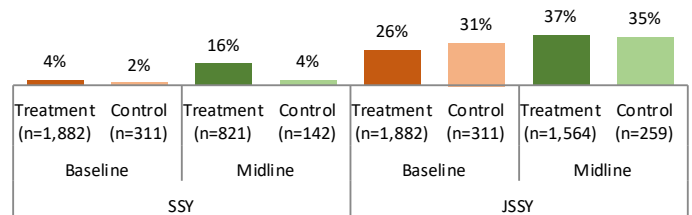
There was no change in the uptake of Atal Pension Yojana. Following reasons were identified for this through community FGDs and interviews of bank officials and BCs-

- Monthly premium has to be paid which people find difficult to pay in rural settings due to irregular incomes
- Duration of the premium is too long, people generally do not prefer long gestation periods
- They feel that the pension amount is low as compared to the duration of premium paid

### iv. Women related schemes

Sukanya Samriddhi Yojana (SSY) showed an increase in enrolments in midline treatment group compared to baseline; no such change was observed in control group though. The adoption of scheme in treatment group was significantly higher compared to control group.

Access to women related schemes



JSSY scheme showed increase in enrollments, compared to baseline but there was no significant difference in the enrolment proportion between treatment and control group (See Z-test, p-value = 0.52 at 95% level of confidence). During FGDs, it was found that most of the respondents were not fully aware of these women schemes. While interacting with women during survey, they asked several questions related to schemes such as:

- What are the eligibility criteria for enrolment?
- Where they can open the account?
- How much money one has to invest?
- How frequently one has to invest? When can it be withdrawn?

```

. prtest jssy, by(q3)
Two-sample test of proportions      treatment: Number of obs = 1564
                                   control: Number of obs = 259

```

Variable	Mean	Std. Err.	z	P> z	[95% Conf. Interval]
treatment	.3682864	.0121965			.3443818 .3921911
control	.3474903	.029588			.289499 .4054817
diff	.0207961	.0320031			-.0419289 .0835211
		under Ho: .032303	0.64	0.520	

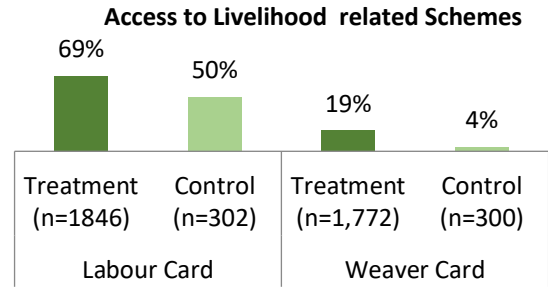
```

diff = prop(treatment) - prop(control)      z = 0.6438
Ho: diff = 0
Ha: diff < 0      Ha: diff != 0      Ha: diff > 0
Pr(Z < z) = 0.7401      Pr(|Z| < |z|) = 0.5197      Pr(Z > z) = 0.2599

```

**v. Livelihood related schemes**

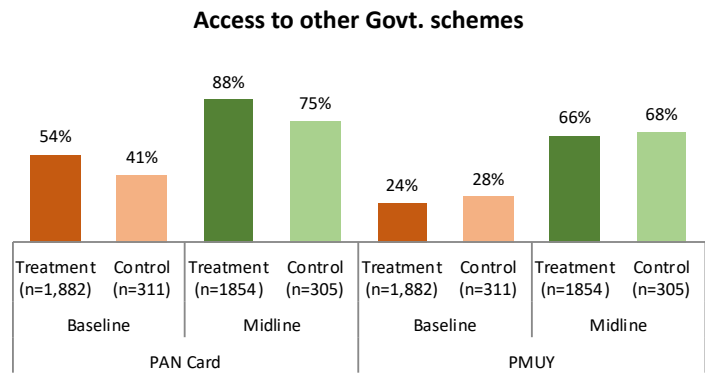
A significant difference was observed in access to Labour card and Weaver card schemes in the midline across the cohorts. A significantly higher proportion of women in the midline treatment group had access to Weaver cards and Labour cards compared to control group.



All the women interviewed during FGDs conducted in Kokoya, a control village from Nalbari districts were weavers but none of the respondents had a Weaver card. During the discussion, they informed that they did not know about the scheme and the process to avail the scheme. On the other hand, during FGD in Barnibari a treatment village of Nalbari (Approximately 4 KM away from the Kokoya Village), it was seen that all the women participants were aware of the scheme and 3 of them had availed the card with the help of Project Sakhis.

**vi. Other Government schemes**

A significant surge in enrolment of PMUY and PAN card was seen in midline compared to baseline in both the cohorts. No significant difference was observed in access to PMUY in the treatment and control groups. PMUY has been highly pushed by government and hence the awareness as well as access to the scheme across cohorts has increased. Further PMUY is a scheme for gas connection and therefore has high uptake.



On PAN cards it was found, there was very high awareness and desire to have PAN card among community in general in Assam. However, access to PAN card (for anyone in family self or spouse) was much higher in the treatment group (88%) compared to control group (75%) this difference was statistically significant (p-value <0.001).

**Mohmara village, Chayani Borduwar block, Kamrup district (control village):** During FGD, members mentioned that they had paid Rs450-500 for PAN card enrolment, whereas in treatment village it was around Rs. 250-300 for enrolment.



### 3.4 Maintaining written records of household income and expenditure

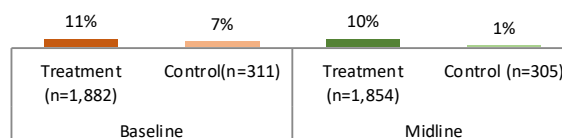
In Phase 1 of the project, a budget diary had been introduced as a tool to enable households to keep track of their income and expenses. The assumption of introducing a diary was to induce better cash management, cut-down unnecessary expenses and to enhance savings.

Midline findings showed that most people had abandoned maintaining these diaries now. Only 10% respondents in the treatment group reported of keeping some form of written records that too mostly irregularly, this proportion is not different from the baseline figure, although it is much higher than that of the control group.

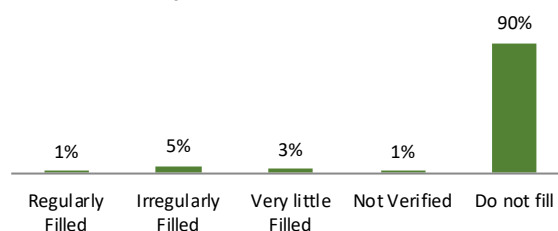
During interaction women gave various reasons for not maintain written records, these included:

- It is cumbersome
- Already have idea of household income and expenses
- Looking at expenses creates unnecessary stress

**% of women maintain written records of household income and expense**



**Maintenance of household income and expenses records (n=1854)**

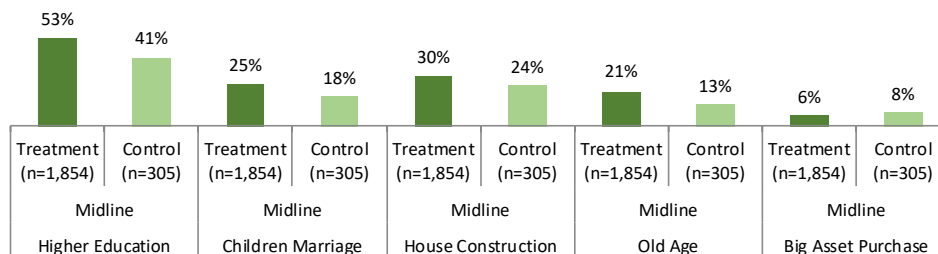


### 3.5 Financial planning

Midline data suggests greater awareness about financial planning and more efforts towards saving for long-term financial goals in the treatment group.

For almost all life goal expenses, the proportion of people reporting systematically saving for these goals was found higher for treatment group than control group. Interesting both treatment and control, children higher education was one of the most prominent life goal for people, much higher than children’s marriage or house construction.

**% of households saved systematically for following key life goals**



Another interesting finding was the significant jump in the proportion of people investing in long-term saving instruments like Fixed Deposits (FD) and Recurring Deposits (RD). There significant in increase in the treatment group, particularly on RD, as can be seen in the table below. In treatment group there has also been an increase in FD numbers, while it has remained unchanged for the control group.

### Proportion of respondents investing in long-term saving instruments

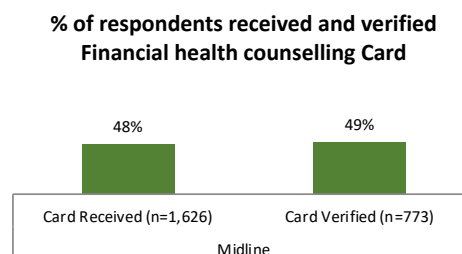
Saving instruments	Baseline		Midline	
	Treatment	Control	Treatment	Control
<b>RD</b>	8%	3%	27%	15%
<b>FD</b>	5%	4%	11%	4%
<b>Mutual Funds</b>	0%	0%	0%	0%
<b>Land</b>	2%	2%	1%	1%
<b>Gold</b>	1%	1%	2%	1%
<b>n</b>	<b>2,182</b>	<b>311</b>	<b>1,854</b>	<b>305</b>

#### Hawlight Medhipara village, Nalbari district

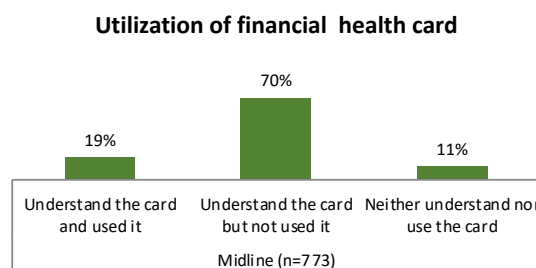
Medhipara Dashami SHG consisted of 10 members and had a group RD account in post office. Besides, 7 out of 10 members had an individual RD account in post office for their children higher education.

### 3.6 Financial health counselling

One of the components of the project in Phase 1 towards building financial understanding and enabling people to plan for their long-term goals was Financial Health Counselling (FHC) and to provide people with a FHC card. The card was to enable people to self-assess their social security levels. In midline 48% respondents could receiving the FHC card and out of these, 49% of the cards could be verified by M2i team.

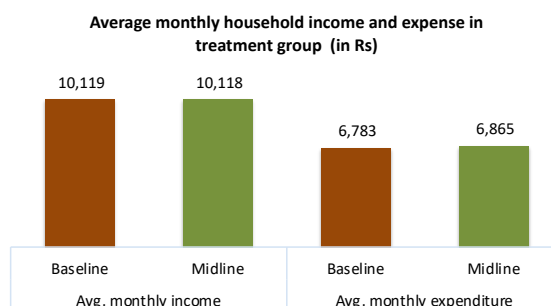


In FGD, most of the respondents recalled the FHC card as “green and red status card” and they understood the significance of these colours. 11% of the respondents who used the card, mentioned that they enrolled in PMSBY scheme after knowing about their current social security status. However, majority (70%) of the respondents did not use the card. Most of the members did not know the next steps after knowing their status. Long term financial planning is yet to become a habit for the respondents.



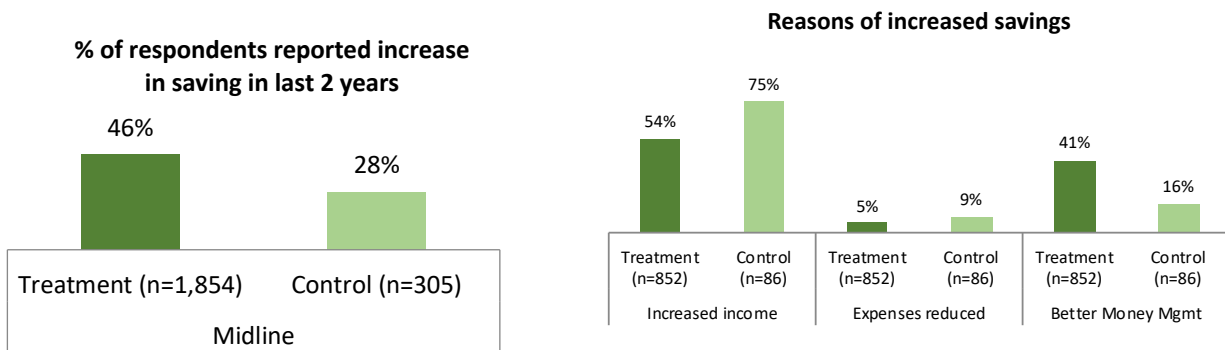
### 3.7 Change in income, expenditure and savings

The self-reported data on income and expenditure by respondents did not show any positive change on income between baseline and midline.

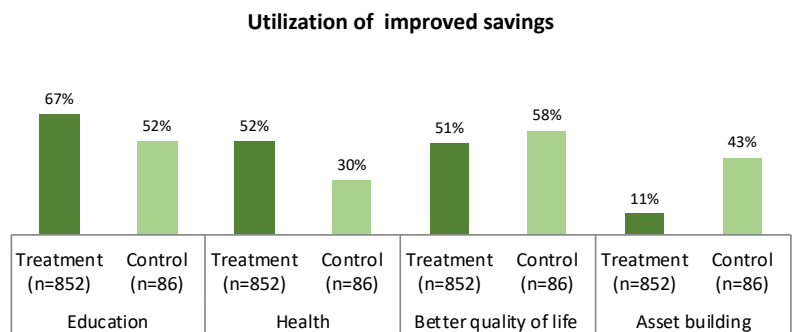


Despite no significant change observed quantitatively on income and expenditure between baseline and midline, 46% respondents in midline reported increased savings in last two years. This proportion was much higher in treatment group than the control group, where 28% respondents mentioned increase in savings in last 2 years.

The reasons given by treatment and control groups for increased savings differed across the cohorts. In the treatment group, 41% of the respondents reported attributed increase in saving to better money management compared to only 16% doing so in the control group. The treatment group respondents mentioned that after associating with this project, they were able to cut down the unnecessary expenses and also understand the importance of savings for important life key goals like children education. Hence, they started to save the money in long term saving instruments like FD, RD etc.

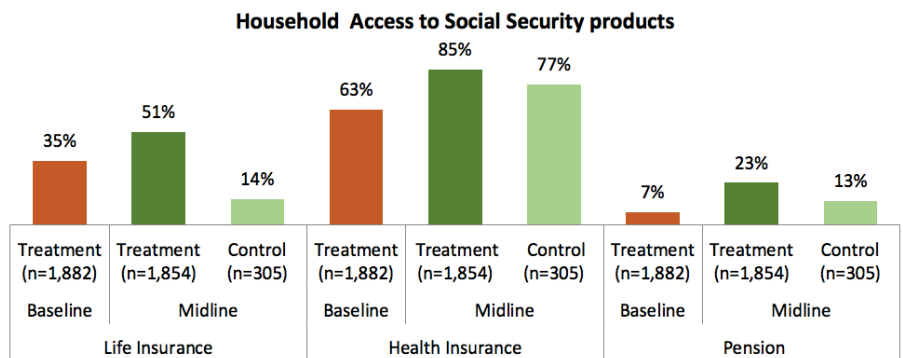


The respondents who reported increase in savings were also asked about how they utilized or plan to utilize the savings. Majority of the respondents in treatment group reported education and health as the key areas where they either utilized or plan to utilize the savings.



### 3.8 Social security

The data shows better uptake to social security products among the treatment group compared to control group. There has also been significant improvement in enrolment of social security product in midline compared to baseline.



To judge the vulnerability of people to withstand financial shocks, the question was asked regarding their ability to meet a sudden expense of Rs20,000. Midline data did not show any

difference on this indicator compared to baseline ( $p=.1615$  at 95% confidence interval). If we see this data in conjunction with the savings data, one may expect better ability of people to meet sudden expenses, yet data does not show that. This could be because most people also mentioned investments in long-term instruments like FD or RD which are not liquid.

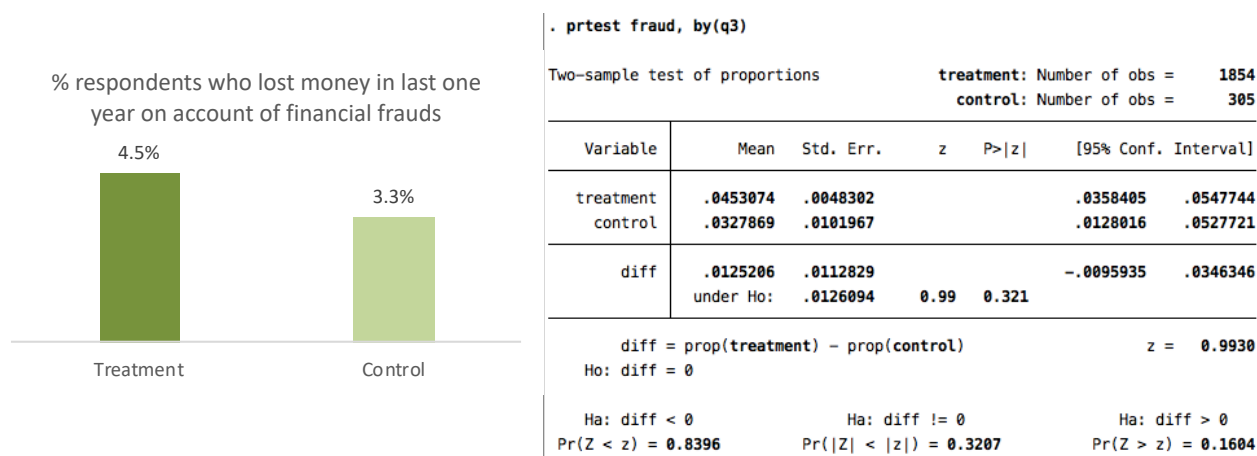
However, there is a difference between treatment and control group. Proportion of people who mentioned they could manage it through their own savings was higher for treatment group and the proportion of people who needed to borrow for such a sudden expense was higher for control group.

### Preparedness for sudden expense of Rs20,000 or more

Managed by	Baseline		Midline	
	Treatment	Control	Treatment	Control
<b>Own Savings</b>	26%	15%	24%	18%
<b>Loan</b>	74%	85%	76%	82%
<b>n</b>	1,882	311	1,809	303

### 3.9 Financial Frauds

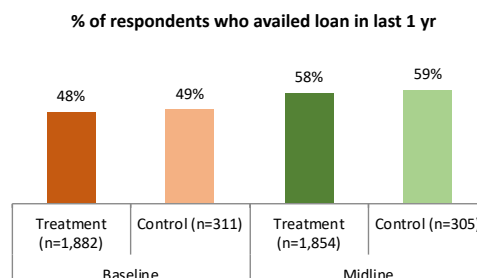
The midline data did not show any difference in the vulnerability of respondents to financial frauds between treatment and control group. In past, people have lost money to fraudulent schemes and unscrupulous chit funds. The midline data showed members in treatment and control group were equally vulnerable to such frauds. The difference in proportion between the two cohorts was not statistically significant ( $p\text{-value} = 0.32$ ).



### 3.10 Credit behaviour

There was a slight increase in the proportion of households in the midline who had availed loan in the last one year across cohorts compared to baseline.

MFIs were the main source of credit for families across cohorts. The outreach of MFIs seem to have increased





further, with significant increase in proportion of families availing credit from them in midline compared to baseline. A major difference in source of borrowing between treatment and control group were SHGs. Treatment group members had higher proportion of families also depending on SHGs while control group had that proportion much lower, as can be seen from the table below.

**Sources of borrowing in the last 1 year**

Sources	Baseline		Midline	
	Treatment	Control	Treatment	Control
<b>MFI</b>	57%	56%	71%	86%
<b>Bank</b>	17%	19%	3%	3%
<b>SHG</b>	26%	20%	29%	14%
<b>Money Lender</b>	2%	0%	3%	3%
<b>Family/Friends</b>	11%	14%	3%	3%
<b>n</b>	<b>895</b>	<b>153</b>	<b>1,067</b>	<b>181</b>

MFI were the primary source of credit not just in terms of outreach but also in terms of the amount of credit.

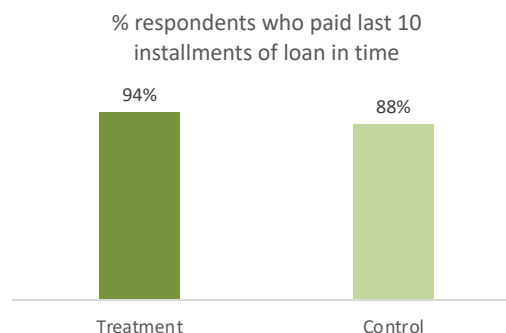
**Biggest sources of borrowing in last 1 year**

Sources	Midline	
	Treatment	Control
<b>MFI</b>	65%	86%
<b>Bank</b>	3%	2%
<b>SHG</b>	26%	9%
<b>Money Lender</b>	3%	3%
<b>Family/Friends</b>	2%	1%
<b>n</b>	1,069	182

Across baseline and midline, the trend of utilization of loan was mostly similar, with majority of the households utilizing loan for income generating activities like business, agriculture activities and livestock.

In terms of loan repayment behaviour, the data showed slightly better credit behaviour among respondents of treatment group compared to control group.

The difference in proportion between the two cohorts was statistically significant at 95% level of confidence (p-value=0.03).

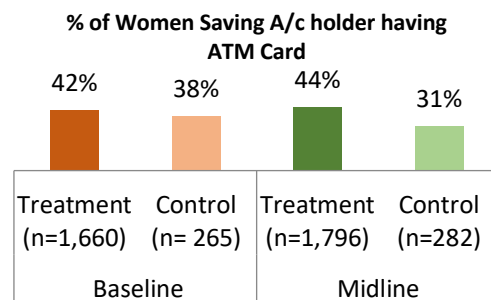




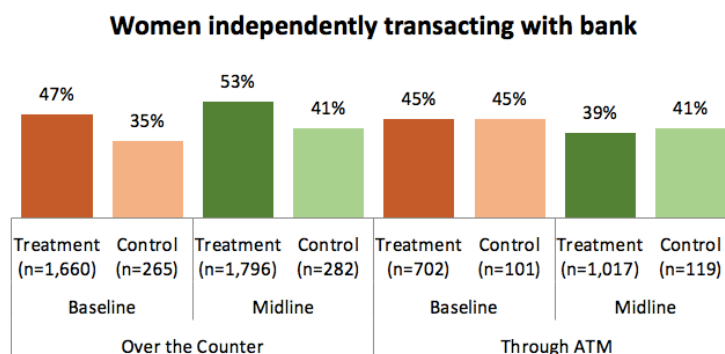
## 4 Impact on women

### i. Women's ability to independently transact with banks

Since most women already had bank accounts, no significant difference between baseline and midline was seen in the ATM card holders among women in the treatment group. However, there was significant difference between women ATM card holders between treatment (44%) and control group (31%).



As far as women transacting independently with the bank is concerned, in the midline, a significantly higher women transacted with bank over-the-counter (OTC) in the treatment group compared to control group. The difference between baseline and midline for the proportion of women transacting OTC was also found much higher in the treatment group. This difference in proportion between baseline (47%) and midline (53%) was statistically significant (p-value=0.0004). However, the difference in proportion in control group was not found statistically significant (p-value=0.15). Hence, the data does not support any change in proportion of women in control group transacting with bank.



**Treatment group** – Hypothesis testing for difference in proportion of women transacting over-the-counter between baseline and midline in Treatment Group

. prtesti 1660 .47 1796 .53

Two-sample test of proportions x: Number of obs = 1660  
y: Number of obs = 1796

Variable	Mean	Std. Err.	z	P> z	[95% Conf. Interval]
x	.47	.0122499			.4459906 .4940094
y	.53	.011777			.5069176 .5530824
diff	-.06	.0169929	-3.52	0.000	-.0933054 -.0266946

diff = prop(x) - prop(y) z = -3.5245

Ho: diff = 0

Ha: diff < 0

Pr(Z < z) = 0.0002

Ha: diff != 0

Pr(|Z| < |z|) = 0.0004

Ha: diff > 0

Pr(Z > z) = 0.9998

**Control group**- Hypothesis testing for difference in proportion of women transacting over-the-counter between baseline and midline in Control Group

. prtesti 265 .35 282 .41

Two-sample test of proportions x: Number of obs = 265  
y: Number of obs = 282

Variable	Mean	Std. Err.	z	P> z	[95% Conf. Interval]
x	.35	.0293			.292573 .407427
y	.41	.0292882			.3525961 .4674039
diff	-.06	.0414282	-1.44	0.149	-.1411977 .0211977

diff = prop(x) - prop(y) z = -1.4441

Ho: diff = 0

Ha: diff < 0

Pr(Z < z) = 0.0743

Ha: diff != 0

Pr(|Z| < |z|) = 0.1487

Ha: diff > 0

Pr(Z > z) = 0.9257

While data showed increase in OTC transactions among women in treatment group in midline, no such increase was observed on ATM based transactions, in fact data showed slight decline on ATM based transaction for women in the treatment group in midline compared to baseline, this was true even for control group.

## ii. Women’s confidence and comfort on carrying out financial transactions

While the quantitative data showed that more women in treatment group were independently carrying out OTC transactions with banks, the qualitative discussions with stakeholders were also consistent with these findings.

Bankers and BCs mentioned that they have seen a change in the confidence level of women. They informed that many women now asked them questions about basic banking facilities. During FGDs women themselves mentioned that they felt more confident and were now able to carry out financial transactions without any help or hesitation.

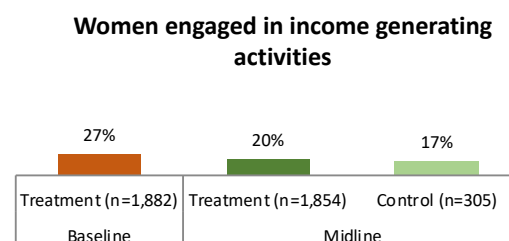
Around 40% women in FGDs also reported that they shared their learning, particularly on banking services and government schemes with family and friends.

### Katahguri village, Bhurbandha block, Morigaon:

During FGDs, members mentioned that they had discussed with their family about PMSBY scheme and 15 out of 25 were able to convince their family to take the scheme.

## iii. Impact on women’s earning status

The Midline data did not show any change in the women’s engagement in income generation activities. The midline data in fact showed a decline in proportion of earning women compared to baseline. This could be because most women in baseline worked in activities that were highly volatile such as labour. Also the overall economy, during the midline (Sep-Oct 2019), was going through a slowdown, thus this could also be because of this macro-economic factor.



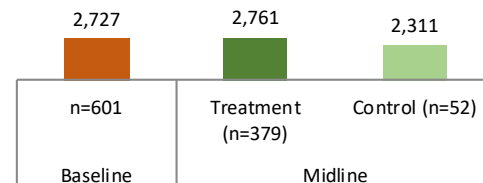
However, breakup of the type of income generating activities that women were involved in, showed a positive change for women in treatment group, with significant jump in women doing service related activities while there was a reduction in labour related activities in treatment group in midline compared to baseline. The ‘service’ activities women were engaged in included tuition, teaching, cooking etc.

**Income generating activities of women**

Income generating Activities	Baseline	Midline	
		Treatment	Control
<b>Labour</b>	40%	24%	31%
<b>Trading</b>	22%	18%	10%
<b>Salaried</b>	6%	11%	10%
<b>Service</b>	2%	13%	6%
<b>Skill Based Activities</b>	30%	34%	44%
<b>n</b>	508	379	52

For the working women, no difference was observed in the average monthly earnings between baseline and midline. Even between treatment and control group in midline, the average income earned by women was not found statistically different. The average earning of women in midline for treatment and control group was Rs2,761 and Rs2,311 respectively, this difference was not found statistically significant for the two groups as can be seen below (p-value 0.14).

**Average monthly Income of women (in Rs.)**



. ttest q60, by(q3)

Two-sample t test with equal variances

Group	Obs	Mean	Std. Err.	Std. Dev.	[95% Conf. Interval]	
treatmen	379	2761.763	109.7745	2137.082	2545.917	2977.608
control	52	2310.577	176.0518	1269.527	1957.138	2664.016
combined	431	2707.327	99.03969	2056.117	2512.665	2901.989
diff		451.1856	303.638		-145.6176	1047.989

diff = mean(treatmen) - mean(control) t = 1.4859  
 Ho: diff = 0 degrees of freedom = 429

Ha: diff < 0 Pr(T < t) = 0.9310  
 Ha: diff != 0 Pr(|T| > |t|) = 0.1380  
 Ha: diff > 0 Pr(T > t) = 0.0690

Thus, overall the data does not show difference in the income generation abilities of women in Midline.

Majority of the women who were not involved in any economic activity mentioned that they did not have time from their household chores. The project neither had any specific component of skill trainings nor had a direct component of engaging women in income-

generating activities. Thus, it appears that financial awareness alone had so far not translated into women taking up income generating activities on their own.

**Reasons for non-engagement in Income generating activities by respondents**

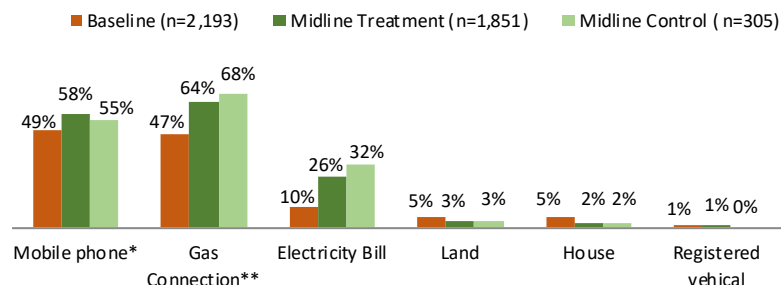
Reasons	Baseline	Midline	
		Treatment	Control
No time from household chores	59%	84%	66%
Family does not allow	15%	23%	24%
No Skills	12%	11%	12%
No employment Opportunity	8%	12%	29%
Personal choice	6%	5%	9%
n	1,281	1,118	201

**iv. Women’s asset ownership and the ability to take financial decisions**

The high level indicators for women’s empowerment related to asset ownership or ability to take financial decisions independently showed no difference between cohorts – treatment and control.

However, there has been overall improvement between baseline and

**% of women having legal ownership of assets**

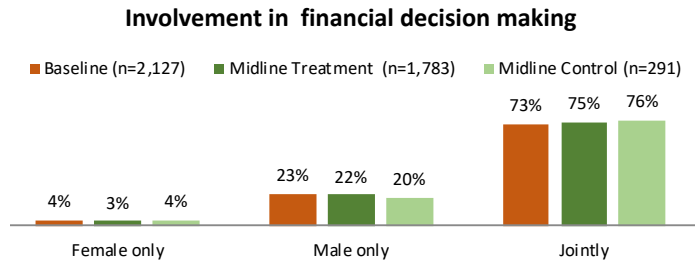


\*Baseline mobile phone (n=1,868)

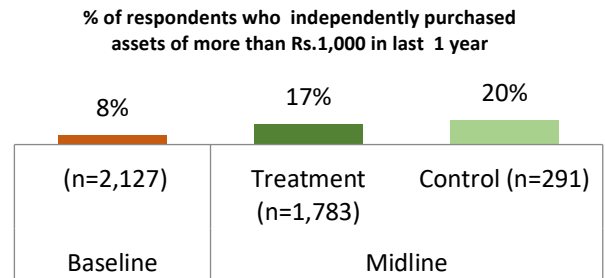
\*\*Baseline gas connection (n=1,534)

midline on indicators like gas connection or electricity connection in women's name. This is primarily because various government schemes are provided specifically in the name of women.

On financial decision-making too, there seems to be no change on quantitative indicators. In both the baseline and midline or between treatment and control. Only in women headed households women took decisions alone as there was no adult male member.



Another indicator used for assessing women's economic empowerment was about carrying out purchase over Rs1,000 in last 1 year without consulting husband. On that indicator too, while there has been change in midline over baseline, no significant difference was observed between treatment and control groups.

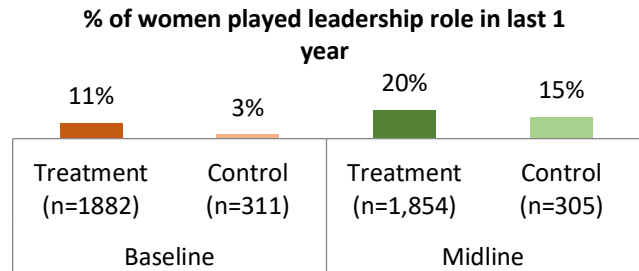


The data obtained from the survey showed that it is mostly men who still remain the main decision-makers. Discussions with women revealed that expenses mainly related to household grocery, clothes and cosmetic were the items where women had more autonomy in making decisions.

While women were still not the financial decision-makers, they did report of sharing learning of financial literacy trainings as well as information about government schemes with their spouses and extended families.

### v. Leadership roles played by women

On this indicator, a significant difference was observed not just between baseline and midline but also between treatment and control group in the Midline. 20% of the respondents in the Midline reported of having played a leadership role at some forum in the last 1 year while only 15% respondents in the control group reported that. This difference was statistically significant as can be seen below (p-value=0.04).



Two-sample test of proportions

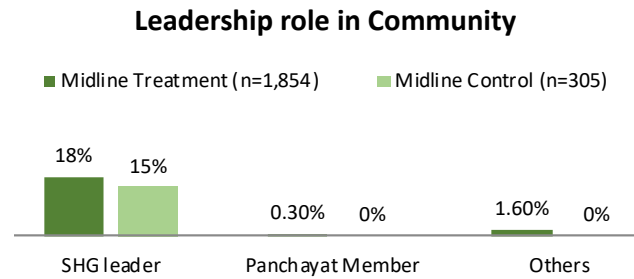
x: Number of obs = 1854  
y: Number of obs = 305

Variable	Mean	Std. Err.	z	P> z	[95% Conf. Interval]
x	.2	.0092898			.1817924 .2182076
y	.15	.0204459			.1099269 .1900731
diff	.05	.0224574			.0059844 .0940156
	under Ho:	.0243827	2.05	0.040	

diff = prop(x) - prop(y)      z = 2.0506  
Ho: diff = 0

Ha: diff < 0      Ha: diff != 0      Ha: diff > 0  
Pr(Z < z) = 0.9798      Pr(|Z| < |z|) = 0.0403      Pr(Z > z) = 0.0202

The leadership role taken by women were SHG leaders, Panchayat official, panchayat elected member or any other leadership role in any forum.



**Case of Moulina Begum**

Moulina Begum, a resident of Bhujruk Manikpur village of Goalpara district was elected as Panchayat Ward member in December 2018. During discussion she mentioned that her self-confidence has improved after associating with the Mein Pragati project. She came to about various government programs, and able to become a panchayat ward member.

## 5 Opinion of external stakeholders

The midline findings showed that the project had good level of engagement with external stakeholders like local bankers, BCs, insurance agents, local government officials as well as Panchayat functionaries. M2i team conducted semi-structured interviews with various financial service providers, government officials and other service providers to understand project's convergence with these stakeholders. The key points that emerged from these discussions are presented below.

### 5.1 Financial service providers

#### i BCs and CSCs

- M2i team met 7 BCs and CSCs. All of them were aware of Mein Pragati project and project field officers of their respective districts
- In in-depth interview, all the BCs mentioned that access to bank account was not a challenge anymore.

Ms. Bijaya Rabha mentioned that access to bank is not a problem now. Most of the women in the community have a bank account. She also acknowledged project staff and Sakhis role in the opening of bank account in remote areas. She recalled the Social Security Mela and appreciated its benefits.

-an SBI BC from Barihat Kamrup district

- All the BCs acknowledged that the project intervention had helped to improve access to social security schemes specially PMSBY.
- According to BCs, although most of the people had saving accounts in the banks but half of these accounts were inactive. People were reluctant to visit banks or CSP for savings.

Mr. Bhaskar Narayan Deori during in-depth interview mentioned that he had only 600 SBI active bank accounts (out of 4,000) in his centre and around 250 people had availed PMSBY scheme. Out of these, 150 leads for PMSBY were generated through Mein Pragati project Sakhi.

-an SBI CSC from Shantipur Morigaon district

- All the BCs and CSPs admitted that their overall business had improved by around 20% to 25% after association with Sakhi. Hence, they subsidized their service fee for Sakhi.

#### ii Insurance agents

- M2i met with 4 insurance agents during midline survey. All of them were aware of Mein Pragati project.
- All the four insurance agents had attended Social Security Mela organised in Phase 1. Besides, all of them had attended Sakhi's monthly review meeting

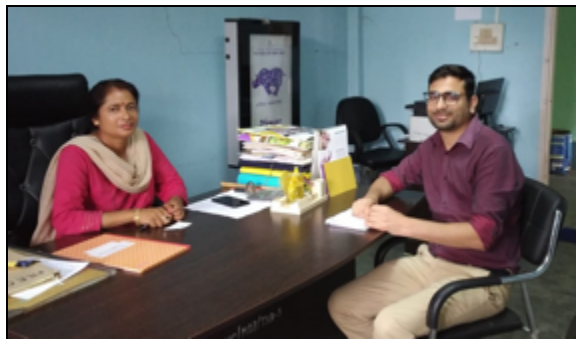
- In the in-depth interview, LIC agents mentioned that Jeevan Lakshya 833, Jeevan Shanti 850, Jeevan Umang 845, Jeevan Akshay 189 and Endowment plan 814 were the most common LIC policies sought by respondents. They also acknowledged that their business had improved after the project.

*“ My LIC business has improved by 10%-20% after association with Mein Pragati project”  
- Mr. Abul Ali, a LIC agent from Goalpara district*

- However, they mentioned that people were often reluctant to join a plan that provides no immediate benefit especially term life insurance, hence the uptake of LIC policies was still low.

## 5.2 Assam State Rural Livelihood Mission (ASRLM)

- M2i met with 5 Block Program Managers during Midline survey. All of them mentioned that Mein Pragati Project staff frequently visited them and discussed about the project.
- All the BPMs mentioned that SHGs savings had been increased over the years and members were sensitized and had learned the importance of savings.
- The concept of maintaining good credit history was well received in the SHGs. People were seen serious in repaying their loan on timely basis.



*“Our and other institutions efforts have been well received by the community. The financial literacy program has helped in inculcating saving habits among SHGs and also motivated members to maintain a good credit history. As a result, the overall SHG’s NPA has gone down”*

*-Ms. Gitima Barman, BPM of Mayang Block Morigaon*

- The community is yet to fully understand the importance of social security. The community perceives social security schemes as an investment tool and expect a benefit after maturity.
- The Mein Pragati Project reiterated the concept of financial inclusion and helped in creating better awareness and access to financial services.

*“The project showed a ripple effect in creating awareness and access to financial services”*

*-Ms. Saurav Das, BPM of Chenga Block Barpeta*



### 5.3 Other service providers

#### i PAN card agents

- M2i met with 5 PAN card agents during midline survey. All the agents were aware of Mein Pragati project.
- All the PAN card agents with whom M2i met, acknowledged that their monthly PAN card business surged by 50% to 60% after associating with the project.
- PAN card agents during interview mentioned that they have subsidized rate for Sakhis. They usually charged Rs. 350-500 but they charged Rs250-Rs300 from Sakhis.



#### ii Gas Agency

- M2i met with 4 Gas agency distributors. All of them were aware of Mein Pragati projects.
- The gas agency staff met during the Midline survey, mentioned that there has been high enrolment in Pradhan Mantri Ujjwala schemes (PMUY) since association with Sakhis.
- They said that Sakhis generally cater to remote areas where gas agency staff cannot reach. Sakhi helped villagers to avail the scheme by filling the forms and taking the required documents to the gas agency. Hence, the gas agencies were able to fulfil their targets for the scheme and had saved time in marketing the scheme.



## Annexure 1 – Tables of the Sakhi survey

Access to Smartphone (n=314)							
Response	Overall	Nalbari	Morigaon	Darrang	Kamrup	Barpeta	Goalpara
Yes	56%	49%	77%	37%	33%	44%	66%
No	44%	51%	23%	63%	67%	56%	34%

Role of Sakhi (n=315)							
Saki Role	Overall	Nalbari	Morigaon	Darrang	Kamrup	Barpeta	Goalpara
Only Sakhi	65%	84%	61%	60%	80%	71%	43%
Sakhi+Gram Shakti	21%	16%	19%	5%	17%	27%	38%
Sakhi+Hak Darshak	6%	0%	11%	20%	0%	0%	0%
Sakhi+GS+Hak Darshak	8%	0%	9%	15%	3%	2%	19%

Education Of Sakhi (n=315)							
Education Level	Overall	Nalbari	Morigaon	Darrang	Kamrup	Barpeta	Goalpara
Graduate and Above	10%	11%	9%	15%	3%	12%	11%
Higher Secondary pass	38%	54%	46%	35%	15%	22%	40%
High School Pass	44%	22%	42%	45%	70%	56%	38%
Class 5 pass	7%	13%	3%	5%	10%	10%	9%
Less than Class 5	1%	0%	0%	0%	2%	0%	2%

Demand for Sakhi Services (n=314)							
Level	Overall	Nalbari	Morigaon	Darrang	Kamrup	Barpeta	Goalpara
High Demand for most services	53%	24%	76%	38%	30%	39%	74%
High Demand only for some services	43%	76%	22%	60%	48%	61%	26%
Low Demand for most services	4%	0%	2%	2%	22%	0%	0%

Sakhi's Involvement in other Income generating Activities (n=315)							
Information	Overall	Nalbari	Morigaon	Darrang	Kamrup	Barpeta	Goalpara
None	33%	7%	40%	38%	20%	59%	30%
Salaried Job	11%	4%	22%	0%	0%	7%	17%
Business/Self employed	56%	89%	38%	62%	80%	34%	53%

Income Satisfaction level of Sakhi from Sakhi's Activities							
Level	Overall	Nalbari	Morigaon	Darrang	Kamrup	Barpeta	Goalpara
Higly Satisfied	18%	60%	11%	10%	0%	20%	13%
Satisfied	75%	40%	87%	78%	65%	80%	85%
Not Satisfied	7%	0%	2%	12%	35%	0%	2%

Sakhi's Client beyond SHG (n=313)							
Response	Overall	Nalbari	Morigaon	Darrang	Kamrup	Barpeta	Goalpara
Yes	92%	100%	93%	78%	85%	100%	91%
No	8%	0%	7%	22%	15%	0%	9%

Sakhi's Opinion about income from Sakhi's Activities in next 6 Months (n=314)							
Opinion	Overall	Nalbari	Morigaon	Darrang	Kamrup	Barpeta	Goalpara
It is Likely to increase	69%	75%	70%	88%	43%	71%	66%
It is Likely to remain same	17%	0%	23%	5%	15%	24%	25%
It is likely to decrease	0%	0%	0%	0%	2%	0%	0%
Can not say	14%	25%	7%	7%	40%	5%	9%

People's willingness to pay for Sakhi's Services (N=313)							
Information	Overall	Nalbari	Morigaon	Darrang	Kamrup	Barpeta	Goalpara
Mostly Willing	34%	36%	40%	30%	35%	15%	38%
Moderately Willing	54%	51%	58%	42%	28%	85%	51%
Low/Not Willing	12%	13%	2%	28%	37%	0%	11%

Sakhi's Opinion Regarding service fee she charges (N=313)							
Information	Overall	Nalbari	Morigaon	Darrang	Kamrup	Barpeta	Goalpara
It is High	26%	27%	30%	35%	17%	12%	24%
It is reasonable	60%	66%	62%	55%	35%	83%	56%
It is Low	0.14	7%	8%	10%	48%	5%	20%

Sakhi is allowed to decide her service fee (N=308)							
Response	Overall	Nalbari	Morigaon	Darrang	Kamrup	Barpeta	Goalpara
Yes	84%	86%	96%	79%	73%	70%	85%
No	16%	14%	4%	21%	27%	30%	15%

Sakhi's Knowledge and understanding on services (N=315)							
Response	Overall	Nalbari	Morigaon	Darrang	Kamrup	Barpeta	Goalpara
Yes for all services	80%	73%	91%	75%	60%	85%	77%
Yes for some services	20%	27%	9%	25%	40%	15%	23%
Don't have adequate understanding for most of the products and Services	0%	0%	0%	0%	0%	0%	0%

Confidence level of Sakhi in offering Sakhi services (N=311)							
Level	Overall	Nalbari	Morigaon	Darrang	Kamrup	Barpeta	Goalpara
Feel very confident for all Services	67%	87%	58%	86%	50%	75%	62%
Feel confident for some Product and Services	32%	13%	40%	14%	50%	25%	36%
Don't feel much confident for Product and Services	1%	0%	2%	0%	0%	0%	2%

Likelihood of Sakhi to continue her Services in long term ( 1 Year and more) (N=314)							
Information	Overall	Nalbari	Morigaon	Darrang	Kamrup	Barpeta	Goalpara
Yes very much	86%	100%	76%	97%	88%	83%	85%
Currently not decided	14%	0%	24%	3%	12%	17%	15%
No, i will not	0%	0%	0%	0%	0%	0%	0%

Sakhi's Opinion regarding requirement of sakhi services in Community (N=314)							
Opinion	Overall	Nalbari	Morigaon	Darrang	Kamrup	Barpeta	Goalpara
Highly required	88%	98%	79%	97%	93%	95%	81%
Only some services are required	10%	2%	19%	3%	7%	5%	13%
Not much required as other alternatives are available	2%	0%	2%	0%	0%	0%	6%

Challenges faced by Sakhi	Overall (N=314)
Inability to travel	54%
Unable to travel to the office due to long Distance	54%
Long processing time at Govt. Offices	34%
Unavailability of Forms	14%
Lack of time due to other household and professional engagement	8%
Resistance from Family	3%
Lack of adequate knowledge and Understanding	5%
Competition from other Service providers	3%
Revenue and Pricing related (Low Income)	5%
Low Demand for Services	2%
Delivering Services due to non cooperation of agencies	3%
Others	1%
None	5%

## Annexure 2 – Tables of the Community survey

### Access to Financial Services

Table: Saving A/c of Women

District	Treatment	Control
Nalbari	99%	100%
Morigaon	97%	91%
Darrang	100%	97%
Kamrup	95%	93%
Barpeta	94%	87%
Goalpara	96%	93%
<b>Overall</b>	<b>97%</b>	<b>92%</b>
n	1,854	305

Table: Saving A/c of Husband

District	Treatment	Control
Nalbari	86%	75%
Morigaon	82%	63%
Darrang	96%	86%
Kamrup	72%	50%
Barpeta	75%	86%
Goalpara	87%	79%
<b>Overall</b>	<b>83%</b>	<b>70%</b>
n	1,631	251

Table: Access to Life Insurance

District	Treatment	Control
Nalbari	63%	23%
Morigaon	47%	10%
Darrang	52%	13%
Kamrup	39%	10%
Barpeta	51%	27%
Goalpara	68%	20%
<b>Overall</b>	<b>51%</b>	<b>14%</b>
n	1,854	305

Table: Access to Health Insurance

District	Treatment	Control
Nalbari	88%	93%
Morigaon	87%	74%
Darrang	82%	83%
Kamrup	78%	80%
Barpeta	84%	87%
Goalpara	89%	53%
<b>Overall</b>	<b>85%</b>	<b>77%</b>
n	1,854	305

Table: Access to Pension

District	Treatment	Control
Nalbari	20%	23%
Morigaon	31%	14%
Darrang	15%	10%
Kamrup	21%	17%
Barpeta	13%	0%
Goalpara	18%	13%
<b>Overall</b>	<b>23%</b>	<b>13%</b>
n	1,854	305

Table: Access to Crop and Cattle Insurance

District	Crop insurance		Cattle insurance	
	Treatment	Control	Treatment	Control
Nalbari	8%	0%	1%	0%
Morigaon	6%	2%	2%	1%
Darrang	17%	5%	2%	4%
Kamrup	4%	0%	1%	0%
Barpeta	14%	14%	1%	4%
Goalpara	7%	0%	1%	0%
<b>Overall</b>	<b>9%</b>	<b>3%</b>	<b>1%</b>	<b>1%</b>
n	1,070	113	1,375	224

Table: Life Insurance Products

District	PMSBY		PMJJBY		LIC	
	Treatment	Control	Treatment	Control	Treatment	Control
Nalbari	49%	7%	14%	0%	21%	20%
Morigaon	28%	3%	12%	1%	22%	7%
Darrang	47%	13%	4%	3%	8%	0%
Kamrup	20%	0%	2%	0%	22%	10%
Barpeta	44%	20%	3%	0%	11%	3%
Goalpara	59%	3%	15%	0%	16%	17%
<b>Overall</b>	<b>37%</b>	<b>6%</b>	<b>9%</b>	<b>1%</b>	<b>19%</b>	<b>9%</b>
n	1,854	305	1,854	305	1,854	305

Table: Health Insurance Products

District	Atal Amrit Abhiyan		Assam Arogya Nidhi		Ayushman Bharat	
	Treatment	Control	Treatment	Control	Treatment	Control
Nalbari	87%	93%	0.00%	0.00%	7%	3%
Morigaon	84%	73%	0.30%	0.00%	16%	9%
Darrang	81%	83%	0.00%	0.00%	4%	0%
Kamrup	77%	77%	0.00%	0.00%	8%	3%
Barpeta	81%	87%	0.00%	0.00%	19%	0%
Goalpara	89%	50%	0.00%	3.30%	19%	7%
<b>Overall</b>	<b>83%</b>	<b>75%</b>	<b>0.10%</b>	<b>0.30%</b>	<b>13%</b>	<b>6%</b>
n	1,854	305	1,854	305	1,854	305

Table: Pension Products

District	Atal Pension Yojana		Old age pension		Widow pension	
	Treatment	Control	Treatment	Control	Treatment	Control
Nalbari	5%	3%	12%	17%	1%	3%
Morigaon	4%	0%	22%	11%	1%	1%
Darrang	8%	0%	6%	10%	0%	0%
Kamrup	0%	0%	19%	17%	1%	0%
Barpeta	2%	0%	10%	0%	0%	0%
Goalpara	4%	3%	6%	3%	6%	7%
<b>Overall</b>	<b>4%</b>	<b>1%</b>	<b>15%</b>	<b>10%</b>	<b>1%</b>	<b>1%</b>
n	1,854	305	1,854	305	1,854	305

Table: Household Access to FD and RD

District	FD		RD	
	Treatment	Control	Treatment	Control
Nalbari	5%	3%	20%	3%
Morigaon	14%	6%	10%	4%
Darrang	24%	0%	57%	37%
Kamrup	2%	0%	82%	87%
Barpeta	7%	7%	15%	10%
Goalpara	1%	0%	4%	0%
<b>Overall</b>	<b>11%</b>	<b>4%</b>	<b>27%</b>	<b>15%</b>
n	1,854	305	1,854	305

## Access to Government schemes

Table: Access to Government Schemes

District	SSY		JSSY		NRPD		Labour card	
	Treatment	Control	Treatment	Control	Treatment	Control	Treatment	Control
<b>Nalbari</b>	34%	0%	75%	69%	26%		55%	52%
<b>Morigaon</b>	14%	3%	46%	49%	4%	2%	69%	43%
<b>Darrang</b>	31%	21%	5%	8%	1%	0%	88%	86%
<b>Kamrup</b>	5%	7%	44%	28%	25%	0%	67%	67%
<b>Barpeta</b>	14%	0%	33%	3%	5%	0%	73%	40%
<b>Goalpara</b>	12%	0%	11%	9%	36%	100%	58%	43%
<b>Overall</b>	<b>16%</b>	<b>4%</b>	<b>37%</b>	<b>35%</b>	<b>5%</b>	<b>2%</b>	<b>69%</b>	<b>50%</b>
<b>n</b>	821	142	1,564	259	542	93	1,846	302

Table: Access to Government Schemes

District	Self-PAN		Husband's PAN		PMUY	
	Treatment	Control	Treatment	Control	Treatment	Control
<b>Nalbari</b>	74%	40%	64%	21%	69%	73%
<b>Morigaon</b>	79%	57%	71%	53%	71%	72%
<b>Darrang</b>	94%	87%	90%	71%	50%	67%
<b>Kamrup</b>	77%	73%	68%	74%	86%	93%
<b>Barpeta</b>	89%	90%	91%	90%	58%	37%
<b>Goalpara</b>	95%	100%	86%	83%	43%	43%
<b>Overall</b>	<b>83%</b>	<b>67%</b>	<b>76%</b>	<b>62%</b>	<b>66%</b>	<b>68%</b>
<b>n</b>	1,854	305	1,628	251	1,854	305

## Household financial records and financial Planning

Table: Respondents maintain written records

District	Treatment	Control
<b>Nalbari</b>	1%	0%
<b>Morigaon</b>	6%	1%
<b>Darrang</b>	2%	0%
<b>Kamrup</b>	7%	0%
<b>Barpeta</b>	2%	3%
<b>Goalpara</b>	61%	0%
<b>Overall</b>	<b>10%</b>	<b>1%</b>
<b>n</b>	1,854	305

Table : Maintenance of Written records

District	Regular	Irregular	little filled	Not verified	Do not fill
<b>Nalbari</b>	0%	0%	0%	0%	99%
<b>Morigaon</b>	2%	3%	1%	1%	94%
<b>Darrang</b>	0%	0%	0%	2%	98%
<b>Kamrup</b>	0%	1%	0%	5%	93%
<b>Barpeta</b>	1%	0%	0%	1%	98%
<b>Goalpara</b>	0%	35%	26%	0%	39%
<b>Overall</b>	<b>1%</b>	<b>5%</b>	<b>3%</b>	<b>1%</b>	<b>90%</b>

Table: Financial Health counselling Card

District	Card Received	Card verified
<b>Nalbari</b>	75%	62%
<b>Morigaon</b>	27%	53%
<b>Darrang</b>	74%	2%
<b>Kamrup</b>	7%	6%
<b>Barpeta</b>	64%	83%
<b>Goalpara</b>	84%	62%
<b>Overall</b>	<b>48%</b>	<b>49%</b>
<b>n</b>	1,626	773

Table: Savings Increased in last 2 years

District	Treatment	Control
<b>Nalbari</b>	53%	47%
<b>Morigaon</b>	47%	30%
<b>Darrang</b>	20%	20%
<b>Kamrup</b>	42%	27%
<b>Barpeta</b>	34%	13%
<b>Goalpara</b>	81%	23%
<b>Overall</b>	<b>46%</b>	<b>28%</b>
<b>n</b>	1,854	305

**Table : Reasons of Increased Savings**

District	Treatment			Control		
	Income increased	Reduce expense	Money mgm	Income increased	Reduce expense	Money mgmt
Nalbari	81%	1%	18%	93%	0%	7%
Morigaon	66%	10%	25%	77%	13%	11%
Darrang	39%	0%	61%	100%	0%	0%
Kamrup	21%	2%	77%	38%	0%	63%
Barpeta	81%	5%	14%	75%	0%	25%
Goalpara	24%	3%	73%	43%	29%	29%
<b>Overall</b>	<b>54%</b>	<b>5%</b>	<b>40%</b>	<b>74%</b>	<b>9%</b>	<b>16%</b>
n	852	852	852	86	86	86

**Table : Utilization of Increased savings**

District	Education		Health		Better quality of life		Building assets	
	Treatment	Control	Treatment	Control	Treatment	Control	Treatment	Control
Nalbari	62%	79%	79%	64%	80%	100%	9%	14%
Morigaon	73%	49%	64%	32%	52%	68%	8%	45%
Darrang	49%	17%	10%	0%	88%	17%	8%	83%
Kamrup	38%	0%	51%	0%	39%	13%	38%	88%
Barpeta	81%	100%	51%	50%	54%	25%	14%	50%
Goalpara	76%	86%	19%	0%	19%	14%	3%	0%
<b>Overall</b>	<b>67%</b>	<b>52%</b>	<b>52%</b>	<b>30%</b>	<b>51%</b>	<b>58%</b>	<b>11%</b>	<b>43%</b>
n	852	86	852	86	852	86	852	86

**Table: Systematically save for following key goals**

District	Higher Education		Children marriage		House construction		Old age		Big asset purchase	
	Treatment	Control	Treatment	Control	Treatment	Control	Treatment	Control	Treatment	Control
Nalbari	54%	60%	49%	57%	60%	70%	58%	37%	10%	7%
Morigaon	52%	30%	22%	3%	19%	17%	23%	11%	2%	6%
Darrang	55%	53%	13%	17%	21%	13%	15%	13%	16%	27%
Kamrup	28%	3%	8%	3%	30%	10%	3%	0%	4%	0%
Barpeta	67%	70%	44%	57%	42%	57%	16%	13%	11%	13%
Goalpara	74%	73%	23%	37%	33%	7%	8%	17%	3%	0%
<b>Overall</b>	<b>53%</b>	<b>41%</b>	<b>25%</b>	<b>18%</b>	<b>30%</b>	<b>24%</b>	<b>21%</b>	<b>13%</b>	<b>6%</b>	<b>8%</b>
n	1,854	305	1,854	305	1,854	305	1,854	305	1,854	305

**Table: Respondents borrowed for sudden expense last 1 yr**

District	Treatment	Control
Nalbari	34%	7%
Morigaon	9%	7%
Darrang	2%	3%
Kamrup	32%	0%
Barpeta	5%	7%
Goalpara	25%	23%
<b>Overall</b>	<b>16%</b>	<b>8%</b>
n	1,854	305

**Table: Sources of Borrowings in sudden emergency**

Sources	Baseline		Midline	
	Treatment	Control	Treatment	Control
MFI/Bank	48%	31%	33%	40%
Family/Friend	23%	43%	12%	16%
SHG	20%	26%	47%	31%
Money Lende	5%	0%	8%	13%
n	424	84	1,373	247

Table: Respondents need to sell assets to meet financial obligations

District	Treatment	Control
Nalbari	7%	3%
Morigaon	4%	1%
Darrang	1%	0%
Kamrup	0%	0%
Barpeta	4%	3%
Goalpara	3%	13%
Overall	4%	2%
n	1,854	305

Table: Lost money by investing in financial scheme last 1 yr

District	Treatment	Control
Nalbari	8%	3%
Morigaon	6%	3%
Darrang	0%	0%
Kamrup	0%	0%
Barpeta	10%	7%
Goalpara	1%	7%
Overall	5%	3%
n	1,854	305

## Income and Expenditure Indicators

Table: Average monthly Income and Expense

District	Avg. Monthly income		Avg. Monthly expense	
	Treatment	Control	Treatment	Control
Nalbari	10,890	8,190	7,685	5,448
Morigaon	10,641	8,865	6,359	5,665
Darrang	10,252	11,367	7,674	8,710
Kamrup	7,892	7,583	5,702	5,650
Barpeta	9,398	9,450	6,648	6,900
Goalpara	10,435	9,917	8,500	8,550
Overall	10,118	9,082	6,865	6,350
n	1,854	305	1,854	305

## Borrowing behaviour

Table: Respondents borrowed in last 1 yr

District	Treatment	Control
Nalbari	74%	77%
Morigaon	56%	54%
Darrang	63%	90%
Kamrup	62%	53%
Barpeta	38%	27%
Goalpara	50%	80%
Overall	58%	59%
n	1,854	305

Table: Reasons Of Borrowing

District	Income generating activity		Non Income generating activity	
	Treatment	Control	Treatment	Control
Nalbari	37%	83%	63%	17%
Morigaon	59%	45%	41%	55%
Darrang	47%	52%	53%	48%
Kamrup	18%	19%	82%	81%
Barpeta	62%	63%	38%	37%
Goalpara	75%	88%	25%	12%
Overall	51%	55%	49%	45%
n	1,067	181	1,067	181

Table: Sources of Borrowings

Sources	Baseline		Midline	
	Treatment	Control	Treatment	Control
MFI	57%	56%	71%	86%
Bank	17%	19%	3%	3%
SHG	26%	20%	29%	14%
Money Lender	2%	0%	3%	3%
Family/Friends	11%	14%	3%	3%
n	895	153	1,067	181

Table: Respondents not able to pay last 10 Installments

District	Treatment	Control
Nalbari	1%	0%
Morigaon	2%	4%
Darrang	1%	0%
Kamrup	0%	0%
Barpeta	1%	0%
Goalpara	55%	66%
Overall	6%	11%
n	1,067	181

## Impact on women

**Table: Average Income of women**

District	Treatment	Control
<b>Nalbari</b>	2,591	1,676
<b>Morigaon</b>	2,628	2,628
<b>Darrang</b>	4,268	5,000
<b>Kamrup</b>	2,548	2,833
<b>Barpeta</b>	2,488	1,967
<b>Goalpara</b>	3,486	1,300
<b>Overall</b>	<b>2,761</b>	<b>2,311</b>
n	379	52

**Table: Involvement in Income generating activities by women**

Activities	Baseline	Midline	
		Treatment	Control
Labour	40%	24%	31%
Trading	22%	18%	10%
Salaried	6%	11%	10%
Service	2%	13%	6%
Skill Based Activities	30%	34%	44%
n	601	379	52

**Table: Reasons for Non-Engagement in Income generating activities by women**

Reasons	Baseline	Midline	
		Treatment	Control
No time from household work	59%	84%	66%
Family does not allow	15%	23%	24%
No Skills	12%	11%	12%
No employment Opportunity	8%	12%	29%
Personal choice	6%	5%	9%
n	1,281	1,118	201

**Table: Women Purchased asset of more than Rs.1000**

District	Treatment	Control
<b>Nalbari</b>	25%	7%
<b>Morigaon</b>	14%	27%
<b>Darrang</b>	45%	53%
<b>Kamrup</b>	3%	0%
<b>Barpeta</b>	9%	10%
<b>Goalpara</b>	17%	0%
<b>Overall</b>	<b>17%</b>	<b>20%</b>
n	1,783	291

**Table: Leadership role of Women**

District	SHG leader		Panchayat member		Others	
	Treatment	Control	Treatment	Control	Treatment	Control
<b>Nalbari</b>	19%	10%	0.40%	0%	0.40%	0.00%
<b>Morigaon</b>	17%	12%	0.10%	0%	0.80%	0.00%
<b>Darrang</b>	19%	23%	0.40%	0%	7.90%	0.00%
<b>Kamrup</b>	14%	3%	0.40%	0%	0.00%	0.00%
<b>Barpeta</b>	21%	30%	0.00%	0%	0.50%	0.00%
<b>Goalpara</b>	23%	20%	0.50%	0%	1.60%	0.00%
<b>Overall</b>	<b>18%</b>	<b>15%</b>	<b>0.30%</b>	<b>0%</b>	<b>1.60%</b>	<b>0.00%</b>
n	1,854	305	1,854	305	1,854	305

**Table: Ownership of Assets by Women**

District	Mobile phone		Gas Connection		Land		House		Vehicle	
	Treatment	Control	Treatment	Control	Treatment	Control	Treatment	Control	Treatment	Control
<b>Nalbari</b>	55%	67%	67%	73%	5%	17%	8%	13%	0%	0%
<b>Morigaon</b>	61%	59%	67%	73%	3%	1%	1%	1%	1%	1%
<b>Darrang</b>	89%	83%	55%	73%	0%	3%	0%	0%	0%	0%
<b>Kamrup</b>	41%	37%	81%	83%	11%	7%	2%	3%	0%	0%
<b>Barpeta</b>	34%	43%	56%	40%	1%	0%	2%	0%	0%	0%
<b>Goalpara</b>	56%	23%	42%	47%	0%	0%	0%	0%	0%	0%
<b>Overall</b>	<b>58%</b>	<b>55%</b>	<b>64%</b>	<b>68%</b>	<b>3%</b>	<b>3%</b>	<b>2%</b>	<b>2%</b>	<b>1%</b>	<b>0%</b>
n	1,854	305	1,854	305	1,854	305	1,854	305	1,854	305

## Access to Sakhi Services

Table:Sakhi Services offered to community

District	Received Sakhi services	Paid for services
<b>Nalbari</b>	71%	85%
<b>Morigaon</b>	58%	34%
<b>Darrang</b>	80%	4%
<b>Kamrup</b>	61%	3%
<b>Barpeta</b>	52%	46%
<b>Goalpara</b>	95%	24%
<b>Overall</b>	<b>67%</b>	<b>31%</b>
<b>n</b>	1,625	1,084

Table:Reasons of satisfaction from Sakhi services (n=1038)

District	Accessible	Good product knowledge	Reasonable fee	Timely delivery	She's reliable	She's responsive
<b>Nalbari</b>	93%	34%	86%	45%	59%	5%
<b>Morigaon</b>	96%	67%	31%	39%	47%	24%
<b>Darrang</b>	99%	99%	97%	96%	97%	91%
<b>Kamrup</b>	43%	48%	25%	17%	62%	50%
<b>Barpeta</b>	89%	57%	47%	34%	48%	10%
<b>Goalpara</b>	93%	71%	1%	1%	5%	3%
<b>Overall</b>	<b>90%</b>	<b>66%</b>	<b>46%</b>	<b>41%</b>	<b>52%</b>	<b>31%</b>