



LSO Initiatives LSO GARHO, THATTA



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An update on the work of Local Support Organisations



What are LSOs?

LSOs or Local Support Organisations are central to the 'Social Mobilisation' approach of the Rural Support Programmes (RSPs). In a bid to reduce poverty and empower marginalised people (especially women), the RSPs mobilise rural communities into a three-tiered structure, which consists of Community Organisations (COs)- neighbourhood level community groups, Village Organisations (VOs) - village level federations of COs, and LSOs - union council level federations of VOs. LSOs are able to carry out community-led development at a much greater level due to the advantage they gain from numbers. As the tertiary tier, LSOs are also uniquely able to develop linkages with government and non-government organisations, donor agencies and the private sector.

Promote Girls Education

The status of education in Garho was miserable before the people of the area were organized into COs, VOs, and LSO. These community organizations enabled the people to resolve their socio-economic issues by employing a balanced combination of self-help, mutual cooperation and linkage development with government agencies. There were 37 boys primary schools in the area, but only 12 were open and functional. There was only one primary school for girls in the entire UC. Parents were totally against educating their daughters. With the technical and financial support of NRSP, the LSO organised awareness sessions for parents at CO and VO level and motivated them for sending their daughters to schools. On the other hand, the LSO constituted an Education Committee, comprising 3 men and 2 women, to address the issues of education in a focussed manner. The Committee surveyed all schools of the UC and identified the missing facilities in them and suggested ways and means for arranging them. The Committee then approached the government Education Department and

**Date of Formation:
30 June, 2012**

**District:
Thatta**

**Union Council:
Garho**

Total Households in
Union Council:
6,790

Organised
Households:
6,167

Coverage:
91%

No of Community
Organisations (COs):
310
140 women's

No of Village
Organisations (VOs):
9
all mix

No of General
Body Members:
26
6 women

No of Executive
Committee Members:
17
3 women

shared their findings with them. So far, they have arranged missing facilities including teachers, furniture, drinking water supply and washrooms to a number of schools. They re-activated the School Management Committees of government schools. As a result of these efforts, 24 schools are now functional in the UC and they are determined to re-open all 37 schools sooner or later. A total of 1,874 children have been enrolled in schools. A large majority of them are girls.

In three villages, the demand for enrolment of children was so high that no space was left in the government schools. Therefore, they opened 3 Community Schools and now a total of 260 children, including 150 girl students, are enrolled in these schools. Parents pay Rs. 50 per child per month to pay the salary of teachers and other related expenses.

Health Development

The health facilities were negligible in the UC before the LSO formation. There is only one government BHU and one Dispensary in the 36,000 square kilometres vast UC. The LSO formed a 6 member Health Committee, including 2 women, to address the health issues. The Committee identified a number of issues including shortage of health staff and medicines and lack of availability of lady doctor. Another issue was very limited coverage of vaccination due to availability of only one vaccinator and refusal cases in case of polio vaccines in various settlement. Out of 224 settlements only 3 were receiving vaccination services and that also with a partial coverage.

medicines both at the BHU and the Dispensary. He also posted another LHV and two additional Vaccinators to the UC. On their part, the LSO arranged volunteers to accompany the vaccinators, both, to do monitoring of the activities of the vaccinators and to convince the refusing parents for vaccination. As a result of these integrated efforts, now regular vaccination is carried out in 204 settlements with 100 per cent coverage. A Lady Doctor visits the BHU for 2 to 3 days a week and besides medically checking up pregnant women provides delivery assistance services at the BHU. The LSO also celebrates the World Polio Day, World Hand Wash Day and World Health Day to raise awareness about health and hygiene among the masses.

Managing Disaster Risks

The main livelihood sources of the people of the UC are fishing and agriculture. However, due to frequent occurrence of natural disasters, including high tide, cyclone, flood and fire, around 90 per cent of its inhabitants fall under Poverty Scorecard range of (0-23). Nevertheless, over the last three years, the LSO has significantly improved the disaster risk management capacities of its members with the technical and financial support of donors and government. For example, they have rehabilitated 19 earthen roads which help them in access and safe evacuation during disasters; constructed 17 raised hand pumps to ensure safe drinking water during floods; constructed 22 km protective bund which had reduced the risk of flood. In addition to these physical infrastructures, they now have Disaster Management Committees at village and UC level with 148 trained men and women members. They now have Disaster Risk Management Plans both at UC level and village level and a tool kit at UC level.



The Committee raised the issues with the District Health Officer (DHO), who immediately increased stock of

