ENVIRONMENT & LIVELIHOOD INTEGRATION DEVELOPMENT ORGANIZATION

Baseline Survey Report

Noor Village , Gijju, Thatta

With The Collaboration of Pakistan Medical Association , Karachi-Pakistan

2014

D-268, Hashimabad Society, Phase -1, Thatta, Sindh

Table of Contents

List of Acronyms and Abbreviations

ELI	Environment & Livelihood Integration Development Organization
PMA	Pakistan Medical Association
CO	Community Organization
OPP	Orangi Pilot Project
PPAF	Pakistan Poverty Alleviation Fund
USSGAF	United States Small Grants Ambassador Fund
HHs	Households
IP	Implementing Partner
WASH	Water Sanitation and Hygiene
PSU	Primary Sampling Unit
SSU	Secondary Sampling Unit
IGA	Income Generating Activity

Executive Summary

The baseline survey was conducted in the Noor Village to collect baseline information, a survey of 53 households was carried out among the Noor Village beneficiaries of PMA on January 15-17, 2014. The survey was performed by the ELI team with the support of PMA. This report represents the baseline findings in the areas of Noor Village, Pir Muhammad Merbhar village, Sohrab Kalepoto village, Shah Muhammad Katiar Village, Ali Muhammad Katir Village, Qadir Bux Panhwar village and Safar Halani village.

To Improve Health, Education, Livelihood, Environment and other related facilities through different identified projects for low income families of Noor Village as well as the adjoining villages, ELI will implement the different projects by involving local Cos with the support of PMA, OPP, PPAF, ADP, USSGAF and some other donors. The local Cos will assist in assessing the needs and selecting families, minimizing the repayment risk, increasing efficiency and ensuring a more holistic development program.

In regards to WASH, ELI will design different projects to train skilled/unskilled workers, raise awareness of Water, Sanitation and Hygiene -related illnesses and promote best hygiene practices throughout the wider community. Priority will be given to female-headed households and families with vulnerable members.

In regards to Disaster risk reduction, specifically, ELI will train the communities on disaster preparedness.

This report is based on the Baseline Survey 2014 from the area. It covers socio-economic, demographic, water, sanitation, hygiene, health issues, disaster, social hazard/risk etc. All these areas are paying attention to know the household requirement of the surveyed area. The baseline survey was designed to provide up-to-date information on these issues for assisting the PMA in planning, monitoring and future evaluation of the ELI program.

In Demographic characteristics**,** the total population of Noor village is 437, where there are 93 men and 116 women. Boys (under 5 year) are 70, Girls (under 5 years are 80). Boys (age ranging from 5 to 9 years) are 32 and Girls (age ranging from 5 to 9 years) are 31. Boys (age ranging from 10 to 18 years) are 6 and Girls (age ranging from 10 to 18 years) are 9. Furthermore, the average household size 6 to 8 members.

From the survey result indicates that there are lots of slots available in education sector where we can address directly. Although a school has been established and registered with Govt. of Sindh and all kind of educational infrastructure is intact but the percentage of enrollment is very low. We can add and promote education importance to increase the rate of enrollment in Noor Village as well as the adjoining villages which has already been mentioned above and shown in the below map.

The majority of households' income range in the study areas is PKR 6000 to 9000 and the main sources of income in study areas are agriculture, day labor and services.

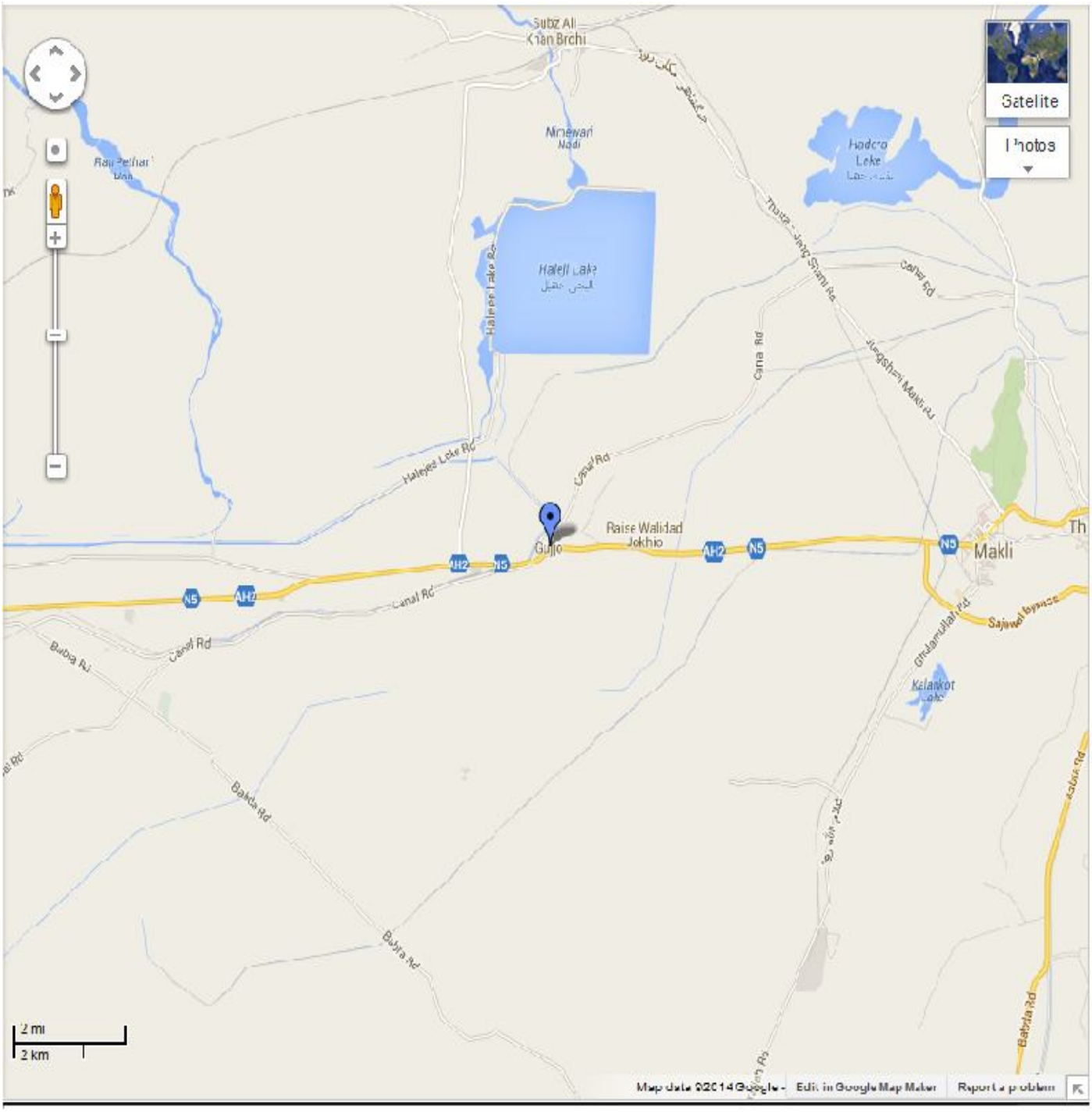
Majority of people of the project areas mainly use hand pumps for drinking water which is quite insufficient to meet the requirement of local habitats. There is a need to provide them a safe and drinkable water supply scheme. Moreover, about 80% of female households (Wife/Mother/Female relative/Daughter) are responsible in fetching water for the whole family, while only 20% is the male household member.

Furthermore, the survey data shows that household member were suffered mostly from tuberculoses, cold/fever, cough, scabies, Asthma and few women hidden diseases which they avoided to mention. It has been identified that adjoining villages are the most vulnerable.

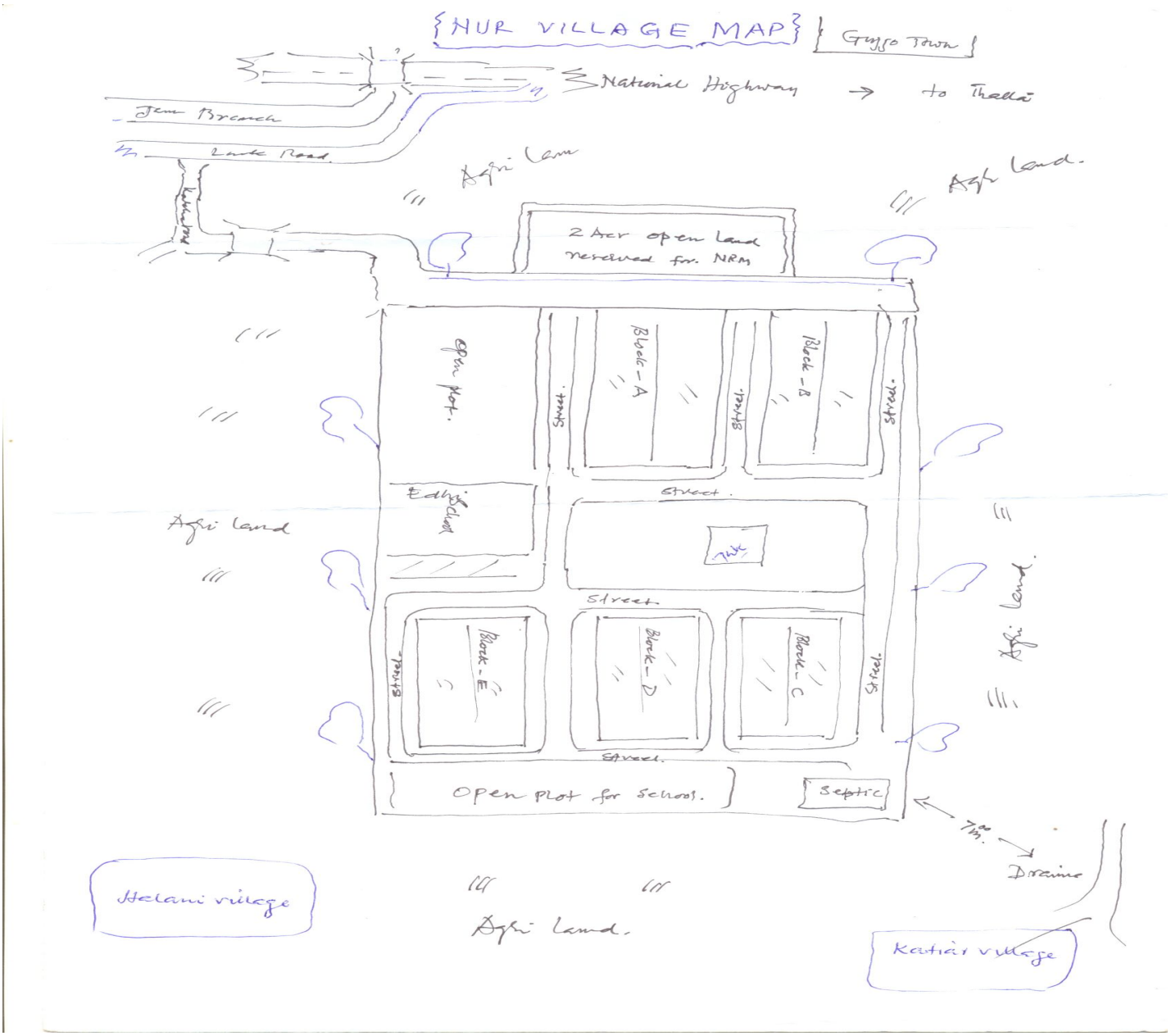
Finally, we tried to find out the household housing solution to improve their housing condition. As per the household required solution, has the higher need of sanitation.

By observing the need and problem of the study areas we came up with various recommendations so that we can better serve families for their sustainable development.

Map of Project Area



Indigenous Social Map of Noor Village



I. Background

Introduction

ELI is a civil society organization dedicated to alleviate poverty by empowering the poor by using different development practices, and helping them to bring positive changes in their lives by creating opportunities for the poor through participatory approach. Integration of environment & livelihood is the main pillar of ELI structure.

ELI starts it journey of interventions in 2005 in the district of Thatta, Sindh, Pakistan, and over the course of our evolution, we have been playing a role of recognizing and tackling the many different realities. We believe that there is no single cause of poverty; hence we attempt tackling poverty on multiple fronts.

ELI is a development initiative, spreading solutions born in Thatta, Sujawal, Tando Allah Yar and Matiari, Sindh Province of Pakistan – a local/regional leader in creating opportunity for the poor. Started out as limited area of jurisdiction in remote villages of Thatta and Sujawal. Organizing the poor using communities' own human and material resources, ELI catalyses lasting change, creating an ecosystem in which the poor have the chance to seize control of their own lives. The operations are being carried out with a holistic development approach geared toward inclusion, using tools like microfinance, education, healthcare, legal services, community empowerment, social enterprises, governance, livelihood and ELI's natural resource management research.

II. Survey objectives and methodology

Objectives of the survey

Pakistan Medical Association and Environment & Livelihood Integration Development Organization joined hands for the sustainable development of Noor village. This baseline survey aims to understand the profile and situation of potential beneficiaries prior the project intervention. This will further provide relevant information as input to strategic planning and focusing on the most relevant and appropriate intervention to the target groups. The specific objectives of the baseline survey are:

- To assess up-to-date information on socio-economic, demographic, health, water and sanitation condition of the areas
- To asses vulnerable and most needy families in the areas
- Identify the needs and possible interventions related to improved drinking-water, sanitation facilities, improved disasters preparedness and home resilience
- To assess the progress of water and sanitation condition after major intervention accomplished by PMA in the projects area.
- To find out the present housing related problems faced by the families in the areas, such as disaster, health issue, social hazard/risk etc
- To promote increased interventions in water and sanitation, livelihood, environment, capacity building and microfinance sectors for the project area.

- To contribute to the improvement of data and monitoring system and to strengthen technical expertise in the design, implementation and analysis of such systems

Methodology

The survey considered household heads, mothers and youngest women (age 18 or more) as eligible respondents. A two-stage sampling design was employed for the survey. The rationale behind selecting two-stage sampling was its principle of simplicity, low cost and ease of operation. At the first stage, we used a purposive (also known as judgment) sampling to select the survey areas which were identified by the PMA within their working area. The second stage requisite number of households and eligible respondents were selected by using the 100 % sampling.

Sampling size determination:

Determination of an appropriate sample size is a key to the success of any field operation. Here, the sampling design was based on the Simple Random Sampling method to rapid assessments of the present situation in the project areas. PMA assist by providing beneficiaries list in their working areas. From the beneficiaries list the simple random sample was employed to select the sample for baseline survey.

There are many formulas to determine the sampling size. Here we have used 95% confidence level with 5% margin of error. In that process, sample sizes of 53 out of 83 households were selected in the area.

Sampling design

The sampling strategy used the village as a primary sampling unit (PSU) and the households as the ultimate sampling unit or secondary sampling unit (SSU). The list of villages with corresponding households/population is available with the local administration.

At stage one, a sample of PSU i.e. villages were selected. For operational convenience a total sample size was selected 53 households within the projected area.

At the second stage, a fixed number of households, which we called SSU, were selected from selected village. The households were selected randomly form each of the selected village. This procedure was followed to avoid the time and cost involved with listing households, as there was now up-to-date frame of household available to us.

Questionnaires

Data was collected through structured questionnaire. The questionnaire was developed in English. After field pre-testing, the questionnaire was finalized. While designing the questionnaire, attention was given to the wording of the questions so that the respondents find it simple and understand it easily. In certain situation interviewer were to use local dialects of some terminology.

The household questionnaire covered the following topics:

- Background characteristics of household head (demographic and Socio-economic),
- Educational status of household members,
- Household monthly income and expenditure, main sources of income, present housing condition and use construction materials, water and sanitation facility,
- Personal hygiene practice and WASH knowledge
- Household health related problem/diseases, Disaster hazard/risk,
- Household improvement requirements

Training and Fieldwork

The fieldwork schedule includes recruitment of interviewers and their training, pre testing of questionnaire, data collection, quality control and data processing. The data processing operation consisted of office editing data entry and editing by the computer program. The survey training was conducted by the Chief Operating Officer with coordination of ELI & PMAS staffs. Training was organized with contents of data collection methods, interview technique, questionnaires & other relevant issues of the questionnaire survey. The objectives of the training were to provide orientation in the survey methodology, data collection, survey tools and quality control of data. At the end of the training, field testing was organized to test the adequacy and contents of questionnaire, sequences of questionnaire.

Survey data collection was held from January 15-18, 2014. Data collection was carried out by 4 interviewers and 1 data entry personnel.

Data Processing

As soon as the filled-in questionnaires were received from the field, editors edited all questionnaires to remove the error and inconsistencies. The editing consisted following stages:

i. Check individual questionnaire to search for errors such as legibility, range, skip and consistency. For inconsistent data, it is been assumed which of the inconsistent answers is more likely to be correct and take appropriate action accordingly. For missing data, either found correct answer from other answers or entered 'as incomplete' code.

ii. Cross-checked individual questionnaires against individual summaries.

iii. Further editing was done after data entry by computer to detect all kinds of inconsistencies and finally analyzed data. The analysis work done by using M.S Excel

Sample Coverage

The survey was done in Noor Village and its adjoining villages and a total sample of 53 households were selected.

III. Characteristics of Households

Demographic characteristics

The household population in the baseline survey was enumerated on *de Jure* basis i.e. persons were enumerated if were usual residents of the selected household at the time of enumeration, irrespective of where they spent the night before the survey in the household. A household is defined as a person or group of people who live together and share common food.

Age and Sex composition:

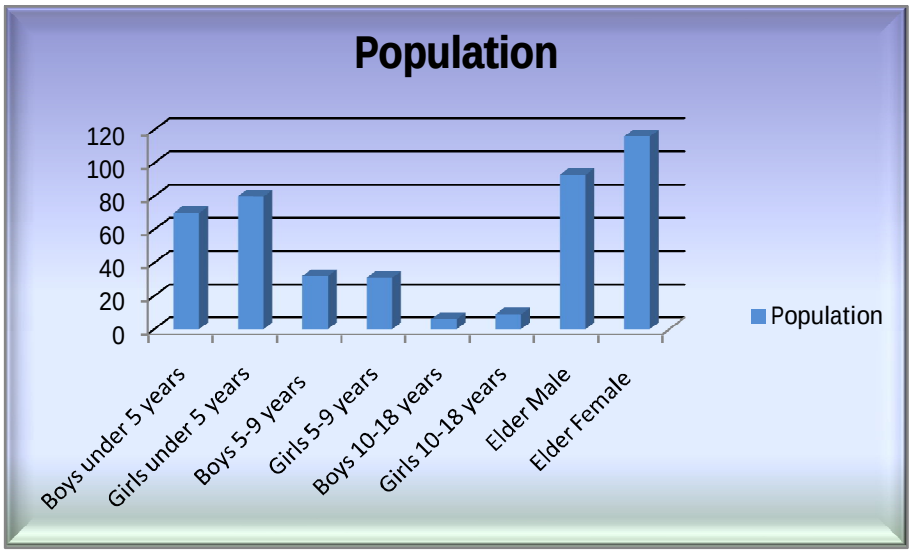
The age and sex composition of a population is a very important factor in determining its socio-economic well-being. Table 3.1, shows the distribution of population of the area by different age group and sex. The total enumerated populations in the sampled household are 437 in Noor Village of whom 201 are males and 236 females.

It has been shown from the table 3.1 that the young population (less than 18 years old), in the surveyed areas i.e. 52%. Then the percentage of elderly population (18 year and above) is 48%.

Table 3.1: Population by selected age group

Percent distribution of the population by selected age groups:

Age group	Population	Percentage
Boys under 5 years	70	16%
Girls under 5 years	80	18%
Boys 5-9 years	32	07%
Girls 5-9 years	31	07%
Boys 10-18 years	06	01%
Girls 10-18 years	09	02%
Elder Male	93	22%
Elder Female	116	27%
Total	437	100%


Population
120
100
80
60
40
20
0
Boys under 5 years
Girls under 5 years
Boys 5-9 years
Girls 5-9 years
Boys 10-18 years
Girls 10-18 years
Elder Male
Elder Female
Population

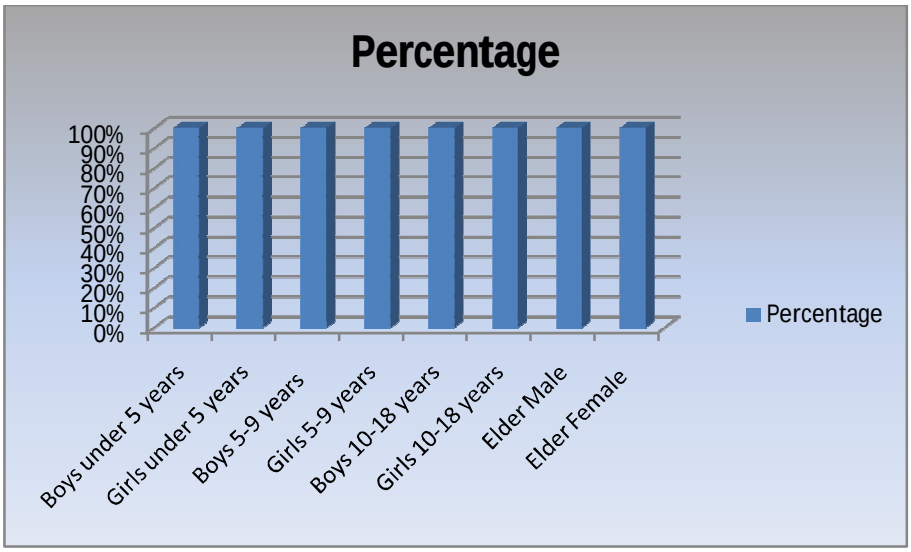
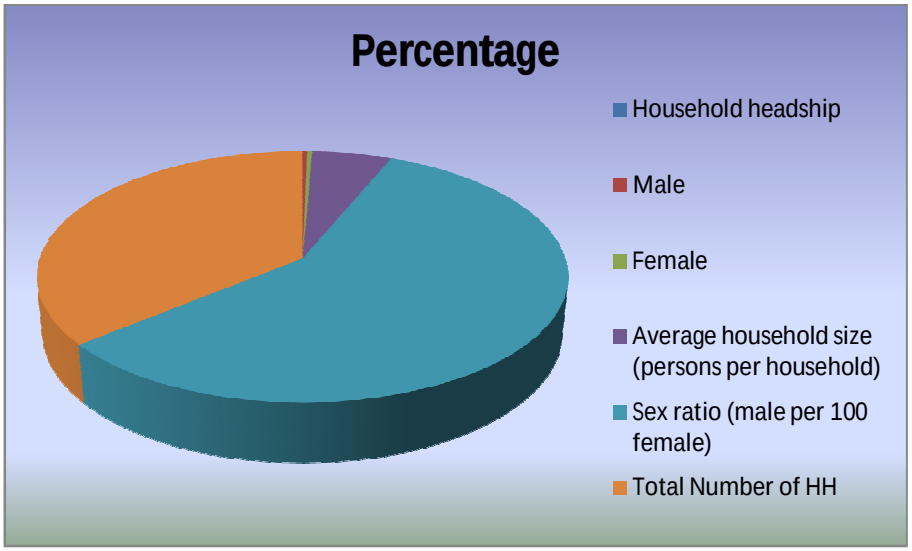

Percentage
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Boys under 5 years
Girls under 5 years
Boys 5-9 years
Girls 5-9 years
Boys 10-18 years
Girls 10-18 years
Elder Male
Elder Female
Percentage

Table 3.2: Household composition

Percent distribution of household by sex of household head and size

Characteristics Household headship	Percentage
Male	46%
Female	54%
Average household size (persons per household)	8.2
Sex ratio (male per 100 female)	85
Total Number of HH	53



Household size and household headship is very important because it reflects the family welfare, i.e. socio-economic, decision making in the family, empowerment etc. It is found from table 3.2 that the average household size in Noor Village is (8.2) is highest among the other areas of Pakistan because official calculated household size all over in Pakistan is (6.5). On the other hand, the sex ratio reflects that there are more females than males in the area.

IV. Education

Education level

Education is a key determinant of the life style and status an individual enjoys in a society. It is a recognized fact that education is the key to personal development as well as to economic, social and cultural development of societies.

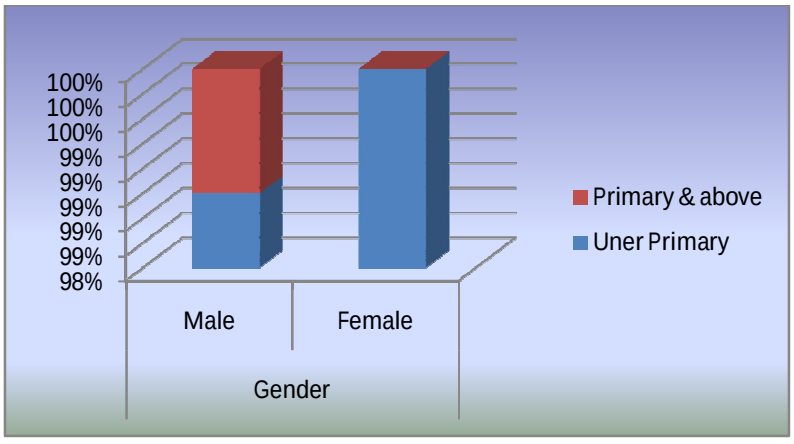
Table 4.1 provides data on highest grade completed education level of the household population in the study areas by sex. The result indicates that in the study areas the percentage of education i.e. 99% of total households are under primary education and only 1% are on high level of education. We found one person

who was BSc. And a teacher who passed B.Ed. If we further explain in deep root analysis, women are 100% who attain under primary education.

Moreover, PMA has established a primary school in the vicinity within the boundary wall of Noor Village where total student enrollment is 86 out of that 61 are boys and 25 are girls which reflects that the community do not encourage female to get education. Following table's data also indicates another future problem which we will have to face shortly that in 5th class there are 12 students who will passed out as the session is going to be ended in March 2014. We will have to consider about their future study as 6th class is not available in the established school. Furthermore, very low percentage in the higher secondary and tertiary level of education in the surveyed areas, because most of the families do not have ability to bear educational cost for higher secondary level and tertiary level and also there is limited higher educational institute within the surveyed areas. It is also noted that families still have lack of awareness about the impact of higher study.

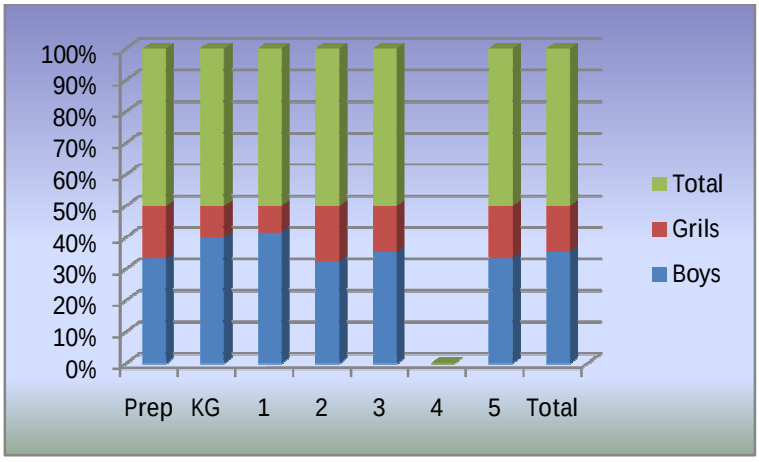
Table 4.1: Education data Analysis

Literacy Level	Gender	
	Male	Female
Under Primary	99%	100%
Primary & above	1%	0%



Noor Village Primary School data Analysis

Class Level	Boys	Girls	Total
Prep	10	5	15
KG	8	2	10
1	10	2	12
2	11	6	17
3	12	5	17
4	0	0	0
5	10	5	15
Total	61	25	86



V. Household Income, Expenditure and Main source of income:

Although it was very difficult to obtain reliable information about household income, effort was made to collect the information by questionnaires and interview technique. So the responses were seems to be downward biased.

From the table 5.1, it has been found that the majority of households were in the income range of PKR 6000 to 9000. The result shows that about 95% household were in the earning group of PKR 6000 while only 5% household are more than that.

Table 5.1: Income group in the Study areas (percentage)

Income Group (PKR)	Percentage
< 6000	0%
5000-6000	95%
6000-9000	5%
Total	100.0

Figure 1: Household Income and Expenditure (PKR)

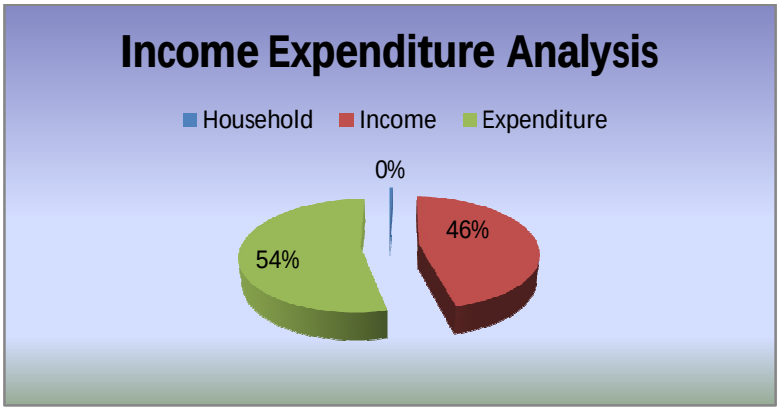


Figure 1 show that, among the studied areas, there is no balance in income and expenditure. Income is low while the expenditures are much higher.

According to the household income & expenditure survey report , monthly Income per household in Pakistan rural areas is PKR11,265/M, and the average monthly expenditure is PKR 1426 per person, keeping in view the said analysis it is concluded that the community living in Noor village is ultra poor and their monthly average income and expenditure is the lowest. ***(Ref: www.pbs.gov.pk)***

Moreover, it is noted that household income is the critical part of in this survey since respondents usually do not share their actual income and give inaccurate information but they would talk more about their expenses. As a result in some cases we have found expenditure is higher than income.

Main source of Income:

In Noor Village mostly people are earning through labor work in Gijju or Thatta only few person are teacher. It was found that a person/family may have more than one income sources but they do not have awareness. It is also our aim here, to justify that this income is sustainable to their sources.

VI. Health

During the survey, it is observed that the community is also unaware about different kinds of health hazards. There is enough room available to work on. Collected data and interview results do second this statement. We found the common diseases in the community i.e. tuberculoses, fever, cold, cough, scabies, asthma and many hidden women diseases which they avoided to mention. 23 women are also recorded as pregnant who are unaware about the vaccines schedule during the pregnancy and postnatal medical checkup. 12 women recorded as lactating women due to unavailability of adequate and balance diet.

Most of the men in the community were found addicted of “Gutka” which is injurious to health as well. Disability also found and collected data revealed that there are 02 men were physically disabled by legs, 01 woman was disabled due to backbone deficiency, 03 boys were mentally disabled and 01 girl was suffering from epilepsy.

VII. Water, Sanitation, Hygiene and Knowledge information

This section aims is to determine the households' main source of drinking-water. The type of water source or technology specified by the household was used as an indicator for whether the drinking-water is of suitable quality. The following water sources were likely to be of suitable quality: a piped water supply into the dwelling; piped water to a yard/plot; a public tap/standpipe; a tube well/borehole; a protected dug well; protected rainwater. Water sources that were considered "poor quality" were: an unprotected hand pump. Although water storage tank and water supply scheme is available in Noor village but due to unavailability of proper water source, the scheme is not functional yet. We have to address the problem on urgent basis.

Water collection, distance, and gender issues

Availability of water, time taken to fetch water and distance to the source affects the quality of access of household to drinking-water. The following factors of water collection process and sources will help understand suitable interventions to ensure water accessibility: quality of water delivery, the continuity of drinking water services, the seasonal availability of water, and the affordability of services. Distance refers the time duration needed to reach to the water source, obtain water, and bring to the house.

The standard acceptable distance of the water source to the house is between 150 feet. Most of the household respondents of the project area collect water at the distance of less than 82 feet. But the entire communities of the project area show that there was significant proportion of people who collect water at the distance of more than 150 feet from a hand pump which is owned by another landlord who lived in the vicinity.

Interview results reflects that on average in the study area about 80% of female households i.e. Wife/Mother/Female relative/Daughter were responsible in fetching water for the whole family, compared to 20% of male household member i.e. Husband/Father/Son/male relative. The findings imply that mainly women were more engaged in water hauling activities than man.

Water, Sanitation and hygiene knowledge

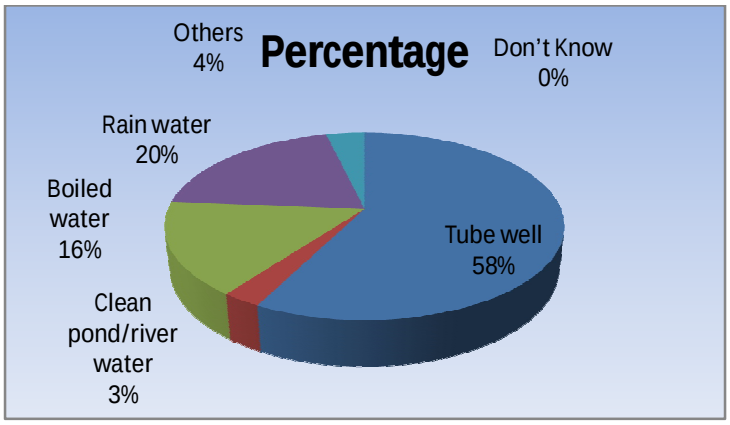
This section aims to determine the household's knowledge about safe water, sanitation and hygiene.

Household opinion about safe water, sanitation source

Household perception about practices in safe water, sanitation and hygiene will provide some insights on their level of awareness and knowledge on safe water and sanitation and will be valuable input on possible intervention preferred by community members.

Table 5.2 Knowledge about Safe water (%)

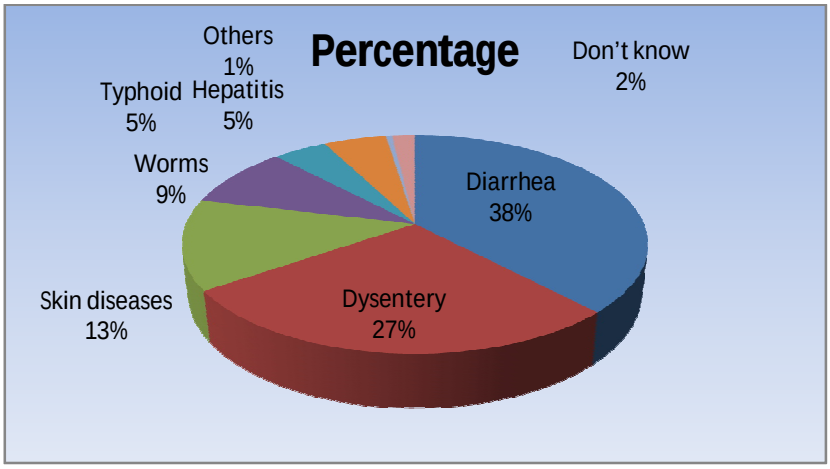
Family knowledge about Safe and Portable water	Percentage
Tube well	57.5
Clean pond/river water	2.7
Boiled water	16.0
Rain water	20.1
Others	3.7
Don't Know	0.0
Total	100



Respondents believe that tube well is the safest source for water (see table 5.2).

Table 5.3 Household's perception about water related diseases (%)

Types of diseases due to dinking of unsafe water	Percentage
Diarrhea	38.0
Dysentery	27.5
Skin diseases	13.4
Worms	9.2
Typhoid	4.5
Hepatitis	5.2
Others	0.5
Don't know	1.9
Total	100



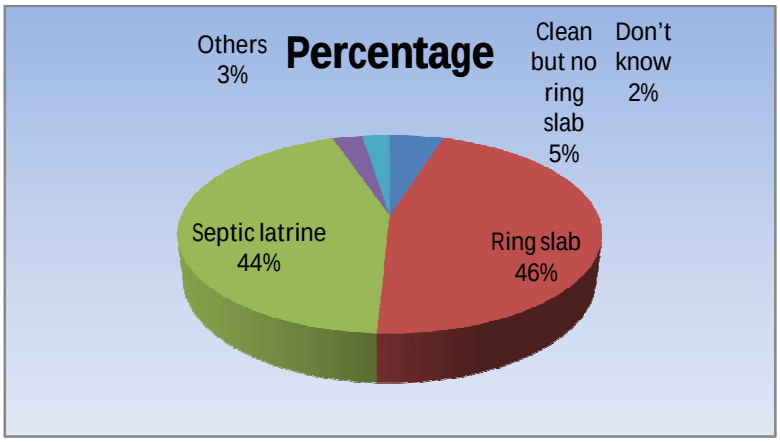
According to table 5.2, drinking unsafe water will cause the following diseases: diarrhea, dysentery, skin diseases, worms, typhoid, hepatitis etc. Less than half of the respondents believe that drinking unsafe water will cause Diarrhea.

Knowledge on household hygiene and diseases

This section on family hygiene practice will triangulate the findings from the disease related answers on water sources and sanitation technologies.

Table 5.4 Home owners view about hygiene latrine

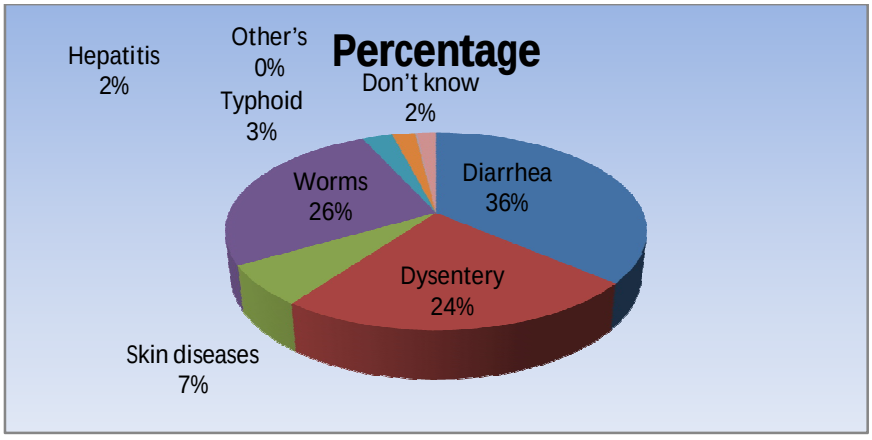
Home owners view of a hygienic latrine	Percentage
Clean but no ring slab	4.9
Ring slab	45.9
Septic latrine	44.0
Others	2.7
Don't know	2.5
Total	100



As shown in Table 5.4, most of the respondents' considered septic latrine and ring slab is the hygienic latrine in their knowledge. It is also seen from the figure that about averagely less 5% households don't have any knowledge on this hygiene latrine.

Table 5.5 ***Knowledge of having disease due to unsafe latrine***

Types of diseases due to using unsafe latrine	Percentage
Diarrhea	36.3
Dysentery	23.8
Skin diseases	6.6
Worms	26.6
Typhoid	2.8
Hepatitis	2.1
Other's	0.1
Don't know	1.8
Total	100



As shown in table 5.5, on average in the study areas, respondents believes that the use unsafe latrine will cause diarrhea, dysentery, skin disease, and worm while about 9.6% of respondents still have miss conception on the using of unsafe latrine.

Table 5.6 Knowledge about symptom of diarrhea (%)

Knowledge about the symptom of Diarrhea	Percentage
Cramping stomach pains with an urgent need to go to the toilet	55.7
Nausea or vomiting with watery stool	40.0
High fever/headache	1.8
Other's	0.7
Don't know	1.8
Total	100.0

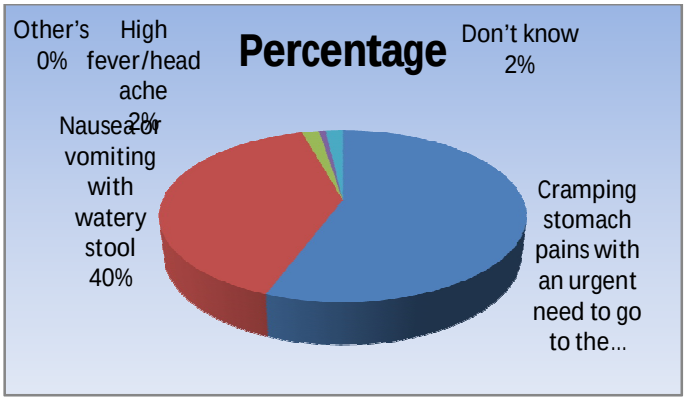
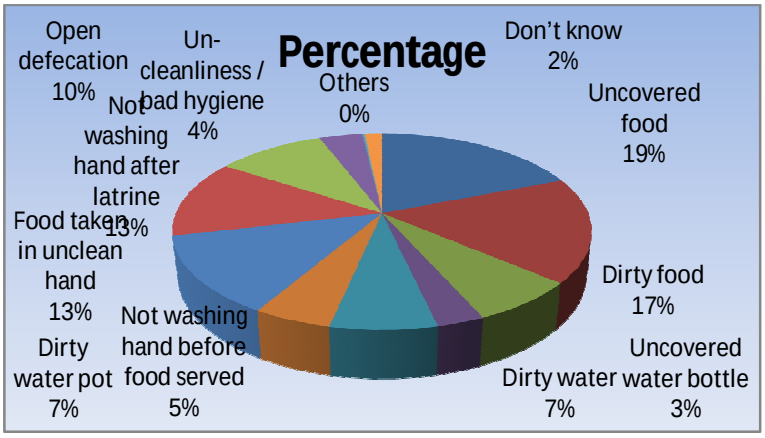


Table 5.6 shows that 2% respondent, have no knowledge on the symptom of diarrhea.

Table 5.7 Knowledge about causes of Diarrhea/water born diseases (%)

Knowledge about the causes of water born diseases	Percentage
Uncovered food	19.0
Dirty food	17.3
Dirty water	7.1
Uncovered water bottle	3.1
Dirty water pot	6.9
Not washing hand before food served	5.1
Food taken in unclean hand	12.9
Not washing hand after latrine	12.9
Open defecation	10.0
Un-cleanliness / bad hygiene	4.0
Others	0.2
Don't know	1.6
Total	100.00



Respondents have limited information about the causes of water born diseases as noticed in Table 5.7.

VIII. Sanitation Facility

Sanitation facility is an important indicator of health and hygiene. Inadequate disposal of human excreta and personal hygiene is associated with a range of disease including diarrheal disease. Sanitary means the excreta disposal include: flush toilets connected to sewage systems or septic tanks and water sealed/slab latrine.

It is observed during the study that PMA has provided a complete and comprehensive sanitation facility in Noor Village through a septic tank. It is also observed that the septic tank is almost full and need some repair as well. We have come to know that the community does not have the capacity to maintain the septic tank.

IX. Conclusion and Recommendation:

In this report we try to came up with some recommendations on the basis of the finding exist in the study areas. Further, the following are the recommendation of the baseline survey:

1. Social Mobilization of settled community. We should form community organizations in Noor village on urgent basis so that the suggested intervention should be carried out on participatory approach for the sustainability. Different committees from the formed community organization should also be formed to run the day to day affairs for the maintenance and smooth functioning of the available facilities in Noor village. For example, at once, we can form school committee, Health committee, water committee, Sanitation committee and these committees should be assigned chalked out responsibilities. It is our point of view that sense of ownership will sustain the Noor Village and this aspect may be emerged through community participation. Furthermore, it is also recommended that we should expand our jurisdiction towards the adjoining villages namely, Pir Muhammad Merbahar, Sohrab Kalepoto, Shah Muhammad Katiar, Ali Muhammad Katiar, Qadir Bux Panhwar and Safar Halani where approximately 108 households do exist and the total population of these 06 villages is 755. Involvement of these adjoining villages will be quite beneficial for us as the will be equal shareholders of all future interventions. We will also mobilize the adjoining communities socially and will carry out a cluster meeting.
2. There is no road access from highway to Noor Village, only a kacha link road of 0.5 km available which passes through different land owners. The track is located along with water course and its community overview that in rainy season or during the cultivation of rice crop, this track will be overlaps and will cause a difficulty. So, there is an urgent need to construct a metal track for proper access to Noor village.
3. Basic Health Unit is available within the vicinity but it is not functional due to lack of medical staff and medicines. The said facility should also be addressed on urgent basis.

4. It is observed during the survey that septic tank is almost full and there is a need to dispose of the waste water through a feeder machine which can be hired from Gijju for five to six hours. The waste water of septic tank may be used to fill trees line for plantation sustainability.
5. Provision of drinking water is another grey area which needs to address on priority basis. The community is fetching water from a hand pump which is located on another growers land.
6. Although electricity infrastructure is available in Noor village, but there is no connection is given by HESCO yet. It is the point of view of HESCO that if the power connection is given within the Noor Village, who will pay the electricity bill which is , in our opinion, is true as the settled community is very poor and living their lives in vulnerable economic conditions. We should also focus on this point and go for the alternate energy provisions.
7. It is recommended that Enterprise development program should be launched through micro financing so that the community may raise their income. They are totally relying on labor work which is occasionally available. Economic and financial condition of the community is quite vulnerable with the average household size of 8.2.
8. As per collected data, we found that there are 20 women available who are expert in handicraft. We can train them to polish their expertise and later on, these women will be our master trainer who will train other women of Noor village as well as in surrounding villages. By doing so, they will be able to earn the bread for their families and may enhance their income. It is therefore, recommended that a vocational center may be established for skill development.
9. To provide environment friendly atmosphere in Noor village, it is recommended that Natural Resource Management activities may be carried out in the vicinity so that the community may also be involved in it. For example plantation of tress, flower plants etc. and vegetable growing techniques.
10. The community of Noor Village does not have gas to cook their food . Therefore, they are using fire woods for cooking. This act of community is directly affecting the surrounding environment. Therefore, we suggest that bio gas plants may be an alternate source of energy.
11. Up gradation and development of available school is also required. As per data, the students who are in 5^{th} class, have no option for 6^{th} class in next session which is going to end in March 2014. The parents of these students are quite worried.
12. Scaling and soling of streets are also required.

Some Identified Capacity Building Programs

1. Hygiene orientation programs to increase knowledge about hygiene sanitation through trainings and orientation among the community.
2. Household suffering the health related problems/diseases particularly diarrhea, Dysentery, asthma, Typhoid, skin diseases etc. There is a need to educate community people about the impact of good, safe water and hygiene sanitation.
3. WASH and Disaster training can be introduce in the primary school program, where students can lead for the sustainable development within the communities.
4. As diarrhea and nutritional are interlinked, one can be improved by controlling other. It shows that the child and mother nutrition condition may decline due to inadequate knowledge of nutrition food supplementation for mother and at child's appropriate age. This two components need to incorporate in the community training or financial education. For example: advise the families in the training on vegetable grading in the yards and similar topic etc.
5. For sustainable development, livelihood training like, Income Generating Activity (IGA), vocational training can be introduce in the project.

Appendix – Questionnaire

Status of Population

Men	Women	Boys U/5 y	Girls U/5 y	Boys 5-9 y	Girls 5-9 y	Boys 10-18 y	Girls 10-18 y	Total Population	Remarks
93	116	70	80	32	31	06	09	437	53 Households

Disability

Men	Women	Boys	Girls	Remarks
02	01	03	01	• 2 men disabled by legs • 1 woman disabled by back bone deficiency • 3 boys mentally disabled • 1 Boy have epilepsy

Education

School Name	Enrolment	Boys	Girls	Remarks
Abdul Sattar Edhi Public School	**86**	**61**	**25**	• **School is registered with Private Schools Directorate Hyderabad.** • **5 Teachers available**

Handicraft makers

Men	Women	Boys	Girls	Remarks
0	20	0	0	• Need to train /strengthen their skills further

Health				
Pregnant women	23			• Lack of vaccine • Postnatal checkup lacking
Lactating women	12			• Lack of adequate diet / balance diet

Diseases

1. Tuberculosis
2. Fever /Cold
3. Cough
4. Scabies
5. Asthma
6. Women hidden diseases (avoided to mention)

Findings

- Men & Women Community Based Organization (CBO) did not formed
- Road access. Katcha track is exists for 0.5 Km from Shaikh Turabi to Gijju link road near by National Highway. Track is located along with water course. Community says that, in rainy season water course overlaps & covers track. People coops difficulty.
- Health facility is exists but did not functional due to lack of medical staff & medicines
- Teachers are un trained
- Dispose off of septic tank (waste water disposal)A feeder machine is required to dispose off of septic tank (machine could hire from Gijju on rent for 5-6 hrs). Waste water can be used to fill trees line for plantation sustainability.
- Provision of drinking water at urgent basis. Community fetching water from a hand pump from another growers land.
- Lack of electricity. Though, HESCO authorities if electrify Noor village who will pay bills of electricity?

Way forward / Suggestions

- CBOs (Men & Women) should be formed as soon as possible.
- Under CBO, various committees should form i.e.;
  1. School Committee
  2. Health Committee
  3. Water Committee
  4. Sanitation Committee
- Above cited committees have their own responsibilities (chart out) & they will responsible to CBO.

Catchment Area Villages & their Population			
S. No.	**Village**	**HH**	**Population**
1.	Pir Muhammad Mirbahar	45	315
2.	Sohrab Kalepoto	12	84
3.	Shah Muhammad Katiar	15	105
4.	Ali Muhammad Katiar	12	84
5.	Qadir Bux Panhwer	04	27
6.	Safar Halani	20	140
Total		**108**	**755**

Submitted by Saleem Tunio COO,
ELI Thatta
As on Jan 16, 2014

Appendix – Pictures Gallery

Noor Village Entrance

Inner View

Complete View

Water Storage Tank

PMA Office/Structure

Angular View

Boundary wall

Interview with community

Interview with Community

Transact Walk

Streets of Noor Village

Briefing

Round the Boundary wall

Complete view

Electric pole and lines

Briefing / debriefing

Briefing / debriefing

Survey Form Testing

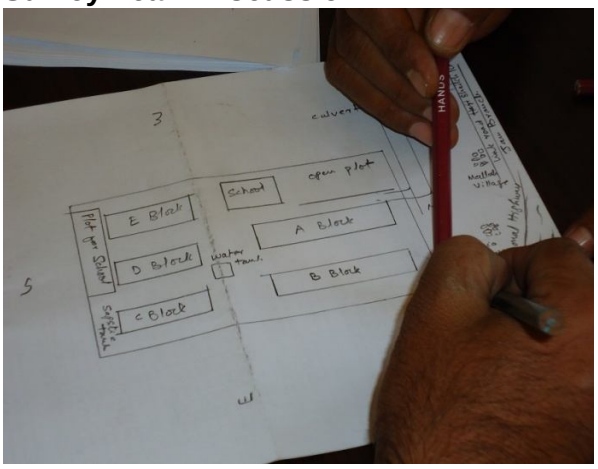
Survey Discussion

Survey Form Filling

Discussion

Survey Team Discussion

Checking Survey data



Master Plan of Noor Village

Transact Walk

Surroundings

Transact Walk

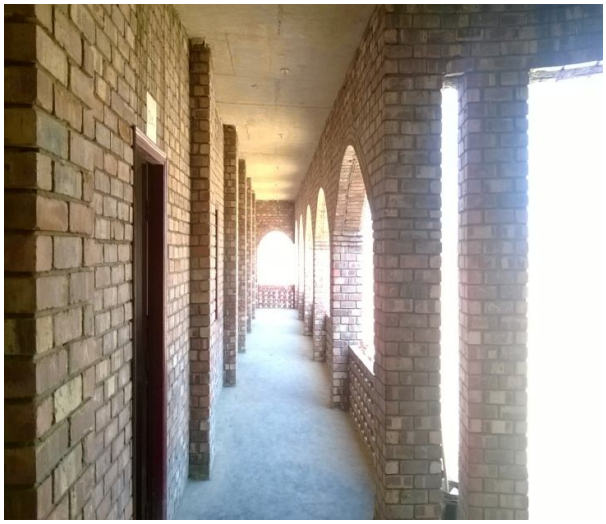
Transact Walk

Discussion with Community Members

Discussion with Community Members

Noor Village Community School

Noor Village Community School



Noor Village community School

Discussion on Education issues

View of Class room

Community School Survey

Community School Survey

Community School Survey