

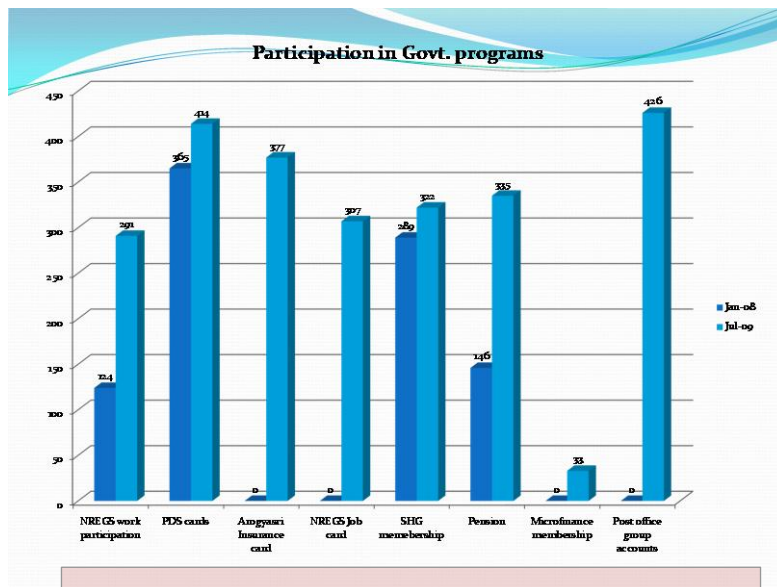


SKS ULTRA POOR PROGRAM October November 2010

Wage Labor - Micro Finance & Ultra Poor Program:

One in every three rural Micro Finance borrower families in AP is NREGS card holder amongst lower quartile profile and gets an average 50 NREGS wage days p.a. and 13% get full 100 days. NREGS has emerged as main source of income for majority low end MF clients and any policy change or

supply stream will impact and imbalance the finely tuned micro finance markets. It is stated to be one of the prime causes of present crisis in MF industry in AP as income stream from NREGS for the poor has plummeted due to severe budget cuts by State.



NREGS and wage labor are additional levers to graduate to stable livelihoods besides UPP sponsored Livelihoods Action Plan

SKS Ultra Poor Program is designed to be amenable with the ongoing wage opportunities for the targeted Ultra Poor (who live on <1\$ a day). Participatory Livelihoods Action Plan for each of the Ultra Poor families takes into account weekly cash flows. That is the reason why livestock based livelihoods are much sought after, as they are land less and can continue wage labor and still get additional gainful employment through livestock. This helps steady their income streams from multiple sources.

Our multipronged strategy in helping them access NREGS job card and livestock based livelihoods gel well, insuring against income shocks.

Portfolios of Graduates: story of Ms. Bayamma, ultra poor graduate from Sirgapur village, Medak

Bayamma is a destitute single mother member in UPP Graduation Pilot. Husband deserted her on an excuse that she is obese. She has old mother to look after and a son to send to school.

Her single source of income at the time of joining the UPP is Cigar rolling besides wage labor. She can roll out 1000 cigars a day. Under UPP Livelihoods Action Plan she chose petty shop along with phone coin box as livelihoods option. Livelihoods Action Plans are crucible in which an entrepreneur is molded out of extreme poverty.

The turnaround: with the petty shop she could earn meaningful and steady income with which she could get her son up to Junior college. Now her son is employee of SKS MFI as Field Organizer.

Multiple streams of income for UP Graduate – weaving livelihoods around micro finance

- Cigar rolling: Rs.40 to Rs.50 per day (1US\$ INR 42.00)
- Petty shop with coin box adjoining a school and Bank: Rs.40 to 50 per day
- NREGS: regular wage labor gets 30 days a year @ Rs.100 per day

Old age Endowments:

LIC Premium: Rs.6000 per 6 months for the past 3 years.

Coping mechanisms for emergent Consumption Needs: Monthly savings in Post Office: Rs.110 and total savings Rs.2150.

Government Linkages:

- PDS card: 16 kg of rice @ Rs.3.50 per kilo (market price Rs.20)
- Mother gets Government Pension : Rs. 500 per month under SHG linkage
- Holds Arogyashri card for health insurance coverage against major ailments
- SHG Bank linkage loan: Rs.10, 000 to buy motor cycle for her son
- Individual Bank loan on agriculture: Rs. 8000 for half an acre land.



Bayamma in her Petty shop: Iron inside her will

I have multiple streams of Income to cushion against supply side market uncertainties.
your vision?

I don't want to depend on my son in old age as it is a big uncertainty after his marriage. So I wanted to convert future uncertainty in my favor with multiple streams of income that helps me create endowment for old age.

Making a positive difference

Elective Surgery Camp in Koraput – In this neo modern economic world order, should they not get their legitimate due? Health set back that is erasing lives and livelihoods can be corrected at a very low investment



Unique Elective surgery camp is being organized in UPP Branch at Boipariguda, Koraput in March 2011. In this camp world class surgeons from US, do some of rare elective surgeries, giving hope for livelihoods dysfunctional UPP members and their children. Foot surgeons, General Surgeons, Gynecologists, anesthetists and Plastic surgeons from US are participating in the camp which is modeled after Haiti Earth Quake relief program in Early 2010. Koraput Zilla Parishad, Government and Local IMA chapter, two Missionary Hospitals and Government District Head quarters hospital are involved in the surgeries. Already a pilot team of doctors have visited and made a scoping study. We wanted to institutionalize this initiative which should become regular service in the days to come. Doctors come for 10 days and spend 7 days on surgery and 3 days visiting important tourist sites. They are mobilizing resources in US for the expenses. SKS endeavors to connect of this rare commitment to the neediest tribal patients where poverty and malformation are entwined.



SKS is with them in livelihoods saving victories against chronic ailments

Dr. Raghu Tunga, Physician from Chicago and Dr. Krishna, retired surgeon from US have visited Koraput in November to do scoping study for the proposed elective surgery camp in March'11. Dr. Raghu is emulating the model of Elective Surgery camp from his experience in Haiti treating earth quake patients during January '10 in make shift tent roof operation theatres

Pilot Elective Surgery camp in Koraput during March '11 would be a beacon to all the stake holders, doctors, funding partners, governments and civil societies. Our UPP members need not live in looming poverty disaster with livelihoods dysfunctional deformities.

It is unique attempt for convergence of government, Indian Medical Association, local PHCs, local hospitals and public sector hospitals like NALCO and HAL. Tribals develop very strange ailments like galls; sickle cells, goiter and O&G disorders which inhibit them from daily pursuits of livelihoods. Many genetic ailments are due to generations of in breeding and mal nourishment. Investment as low as <Rs.10, 000 (US\$ 250) sometimes relieves them from life time pain and handicap. In SKS we do not promise them the world but we are with them. We have two cases where small surgical interventions have brought active livelihoods back.

Long Hand Partnership: Panel of US Medical Team visiting Koraput for Elective Surgery camp

| SI No. | Name of visiting physician: place | Faculty/Specialization | Experience |
|--------|--|-------------------------|---|
| 1 | Raghavender (Raghu) Thunga, M.D., Chicago | Anesthesiology | In practice for over 15 years |
| 2 | Nina Bullard, CRNA (Nurse Anesthetist), Boston | Anesthesiology, nursing | In practice for over 12 years |
| 3 | Gina Moon, CRNA (Nurse Anesthetist), Chicago | Anesthesiology, nursing | Critical care nurse for 4 yrs, anesthetist for 2 years |
| 4 | Ernani Sadural, M.D., New Jersey | Obstetrics/Gynecology | In practice for over 13 years |
| 5 | Kelly Orzechowski, M.D., New Jersey | Obstetrics/Gynecology | OB/GYN resident 4th year |
| 6 | Margaret Dziadosz, M.D., New Jersey | Obstetrics/Gynecology | OB/GYN resident 2nd year |
| 7 | Ted Behar, M.D. (Plastic Surgeon), Tennessee | Plastic surgery | In practice for 16 years, General plastics and cosmetic surgery |
| 8 | Aras Tijunelis, M.D. (Plastic Surgeon), Chicago | Plastic surgery | In practice for 11 years. Hand, craniofacial, and cosmetic surgery experience |
| 9 | Andy Livingston, M.D. (plastic Surgeon) | Plastic surgery | General Plastic surgery with focus on hand surgery |
| 10 | Sara Timmapuri-Sadural, M.D., New Jersey | Cardiology | In practice for over 14 years |
| 11 | Amanda Salzman, R.N. (Registered Nurse), Chicago | Nursing | Cardiac nurse, plastic surgery nurse for 5 years |
| 12 | Raj Gandhi (OR tech), New Jersey | OR technician | 19 years experience |
| 13. | Krishna Akula | Surgeon | Anchor |



Goiter hazard amongst tribals: SKS brings best physicians as helping hands

Dr. Krishna, General Surgeon who worked in US for 35 years has visited Koraput twice to screen the patients for the proposed Elective Surgery camp during March '11

In this picture Dr. Krishna is having tough innings reassuring our member suffering from goiter. She is one of the cases which will be screened finally for potential corrective surgery. This attempt has long lasting impact in Koraput where goiter is highly prevalent amongst tribals due to poor iodine intake and iron toxic water. If the goiter is not thyroid gland deep, surgeons would operate out the gall. Otherwise we are minimizing damage by

providing iodized salt and through nutrition therapy.