



SKS ULTRA POOR PROGRAM December – January 2010-11



Food Security is critically factored to measure graduation – Soaring food inflation has direct impact on food and nutrition security of ultra poor. Our targeted ultra poor members have ably demonstrated through Rice Line Scheme and Livelihoods Action Plans that regular internal thrifts coupled with productive micro investments can bring fruition.

“We now realized the power of fistful rice pledged to our center” say the Ultra Poor members.

Challenge of feeding two lives, when food prices have doubled and wages remain same, is the social commentary in itself in this Tribal Ultra Poverty backwaters of India. We have been tracking the weight and hemoglobin levels of pregnant mothers and our Health Field Organizers have aggressive deliverables in counseling pregnant and lacting mothers along with pre and neo natal referral services.

Our UP member in the picture is borrowing rice from her UP Center Rice Bank. She can repay in the shape of rice itself when the rainy days are over.

Tracking the transition – micro level qualitative social change – holding pen itself is a worthy milestone making us feel more grounded to huge responsibility of graduating 1000 tribal ultra poor families in India's ultra poverty hinterlands

REGISTRATION, 22-23.03.2010

ast	preferred livelihood activity by member	Signature	
T	Sheep rearing		10
T	Sheep rearing		10
T	goat rearing		10
T	goat rearing		10
S	Goat rearing		10
	Goat rearing		10
	Sheep rearing		10
	Sheep rearing		

REGISTRATION FOR HEALTH PARA PROFESSIONALS DATE: 3 APRIL 2010

GP: DORAGUDA

Sl. NO.	VILLAGE	NAME OF THE MEMBER	TRAVEL AMOUNT	SIGNATURE
1	maurejira guda	Seibam Nodak	6	
2	maurejira guda	Alomina bagy	6	
3	Dorra guda	Kasalya Gidorey	5	
4	p. masji guda	Laxmi Antia	5	
5	bendraguda	Padma Pangzi	5	
6	mile guda	Chandima Kantai	5	
7	Tantupipaden	Paila Narcisan	10	
8	Sap Guda	Subbar kandhi	3	
9	Kamdi guda	Gouri guda	3	
10	Lepa guda	mangtini khorea	5	
11	Munda guda	Lachma gumreja	10	
12	Domatni guda	Champa minaskaila	10	
13		bada		



Behavioral transition in 6 months – “April 2010 to August 2010”; Belief in something stems from strong belief in themselves. We taught the tribal members how to sign which in itself is a symbol of self esteem. They never thought that they can hold pen and when it happened, found acceptance all across. It also motivates their children as “mothers are holding pens so are we” kind of feeling.

Tribal adult female literacy is 7% in the area which one of the lowest in the world. The traditional argument that if mother is literate everybody in the house turns literate applies to our work. Small step towards this endeavor is to make them sign a symbolic signature of their own name which is working very well.

Small leap but great transition: UPP Center Meeting in business but have you observed all members have foot wear



Wearing foot wear is traditionally a taboo for tribal women especially before their male co villagers. Due to high prevalence of hook worm and skin infections we persuaded them to habituate to foot wear.

As seen in the picture all the members have made it mandatory to come with foot wear and within 6 months it is no more taboo in the eyes of their male counter parts as all have started wearing in the group and is generalized. These kinds of micro quality transitions have long lasting impact on the self esteem of the poor women. The socio economic transition in our scheme of things has never confined to monetary benefits alone.



Financial Literacy is more important than reading and writing:

Portfolios of ultra poor are characterized by uneven daily cash flows; adjusted food budgets and invisible infectious expenditures. We have designed participatory snake and ladder games depicting snakes as infectious expenditures and ladders as targeted productive and consumptive expenditures and best practices. In the process we have painstakingly built hundreds of weekly ultra poor household budgets which demonstrate a definite pattern in their prudence and resilience against odds.



U5 MR of 56 per 1000:
Orissa and MP are 3 times higher in U5MR compared to Kerala and for the first and last quartile income groups U5MR difference is 3 times.

Mal nutrition, lack of infrastructure for institutional delivery, shortage of trained birth attendants, aseptic delivery tools and Tetanus and other infections are all factoring into perinatal and neo natal deaths along with high rates of U5MR. Mother nutrition is very important contributing factor for healthy child growth which is a challenge due to off season lack of work and her health issues.

Net result: India contributes to 25% of global U5 MR



Last Mile connectivity to health care: Meet our Barefoot Lady Doctors:

Trained Health Para Professionals ready with their medical kits to provide onsite care for common ailments along with referral services to ANMs and PHCs. The institution which we have built has been extremely handy in remote tribal habitations which are infested with malaria, diarrhea and anemia. In the current graduation

phase we are measuring the impact of this local informal institution in the treatment of common ailments.