



Swayam Krishi Sangam  
Monthly Update April 2010



Scabies is a common skin ailment prevalent amongst ultra poor tribals. Mal nutrition coupled with hook worm infestation and unhygienic habits are prime causes. Our endeavor is to make 100% scabies free households



Though this kind of picture is fetchingly flashed in development organizations, the truth in Koraput is more complex. Police combing for radicals and land mines are punctuated amidst crushing poverty. Our FO is carrying out business in an ultra poor center, undeterred by recent landmine blast and presence of huge contingent of security personnel within radius of 3 km from this Khond tribal village.

***"Better wear out than rust out"***

Says Danuraja Munda Gadia. Bottom up indicators in Rural Poverty Appraisals have compelled us to target male ultra poor also: Danuraja is extremely practical in approach to life, has strong arms and can make ropes out of waste plastic bag threads. Confidant and clever, he has strong desire to catch up with the enterprise space provided in the UPP to full potential



## Profile of Tribal ultra poor clients

- ✓ Women - majority in age group of 18 to 46
- ✓ Land less and asset less
- ✓ Hand to mouth chronic hunger
- ✓ Daily wage earners
- ✓ Highly anemic and under weight
- ✓ Daily income is < Rs.25 out of labor
- ✓ Not under safety net programs of government like food subsidy; job guarantee
- ✓ Fragile social life with gender vulnerabilities; widow and destitute
- ✓ Illiteracy is as high as 97%
- ✓ Stress migration is common for work during summer
- ✓ Victims of fragile social order due to insurgency
- ✓ Highly superstitious and alcoholic
- ✓ Children do not go to school and support parents in wage earning or tending toddlers



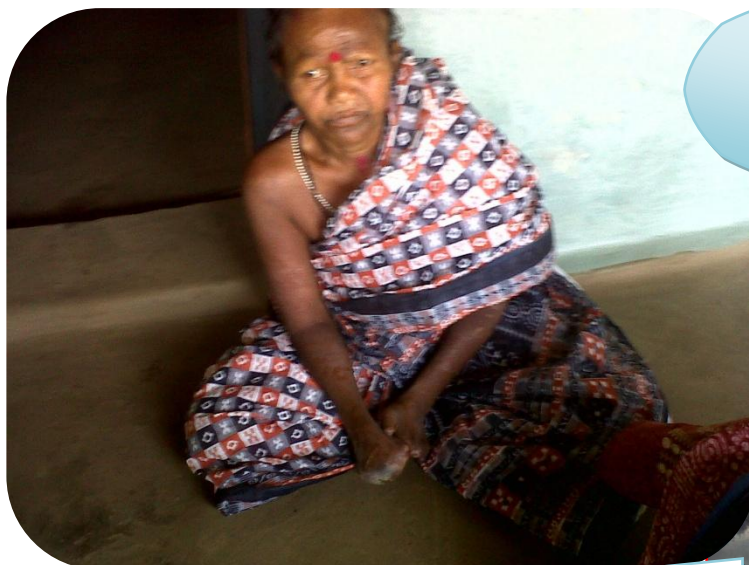
Every village is dotted with households of single mother, destitute, widows, physically challenged, hand to mouth chronic hunger existential cases and of course asset less and land less. Koraput marks 6 times higher in ultra poverty density compared to many other districts in India with average poverty indicators.

Worsening the conditions are social disorder due to insurgency; ignorance and superstitions. Electricity is a rare asset; children have to walk average 3 km to reach school; hospitals and medical help are nowhere near;

Line functionaries do not live in Block HQ due to fear of militancy thereby making the living conditions of tribals more difficult.

Stress migration to far away cities is common during summer and migrants carry along with them children thereby dropping them from schools. Bank linkages are farfetched dream and their sole micro finance source is local money lender who charges Rs.10 per Rs.100 loan per week as interest.





**Crushing poverty?** Dolli Kantha is a leper with both hands and legs worn out to finger depth. Members of Ultra Poor center in Amla Bhata village have decided to cash transfer amount generated out of collective asset to provide her income security



**Chronic hunger:** Dalima is widow and survives on daily wage labor. Her food security equation – one day wage of Rs.25 can make herself with child survive for 2 days with rice and diluted lentils. She is teaching her child survival on half lunch. No work today – no food tomorrow. Dalima targeted as **hand to mouth** chronic hunger existential poverty household; has opted for goatery under UPP which is amenable to her daily wage pattern. With goatery she wants to scramble food security and save for the rainy day to avoid going hungry



Our HFO, a trained clinical pathologist recording hemoglobin levels of a member - Bench marking hemoglobin is unique exercise we have undertaken covering all the members. Analysis reveals extreme anemia and in certain cases critical level calling for clinical treatment.

## Building Responsive Strategies

Hand to mouth existence	→	Build food stock through rice line scheme
Seriously anemic	→	Clinical nutrition supplements
Village has No school	→	Vidya volunteer to teach children basic literacy
No health care system Within manageable distance	→	Trained health para professional chosen amongst peers
Chronic ill health cases	→	Support in treatment in major hospitals
Additional gainful employment to Supplement wage earning	→	Livelihoods Asset as per Livelihoods Action Plan
Immediate capital requirement to Maintain asset	→	Working capital stipend
No modern skills in livelihoods asset	→	Skill training, retainer expert service Providers, trained field team support
Chronic health problems	→	Health campaigns; messaging; retainer health consultants
Meeting emergent needs	→	Micro savings and micro loans; health fund
Understanding causes of poverty	→	Financial Literacy; identification of infectious expenditure; forecasting; budgeting learning about service providers and financial tools