



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

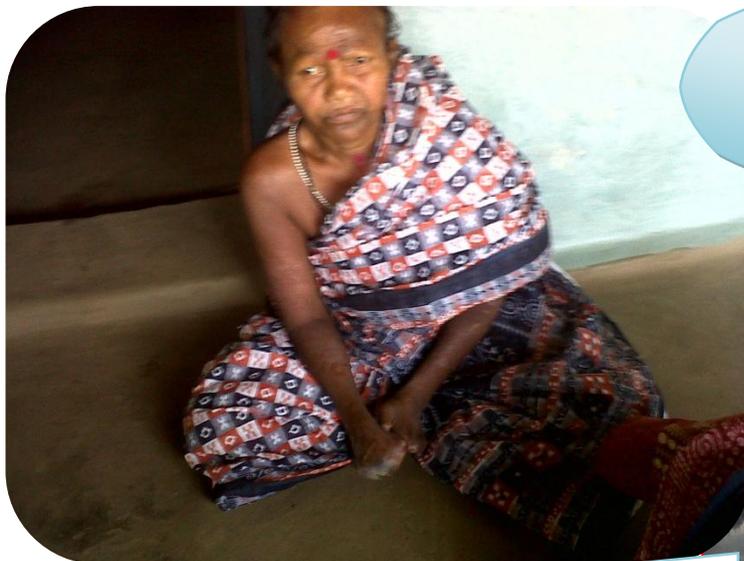


Though this kind of picture is fetchingly flashed in development organizations, the truth in Koraput is more complex. Police combing for radicals and land mines are punctuated amidst crushing poverty. Our FO is carrying out business in an ultra poor center, undeterred by recent landmine blast and presence 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





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