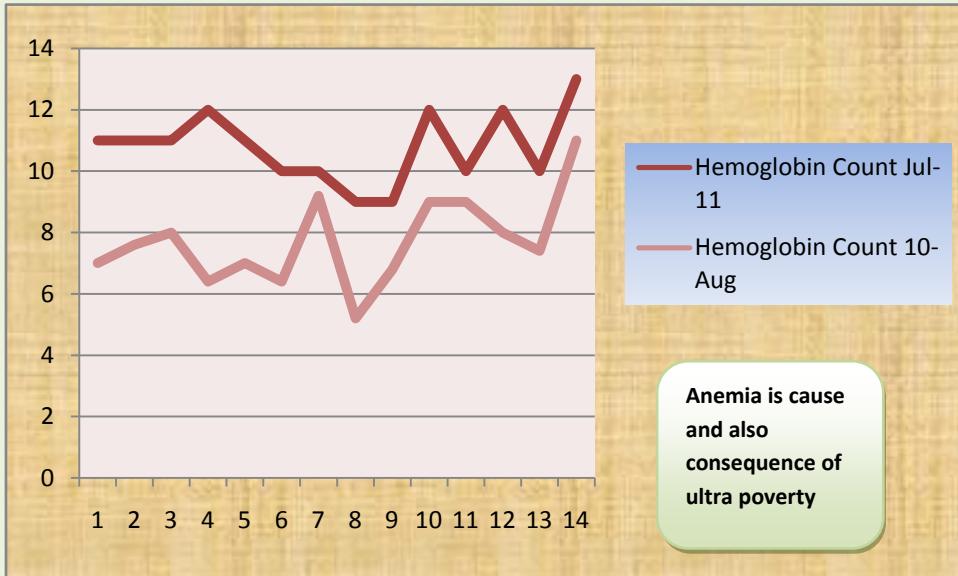




Monthly Letter May-June 2011

"Anemia is the hidden face of Extreme Poverty"

Anemia - is unnecessary – micro interventions help turnaround in hemoglobin count



Anemia is cause
and also
consequence of
ultra poverty

Hemoglobin in blood is the most striking and concrete indicator for measuring extreme poverty and chronic hungry.

After bench marking hemoglobin level of every member in August 2010, in July 2011 we have made objective comparison of samples of 12 members randomly and found hemoglobin level improving in a substantial and sustainable way.

Sample size: one Ultra Poor Program center of 14 members; **Villages** Chapadiaguda: 3; Parjaatal: 1; Patraguda 6; Rampur 6; **Grampanchayt:** Kollar; **Block:** Boipariguda; **District:** Koraput, Odisha

Push factors for blood improvement:

- Consumption support of Rs.100 per month for first 6 months
- Incremental cash flows with livelihoods asset
- Regular administration of Iron and Folic acid pills by community Bare foot doctors
- Health sessions in Center Meetings
- Rice banks to prevent going to bed with empty stomachs



Health counseling sessions have good impact on nutrition and hemoglobin count

Is it going to sustain?

In reality the hemoglobin count in ultra poor women does not move on a linear continuum, rather they oscillate in and out of the "health curve."

We are brain storming with the field teams about the risk of members slipping back to anemia after active interventions.

Our ultra poor clients in Koraput pilot are aborigines who have been living there from times of yore.

It is one generation incidence of anemia due to cyclical poverty and members have proved, demonstrating greater control over consumption and nutrition with our program interventions. Nevertheless pregnant and lactating mothers may run high risk of low hemoglobin count, unless tracked and counseled timely. It also depends on season, as summer is normally vulnerable with less job opportunities

resulting in poor consumption.

A follow up study of same group after 1 year from now may give the exact reasons for slipping back to anemia if any.

Thin outreach of state resources:

State runs nutrition program for children through "Anganwadi Centers" (state run child nutrition centers) and for pregnant women (through ASHA workers – Accredited Social Health Activist, a State line functionary of health). Targeted anemia prevention campaign is a very low cost and high impact intervention, but state outreach is yet to prove itself.

Turn face to sunlight – you will not be able to see shadow

Kalavathi is the poorest but not the weakest



Kalavathi; Laxmipur village is a leper, deserted by husband, living alone. Ever since she is our ultra poor partner household, she has been counseled to live with dignity. Livelihoods Action Plans of the Graduation Pilot have been generating cash flows and in addition state safety nets are facilitated (subsidized rice and pension). Lepra Society, an International Health Voluntary Organization helps medical treatment. Terminally smitten by dreaded leprosy, her hope for survival is rekindled with regular visits and counseling by our Field Organizer, Sujata. Sujata mobilized local villagers to take care of Kalavathi with much needed acceptance of a leper by community without social stigma. She keeps telling them that '**we are only as strong as the weakest one amongst us**'.

"The best way is always through".

Members preparing straw beds for Mushroom cultivation



Promoting measured growth

Tribal women, though ultra poor, are **hard core entrepreneurs**. They are only "opportunity and intervention" poor and **Livelihood Action Plans** have taken them to cruising mode in production of mushrooms for local markets. We have evolved "1:10 model" of skill transfer wherein one member graduates as trainer and then trains 10 co-members



Expanding concentric circles of livelihoods opportunities

Candle making group



Wayside tribal hotel



Bountiful mushroom harvest



Detergents making group



Bamboo crafts



Changing Lives: the way tribals cook

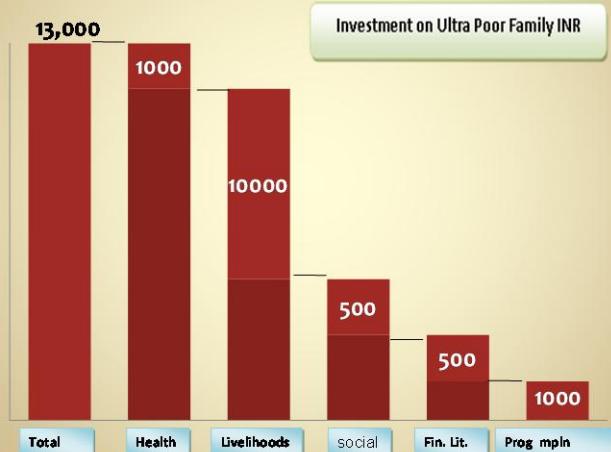


Tribal housewives spend one third of their time on cooking. Their age old cooking methods are vulnerable, smoking their eyes and lungs. We have introduced smokeless chulas (stoves), after training our teams in "**Appropriate Rural Technology Institute (ARTI), Pune,**" changing forever the way the poor tribal women cook. The mud stoves are easy to layout using clay and earth with a pot burn exhaust with the help of pre fabricated iron moulds. Our members have made trial cooking in their own kitchen ambience and find it extremely efficient and friendly with local fuel without any extra costs involved.

We have set an ambitious target of converting all 900 members' households to this improvised but zero cost device and hoping to synergize the concept gradually to whole communities.

“Our Ultra Poor Initiatives are rooted in opportunity – not charity “

with half a dollar a day for 2 years you can partner with an ultrapoorn family, helping it graduate from extreme poverty. In the process you will learn invaluable lessons on Ultra Poor Practices and Graduation Model



- livelihoods**
 - rural and tribal livelihoods; on & off farm ; state schemes
- qualitative life studies**
 - tracking graduation curve; soft & concrete incicators
- community health**
 - common & chronic ailments; health interventions
- financial literacy**
 - micro finance, financial service products , savings
- gender studies**
 - gender rights; gender perspectives; gender poverty
- financial inclusion**
 - bank linkages; financial services;
- food security**
 - nutrition, consumption vulnerabilities, solutions
- social & ethnic studies**
 - tribal and aborigine social change, rights and vulnerabilities