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BUILDING BRIDGES TO SELF-RELIANCE

Adapting The Graduation Model
to Optimise Benefit for Tribal
Populations in Orissa, India
2009 - 2011

SWAYAM KRISHI SANGAM NGO

Swayam Krishi Sangam (SKS) NGO, the non-profit affiliate of SKS Microfinance, was established in 1997 with a vision to ‘eradicate poverty in India.’ Its spirit and philosophy are prevalent in its aims and objectives. These include promoting and coordinating integrated rural development programmes that benefit the rural poor—especially women and other disadvantaged groups—by addressing basic needs such as livelihoods, shelter, medical care, education, and adult literacy. In keeping with its vision of eradicating poverty in India, SKS NGO launched its flagship programme, the Ultra Poor Programme, in April 2007. Additional endeavours of SKS include a de-worming project implemented in collaboration with DeWorm the World, and rural ‘bridge camps’ to reconnect children who have dropped out of school to mainstream formal education.

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SORENSEN / UNITUS ULTRA POOR INITIATIVE

The Sorenson / Unitus Ultra Poor Initiative (UPI) was established as a project of Unitus Labs in October 2008 with support from the Sorenson Legacy Foundation. The UPI’s aim is to stimulate the microfinance industry to deliver sustainable services that provide opportunity to the poorest of the poor to improve their standard of living. To that end, Unitus Labs funds effective solutions to serve the critical needs of this population and provides hands-on support and strategic guidance to our partners.

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EXECUTIVE SUMMARY

There is no ‘one size fits all’ approach to addressing poverty. A highly successful model in one case may prove insufficient in another, as each and every poor community has its own unique set of circumstances, strengths, and needs. This case study documents the experience of SKS NGO as it adapts what is commonly referred to as the ‘graduation model,’ to meet the needs of extremely poor tribal communities in Orissa, a state in northeast India.¹

The ‘ultra poor’—those households that are considered the poorest of the poor—are often excluded from government aid programmes, deemed too risky for micro-credit, and have seen little help overall from mainstream anti-poverty interventions. The graduation model is a 24-month programme that has been shown to work effectively with ultra poor populations in rural areas within close proximity to non-profit organisations and microfinance institutions, which are able to provide supportive services after the intervention has ended.

SKS NGO had successfully implemented the graduation model with ultra poor rural populations in Andhra Pradesh during its Narayankhed pilot (2007-2009). Wanting to replicate the model in other areas, the team chose to work with a completely different population for their second pilot: the ultra poor tribal communities of Koraput in the state of Orissa. Because of the extreme geographic and cultural isolation of these communities, as well as the lack of accessible services and organisations in the area to provide continued services, the SKS team knew it had to alter the standard graduation model. The team’s challenge was to develop a programme that minimised reliance on external support, one that would lay the foundation for the community to become self-reliant and ensure that benefits gained through the programme could be continued long after the intervention ended.

When designing a programme for highly marginalised communities, practitioners had to evaluate the ease with which households could be re-integrated into the surrounding communities and market economy. The team identified several characteristics of highly marginalised, isolated communities and how these characteristics would

¹ BRAC, an international development organisation, developed the highly successful “Challenging the Frontiers of Poverty Reduction: Targeting the Ultra Poor” programme in 2002. This model was so successful that other organisations, such as CGAP and the Ford Foundation, have joined forces to promote it. They formed the CGAP-Ford Foundation Graduation Programme as a global effort to create pathways for the poorest to graduate out of extreme poverty, adapting the methodology used by BRAC. The CGAP-Ford Foundation Graduation Programme is helping to implement ten graduation pilots in eight countries, in partnership with local organisations, including SKS NGO.

affect the design of a programme. The team also documented several key factors that heavily contributed to the programme's success in order to aid practitioners endeavouring to work with populations that exhibit similar characteristics.

Using these key success factors, the team developed a set of programme components—enhancements to the traditional graduation model—to address the specific needs of this population and enable the community to sustain benefits over the long term.

ENHANCEMENTS TO THE GRADUATION MODEL

Community Food Bank

Households in the tribal communities would often be forced to go without food if they ran out before market day or if an income-earning member of the household fell ill. The community food bank was created so families would never again have to go without food in an emergency or in a time of sickness. Each household contributed a fistful of rice each week to a community rice box, creating a communal surplus to be used in emergencies.

Increased Number of Livelihoods

In addition to the traditional graduation model, where each beneficiary received a productive asset, the SKS team also provided training and supplies for beneficiaries to start a separate livelihood activity. This served to diversify income sources so that if one failed, the beneficiaries could draw upon the other to sustain themselves for a time. The livelihoods selected addressed needs within the community, which enabled beneficiaries to buy, sell, and trade amongst themselves and not rely solely upon other villages or external markets.

Community Health Professionals

Due to their remote location, there were no easily accessible or affordable medical facilities available to the tribal communities. For primary care, SKS NGO trained members of the community to work as health professionals who would then provide diagnoses and dispense medication for common ailments. The objective was to provide 'last mile delivery' of medical services and medicines. For more serious medical problems, a free surgery camp was created.

Mandatory Savings

SKS felt strongly about the importance of saving in order to provide protection against unexpected expenses and therefore made saving a requirement of the

programme. (It was optional in the traditional model.) Beneficiaries developed the habit of saving weekly to build a financial cushion, and also created an emergency community health fund from the sale of excess rice, to borrow against in case of a medical emergency.

Self Help Groups and Bank Linkage

SKS NGO helped beneficiaries form self help groups (SHGs).² These groups then gained access to a savings account and bank loans at a newly opened branch of the State Bank of India in a nearby town.

Financial Literacy

Because beneficiaries would have to successfully manage their own finances after the completion of the intervention, SKS NGO felt it was essential that they learn the basics of income and expenditure tracking, budgeting, financial goal setting, and financial negotiations. Financial literacy training thus became a central element of the programme.

The combined result of these programme enhancements, along with elements of the traditional graduation model, enabled the community to sustain the positive changes to their quality of life. The pilot was considered a success with 850 of the 887 participants having graduated from the programme. The communities now had food banks in place for emergencies, primary health workers in the villages to diagnose and treat common ailments, an understanding of financial management with access to a bank account and loans, individual savings of as much as Rs 10,000 (US \$200) per person to provide a cushion when families fell on hard times, and a set of skills providing them with a livelihood activity along with a productive asset.

SKS NGO is eager to take the lessons learned from the Orissa pilot and apply them to its next ultra poor pilot. The team is also experimenting with several additional changes to the model developed in Orissa in order to create an even more effective and cost-efficient intervention that can scale to reach thousands more tribal families.

² A self-help group is a village-based financial intermediary usually composed of 10–20 local women. Members make small regular savings contributions over a few months until there is enough capital in the group to begin lending. Funds may then be lent back to the members or to others in the village for any purpose. In India, many SHGs are linked to banks for the delivery of micro-credit.

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INTRODUCTION

It is common to generalise those plagued by poverty, assuming they all suffer from a common set of afflictions and injustices such as malnutrition and substandard living conditions. While there are commonalities, in reality, those living below the proverbial poverty line exhibit a very diverse range of circumstances. Some are better off than others, needing help in only one particular area, whereas others, what the industry terms as ‘ultra poor’ or the poorest of the poor, require assistance in almost every aspect of their lives. None of their basic needs are met and they struggle day after day to survive.

Despite the extreme conditions in which they live, the ultra poor have seen little tangible help from mainstream anti-poverty interventions such as micro-credit, for which they are deemed ‘too risky,’ or government safety nets, which are often marred with corruption and frequently do not reach their intended audience.

One programme model that has emerged as very promising in combating ultra poverty is called ‘Challenging the Frontiers of Poverty Reduction: Targeting the Ultra Poor,’¹ (CFPR-TUP) and was introduced in 2002 by BRAC, a non-profit organisation based in Bangladesh that operates worldwide.² Proponents working to replicate this model commonly refer to this type of intervention as the ‘graduation model.’

Generally speaking, those labelled as ultra poor are among the neediest, however, they still demonstrate a wide range of characteristics and needs. Geographic location, access to services, and many other factors dictate the eventual success of targeted interventions such as the graduation model. For instance, the graduation methodology appears to work best in rural areas in close enough proximity to microfinance institutions and non-profit organisations so that beneficiaries can still access support services once the intervention has ended.

This case study highlights the experience of SKS NGO between 2009 and 2011 as it worked to best adapt the standard graduation model to help the tribal communities in a remote region of Orissa (a state in northeast India) lift themselves out of ultra

1 For more information about the CFPR-TUP programme, please see: Matin, I., M. Sulaiman, and M. Rabbani. *Crafting a Graduation Pathway for the Ultra Poor: Lessons and Evidence from a BRAC Programme*, Chronic Poverty Research Centre Working Paper 109.

2 BRAC website. Who We Are: Evolution. <http://www.brac.net/content/who-we-are-evolution>

poverty. SKS NGO had previously utilised the graduation model to conduct a successful pilot programme working with the ultra poor in Narayankhed, Andhra Pradesh. In its second ultra poor pilot, the team undertook the unprecedented challenge of working with tribal communities in Orissa. The absence of any support services to provide continuance after the programme ended meant the team had to re-think the traditional graduation methodology. In Orissa especially, tribal populations are both physically and culturally completely isolated from society.

This case study focuses on the critical changes SKS NGO made to its ultra poor programme, which enabled the Orissa beneficiaries to sustain programme benefits well after the 24-month intervention ended. It also highlights the conditions that warranted a self-reliant model where a village economy needed to be developed, and describes the factors that SKS NGO found important for such a model to be successful.

Many of the enhancements to the graduation model included in the Orissa pilot are highly relevant to practitioners interested in serving extremely poor households that are situated far from cities and towns, removed from the mainstream economy, and excluded from other programmes. Even for practitioners working with better-integrated ultra poor populations, this case study offers valuable lessons in promoting self-sufficiency among beneficiary communities to reduce their reliance upon other institutions to support and sustain their progress out of poverty.

BACKGROUND

ABOUT THE GRADUATION MODEL

Through the implementation of its CFPR-TUP model, BRAC became a pioneer in working with the ultra poor. In Bangladesh, since 2005, the programme has successfully graduated over 70% of its 800,000 beneficiaries who are now food secure and managing sustainable economic activities.³ This model was so successful that other organisations, such as CGAP and the Ford Foundation, have joined forces to promote it, providing financial assistance and technical support to organisations worldwide to encourage adoption and replication. The CGAP-Ford Foundation Graduation Programme is helping to implement ten graduation pilots

³ El-Zoghbi, Mayada, Aude de Montesquiou, and Syed Hashemi. *Creating Pathways for the Poorest: Early Lessons on Implementing the Graduation Model*. pg. 1

in eight countries, in partnership with local organisations, including SKS NGO.⁴

The graduation model attacks the challenge of extreme poverty on three levels: economic, social, and health. The name graduation model underscores the programme's intent to 'graduate' its beneficiaries into a higher standard of living by better integrating them into their local market economies. Beneficiaries, also referred to here as members, graduate into income-earning activities that allow them to sustain themselves without external subsidies. One of the hallmarks of programme success is when the beneficiary is able to qualify for and participate in, mainstream interventions such as microfinance programmes or employment guarantee schemes sponsored by the government. Enrolment into such programmes, it is hoped, ensures continued support for the beneficiary even after the primary 24-month-long ultra poor intervention comes to an end.

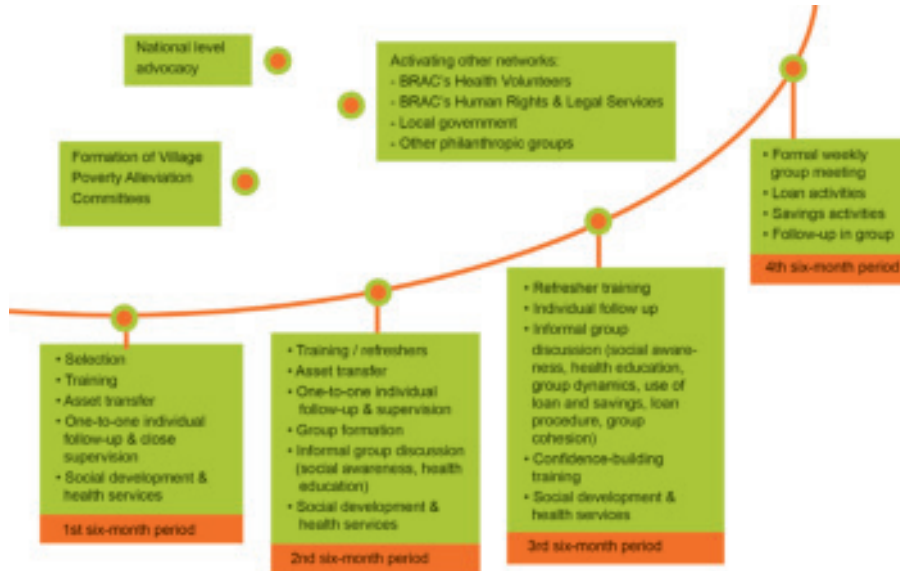
The first half of a graduation model intervention focuses on stabilising some of the basic risk factors of ultra poor households: addressing food insecurity, poor health, and other circumstances that hinder them from being productive. Once stable, the ultra poor can then focus their attention on skill building and income generation. Members receive a stipend in the initial months to ensure food security, and later, a productive asset (like a cow, pair of goats, or small poultry farm) along with skills training to generate income from this asset. During the entire process, members are required to attend regular group meetings that build confidence and group solidarity, provide basic health education, financial literacy training, and access to healthcare for common ailments.

Most clients that complete graduation model programmes are able to run their own sustainable, income-generating enterprise and access formal financial services. Many choose to join microfinance organisations to sustain existing businesses or diversify their income by starting new businesses.

Following is a pictorial representation of the original BRAC CFPR-TUP programme on which the graduation model was based.

⁴ The CGAP-Ford Foundation Graduation Programme was formed as a global effort to understand how safety nets, livelihoods, and microfinance can be sequenced to create pathways for the poorest to graduate out of extreme poverty, adapting the methodology used by BRAC in Bangladesh. Through local partners, they are currently piloting the initiative in eight countries that include Haiti, India, Pakistan, Honduras, Peru, Ethiopia, Yemen and Ghana. More information about the programme can be found at <http://graduation.cgap.org/about/>

Figure 1: BRAC CFPR-TUP Model



ABOUT SWAYAM KRISHI SANGAM (SKS)

SKS NGO and SKS Microfinance

Founded in 1997, Swayam Krishi Sangam (SKS) NGO's mission is 'to deliver high quality programmes in the thematic areas of education, health and ultra poverty, designed to address the realities of the rural poor and assist them and their children in leading quality lives.' In addition to its ultra poor programme, SKS NGO has established new schools in rural, underserved areas, and has partnered with DeWorm the World, an international organisation, to deliver de-worming tablets to children between five and 15 years of age in the state of Andhra Pradesh.⁵

SKS NGO started its microfinance activities in 1998 in Andhra Pradesh. Given the limitations on scale and fundraising, the microfinance arm was converted into a private limited company in 2003 and later into a non-banking financial corporation (NBFC) in 2005. The conversion to an NBFC gave SKS access to commercial investors and much-needed capital to expand quickly. SKS Microfinance is now one of the largest microfinance institutions in the world and was the first microfinance institution in India to go public.

Today, SKS NGO and SKS Microfinance function as two separate entities, sharing some human resources and management oversight when appropriate.

⁵ SKS website. Programmes: De-worming Programme. <http://www.sksngo.org/deworming.aspx>

SKS NGO's Commitment to Serve the Ultra Poor

SKS NGO had been founded on the basis of alleviating poverty, including extreme poverty, and the SKS team in the early years focused most of its effort on refining and scaling up its microfinance operation. In 2005, the findings of a study commissioned by the Small Industries Development Bank of India, highlighted the fact that even successful microfinance organisations in India were not able to reach the bottom 5% of the population.⁶ The report piqued the interest of then CEO, Dr. Vikram Akula. He realised that his microfinance operation may be excluding the poorest given the credit risk they posed to the joint liability group model of microfinance, where credit is given to groups of women who guarantee each other's loans. This sparked Akula's interest in spearheading an initiative specifically targeting ultra poor populations.

The SKS team decided to adopt the graduation model and planned to kick off the first pilot in its home state of Andhra Pradesh. The purpose of SKS's ultra poor programme—in its early days as well as now—is to create sustainable livelihoods so that those living in extreme poverty can graduate into one of two paths:

- Join an existing microfinance programme in the area (for the few that wish to expand their business or diversify into other activities)
- Continue saving in groups and use their savings to strengthen and diversify their asset base (a viable transition for most)

REPLICATING THE GRADUATION MODEL IN INDIA

SKS NGO was one of the earliest adopters of the graduation model and in 2007 implemented a near-replica of the programme, with a few revisions, in the villages of Narayankhed in the state of Andhra Pradesh.

SKS NGO's First Ultra Poor Programme: The Narayankhed Pilot

Similar to the graduation model, beneficiaries were selected via a rigorous multi-step process. The process began with community meetings to introduce the concept of the programme, and then sought community input to assign rankings to each household based on their perceived relative wealth. Finally, the process utilised a predetermined set of criteria for screening individual households in order to determine their poverty level and hence, their eligibility for the programme. SKS selected 426 beneficiaries for the Narayankhed pilot, each participating in the

⁶ Sinha, Frances and EDA Research Team, *The Maturing of Indian Microfinance: Findings and Policy Implications from a National Study*

24-month-long intervention.

In accordance with the model, for the first few months these beneficiaries received a cash stipend, financial literacy training (which strongly encouraged weekly savings), access to health services, and regular interactive group training to build their confidence and life skills. Once the households were more stable, SKS gave each household a productive asset—many, for example, received a dairy cow and training on how to milk it and keep it in good health. Beneficiaries were able to increase their income with this new productive asset.

At the end of the programme, 414 out of the 426 members graduated based on criteria that included putting a certain amount of money aside as savings, having enough food stockpiled to provide food security for one month, and the demonstrated ability to sustain and/or build on at least one income-generating activity. On average, each beneficiary saved Rs 800 (approximately US \$16) by the end of the programme. Of the 12 beneficiaries who did not graduate, two expired during the programme, five beneficiaries had unexpected mortality of their cattle, and five of them couldn't save the required amount.

An equally important goal for graduation was for the members to become eligible to participate in microfinance programmes if they needed working capital to expand their micro-enterprises—something previously out of reach for the ultra poor. The intervention had helped to remove many of the critical risk factors that had prevented them from accessing micro-credit in the past, so graduates were then given the option to enrol in SKS Microfinance groups.

The presence of many non-profits, microfinance institutions, and the proximity to Hyderabad, the capital city of Andhra Pradesh, meant that SKS could exit the programme at the end of 24 months, leaving beneficiaries on the path to sustainability with ready access to multiple existing support structures.

After the success of the Narayankhed pilot, the SKS NGO team sought to replicate the model in other areas. The initial plan was to expand in the Medak district of Andhra Pradesh. However, the team ultimately chose a different route. Dr. Divakar, Director of SKS NGO explains, *'Some development practitioners claimed that our Narayankhed pilot was successful because of the strong presence of SKS Microfinance in the area and the progressive Andhra government. We took it as a challenge to successfully replicate the model in a totally different geography. We also realised that replicating the model in a geography other than Andhra and with*

a segment different from that of Narayankhed would add immensely to the team's learning.'

For its second pilot, the SKS team's objective was to work with an extremely poor, highly marginalised group that exhibited different characteristics than the members of the Narayankhed community.

SKS NGO eventually decided to work with tribal populations in Orissa, one of the poorest states in India. Like the Narayankhed beneficiaries, the Orissa tribal communities lived in extreme poverty and suffered from a number of hardships and unmet needs. Unlike Narayankhed, however, the Orissa geography was extremely isolated and offered no support structures for the pilot's members.

THE SKS / UNITUS ULTRA POOR INITIATIVE PARTNERSHIP

To garner the necessary financial and technical support for the planned Orissa pilot, SKS NGO shared its proposal with several institutions, including Unitus. In the fall of 2009, Unitus accepted SKS NGO's ultra poor programme (UPP) proposal as part of its Sorenson / Unitus Ultra Poor Initiative, based on the following criteria:

- 1) **Demonstrated need in the market:** SKS's research validated that this target segment was indeed a vulnerable group that microfinance and other mainstream interventions were not reaching.
- 2) **Unique idea:** The UPP proposal was an innovative and creative approach to the underserved ultra poor / vulnerable segment.
- 3) **Cost effective:** Unlike any other ultra poor pilot it was sponsoring, Unitus appreciated that the Orissa pilot was SKS NGO's second program and leveraged many critical lessons learned from the first pilot in Narayankhed. With the Orissa pilot, the SKS NGO team planned to double the number of beneficiaries it could serve, using approximately the same resources as in the first pilot, which could serve as a powerful demonstration of economies of scale.

By partnering with the SKS NGO ultra poor pilot in Orissa, Unitus hoped to uncover creative and cost-effective methods and interventions to be shared with the industry. This case study is part of the collaboration and agreement to disseminate best practices and lessons learned from this pilot.

SKS NGO'S SECOND ULTRA POOR PROGRAMME: THE ORISSA PILOT

ABOUT THE REGION: ORISSA

Orissa is among the most destitute states in India and has one of the highest percentages of people living below the national poverty line when compared to other Indian states.⁷ In 1999-2000, according to an Indian Planning Commission report, 47.15% of people lived below the poverty line in Orissa, compared to the national average of 26.10%.⁸

Located along the Eastern Ghats mountain range, the Koraput district is one of the most poverty-stricken in India. It is one of the 'KBK districts' (Koraput; Balangir; Kalahandi), which have been identified at a national level as one of a number of ultra poor geographic clusters in the country. Agriculture is the mainstay of the KBK economy. Traditionally, KBK's residents also undertake other activities such as animal husbandry, collection of minor forest products, petty business, and transport operations to earn a living. The Koraput district's literacy rates are as low as 47% among men and 24% among women.⁹

Based on the extent of poverty, the feasibility of implementing a 24-month intervention, and the result of numerous field visits to survey the poorest districts in the state, the team chose the Koraput district for the pilot.

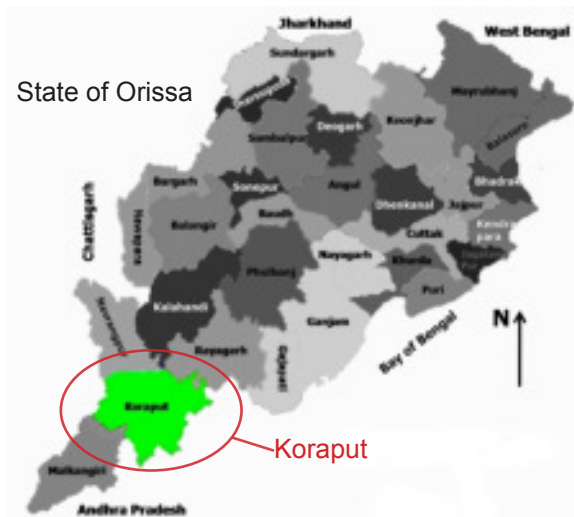
Figure 2 on the following page is a map that shows Koraput and other districts in the state of Orissa.

7 Babu, Ashok et al. *Development Policies and Rural Development in Orissa: Macro Analysis and Case Studies*. Pg. 201

8 Ibid

9 Koraput District Gazetteer. Demography. Koraput District website. <http://koraput.nic.in/New/district/Demography.htm>

Figure 2: Map of Orissa Districts and Neighbouring States



TARGET BENEFICIARIES: TRIBAL POPULATIONS

SKS NGO worked with 887 tribal families as part of its second ultra poor pilot. Because of their isolation, the tribal populations live in a state largely deprived of basic amenities, such as stable shelter, access to clean water, and basic healthcare. Most government welfare programmes do not reach or serve this population; hence, tribal communities are often considered by development professionals to be the most disadvantaged social group in the country.

Orissa contains the highest number of tribal groups in India. The 62 tribes in the state constitute 24% of the overall state population.¹⁰ A significant number of these tribes are located in the three districts of Koraput, Sundergarh, and Mayurbhanj. The tribal economy is subsistence based and primarily consists of food gathering, hunting and fishing, and is critically dependent on forests. Given their small, unproductive land holdings and the difficulty of irrigation due to hilly terrain, tribal populations rarely engage in agricultural activities, thus often losing out on a potential income stream utilised by non-tribal rural populations.

The tribal people are very hardworking and enterprising, and schedule their activities around weekly '*haaths*' (local fairs).¹¹ The *haaths* provide a necessary commercial outlet for tribal households; most depend on these gatherings in order

¹⁰ Orissadiary.com website. Tribals of Orissa. http://orissadiary.com/orissa_profile/tribal/index.asp

¹¹ Haaths are weekly fairs popular in rural India. These fairs act as a market for rural people to buy and sell goods.

to sell their products and also to buy items like vegetables and rice. The tribal culture strongly promotes a 'live for each day' mentality, thus little importance is placed on long-term planning or saving for the future.

Tribal communities do not subscribe to the mainstream religions of India. They tend to be very superstitious and maintain strong beliefs in the supernatural that are passed down from generation to generation. They are accustomed to visiting 'witch doctors' or spiritual healers—all unlicensed health practitioners—when they have a medical condition, and believe that magic will heal them.

The tribal cultures are very distinctive. Each tribe has its own indigenous customs that have been preserved carefully through oral tradition over the centuries. The tribal people celebrate many festivals with their traditional dances and songs; events include birth ceremonies, harvesting, marriage, and sowing. Only very few of these tribes mingle well with mainstream communities and other neighbouring tribes; most choose to live a totally secluded life.

The physical and cultural isolation of the tribal communities allows them to preserve their unique way of life, however, this also means they lack access to many basic amenities. The challenges they face are multidimensional: unstable housing, malnutrition, unreliable income, lack of basic healthcare, and lack of education. SKS NGO wanted to implement a holistic intervention that would increase the income of these ultra poor while stabilising their lives through services like healthcare, education, and stable housing.

THE NEED FOR ADAPTATION ARISES

The SKS NGO team originally planned to utilise the ultra poor programme that had been successfully implemented in the Narayankhed pilot for the Orissa pilot. This comprehensive intervention shown in Figure 3, included economic, financial, health, and social development interventions spread over a 24-month period.

Figure 3: Original Narayankhed Programme Components

- **Social Development** - This involved weekly group meetings that promoted group solidarity, awareness of individual rights, and general confidence building through interactive exercises. This programme component also increased members' awareness of ongoing government schemes and public services that were available to the ultra poor.
- **Economic Development** - This included the transfer of a productive asset to the member, or equivalent investment in certain livelihoods (such as assistance with procuring raw materials), skills training specific to that livelihood, and basic entrepreneurship training.
- **Health Development** - The objective of this component was to provide free consultations and address both recurring and critical health concerns, such as iron deficiencies, parasitic infections, and pre-natal care. In emergency situations, referral arrangements were made with hospitals in the closest towns.
- **Financial Literacy** - The SKS team felt that it was important to teach basic skills like household budgeting and forecasting techniques, and provide information about various financial services and products that help mitigate income shocks. The team used innovative teaching techniques including games and role-playing. Beneficiaries were also strongly encouraged to save Rs 10 (US \$0.20) each week. Each member was required to save a certain minimum amount to be eligible for graduation

However, while conducting the participatory rural appraisal and community wealth ranking exercises for selection and enrolment, the SKS team learned more about the unique circumstances facing the Orissa tribal communities.¹² Most members of the field team had many years of experience working with the poorest populations in other areas of India, and they unanimously agreed that working with these Orissa households would require a different approach.

Because of the deep isolation of these communities, the team knew they had to look well beyond the 24-month intervention. Once the intervention ended, no other institution existed in the vicinity to provide continuing support to the beneficiaries.

¹² See Appendix C for details of the standard enrolment procedures and best practices

The absence of other non-profits and microfinance institutions to provide continuing services and the failure of government schemes to even acknowledge the existence of the tribal communities, combined with the utter lack of infrastructure such as roads, electricity, and healthcare services, essentially meant that the tribal people could only rely on themselves for continued support.

The SKS team feared the beneficiaries would find it difficult to sustain the benefits provided by the 24-month intervention once it ended. They reasoned that the only way to ensure longevity of the intervention's benefits was to build and foster a sustainable village economy and train the members to perform certain roles to keep that economy alive. In doing this, SKS was taking on an unprecedented challenge. It would be difficult enough to adapt the graduation model to work effectively with this population, the team would also have to develop and integrate new elements into the programme that would allow members to achieve a new level of self-sufficiency.

ASSESSING COMMUNITIES:

CHARACTERISTICS OF HIGHLY MARGINALISED POPULATIONS

It is critical for practitioners who work with the ultra poor to quickly assess, as SKS did, the extent to which ultra poor households can be easily re-integrated into their surrounding communities and market economies. The long-term success of the intervention depends on this factor. For example, isolated, highly marginalised, ultra poor populations such as the tribal communities of Koraput in Orissa, face a great number of challenges. The greater the challenges, the more critical it is to provide additional training and structure to the intervention in order to increase members' self-sufficiency. It is contingent upon the practitioner to adapt the standard graduation model and add critical elements to ensure the sustainability and longevity of the improvements made.

When looking across various ultra poor populations, it is natural to assume that urban populations could be more easily re-integrated as they are not so physically removed from other communities and infrastructure. Even in these cases, however, a practitioner must assess the social attitudes and openness shown towards the ultra poor by the rest of the community, as well as the ultra poor's own behaviour and beliefs. Rigid social norms and pressures can pose barriers just as powerful as physical isolation.

The following indicators are intended to provide guidance to other practitioners as they assess the potential for community re-integration among their beneficiary

households. Each indicator embodies a certain degree of isolation that must be addressed in the intervention.

1) Inward-looking communities

Over the period of a few weeks, members of a community are observed communicating only among themselves, preferring to interact with immediate family members or households that exhibit the same level of poverty. There is little to no interaction with other households or income groups. As a result, these households gain very little exposure to other customs, livelihoods, and opportunities to improve their quality of life.

2) Absence of government welfare schemes

India and other developing countries have a multitude of government welfare schemes. Often, however, the poorest segments within such countries never benefit from these schemes due to widespread corruption and bureaucratic barriers like the requirement of government-issued identification, which the poorest rarely have. One such scheme is India's National Rural Employment Guarantee Act (NREGA), which provides 100 days of employment per year to the poor.¹³ There are other schemes that provide subsidised food security, healthcare, and stable housing. Practitioners should inquire about beneficiaries' knowledge and prior involvement with such schemes as well as the feasibility of future involvement to determine whether these could provide any long-term benefit. In most cases, government schemes are not an option and practitioners will need to develop activities that mimic the benefits of such schemes.

3) Inaccessible healthcare

The isolation and geographic spread of certain populations make it difficult for them to access government primary health care centres and private practitioners. In order to receive treatment for critical health problems, the rural ultra poor have to travel to nearby towns, resulting in the loss of a day's wage. Even in urban areas, the ultra poor cite instances of long waiting periods that also result in lost wages. Due to their heavy reliance on each day's wage, the ultra poor will only undertake the effort to visit a health care centre in the case of a severe problem, and even then, affordability is a big concern. If practitioners observe such high barriers to health care in a particular community, it is important to create local outlets for primary and secondary care. Often the community itself can be trained

¹³ NREGA is a government initiative intended to enhance the livelihood security of people in rural areas by guaranteeing 100 days of wage-employment per financial year to households whose adult members engage in unskilled manual labour. For more information, please visit: <http://nrega.nic.in/netnrega/home.aspx>

to provide these services for its members.

4) Limited opportunities for income generation

The more isolated a community is, the fewer outlets its residents will have to generate income. It is contingent upon the practitioner to construct a wide variety of livelihoods that are appropriate for the local markets and can be quickly adopted by illiterate and unskilled populations. Beneficiaries should be trained in a variety of different activities so that if one fails, they have other options to maintain their income streams.

When assessing potential livelihood opportunities it is important to not only understand what activities beneficiaries are currently participating in, but to also make a list of jobs that are currently not available to them that members of other communities are engaged in. It may be possible for the programme to train beneficiaries in these specific skills so that they too are eligible for these alternate forms of employment.

In the case of isolated communities, it is especially critical that practitioners establish all of the necessary market linkages—for example, clearly define all of the different players that are necessary to take a product to market. Beneficiaries that adopt new livelihoods will need to know where to procure raw materials and where to market their products in a sustainable fashion.

PROGRAMME SUCCESS FACTORS

The indicators mentioned in the previous section are not exhaustive and there could be other factors that warrant additional activities and safeguards within the traditional graduation model when deployed in extremely isolated and/or marginalised communities. While SKS NGO was developing a more comprehensive model for the tribal communities in Orissa, it accounted for a number of success factors to sustain programme benefits over the longer term. It is important for practitioners working with isolated groups to factor in similar measures.

1) Presence of a local economy

Given that these isolated communities are often inward looking and situated far from towns and cities, it is important to spark the creation of a vibrant local economy. For example, the tribal communities in Orissa host weekly *haaths* where people buy and sell their goods. Items available for purchase include cattle, fruits and vegetables, handicrafts, and other assets. Each cluster of villages hosts its fair on a particular day of the week. This means that the tribal members can attend

multiple fairs each week and have access to different markets and other villages through these fairs.

Another important aspect of creating a local village economy is to ensure there is sufficient room for members to achieve scale. If all members need to scale their businesses, would they be able to find enough of a market through these fairs? In most cases the answer would be no. Thus, it is important that practitioners consider developing market linkages that extend beyond the immediate geography so that beneficiaries can have access to a more sustainable market. In some cases, for example with handicrafts, there is a strong export market as well.



A tribal woman from the Tentulipada village in the Koraput district displays her handmade bamboo baskets at a weekly haath hosted by her village.

Photo by Rajesh Kumar

2) Encourage group solidarity

Populations that don't have access to external support (government schemes, non-profit interventions, and private enterprises) need to nurture very strong bonds within the community to support each other. These could be for income-generating activities and/or for the general social welfare of each member. Even with individual livelihoods like candle and incense stick making, the presence of a regular group meeting and support system exerts the necessary peer pressure on each member to perform well and provides the motivation to continue with the programme even in tough times.

3) Tools to promote increased scale and expansion

Apart from market linkages, another important requirement for scale is access to credit. Most ultra poor programmes have limited budgets and can only provide limited assets and raw materials to initiate the income-generating activity. Most beneficiaries quickly reach a plateau and will need more resources to grow their businesses. It is thus important to ensure that there are institutions that can provide credit and other financial services to these beneficiaries. In the absence of formal institutions, such as banks and microfinance institutions, it is possible to train

members to form and maintain a 'village bank' that pools assets across members and manages all transactions.¹⁴



Two tribal women from the Chapadiaguda village roll incense sticks to sell them at the weekly tribal haath.

Photo by Dharma Rao

4) Availability of diverse livelihood options

As previously mentioned, it is important to provide members with a broad array of livelihood options. In the case that one fails, members should have other alternatives to limit a major negative shock to their incomes. Diversity of skills also helps to prevent the cannibalisation of each other's livelihoods in communities that are so small and removed.

Dr. Divakar shared some thoughts on how his team devised the various livelihood options for members. *'While doing the selection, we also identified the potential livelihood opportunities in the area. One of the most effective ways to identify potential livelihoods was to talk to a local grocery store and understand their sales pattern. We identified the key items and tried to manufacture those within the village.'* In teaching members how to create their own household goods, the SKS NGO team was able to create more self-sufficiency within the village and reduce the communities' dependence on the markets found in Orissa's towns and cities. After the SKS NGO programme, many of the members were comfortable producing goods such as candles, bamboo products, and incense sticks on their own and trading with each other.

¹⁴ In the village bank model, commonly used in Africa, a group of women manage a lockbox that holds the group's savings. Through a system of trust and joint ownership of different keys that only together can lock and unlock the box, the group is trained on the bookkeeping and management of each other's savings.

THE ORISSA PILOT: ENHANCEMENTS TO THE GRADUATION MODEL

Given the challenges faced by the beneficiaries and the constraints associated with the geography, SKS NGO had to modify its programme with the objective of developing long-term coping mechanisms within the tribal communities. While SKS NGO still wished to replicate its Narayankhed model, the team also had to develop additional measures—detailed in the following sections—to ensure sustainability after the 24-month intervention.

According to Dr. Divakar, *‘While talking to the people in Orissa and to the district officials, it was clear that we needed a much more comprehensive model in Orissa. As we started thinking along the lines of a typical intervention map (economic, financial, health, and social activities), we immediately came up with some of the needed additions. There were others that we thought of only after the programme started, and we learned as we went along.’*

Community Food Bank

The lack of stable employment and the failure of government food subsidy programmes to reach and serve the tribal people, means they are often malnourished and make do with one poor-quality meal per day. If members run out of their own stock of food, they cannot always afford to purchase additional food the same day, as their income is often based on the timing of the markets and whether or not they received income during that period. If it is not a market day, there also may not be food available to purchase. To ensure that the beneficiaries have access to at least rice in case of such an emergency, SKS NGO started an innovative community food bank programme. As part of the initiative, each member was asked to save a fistful of rice everyday and bring it to the weekly meeting to save in a community pot. After several weeks, members developed the habit of saving this rice and built up a reasonable supply.

If a beneficiary becomes too ill to work or faces some other emergency that negatively impacts her food supply, she can borrow from the community pot and replace the amount taken when she is able. In this way, beneficiaries always have access to food and don’t have to go without meals. Talking about the initiative, Dharma Rao, Branch Manager of SKS NGO, said, *‘The food bank scheme was so popular that even the non-ultra-poor members of the village started replicating it. Earlier, these people had to go without food or take loans from a moneylender to buy food. Now they have a dependable source at the time of need.’*

Members selected in each village met every week in what was called a weekly

centre meeting. The centre meetings were a central point where all members collected savings, saved rice, discussed collective issues, and shared experiences. SKS field officers also conducted trainings during these meetings and discussed health and social issues to increase awareness of the members. One important aspect of this intervention was to designate people within each centre to manage various responsibilities.

Each centre had two centre leaders and one bookkeeper, which were selected by the groups themselves. Talking about the centre leader, Dr. Divakar said, *'We observed that in most cases the centre leader was very articulate, enthusiastic, middle aged, and was respected in the village.'* The centre leaders were ultra poor members who participated in all aspects of the programme. They convened the weekly meetings and ensured that all the interventions were carried out according to plan.

The bookkeeper of each centre was someone who was literate with basic arithmetic skills. In villages, where there weren't any literate beneficiaries, the groups involved non-ultra-poor members to act as the bookkeepers. This person kept track of the amount of rice saved by each member, recorded who had tapped into the community rice, and who owed rice into it. Each member in the group paid Rs 1 at each weekly meeting to the bookkeeper for their services.

The rice boxes were stored at one of the centre leaders' houses. To ensure security of the rice, two locks were put on the box with one key given to each of the two centre leaders. Once these boxes were full, the rice was either given on credit to the needy members in the group or sold to the retail shops in the village. In the initial few weeks of the programme, SKS NGO field staff trained the centre leaders, bookkeeper, and other members on the entire process.



Beneficiaries saving rice for the community food bank during one of the programme's weekly meetings.

Photo by Sriram Gutta

Increased Number of Livelihoods

In seeking to replicate the standard graduation model for working with the rural ultra poor, SKS NGO originally planned to transfer an asset such as a cow, goat, or backyard poultry to each beneficiary. In other rural areas, the ultra poor are typically able to find work as daily labourers to supplement their income. In the Narayankhed pilot, for example, the ultra poor beneficiaries relied on their new productive asset as their primary source of income, but also sought manual labour jobs when extra income was needed or when the yields from the asset were low.

The tribal communities in Orissa didn't have avenues for such work. The SKS NGO team knew that an asset like a cow or pair of goats would definitely be a step up, but they were not in and of themselves a source of regular cash flows. Outside of these livestock assets, the beneficiaries had little to no other income-generating activities. Therefore, SKS NGO decided to provide the combination of an asset along with training and supplies for a livelihood enterprise in order to diversify income sources and increase members' ability to withstand hard economic times. The SKS team introduced livelihoods such as bamboo crafts, candle making, mushroom cultivation, incense stick rolling, and detergent making. These activities proved popular and were taken up by many beneficiaries.

When choosing the basket of livelihoods, SKS NGO had to ensure that:

- The activities fit the local context in terms of demand and raw material availability
- The work could be conducted in the member's home
- The work suited illiterate individuals with very little formal education
- The work could quickly result in increased income for the household

While designing livelihood interventions, it is common for practitioners to put a greater emphasis on selling to external markets. This is a natural tendency as it helps to also integrate the ultra poor into their surrounding communities as previously mentioned. One, however, should not overlook the internal market. Halfway into the programme, the SKS NGO team became aware of a strong demand arising from the members themselves. Apart from selling to other tribes through weekly fairs, there was a large market within each village. For example, SKS NGO had designated backyard poultry as a livelihood to many beneficiaries. These beneficiaries needed poultry feed on a regular basis. SKS thus came up with the idea of training ultra poor members within the village to manufacture this feed. This quickly created additional livelihood opportunities and simultaneously helped to make the community more self-reliant.

Dr. Divakar refers to the SKS NGO team's process of setting up of the livelihood intervention as a 'mutual markets' model. *'We identified the key needs of the people, such as electricity, hygiene, and eating well during a celebration, and developed livelihoods like candle making, detergent, and mushroom cultivation,'* he said. SKS NGO identified what the beneficiaries most needed, trained them on producing those items, and helped them sell the products within their village and in the weekly *haaths*. This reduced their overall dependence on external markets to buy and sell these items.



A member of the SKS ultra poor programme stands with the goats that were granted to him as part of the intervention.

Photo by Sriram Gutta

Community Health Professionals

Given the remote location of the villages, it is often not possible to access a doctor or pharmacist in a time of need. Due to the lack of paved roads, many of these villages also become difficult to access during the rainy season. According to Dr. Divakar, *'the ultra poor spend their meagre income on food that barely meets their nutritional requirements. Malnutrition and sickness result, forcing the poor to contend with health expenses—when they are able to even meet with a doctor—thereby reducing familial income. With this vicious cycle of meagre income, malnutrition, sickness, health expenses, and reduction in income, it is impossible to escape the clutches of poverty. From what we've seen, poor health is one of the biggest contributors to poverty.'*

From their observations, it was clear to SKS NGO that members needed a local and affordable healthcare option. The team decided to select particular members who showed interest and enthusiasm, and train them to serve as health professionals within the village. The health professional's role was to provide primary care, so they were trained to identify common, non-critical ailments such as a cough, cold, body aches, etc. and dispense medicine accordingly. Since most of the beneficiaries, including the health professionals, were illiterate, the

professional was trained to recognise a particular drug by the colour of the packet it was wrapped in. Each colour corresponded to a particular ailment.

This activity not only created new livelihood options, but also proved extremely beneficial for the villagers who previously had to travel long distances, even to procure basic medication. The availability of medication within the village also meant instant relief of many symptoms and hence, improved productivity within the community.

During monthly visits, field officers noticed many beneficiaries and/or their family members suffering from more critical ailments such as growths resembling tumours, gynaec problems among women, and deformities due to fire or other accidents. These cases needed to be addressed by experienced health professionals, so SKS NGO reached out to a team of doctors from the US who had conducted a surgery camp during the crisis in Haiti. The team of 12 health professionals, which included surgeons, nurses, and lab technicians, agreed to participate in a one-week-long surgery camp programme in Orissa.

Dr. Krishna Akula, a retired surgeon from the US, visited Koraput several times and with the help of local doctors, identified members to participate in the surgery camp. Although over 40 members were identified as needing surgery, the team could only conduct 24 surgeries with the resources and amount of time they had. Also, some of the patients could not be operated on because the health professionals and local doctors were not equipped to handle the post-operative care. This is an extremely important factor for future practitioners to keep in mind. Without proper post-operative care, the patients' lives could be endangered.

Those ultimately selected for surgery were cases that were not particularly complicated but limited a person's ability to work. All 24 surgeries were successful. Once treated, SKS NGO hoped the community health professionals could help patients maintain their health. At the time of writing this case study—nine months after the surgery camp—all of the patients that had been operated on have recovered well and most have started working.



Members of the SKS ultra poor programme undergo training to serve as health professionals for their village communities.

Photo by Rajesh Kumar

Mandatory Savings

Most ultra poor models—including the graduation model—have an optional savings component in which the beneficiaries are encouraged to save variable amounts on a regular basis. The SKS team felt that savings were very critical in guarding against income shocks. However, the members seemed to have little to no awareness about the importance of saving and were not in the habit of putting money aside as savings. The team thus made it mandatory for each beneficiary to save at least Rs 10 (US \$0.20) per week. This amount was collected during the weekly meetings and each beneficiary was given a passbook to record their transactions. By the end of the programme, some of the individual members had managed to save over Rs 10,000 (US \$200) each. Such amounts could easily cushion a household against future shocks, especially if the members committed to saving on a regular basis and replenishing amounts they had to withdraw.

During the first six-to-nine months of the pilot, savings were collected by the SKS NGO field officer and deposited in a bank account in the nearby town of Boipariguda (the State Bank of India had recently opened a branch in this town). All the savings were kept in a single account with the branch manager and the assistant branch manager as the authorised signatories. Once the field officer trained the members' bookkeeper, that person would record the weekly savings in a passbook prepared by SKS. If a member wanted to withdraw money, they would announce this during the weekly meeting and other members would recommend whether money should be given or not. The SKS NGO field officer would then withdraw the cash from the account and give it to the member during the next centre meeting. Although SKS NGO recommended the groups not charge interest on these withdrawals, members felt that interest would be necessary to create a discipline among them and ensure that they withdrew the savings only in case of an absolute emergency.

After this initial six-to-nine month period, the responsibility of managing the money was shifted to the group and a new account was opened. The centre leaders became the authorised signatories and were responsible for depositing cash into and withdrawing cash from, the account.

Members were also encouraged to save for healthcare expenses. One of the reasons people end up in poverty or remain in poverty is healthcare cost. A single major surgery can push an entire family into years of poverty as they struggle to repay the large expense.

Occasionally in the community food bank programme, any rice that was deemed in excess of the amount the members wished to store would be sold in the market. The funds generated from the sale of excess rice was earmarked to support any unforeseen medical emergencies and helped ensure that beneficiaries did not have to sell their assets to meet healthcare costs.

These medical emergency funds were managed by the centre leader and were saved in the same box as the rice. The funds were withdrawn only in the case of an emergency and were given to the needy member after approval from all the other members. Since that member would not be able to work in the event of such an emergency, the other members decided they would not charge interest for such loans.

Fortunately for SKS NGO's members, the State Bank of India (SBI) had opened a branch in Boipariguda midway through the intervention. In areas where there are banks and/or post offices, future practitioners should consider linking the savings initiative to a bank or post office from the beginning of the programme. This would make the savings more formal and institutionalise the whole process. It would also reduce the risk of theft or malpractice.

Self Help Groups and Bank Linkage

SKS was cognisant of the fact that after the 24-month intervention, beneficiaries would have to manage their livelihoods on their own. This would include activities like procuring raw materials, negotiating with vendors, and selling their goods. SKS thus formed 'self help groups' (SHGs) with all its beneficiaries.

The Self Help Group movement is India's innovative approach to financial inclusion. Women in villages form groups comprised of 10 to 20 members, and can be registered by non-profits, government agencies, or banks. These groups

can access bank loans as well as save among themselves. After the group saves consistently for a fixed period of time (usually at least six months), a bank will provide them with loans. Each SHG can then lend to its members at predetermined interest rates, but first each loan has to be approved by the other members of the group. The interest and principal paid by members is added back to the original pool. These loans do not need collateral and the peer pressure from other members ensures that all members pay on time. With a good history of repayment, banks may allocate larger loans to SHGs. Each group has one leader and one deputy leader who preside over the weekly meetings and manage the funds. The leaders are appointed on a rotation based on the structure of the particular group, and leaders change every one or two years.

Members became accustomed to attending the weekly centre meetings and saving Rs 10 per week. Therefore, it was a fairly easy transition from centre group to the more formal designation of SHG. Members continued meeting weekly and saving as an SHG, but were now eligible to receive bank loans. The weekly meetings and peer support would help ensure that beneficiaries continued to save a portion of their income each week and also had access to credit to grow their businesses and meet other needs. 850 of the 887 members are now part of an SHG and at the time of writing this case study, most of them have received their first loan.

There were no microfinance institutions located near the tribal villages. The only accessible town with a financial service provider was Boipariguda, where SBI had opened a branch office. The only option was thus a direct link to a formal banking institution. If other practitioners are working in areas where microfinance is available, they should consider graduating the beneficiaries into one of these programmes.



SKS beneficiaries with a bank passbook from SBI that details their transactions.

Photo by Dharma Rao

Financial Literacy

Financial literacy is not a standard component to most models working with the ultra poor. SKS NGO, however, felt strongly about the importance of long-term effective money management and savings, making it a central element in their ultra poor pilot programmes. This was especially important in the Orissa pilot where after the 24 months, beneficiaries had to manage and grow their businesses with little external support. It was important that they understood income and expenditure tracking, budgeting, financial goal setting, and financial negotiations. As a result of these sessions, beneficiaries started keeping records of their income and expenditures with the help of their school-going children or neighbour's children. Within weeks of learning these techniques, SKS staff observed some of the beneficiaries changing their behaviour. For example, some significantly reduced unnecessary expenditure on tobacco and liquor when they realised what a significant portion of their monthly budget these expenses consumed.

To ensure that beneficiaries internalised the lessons from these sessions, the SKS NGO team developed modules that were based on highly interactive games and live examples. The beneficiaries readily participated in the training and proved their comprehension by developing their own cash flows and expense statements as examples.



SKS members learning to identify their income and expenditures through a chart replicating the 'snakes and ladders' game.

Photo by Dharma Rao

The Revised Intervention Model

Based on all of the aforementioned additions that SKS NGO made to the original blueprint of its ultra poor programme in Orissa, the new intervention was laid out as follows in Figure 4.

Figure 4: New Intervention Map



GRADUATION

The goal of the ultra poor programme was to combine safety nets with livelihoods to graduate the ultra poor out of poverty. The SKS team defined graduation as the point at which beneficiaries had the confidence and the capability to independently generate income and/or begin a new enterprise, buoyed by increased social and health awareness. The SKS NGO team encouraged continued livelihood expansion by leveraging the financial services that were now available through the SBI programme. SKS NGO hoped that the confidence-building workshops, new livelihoods, access to formal financial services, and the efforts expended to increase the members' self-sufficiency would translate into an improved quality of life and a permanent move out of extreme poverty.

One challenge that graduation model proponents commonly face is the question of when to end the programme. What is the ideal time duration of an ultra poor programme? What indicators must be satisfied to graduate a member? SKS NGO linked its graduation to the following observable indicators:

- 1) The progress made along social development was tracked through awareness levels about government sponsored schemes and social issues. After weeks of training, women were asked questions to test their understanding of their rights and available support programmes.
- 2) Improvements in members' awareness levels about health and hygiene were also tracked by asking questions to test their knowledge.

- 3) Regarding livelihoods, members had to demonstrate regular use of the productive asset they had been granted, and a satisfactory ability to conduct another income-generating activity if necessary.
- 4) Each beneficiary also had to save at least Rs 1,000 (US \$20).

These indicators and others—such as household assets and living conditions—were tracked through an in-house scorecard called the household poverty index (HHPI).¹⁵ Data for the HHPI, based on both objective and observatory indicators, was collected by the field staff on a quarterly basis to track changes in beneficiaries lives throughout the programme.

During graduation, SKS conducted another confidence-building workshop called the graduation workshop, which served as a platform to commend beneficiaries on their successful completion of the programme. Some of the beneficiaries were invited to share their experiences and talk about how their lives had changed over the course of the intervention.

At the end of the programme, 850 of the 887 members had graduated. Most of the 37 members who did not graduate could not do so because they could not form groups. This was due to a lack of sufficient members in their village to form SHGs. Two members also expired due to ongoing health issues. Together, the members saved over Rs 13,00,000 (US \$26,000) cumulatively by the end of the programme, and all graduates had the combination of an income-generating asset and a skill-based livelihood.

CONCLUSION

As illustrated throughout this case study, the ultra poor, much like other segments of the population, are not a homogeneous group. A ‘one size fits all’ strategy cannot effectively serve them. With the Narayankhed pilot, the SKS NGO team successfully replicated the graduation model with the rural landless in the Medak district of Andhra Pradesh. However, this same model was not appropriate for the isolated tribal communities of Orissa.

¹⁵ See appendix G for a copy of the HHPI

Even among the ultra poor, nuances based on a population's circumstances must be taken into consideration when designing an intervention. In the case of extreme isolation, as this case study demonstrates, additional measures to promote self-reliance and community-based support mechanisms need to be undertaken.

Though the SKS NGO team went into the Orissa pilot having already successfully implemented an ultra poor programme in Andhra Pradesh, it faced a steep learning curve with the new target population and learned a number of critical lessons. The team now plans to re-visit the Medak district in Andhra Pradesh and run a third pilot, incorporating the lessons learned in Orissa. With this latest pilot, SKS NGO's objective is to develop an even more effective and cost-efficient model. The team is currently experimenting with innovative practices such as:

- **Economies of scale on assets** – Currently the SKS team offers a diverse basket of assets. Although this offers choice to the beneficiaries, it creates a lot of administrative and logistical work for the field staff. The team is now planning to narrow down the list of assets based on location to ensure economies of scale.
- **Target non-ultra-poor beneficiaries** – Targeting some of the non-ultra-poor beneficiaries in the intervention will help the team in using existing infrastructure more efficiently. In some cases, the non-ultra-poor beneficiaries could also help cross-subsidise certain costs for the ultra poor beneficiaries.
- **Combination of grants and loans** – The current graduation model is based on grants only. SKS NGO understands the importance of sustainability and lowering the cost of the intervention for achieving significant scale. The team is now planning to provide the productive asset on a half grant / half loan basis. It has already communicated this to prospective beneficiaries and has received positive reactions.
- **Timelines of the intervention** – The programme timelines are currently fixed at 24 months. Within the programme, there are beneficiaries who do exceedingly well from the beginning and others who need to go through the programme in its entirety. The team is now planning on a flexible intervention where beneficiaries can graduate as soon as they fulfil the criteria.

- ***Involve ultra poor beneficiaries in the operations*** – SKS NGO used the ‘train the trainer’ model in the economic development component. This is when the team trains one person from the village, who then trains another 10 beneficiaries in the community. SKS plans to involve ultra poor beneficiaries in this way in more activities such as bookkeeping. This will bring down the cost of the programme and create livelihood opportunities for the ultra poor.

The SKS NGO team would like to return to Orissa once again, this time to a different district, but still work with the tribal communities. The team hopes to take the best practices from the latest Andhra Pradesh model and combine them with the takeaways from the first Orissa pilot to create an even more effective and cost-efficient intervention that can scale to reach thousands more tribal families.

APPENDICES

This section contains templates and examples of forms and documents used during the Orissa Ultra Poor Pilot. The examples shown have been taken from the actual documents used by the field team.

APPENDIX A: BENEFICIARY APPLICATION FORM

I, Ms _____ W/O _____
 D/O _____ R/O _____ Mandal / Block
 _____ selected _____ livelihood activity at
 Swayam Krishi Sangam Ultra Poor Program in accepting the following norms and
 conditions. I have attended the training program on _____ and
 am submitting this beneficiary application form.

Norms and Conditions:

1. One time cost of equipment / material / capital / investment on livelihoods will be supported by Swayam Krishi Sangam
2. Ownership of the equipment is with Swayam Krishi Sangam until end of program
3. Income from business belongs to beneficiaries
4. Other expenditures of the business will be borne by beneficiaries only
5. This program will be for two years
6. Beneficiaries should not sell business equipment / divert income for unintended purposes
7. Beneficiaries should manage the livelihood activity on their own
8. Swayam Krishi Sangam Field Organiser will visit and verify livelihood activity on weekly basis
9. Beneficiaries should attend the weekly meeting conducted by Swayam Krishi Sangam

Signature of the Applicant: _____

Signature of the Witness: _____

Date of application: _____

Signature of the Branch Organiser: _____

APPENDIX B: VILLAGE SURVEY FORM

Name of village: _____ Mandal: _____

Rough estimate of population (SC/BC/ST/OBC¹⁶): _____

Names of village leaders: _____

Nearest villages & distance: _____

Distance from Narayankhed _____ Modes of transport available _____

Bus facility available _____ Nearest bus stop _____

Health facilities available _____

Distance to nearest primary health centre _____

School details:

No. of Private schools _____ No. of Government schools _____

Anganwadi strength: _____

Other Programs:

Government schemes in that village _____

MFIs and/or NGOs working in that village _____

Number of SHG groups _____

Other Details:

Number of landless labourers in village _____

Number of non-SHG women _____

Reason for not becoming beneficiaries _____

Major occupations in village _____

Main crops _____

Water sources for crops _____

Other employment opportunities _____

Number of families that migrated from village _____

Reasons for migration _____

Survey Conducted By: _____

Date: _____

Signature: _____

¹⁶ SC=Schedule caste, BC=Backward caste, ST=Scheduled tribe, OBC=Other backward castes

The Indian government has reserved a fixed percentage of slots in educational institutions and government jobs for the above caste communities, which is why this question is asked.

APPENDIX C: HOUSEHOLD QUESTIONNAIRE

Name of village _____

Panchayat _____ Mandal _____

Date _____

Name of the head of household (HH) _____

ID _____ Status of HH _____

Status of HH – Alone (1), with spouse (2), Spouse Migrated (3), Deceased spouse (4), Divorced (5), Migrated but sending money (6), PH (7)

Address _____

Caste - SC 1 ST 2 OBC 3 BC 4 Specify _____

Name of the Interviewer _____

Checked by _____ Remarks _____

I. Family details

S.No (A)	Name (B)	Relation to HH (C)	Sex (D)	Age (E)	Marital Status (F)	Education (G)	If drop-out, reason (H)	Cost of Education (I) (ask if going to school)	Skills (J)	Occupation (K)	Income Avg per month	Remarks (L)
1												
2												
3												
4												
5												
6												

C. – Spouse (1), Son / Daughter (2), Parents (3), Grand children (4), Grand parents (5), other relatives (6), Non relatives (7)

F. – Married (1), Un married (2), Divorced (3), Widow (4)

G. – Not Interested (1), For HH work (2), To look after livestock (3), Agri labor (4), Parents not interested (5), No teachers (6), No school (7), Other (8)

J. – Own Agriculture (1), Self employed (2), Daily labour (3), Salaried agricultural labour (4), Salaried employee (5), HH work (6), Student (7), Cattle grazing (8), Handicapped (9), Others (10) specify:

II. Housing Status

	0	1	2	3	4	5
Ownership of house	Relatives	Rented	Government Scheme	Own		
Size of house		Small	Medium	Large		
Condition of house		Poor	Average	Good		
Material of roof		Thatch	Sheet	Local Tiles	B. Tiles	Cement
Material of walls		Wood	Mud	Stone	Brick	Cement
Electricity	None	Shared	Own			
Water facility	None	Shared	Own			
Transportation	None	Bicycle	Bullock Cart	Motorcycle	Tractor	Car
Livestock	None	1 acre	More than 1 animal			
Land	None	>1 acre dry land	> 1 acre but < 3 acres of dry land	< half acre of wet land / >3 acre dry land	> half acre of wet land / > 5 acres of dry land	

III. Migration Details

1. Have you or your family members migrated in the last year? If yes, give details.

Name	Period	Months	Work

IV. Indebtedness Details

Ask for MF / SHG membership

Source of Debt	Reason	Amount	Interest	Repayment Mode	Present Balance	Remarks

V. Social Welfare Schemes

Program	Knowledge	Benefitted or Not
Land Distribution		
Self Help Groups		
Housing Schemes		
Public Distribution Schemes		
Old Age Pension		
NREGP ¹⁷ / Food for Work		

VI. Alternate Livelihoods

Name	Work (a)	Experience (b)	Obstacle (c)

(b) Yes or No

(c) No skills (1), Lack of equipment (2), No investment (3), No market (4), Other (explain)

1. How will health related expenditures be paid for?

- a) Own money
- b) Loan from local source
- c) Land lord
- d) Government hospitals
- e) Others _____

¹⁷ National Rural Employment Guarantee Act - see footnote 13 in case study for full explanation

APPENDIX D: LIVELIHOODS ACTION PLAN

Name of the beneficiary:

Village/Block:

Name of Field Officer:

Date & month of livelihoods action plan commencement:

Main activity:

Additional activity (if any):

Technical feasibility:

- Backward linkages (like vet care, fodder, soil/irrigation/seed/raw material etc.):
- Experience:
- Training inputs required:

Economic viability:

- Forward linkages like market, value addition etc.:
- Costs and benefits:
- Household income (Rs):
- Incremental income (Rs):

Other livelihood-specific details:

- Gestation period (for one cycle):
- Income generation cycle (daily/weekly/fortnightly/monthly/annually):
- Total investment:
- From beneficiaries as down payment:
- From project (SKS UPP):
- Others (specify):
- Asset protection costs (like insurance) and details:
- Working capital stipend totally recommended (Rs):
- No. of family members engaged:
- Comment on prevention from collateral damage in the shape of child labour and how do you ensure it?
- Release schedule:

Release tranche	Purpose	Purpose of main grant	Purpose of working capital stipend	Remarks
I Release				
II Release				
III Release				
Total				

APPENDIX E: DAILY SCHEDULE OF BRANCH TEAM

1 Field Officer: 75-100 Beneficiaries

1 Field Officer: 15 Villages (1 Village = 6-10 Beneficiaries)

Daily Schedule (six-day work week)

<i>Time</i>	<i>Activity</i>
06:45	Check-in at field office
07:00 – 08:00	Center meeting # 1
08:00 – 08:30	Individual meetings / house visits
08:30 – 08:45	Travel to 2nd village
08:45 – 09:45	Group meeting # 2
09:45 – 10:15	Individual household meetings / house visits
10:15 – 10:30	Travel to 3rd village (one / two per week)
10:30 – 10:45	Travel to office
10:45 – 12:30	Inputs savings deposit
12:30 – 15:30	Lunch
15:30 – 17:00	Preparation of reports review of the day
Weekly	Review training on specific subjects, exposures, etc. depending upon requirements

APPENDIX F: ULTRA POOR HOUSEHOLD PROGRESS INDEX: COMMUNITY BASED MONITORING SYSTEMS

Name of the beneficiary _____

Village _____ Mandal _____

Field assistant _____

HH Progress Index:

I. Economic Indicators: Concrete and Measurable in Rs.

Performance Indicator	Performance Score				
	VH 10	H 8	M 6	L 4	VL 2
Gross income per month during quarter (household)	<1000	800-1000	600-800	500-600	>500
Reduction in outside usurious debts during the quarter	<1000	500-1000	300-500	200-300	>200
Amount saved by HH during the quarter in UPP, SHG, Bank, LIC, PO ¹⁸	<50	30-50	20-30	10-20	>10
Secondary productive asset generated during quarter including extra room/repairs to existing house (mention details)	<1000	800-1000	600-800	500-600	>500
Purchased any micro-insurance product	<50	30-50	20-30	10-20	>10

Total Score: _____ out of maximum 50

¹⁸ UPP=Ultra Poor Programme, SHG=Self Help Group, LIC=Life Insurance Corporation of India, PO=Post Office
All of the institutions listed in the matrix can serve as a savings depository

II. Economic Indicators: Abstract & Observational

Performance Indicator	Performance Score				
	VH 10	H 8	M 6	L 4	VL 2
Food security for number of days	<30	20-30	10-20	5-10	>5
Credit absorption capacity	High	High	Avg	Low	Very Low
Scope to raise / secure emergency cash loan	High	High	Avg	Low	Very Low
Nutrition security linked to incremental income	High	High	Avg	Low	Very Low
Self confidence to buy and maintain secondary asset	High	High	Avg	Low	Very Low

Any specific remarks:

Total Score: _____ out of maximum 50

III. Social Indicators: Concrete & Measurable

Performance Indicator	Performance Score				
	VH 10	H 8	M 6	L 4	VL 2
Sending children to school	Pvt school	Govt school but regular	Govt school not regular	Govt school but highly irregular	Not enrolled / not sending
Boys					
Girls					
Availing government schemes (Old age pension, Rajiv Arogyashri, Antyodaya ration card, NREGS)	All seven schemes	At least three schemes	At least one scheme	Aware but no scheme availed	Not aware at all
Child labour in the house	No child labour	Seasonal child labour	Occasional child labour	Full time child labour	Bonded labour
Identified as 'fast climber'	Identified in rung I	Identified in rung II	In the making	Not identified	Not aware / laggard
Representation in local SHG/DWCRA/GP/JLG ¹⁹	Active beneficiaries and can take loan	Active beneficiaries but can't take loan	Passive beneficiaries	Non-beneficiaries	Not aware and not willing to join

Total Score: _____ out of maximum 50

¹⁹ SHG=Self Help Group, DWCRA=Development of Women and Children in Rural Areas, GP=Gram Panchayat, JLG=Joint Liability Group. SHGs and JLGs are saving and lending groups formed by women. DWCRA is a government initiative to improve the living conditions of women and children through opportunities for self-employment (for the women) and access to basic social services. GPs are local self-governments at the village or small town level in India.

IV. Social Indicators: Abstract & Observational

Performance Indicator	Performance Score				
	VH 10	H 8	M 6	L 4	VL 2
Social networking including partner of any NGO project					
Dress and appearance / chappal wearing					
Awareness levels					
Self-esteem and respect in society / connectivity to SHG in village					
Family and house hygiene / kitchen garden with nutritional plants					

Total Score: _____ out of maximum 50

V. Health Indicators: Concrete & Measurable

Performance Indicator	Performance Score				
	VH 10	H 8	M 6	L 4	VL 2
Hemoglobin count	<11	9-11	8-9	7-8	>7
Investment in healthcare during quarter	<100	75-100	50-75	25-50	>25
Nutritious food/protein intake	Dal every day	Dal 4 days a week	Dal twice a week	Dal once a week	No dal during week
No. of glasses of clean drinking water per day	<8	6-8	4-6	2-4	>2
Reduction in No. of sick days losing work or income, health card remarks	>1 day	2-3 days	3-5 days	5-10 days	<10 days

Total Score: _____ out of maximum 50

VI. Health Indicators: Abstract & Observational

Performance Indicator	Performance Score				
	VH 10	H 8	M 6	L 4	VL 2
Can tell/counsel peers on healthcare					
Awareness about sexually transmitted diseases and AIDS					
Awareness level about medicinal/nutritional plants					
Awareness levels about gynaec and menstruation problems					
Awareness about paramedic services					

Total Score: _____ out of maximum 50

Maximum score for 3 Thematic Indicators: 300

Actual score obtained: _____

APPENDIX G: SOCIAL PERFORMANCE INDICATORS

Name of the member: _____
 Village: _____
 GP: _____ Block: _____
 Code: _____
 Field Officer and Head Field Officer: _____
 Total score: _____ Date : _____

1. Sending children to school

(tick against the options based on beneficiary's response)

- Not enrolled - 0
- Enrolled but not going to school - 2
- Irregular - 6
- Regular - 10

2. Self-esteem and respect in society *(tick on the right option based on observation)*

- Maintains eye contact with SKS field officers and other men - 2
- Not secure in society - 4
- Getting hand loan in need - 6
- Joined group, getting financial support and attending social activities in the community – 10

3. Active participation in microfinance groups *(tick against the groups that beneficiary is member of—could be more than one)*

- Self-help group
- Joint liability group
- Other

4. Source of drinking water *(tick against the option based on beneficiary's response)*

- Streams - 2
- Ponds - 4
- Open well - 6
- Bore well - 8
- Filtered water - 10

Continued - Appendix G: Social Performance Indicators5. Hemoglobin count (*based on report by paramedic*)

- o < 7 - 2
- o 7-8 - 4
- o 8.1-10 - 6
- o 10.1-11 - 8
- o > 11 - 10

6. Availing government schemes such as rice line, NREGS, LAY, house patta, forest patta, pension, health scheme (*tick against the options based on beneficiaries response*)

- o None - 0
- o 1-2 schemes - 4
- o 3-4 schemes - 6
- o 5-6 schemes - 8
- o > 6 schemes - 10

7. Child nutrition (*based on report by paramedic*)


- o Height -
- o Weight -

8. Gross income per month during quarter (*household*) -

9. Grameen Progress out of Poverty Index™ (PPI) Score -

10. HHPI score -

APPENDIX H: SPECIMEN HEALTH ID CARD



ULTRA POOR BENEFICIARIES
HEALTH IDENTITY CARD
 SWAYAM KRISHI SANGAM – Unitus-Sorenson’s Ultra Poor Initiative
 Name of the beneficiary
 Father/husband name
 Village name
 Enterprise details

(Front)

Date	Problem	Advice / Medicine	FO Signature

(Back)

APPENDIX I: SAMPLE CLIENT PROFILES

INDU KATI



Indu Kati is a part of the tribal community and belongs to the village of Pandriguda in Orissa, India. Her case is typical of the circumstances faced by many among India's ultra poor population. As the eldest member of the household, Indu, a 65 year old widow, had to run a household consisting of her son, daughter-in-law, and two grandchildren. To make matters worse, her advanced age meant that she was no longer able to partake in hard

manual labour as could many of the younger villagers. Illiterate and untrained in other forms of work, Indu found it difficult to find alternate sources of income; thus, it was left to her son to find a way to support three adults and two children on a meagre wage.

After joining the SKS NGO program in Orissa, Indu received a couple of sheep as assets to support her livelihood. Later in the program, she also took an interest-free loan of Rs 1000 to learn to make handicrafts. Indu now makes jewellery and crafts and sells them in weekly fairs in different villages. While this provides her with weekly cash flows, her sheep act as an insurance against health problems and bigger investments like the marriage of a child or education.

Within 24 months of the program, Indu had paid back the livelihoods loan and also started another business: a small grocery store outside her home. She sells groceries and other supplies in the afternoon after coming back from the fairs. She intends to grow her handicrafts business and train her daughter-in-law to manage the grocery store. In the future, Indu hopes to educate her grandchildren and also re-furbish their house.

Indu graduated from the ultra poor program with food security, a sustainable livelihood, and a valuable set of skills for a better quality of life.

*Continued: Sample Client Profiles***BHAGABATI MALI**

Bhagabati is an SKS member and belongs to the Maliguda village in Orissa, India. She is 41 years old and is the sole bread winner in the family. Her husband is physically weak and is bed-ridden. Due to earlier health conditions, even Bhagabati couldn't engage in manual labour and thus had very few avenues for work in

her village. After joining the SKS NGO program, she received a loan to set-up a grocery store outside her home. Talking about the program, Bhagabati said, *"Prior to joining the SKS ultra poor program we were very shy and couldn't even buy a small soap from the market. Now we are running a grocery shop worth Rs. 15000 (US \$300). This has given us hope for the future and a lot of self-confidence."*

At the time of graduation, Bhagabati had savings of over Rs 2000 (US \$40) in the bank. She had also saved Rs 3000 (US \$50) at home for emergencies and had stock worth Rs 9000 (US \$180) at her store. She also received a loan of Rs 5000 (US \$100) from the SHG to start a fertilizer business.

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