



Asha Kiran Society

Annual Report

2007–2008

ASHA KIRAN HOSPITAL SERVICES



The 40 bed, secondary level hospital now has a comfortable number of doctors with a physician, surgeon, obstetrician, maxillofacial surgeon and a paediatrician. A dermatologist / paediatric surgeon couple will join us in Aug. 2008.

Other activities:

- Counselling services for patients has begun.
- School health checks for our SEC and MLE students + Compassion project children in Koraput district.
- A subsidised referral system to Vizag (for very seriously ill patients or those in urgent need of costly investigations e.g. CT scan) is being worked out in partnership with some personal donors in Canada.
- We have begun a systematic rotation of teams from the hospital being sent out into the surrounding villages during the planting season. They find it difficult to come to the hospital at this time as it means a day lost in the fields. The villagers get to be familiar with hospital personnel and we are kept sensitive to their needs, background and difficulties.
- Streamlining of pharmacy services and ward management.
- Some of our senior staff are taking a sabbatical and plan to pursue higher studies. Although this leaves us a little tight for staff, we feel this time off is good for staff morale and development. There is a need for people to fill in the gap.

For the future: We need more dedicated nurses and front counter staff to join the team. The more specialized surgeries need an anaesthetist.

| | TOTAL 2005-06 | TOTAL 2006-07 | TOTAL 2007-08 |
|---------------------|------------------|------------------|------------------|
| NEW PATIENTS | 9553 | 6842 | 6672 |
| REPEAT PATIENTS | 9510 | 10100 | 12014 |
| TOTAL PATIENTS | 19063 | 16942 | 18686 |
| PATIENTS FROM BLOCK | 10026 | 8479 | 9261 |
| HCS PATIENTS | 1210 | 1540 | 1639 |

Health Insurance

To encourage the tribals to take responsibility for their health needs, a health insurance scheme was set up in 2001. Primarily intended for the patients below the poverty line (BPL) this scheme helps them lay aside some money every year against the eventuality of illness. The hospital still bears a large burden (Rs.2.3 lakhs), but the results have been encouraging.

| Year | No. of Families | No. of People |
|------|-----------------|---------------|
| 2004 | 351 | 1653 |
| 2005 | 461 | 2442 |
| 2006 | 599 | 2806 |
| 2007 | 681 | 3005 |
| 2008 | 652 | 3015 |

COMMUNITY SERVICES

Change Makers



202 Community Health Workers and 17 Community Development Officers covering 243 villages form the backbone of the work. Regular training sessions for both groups are held.

Community Initiatives



125 SHGs (self help groups) are running well. They are learning the power of being united and informed.

Health Outpost



Families living across the lake were unable to access the hospital services due to a difficulty in transportation. In answer to their needs and our prayers a health

outpost has been established across the lake in the village of Dasaput. A nurse and a community co-ordinator stay in rooms provided by the villagers. Plans to buy an outboard motor are in progress with the assistance of friends of Asha Kiran in Australia.

Talks are going on with the villagers to build a clinic in that area.

Eye Camps

In partnership with SSI (Sight Savers Int.) 369 cataract surgeries were performed by a consultant ophthalmologist and the “eye team”.

Agriculture project



Partnered by MCCI since 2000.

1. SALT - sloping agriculture land technique
2. Nutrition garden and organic farming.

Training has been completed in 5 villages with good results. This year 6 new villages have been selected and the first phase of training has begun.

Training NGO Workers



Training sessions were conducted for workers of NGOs

- Primary health and reproductive health for World Vision workers, Bhavanipatna
- HIV workshop –staff of PRAYAS

MULTI LINGUAL EDUCATION (MLE)

Tribal children have generally dropped out of school within a year or two of beginning formal education. One of the reasons is that the medium of instruction in the village schools is in the state language (in this state - Oriya), a language totally alien to them. In order to address this and other issues, the Govt. of India has adopted 10 tribal languages to be used as the medium of instruction at the primary level. Multilingual Education as it is called, starts in the child's home language and gradually 'bridges' them to Oriya and other languages. We at Asha Kiran are excited to be a part of this new venture— an answer to a long felt need!

Objectives:

1. To have 15 model multilingual schools, one in each Panchayat from preschool to Class 5, using the local language, Oriya and English.
2. To have increased community participation in the programme for five years so that gradually they own and run the programme with minimal support from Asha Kiran.

MLE centres:

We have grown from two centres in 2006 to eight centres in 2007. We hope to start seven additional centres by the end of 2008 (one in each of the Panchayats covered by Asha Kiran). There are now 246 children in 8 centres.



| Year | No of centres | Classes | Study Materials |
|---------|---------------|--------------------|--|
| 2006-07 | 2 | LKG | LKG, UKG - Ready Classes 1-5 to be done |
| 2007-08 | 6+2=8 | LKG, UKG | |
| 2008-09 | 8+7= 15 | LKG, UKG & Class I | |



5 major focus areas of our program are:

1. Community mobilization— Village Education Committees have been formed in each village to take part in all decisions. They are also involved in the building and maintenance of school buildings as well as to allot various responsibilities to all the parents.
2. Capacity building of teachers and coordinators through regular training programs. The teachers in every centre are locals who have completed secondary school education.
3. Development of the children— Other than education, the children's health is monitored through regular medical checks. They are provided with one nutritious meal during the school time.
4. Material production - curriculum development and textbook production involves a team comprising a linguist, artist, supervisors and teachers.
5. Monitoring and evaluation - Regular evaluation of each child's progress is recorded and suggestions to improve are followed up.

BONDA - HEALTH, EDUCATION, DEVELOPMENT

The project began when a young doctor and his wife with a heart for the Bonda people went to live amongst them in Dumripada village.

The Bonda project now covers 9 villages (Population-2888)

Partnered with Action Aid (until Aug.2008)

1. RIGHT TO EDUCATION

For children:



The first batch of preschool children EVER in the Bonda Hills has been promoted to

the first standard. Teaching continues using Bonda language curriculum. The involvement of parents has significantly increased.

The government has chosen 5 primary schools to run a pilot MLE program, 3 of which are within our project area. The school in Dumripada now has a government teacher.

Our Bonda education team are currently involved with curriculum and material production workshops for Class 2 material at the district and state levels.

For adults: Night classes now have 40 learners in 3 different classes.

2. RIGHT TO FOOD/LIVELIHOOD



Food mapping was carried out in 2 villages this year. Nearly 20 different local rice varieties, 50 trees and 20 varieties of medicinal plants have been documented.

Some of the farmers were sent for training to learn efficient methods of organic vegetable cultivation. Some of them have been very successful in their attempts.

The people are kept informed about Government schemes like the Antodaya, NREGA and some schemes under the Bonda Development Agency.

Self Help Groups have been encouraged to run grain banks and to develop common kitchen gardens to produce fresh vegetables though out the year.

3. RIGHT TO HEALTH

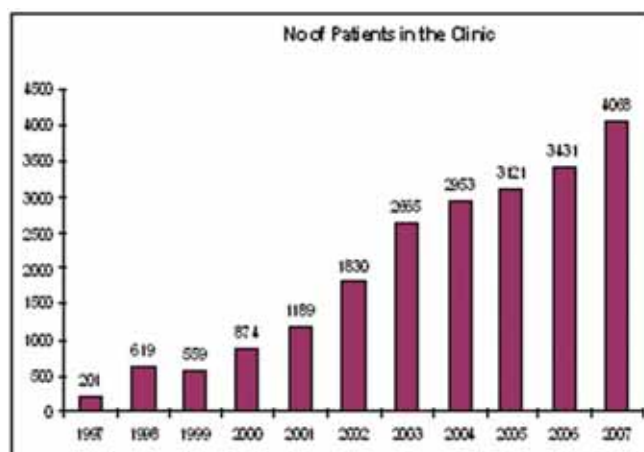


The health team consists of 2 nurses, local health assistant trainees and the community health workers (CHWs).

They make routine health visits to the 9 project villages. Over 900 patients have been treated during these visits. The base clinic in Dumripada village has seen over 4000 patients this year. A significant number of patients from the non-project villages have begun to access health care in the clinic.

Advocacy with the government has resulted in the clinic being recognized as a TB centre as well as for institutional deliveries. The government also provides free medicines for routine ante-natal checks. HCS: 180 households have enrolled in the health insurance scheme reflecting the increasing awareness among them about the benefits of health care.

Training: 40 CHWs, health assistants, ASHAs and Anganwadi workers attended a workshop in Asha Kiran that focused on health rights and creating awareness on the public health system..



SUPPLEMENTARY EDUCATION CENTRES (SEC)

It was found that tribal children had a high drop-out/ non-attendance record in schools. The reasons were multiple including non-functioning village schools, uninterested teachers, children needed to work in fields and at home and parents not being convinced



of the importance of education.

In response to this need, 3 centres were set up between the years 1995-99 to

supplement the children's education in the morning and evening of every school day. One meal was offered to supplement their nutrition

The response to this initiative was tremendous with parents getting very involved. At the present time the villagers are in the process of owning this program. VFCs (Village Functionary Committees) set up in the three villages have taken on the responsibility of building and maintaining school buildings, buying and cooking food. Seven volunteer teachers have been identified to help with the teaching. Now two of the centres are being run by previous students.



Additional activities undertaken this year:

1. Exposure trips-to broaden the students perspectives :-
 - A) Historical exp.- they visited places they had read about in their text books e.g. Puri
 - B) Tribal exp. - they attended and took part in the tribal festival in Koraput

(Parab 2007). This increases their awareness and pride in their customs and heritage.

- C) Practical exp.- children were taken to the post office, government offices, railway station etc. This helps increase their confidence in using public utilities and government services.
2. A common sports day was organized for all 3 centres by the villagers of Gumalput.
3. A summer education camp was organized for classes 8 and 9.
4. Class 10 students from the three centres were invited to stay on the Asha Kiran campus for an intensive 3 month coaching session.
5. Exposure trips for the teachers and volunteers to other tribal schools were organized. Most of them came back determined to improve their schools.
6. Bal panchayats have now been formed in all three centres. This mini-government system has empowered the children to raise and discuss issues at the village level including in their village government schools.
7. Six students have written the Class 10 exams this year. Results are awaited.

| Centre | Total | | |
|------------------|-----------|-----------|------------|
| | M | F | T |
| Gumalput Village | 26 | 6 | 32 |
| Urabir Village | 23 | 12 | 35 |
| Hanumal Village | 36 | 22 | 58 |
| Total | 85 | 40 | 125 |

DESIYA ADULT LITERACY

Two SHGs in their respective villages have completed the one year literacy class. We are pleased that 30 of them have opted to continue their classes. Some older women who want classes but seem unable to learn reading and writing are being given oral classes where they come and learn about health and other topics e.g. Tribal rights.

CAMPUS FARM

The campus is wearing a fresh new look with the recent rains reviving all the trees. Also, there is a lot of work going on with more cultivation being planned for this year. A new campus manager has been selected. Poultry and dairy farming are running well. One of our cow's is expecting a calf any day now. Father Jaiswam from Jagdalpur has visited us twice this past year. His advice regarding organic farming, especially the concept of "wealth from waste" has been invaluable.

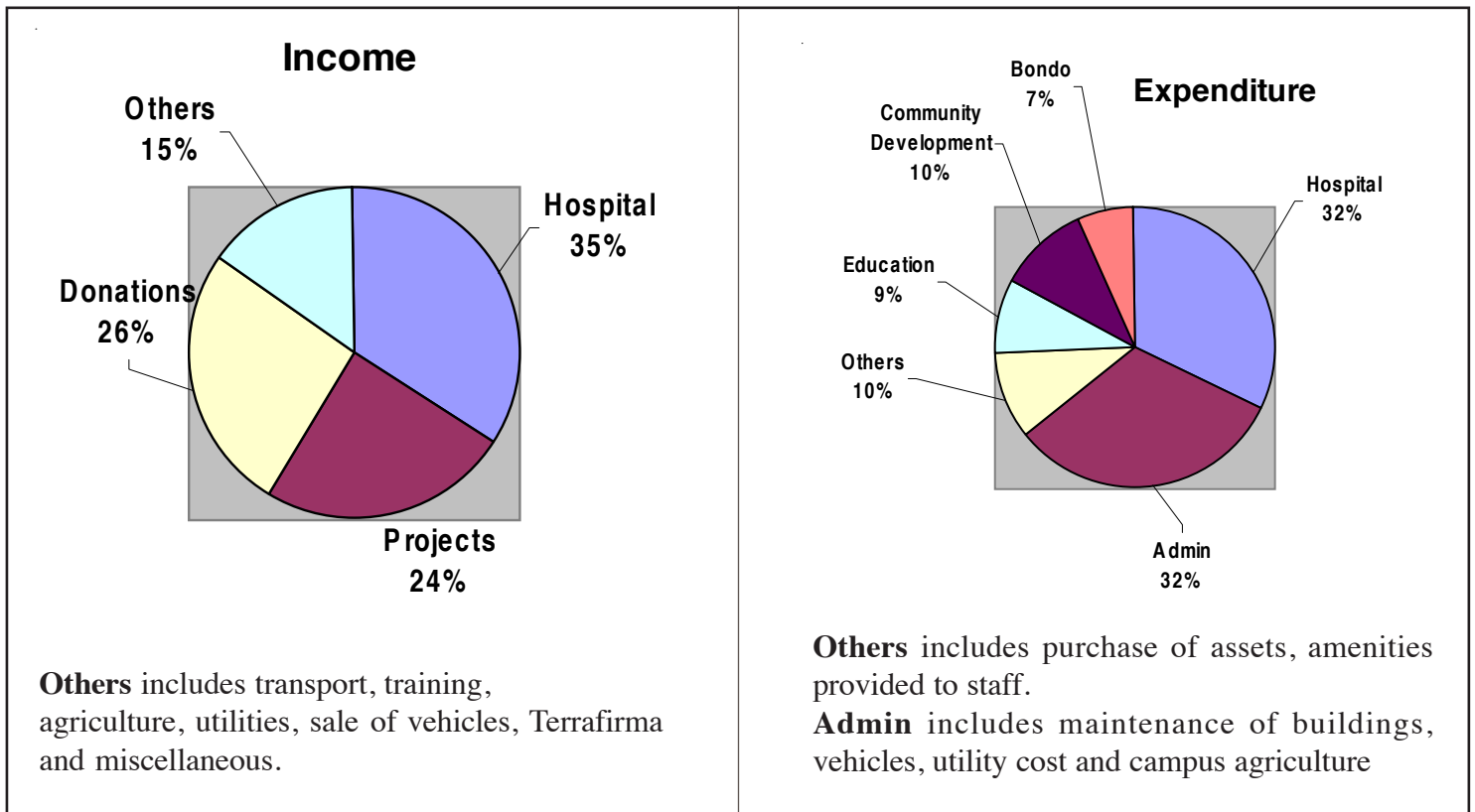
PROJECT PARTNERS

We wish to thank the following organizations who have partnered with us in making a difference to the area in which we work.

1. SEC - Christian Hospital, Nowrangpur
2. MLE- ROPE, UK
3. Eye surgeries - Sight Savers International
4. Community Agriculture - Mennonite Central Committee of India
5. Bonda project- ActionAid

We pray that God will bring forth other organisations to partner with us in the other projects too.

FINANCIAL SUMMARY FOR 2007-2008



OTHER CAMPUS ACTIVITIES

A Talent Night was held on Sep 24, 2007. It was a wonderful time for the staff with the talented and the not-so-talented occupying the stage with great flair and enthusiasm. Our CDOs and ward-aides swept the show with their dramatic performances.

Sports week -The 26th– 30th of May was devoted to sports and matches every evening. Almost everyone in campus participated in one game or the other.

Two of our staff were married on the 2nd of June. Congratulations to Annie and Jayant.

ARRIVALS AND DEPARTURES

We welcome new staff-Pramod Hial (Supervisor, Bonda education programme), Anita Bhatra (Nurse), Dayalu Bindhani (Driver), Gokul Digal (Senior Coordinator - CSU).

We also welcome new additions to the AK family - Baby Joanna to Chacko and Biji Baby Manish to Naresh and Mamata

We bid farewell to old staff –Matthew Varghese (Driver), Subash Samal (Pharmacist), Arikha Kuldip (Nurse), Jayanti Suna (Community nurse), Susan John (Nurse), Sunila (Nurse).

VISITORS

We have truly enjoyed the company of numerous visitors over the past six months. Some of them are

- Joy, Grace and family after a gap of 5 years
- Drs. Susan and Kuruvilla Varkey who conducted a Life Revision Seminar for 20 staff .
- Pastor Jason who shared Easter Sunday with us.
- Elgene, Davinia and Jasmine from Australia.
- Mrs. Janet Chawla who helped the Bonda team in techniques of documentation of birth practice
- Drs. M.C. and Anna Matthew who spent valuable time with the team in vision building exercises.
- Manoj, Manju, Mona and Moshe visited after 2 years of their sabbatical.
- Mercy John who helped us streamline our nursing services.
- Dr. Joe Fleming and the CMC students
- Troy, Rebecca and Jotham. Troy has left us with invaluable video documentation of our MLE project.
- Arun George who filled in for us at a time of need in the hospital.
- Engineer Johnson who kindly traveled here to advise us on some structural problems.
- The IMM staff and medical students.

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