



ASHA KIRAN SOCIETY
Annual Report
2018-2019

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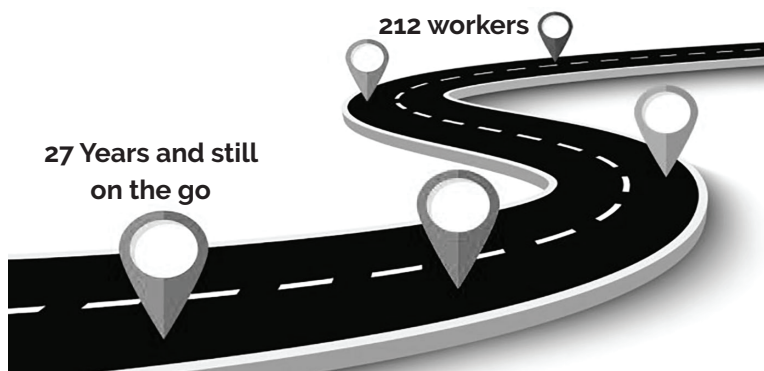
ASHA KIRAN SOCIETY

Annual Report

2018-2019

ASHA KIRAN

at a glance



Asha Kiran Hospital



Outpatients-
35545



Admissions- 2284



Major Surgeries -353



Deliveries- 425



Ultrasound -1143



X Ray- 5038

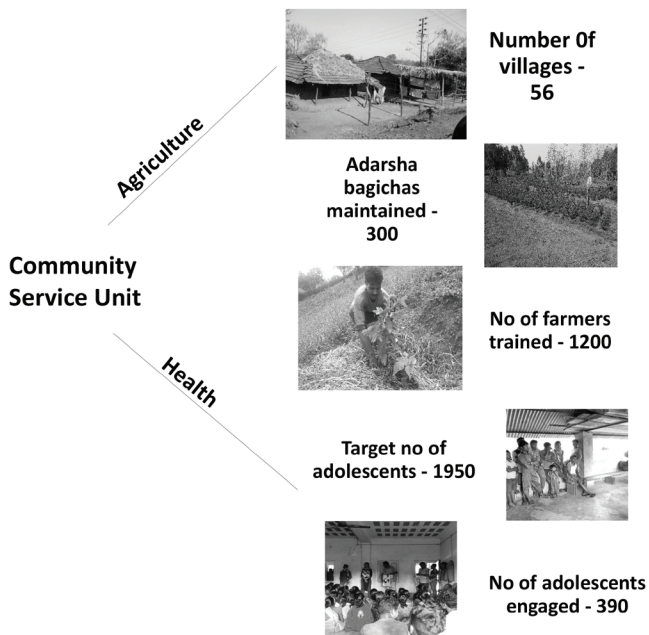
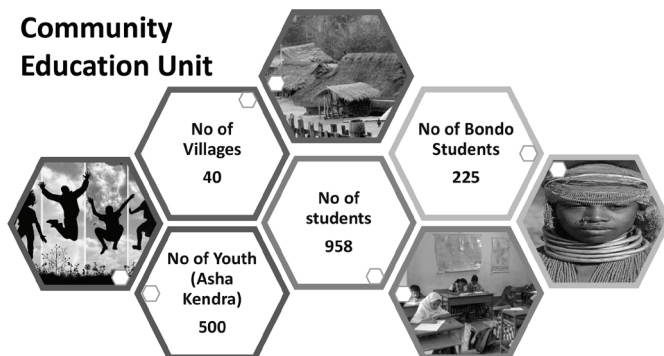


Bed Occupancy
78%



Lab Investigations
42861

Community Education Unit



ASHA KIRAN ACADEMY

Total Students Strength till 10th – 222

Total Teachers Strength – 24

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Our VISION, MISSION and CORE VALUES

OUR VISION: *Just and Compassionate Communities, Choosing and Celebrating Life*

OUR MISSION: *Asha Kiran Society, through its various interventions, will facilitate sustainable transformation in Lamtaput block, Bonda hills and surrounding areas;*

- ✧ *By empowering: including the capacity to dream*
- ✧ *By developing leaders: addressing community issues and governance*
- ✧ *In solidarity with the marginalized: by locating itself alongside the most marginalized in the community and being their voice.*
- ✧ *Embodying: the vision of a just and compassionate community within its work, community life, interpersonal relationships and choices*

OUR CORE VALUES *are embodied in the following calling and commitment*

The CALLING for us, as individuals and as a group, is:

“To so abide in Christ and He in us and among us, that we experience and make known His transforming love through our commitment to:

- ✧ *A way of life marked by simplicity, gentleness & self-denial.*
- ✧ *A quality of our common life & our inter- personal relationships*
- ✧ *Love and care for his children and all creation.*

1. Strive daily and help each other to “**abide in Christ and He is us**”.
2. Value every person as a child of God for whom His wish is “**life in all its fullness**”.
3. Commit our lives, individually and as a group to loving servanthood of others to the end, that they may have healing, wholeness and the fullness of life.
4. Be a community characterized by harmony and unity through acceptance, forgiveness, affirmation and trust, one with another.
5. Be a community of love and mutual dependability manifested in sharing and caring.
6. Accept responsibility to enable each among us to have, achieve and become the best that is possible for him/her.
7. Lives marked by integrity, simplicity, gentleness and self-denial
8. Depend on the guidance of the Holy Spirit in all aspects of life and work. Seek and honor that guidance, especially through prayerful decision of our group.
9. Rely on God for all our resources, to be used and applied with utmost sense of stewardship and accountability.



Our HISTORY and JOURNEY thus far...

Asha Kiran Society started as a dream in the hearts of young men who were students at CMC, Vellore. They dreamt that they could make a difference in the lives of the poor by meeting their health needs in the love of Christ and in the spirit of Christian service. To this end they committed themselves to start work in a remote and needy area, which had limited or no medical facility. The team consisted of 3 medical students and their wives, Dr. Varghese Philip (VP) and Dr. Nirmala, Dr. Manoj Jacob and Dr. Manju, Dr. Joy Thomas and Mrs. Grace.

In 1989 EMFI and EFICOR jointly funded a survey of Orissa, which was one of the poorest states in India. It was found that the tribal communities were the most disadvantaged group of people in the society, plagued with poverty, disease-ridden, with high mortality rates and a desperate spiritual state such that any involvement with them would require an integrated approach. Asha Kiran Hospital was set up in the small village of Lamtaput in Koraput district, close to where the Bondo tribe is located. The hospital was initially set up with a mere 8000 rupees in a mud hut. In 1993, owing to God's provision through different donors, the hospital moved from the hut to its present location.

Later in 1997, a 30 bedded hospital with basic facilities was inaugurated by the Danish Ambassador, B. Sorenson. The buildings designed by architect Laurie Baker, were tribal friendly, cost effective and attractive. Realizing the futility of limiting itself to just health facilities, the team ventured out into community health, agriculture and literacy programs in the realization that it is through education and building awareness in the community that diseases can be prevented and the standard of living raised. Odiya, the state language and the medium of instruction in government schools was foreign to most people groups in South Odisha. The most commonly

used languages among them were desiya, gadaba and bonda and these languages were unscripted. Efforts were taken by various AKS staff to learn and develop these languages. The concept of educating children in their own language gained ground and Multi-Lingual Education (MLE) programs were initiated at the primary and pre-primary school levels with the help of the government. The hospital was initially a foreign idea to most tribal groups because of their superstitious beliefs and traditions; hence the healthcare facilities were taken to them. Voluntary female healthcare workers, now called Community Health Workers (CHW) were selected from the communities; they were given training and an emergency first aid kit for communicable diseases. This not only empowered women but also met the basic needs of the community. After repeated efforts to reach out to the Bonda tribe, the bonda program finally took shape when Dr. Alex went on to live on the Bonda hills and earn the trust of the tribe. He along with his family were later joined by Mr. Chacko and Mrs. Biji his wife, a nurse. The Bondo work is now developed to a community program in 9 Villages, 3 primary schools, Literacy programs in 2 villages and agriculture initiatives such as the formation of grain banks. It has now been 20 years since the bonda program began and we have seen generations of youth in and around the bondo hills get educated and grow in wisdom.

After 27 years, AKS has spread across 27 acres of land with 212 current employees, its main areas of focus being hospital services, community services, community education, Asha Kiran academy, training unit and campus agriculture. Asha Kiran Society as a whole strives daily to reach its objective with which it was founded, that is to serve the poor and marginalized community.



Milestones

- 1991 – Birth of Asha Kiran
- 1992 – Registration of Asha Kiran as Society
- 1995 – 30 Bed hospital facility is constructed with all basic facilities
- 1995 – Commencement of education programs in 2 villages
- 1997 – Hospital up-scaled to 40 beds secondary base hospital
- 1999 – Starting of Blood Bank
- 2000 – Commencement of community livelihood programs
- 2000 – Commencement of agricultural work
- 2001 – Start of mother tongue literacy program in desiya, gadaba and bonda
- 2004 – Installation of Hospital Management System
- 2004 – Community eye program in AKS hospital
- 2006 – Commencement of a multi-lingual education program
- 2009 – Upgradation of hospital computerized system
- 2012 – Completion of the construction of the training centre
- 2013 – Commencement of Asha Kiran Academy
- 2015 – Blood Cell Counter purchased for the hospital.
- 2017 – Fully automatic biochemistry analyzer
- 2017 – Starting of Physiotherapy Unit
- 2018 – Launch of Adarsh Bagicha (model farm) in the district of Koraput.
- 2018 – Neonatal unit with modern equipment inaugurated
- 2018 – Orthopedics unit started in the hospital
- 2018 – Mental Health prevention & promotion initiated among adolescents
- 2019 – Home-based Palliative Care initiated in Lamtaput block

DIRECTOR'S REPORT

It is with deep gratitude to God that I present the report of Asha Kiran Society for the year 2018–2019. In its 27th year, Asha Kiran Society continues to work in the spirit with which it was founded – a commitment to be *one with the poor* through a life style of simplicity, dependence on God and his people as we meet the needs of the area in response to God's call, reflecting His care for His creation.

The part of the globe that we are in is always in the news for its stories of poverty, deprivation, exploitation and strife. The underprivileged struggle to make sense of a rapidly changing world around them. Asha Kiran Society continues to be a ray of light through its various initiatives.

Asha Kiran Hospital is operated on the philosophy of not refusing treatment to anyone unable to pay due to poverty. It provides affordable healthcare to one and all.

Asha Kiran Academy, in its 6th year continues ***“Teaching Everyone with All Wisdom”***. It provides quality education to first generation learners in the Lamtaput Block.

Community Services Unit has enabled 302 farmers to move from a hand to mouth existence to sustainable livelihood, presently impacting the entire district of Koraput. The unit also began work among the adolescents of Lamtaput block, increasing mental health awareness while building their capacity to face the rapidly changing environment around them. Home-based Palliative care was another initiative that provides services to people with debilitating conditions and terminal illness in Lamtaput Block.

The Community Education Unit has catered to primary education of 1000 village children from 40 villages, Secondary education of 80 children from 5 villages. It has interacted with the youth of 30 villages through its Asha Kendra's (centre of hope) to make them

conscious of their responsibilities to work for a *just and compassionate community* harnessing the resources at their disposal.

We experienced God's faithfulness through it all. Our Hospital staff have witnessed God's healing touch in the patients they've treated, our provisions have not run dry nor our shoes been not worn out in the last 27 years. We have experienced God's favor through the good will from all we came across – the District Administration, the local community, well -wishers who believe in what we are doing and have largeheartedly supported us, seniors from the medical fraternity and many others from different places who came and gave their time to help us in the work. Our staff have worked with a sense of purpose and oneness.

The Psalmist asks "What can I offer the Lord for all he has done for us?" (Psalms 116:2). (We) will keep (our) promises to the Lord in the presence of all his people.

We have promises to keep and it is my prayer that all of us at Asha Kiran will be found faithful in keeping these promises in the years ahead.

I thank the District Administration of Koraput and Malkangiri for the support extended to us in running the hospital, school and other ventures of the organization in both the districts. I also thank our Partners and Well-wishers who supported us to make an impact in the work that we are doing, my leadership team who together steered the work of Asha Kiran Society forward and my staff without whom nothing of what we strived for would materialize.

Plans for next one year at AKS

Infrastructure plans:

1. Preventive maintenance and extension of existing hospital
2. Staff quarters construction.
3. Construction of school – 2nd phase

Staff Development Plans:

1. Training and upgradation of nurses and paramedical staff.
2. Exposure visits for community service staff to other programs for learning.
3. Exposure of Admin staff in finance and HR management

Acknowledgement:

We would like to acknowledge with much gratefulness the crucial role of our donors, volunteers and well-wishers. We appreciate your willingness to work alongside us in fulfilling the vision of Asha Kiran Society. Your time, dedication, sacrifices and love are indeed an encouragement for us to serve with great vigor and invest into lives for His Kingdom's sake. We give all the glory and honour to our Lord for His sustaining grace and leading us thus far.

To Him alone be all glory – Soli Deo Gloria

With and for all my staff in Asha Kiran Society,

Mathews Chacko



SECRETARY'S REPORT

Iwould like to begin this report by acknowledging that the Lord is the ultimate owner and the very reason for the being of the Asha Kiran Society. Time and again we have experienced His faithfulness in every situation, matter and need.

Governance:

Governance is one area in Asha Kiran that had not been looked at for a long period as many other issues with greater urgency took precedence. However, 2018-19 has been a landmark year for Governance in AKS. A key factor was that AKS was chosen by FMSF for the *organizational capacity enhancement year long program* sponsored by ORACLE. Visits and inputs by their experts and trainings for our staff have been very helpful to AKS. Also, Victor and Sarah from EHA chose to be based at Asha Kiran during their sabbatical period and Victor's inputs and support in improving governance at Asha Kiran were invaluable. Some steps taken towards good governance were:

1. The development of an AKS Governance Manual.
2. Deficiencies in our system of holding board meetings being addressed and rectified.
3. The initiation of good governance practices – sending notices, agenda preparation, writing of minutes, follow-up on board decisions etc.
4. Improved clarity in our Organogram with distribution of responsibilities.

Plans for 2019-20:

AKS has been fortunate to have very good board members and office bearers since its inception. Some action plans for the coming year are:

1. Finding new members who will understand and support the AKS vision, ethos, plans and also guide us in maintaining good governance practices.
2. Intimate and engage all board members on a regular basis by updating progress being made, new initiatives, stories of change, praise and prayer points.
3. Develop and implement annual appraisal system of the Director and other senior members/leaders of the organization in consultation with the Chairperson.

Quality:

Working towards NABH accreditation has enabled us to put a lot of much needed systems in place to raise the general standards of quality and safety in the hospital. Using similar principles, we have tried to improve quality in the performance of other units as well.

1. Standardization of work and care in all the units of the hospital, SOPs and manuals have been formulated.
2. Training has commenced within the hospital and its units.
3. A system of reporting and analyzing adverse/sentinel events in the hospital has been put into place.
4. Formation of committees to monitor processes – Quality management and core committees, Facility management and safety, Purchase committee, Drugs and therapeutics and Hospital Infection Committee.
5. Identification of KPIs for all hospital units to measure performance objectives.
6. As part of improving quality, all purchases including procurement of equipment has been systematized, preventive maintenance is documented and the first ever calibration of all hospital equipment was carried out.
7. HR manual and relevant forms have been completed.

8. Improved systems of reporting and improved communication systems in all units of AKS are being put in place.

Plans for 2019-20

Quality improvement and working towards NABH is going to be our focus and priority. The following are our plans for the coming year:

1. Training of all staff in NABH principles on a regular basis.
2. Developing a quality leader in each area.
3. Obtain entry level Pre-accreditation certification from NABH.
4. Regular collection and analysis of KPIs.
5. Identification of performance indicators for all units in AKS and using them to track impact and progress of all AKS run programs.

Challenges:

Our main asset as an organization is our staff at every level. The ability, attitude and high motivational levels of our staff towards multi-tasking has enabled us to go forward without compromising on our overall quality even during periods of lean staffing.

1. Equipping and encouraging our present staff whilst finding new staff with similar levels of motivation remains a challenge for the Society.
2. Previously, experience and aptitude were sufficient to run an institution well. Now however legal requirements require higher levels of education in staff to maintain requisite licenses.

As a community we continue to depend on the Lord for everything and He has never failed us yet!

Dr. Shobha George



ASHA KIRAN HOSPITAL Report

Overall progress and new initiatives:

- ✧ The admission of three of our junior doctors into PG courses, two of whom got into CMC Vellore with a desire to return to us after finishing, is a major encouragement for the whole hospital.
- ✧ Addition of ortho services has been the major step of the year and a lot of our resources went into this initiative. We await completion of a dedicated ortho OT including purchase of a C-Arm. (The first C-arm donated to us was a refurbished one from CMC, Vellore which only lasted a few months). An ortho technician (aide) has been hired to help with Ortho related OPD, ward and OT work.
- ✧ 2 Baby Warmers, a resuscitator & a phototherapy unit were donated by a friend and enabled us to set up a two bed SNCU. A small space within the ward was built up to house the new facility. There has been an increase in the number of sick neonates admitted after setting of the new facility.
- ✧ The OPD services has seen the appointment of an OPD nurse and OPD aide who together have helped to streamline the flow of patients, answer queries as well as give much needed health education. The OPD nurse and medico social worker together function as physician assistants anticipating the increasing use of nascent chronic disease clinics.
- ✧ The increasing trust the public have in our maternity services is an encouragement with more mothers coming for ANC's and also coming directly to us for deliveries.
- ✧ The movement towards a 24-hour casualty has started with initiation of assessment formats and budgeting for a round the clock casualty nurse.

- ✧ Electrical re-vamping and standardizing the electrical system of the hospital and first-time calibration of all hospital equipment was done in April were reasons to rejoice.
- ✧ Installing a new autoclave machine and relocating CSSD to a larger better planned facility, has meant improved safety in term of sterility for the patients.
- ✧ A 10 bedded facility has been constructed above the special rooms for accommodating bed charge patients who need less intensive monitoring but are not ready to be sent home

Challenges:

The challenge has been the inability to give dedicated oversight to the development of hospital, getting committed people to join, keep those here focused on the common mission amidst individual goals and preferences, the lack of finances, poor quality of services with regard to delivery of medical and non-medical supplies and servicing of equipment.

We made the difficult decision of stopping RSBY insurance services after 6 years of working with draining financial dues and poor reimbursements packages in the backdrop of unremarkable increase of utilization of our services in spite of the insurance scheme. From the initial impressions since stopping, it has not affected our patient inflow though we suspect the few genuinely poor may not be coming.

NURSING SERVICES REPORT

At Asha Kiran, we believe that our nurses are the key to the hospital's mission of providing compassionate and competent care. Traditionally mission hospitals are known and recognized for their nursing care and we aim to continue that tradition. Presently our nursing department staff numbers 20 (16 professional nurses and 4 nurse aids and other assistants). The nursing department is also supported by 12 support staff that includes housekeeping and other

helpers. Nurses at Asha Kiran endeavor to demonstrate Christ's love despite the various challenges they face.

The nursing service at Asha Kiran would like to give thanks to God Almighty for sustaining, providing and enabling us to continue to serve the people who access care in Asha Kiran Hospital.

Following are the highlights for last one year:

Quality Improvement:

Providing quality care and improving quality continues to be a focus for us at Asha Kiran. In this direction small initiatives were taken as mentioned below -

1. Developed a nursing manual.
2. Standardization and introduction of various nursing related forms.
3. Systematic annual appraisals for all the nursing staff have been done.
4. Creation of a master list of nurses with unique ID.
5. Appointment of Hospital Infection Control Nurse.
6. Regular HIC committee meetings being held.

Staff Development:

Some of the steps taken to build staff capacity were—

1. Regular ongoing in-house training. A total of 29 in- service classes were conducted with a specific focus on relevant topics. Participation of all the nurses has been encouraging and learnings are positive.
2. One senior nurse completed Nurse Leaders Training conducted by CMAI

3. Part of NABH process, orientation sessions were organized for all nurse and housekeeping staff covering relevant NABH portions and Hospital Infection Control related topics
4. Two nurses participated in 70th CMAI-Nurses League, National Conference at CMC Vellore
5. Two senior nurses attended the 1st National Perioperative nursing conference at CMC Vellore
6. A senior Orthopedic Technician who was deputed from Baptist Christian Hospital, Tezpur helped in training all the OT staff and oriented them towards Orthopedic Surgery related preparation and handing of ortho equipment and instrument. He also took classes for all nurses on managing Orthopedic Patients from the nursing perspective.
7. Part of staff development one nurse is being trained as Nurse Anesthetist at CH Oddanchatram.
8. Asha Kiran continues to have nursing students (PB B.Sc. and B.Sc.) visiting from CMC, Vellore for exposure. These opportunities help our own staff to guide these students from their own learnings.
9. Mr. Blessed Joshua, biomedical engineer and safety officer attended the National conference on Safety in Healthcare, Occupation and Quality on the 1st and 2nd of February 2019, held in CMC, Vellore.

Challenges:

We celebrate the goodness of the LORD in all circumstances. I would like to mention some of the ongoing challenges we face and hope and pray that in the coming years we overcome these challenges:

1. Difficulty in finding committed, well trained and competent nurses who are willing to work in this context where we are located and the kind of work we are involved.

2. Finding specialty trained nurses for our casualty, HDU and SNCU
3. Not having good housing facility for single nurses due to various constraints.

Plans for the coming year 19-20:

We are committed to provide dedicated and quality nursing care and support clinical services. Plans for the coming year are listed below:

1. To implement all NABH related standards related to nursing services
2. To keep the focus on improving and maintaining quality of nursing care
3. To start training of pre-nursing students
4. To send identified nurses to Nurse leaders Training and other professional courses
5. Training of one nurse in Palliative Care services and HDU care
6. To send selected nurse for exposure visits

ORTHO SERVICES

144 surgeries were done up to March of which 40 were implant surgeries. 412 Procedures were done in OPD. Refurbished C-Arm which we were using has developed some technical problems and due to this ortho work mainly certain surgeries we will not be able to perform till replacement comes in for the current refurbished C-Arm.

The Ortho technician was sent for a month-long exposure to Tezpur which has a much busier orthopedics work load.

SURGERY SERVICES

The OT underwent a renovation which affected services for a time but it has meant a better facility for the future. Once another

monitor and Boyle's machine are purchased, we will have two fully functioning OT's for general surgery which is needed to increase efficiency during camps. We have had 60 days of outside surgeons operating most of which has been in a camp mode, which has meant longer hours of work and intense coordination between various departments of the hospital before, during and after a camp. The increase in the number of cases operated during camps - 214 surgeries (158 last year) accounts for the increased total surgeries for the year. Our surgeon operated 307 patients which include 117 LSCS. As before some of the super specialty surgeries are not done anywhere in the whole of undivided Koraput.

MATERNITY SERVICES

Labour room is getting busier as seen in the statistics. Of the total 428 pregnant women who came for delivery 258 (60%) cases were booked in AKH as ANC and the rest unbooked cases. When time came for delivery 267 (62%) came directly vs 161 (38%) who were referred. These ratios are very similar to the last year. 111 out of the total 117 LSCS were emergency cases and the LSCS composed nearly 28% of the total deliveries. Looking at the initial trends for this year and the past years trends, will need to urgently recruit extra nursing and train them to manage the increasing maternity load. Looking at senior obstetricians staying with us for short periods of time to upgrade skills of our staff including doctors and help us write clinical protocols.

MEDICINE SERVICES

Addition of quite a few new drugs as well as a few new diagnostic tests have increased the capacity to treat a wider spectrum of diseases as well as improve care for those diseases already being treated.

34% of bed days are for medicine patients and around 18% for Surgery and OG each, and 7% for ortho. The medicine bed days

reflect a reduced percentage of the whole compared to last year since Ortho and SNCU has shown an increase.

Looking at the HDU bed occupancy has confirmed the need for equipping three beds with monitors as well as infusion and syringe pumps and creating a dedicated facility with trained staff to manage these sicker subsets of patients.

CASUALTY SERVICES

Casualty after two years rise in numbers has plateaued this year. Rainy then summer and finally winter in that order are the busy seasons for casualty. Generally, quiets down by 9 pm and then picks up between 7-8 am. Accordingly MRD and billing counters timing have been extended to cover these periods. Plan to run the casualty as a 24 hr. service

SUPPORT SERVICES

Diagnostics and Blood transfusions services – The diagnostics services are being increasingly used by the clinicians probably reflecting the increasing number of patients and complexity of cases. Mr. Vijay More's continued support and regular visits have been a great source of blessing for the staff and for the improvement of the services. The blood transfusions as before continues to show a rise. More than one third of transfusions are for sickle cell patients (Jan-Dec 2018- 114/378, 2017 - 78/295, 2016 - 94/291). April-May and August-Sept are when transfusions generally peak.

Physiotherapy services which was a blessing to many, has stopped as the physiotherapist moved on.

Counselling also shows an increase of patients seen. 10 palliative care village visits and 14 other patient village visits were conducted last year.

Bio-Medical Department

1. To Standardize Bio-medical Department, SOP's was formulated for various activities including maintenance, procurement of Equipment etc.
2. Developed a system in the department for planned preventive maintenance and executed it.
3. Started FMS meeting in July to plan, initialize, review and monitor activities related to facility and safety.
4. Calibration of Blood Bank & Lab was carried out.

STAFF DEVELOPMENT

Daily morning devotions are a continuous opportunity for growth for staff and it will be fine-tuned further for maximum benefit in the days to come.

Staff meetings were organized to disseminate an understanding of the mission statement including a novel online quiz dwelling on this theme. These forums were also used to help staff understand the meaning of team work.

Most coordinator level staff and doctors are learning to use Microsoft office 365 applications including their cloud services and it is being used in coordinating work more efficiently. It has been used both for the budget preparation and preparation of this annual report and also for coordinating daily clinical work including clinical handover, leaves, disseminating clinical and other logistic information.

One of the doctors will be finishing her PGDFM and the new doctor has enrolled for the M.Med. Dr. Ravi has enrolled for an online sonology course.

Inviting medical super specialists to visit and train on site. A few specialists have agreed to help out in this regard. In addition, if

time allows, to send our physician on exposures to higher centres. Similarly, options of sending our orthopaedician for exposure to centres where he will benefit, will be explored. Requests to depute obstetricians and pediatricians from other hospitals, to train our doctors and nurses are being sent out.

Partnerships – BBH sent their electric engineer who helped us plan a stage wise upgradation of four electrical systems. They have sent a donation of 5 lakhs for equipment purchase.

BCMCH and CMC continues to send their medical students on SHP postings and a telemedicine programme with BCMCH is going to be launched. Yet to make a final decision on entering into an MOU with Inter-ashram fellowship.

Plans for the coming year

Facility management committee to take forward the plan to

- 1) Expand the diagnostic facility,
- 2) Develop a HDU with monitors, syringe and infusion pumps, BiPAP and possible central gases
- 3) Plan and build a single ladies hostel.

With the tentative joining of an ophthalmologist would plan for graded scaling up of opthal services subject to her decision as a family to continue with us or join an organization in Malkangiri.

The long-awaited online prescription and a dashboard facility on the hospital software (which will give a daily update of status of clinical activities) should be ready for use soon.

To change x-ray developing of film system to CR (Computerized radiography) and transmit x-ray film through LAN.

Disseminating a promotional video and a ppt as well as visits to students' fellowships to increase awareness among medical fraternity about the need for staff to join, come on deputation or on a personal capacity for shorter periods of time

Formalize a Strategic plan to ensure the implementation of the mission statement of the hospital in a more systematic manner.

Vinod to attend a "Christian Aid" mission conference in the US, which may help in the future development of the hospital

SUMMARY OF HOSPITAL STATISTICS

Trends in OPD

The hour wise registrations across all seasons are not only increasing in the mornings but also some of the afternoon patients are now coming in the morning instead. The Monday registrations are growing at an exponential rate year on year while other days have shown the same consistent steady growth rate over the years.

IP admission has not shown much increase, but bed occupancy has gone up because of longer ALOS. The plateauing of admissions is puzzling since we are seeing increase in most of the areas (being analyzed) that feed into the IP like deliveries, surgeries, OPD. We have (for those months measured) around 12% of our beds occupied by patients who need care like monitoring or dressings before going home but are not charged routine service charges. This would mean around 78% bed occupancy for the whole year.

After a review of the seasonal statistics it has been confirmed that the whole hospital (IP, OP, deliveries and casualty) is busier during summer and rainy season like previous years and everything quietens down during winter. August in particular is the busiest with both OPD, admissions and deliveries being highest this month over the last few years.

Deaths have increased out of proportion to number of admissions. Not yet developed a regular system of death audit partly because of lack of doctors and so lack of time to audit ourselves. Whatever little time we got; we were trying to write SOP's for the various areas. Among the deaths that occurred, one third occurred in each of the three categories 0-4, 4-24 and more than 24 hrs. Probably only the last one third could have been avoided of which some were chronic conditions with only a palliative option.

HR summary - Have budgeted for almost 100% increase in doctors even though the work has not increased proportionately since there has been an addition of a new service – ortho which is expected to grow and hopeful arrival of an anesthetist who will cover all major and intermediate surgeries unlike before when the surgeon doubles up as anesthetist in most of the non-camp surgeries. In addition, factoring the need to reduce the number of first call night duties of senior consultants, give regular offs for juniors, give space for teaching the juniors bed side, start dedicated classroom academics, proper handover time and time for NABH level documentation and clinical committees, time for admin work and development of the specialties. All this without increasing waiting time for patients and giving adequate time for workup of IP patients.

Nursing and allied health professional have been budgeted for around 40% increase which is probably in proportion to the increase of workload.



COMMUNITY EDUCATION UNIT Report

Introduction

The Community Education Unit (CEU) of AKS, in the academic year 2018–19 was able to aid in the education of 950 students from around 45 villages in Koraput & Malkangiri Districts. The Community Education Unit team comprises of 7 supervisors for the MLE program, 3 Coordinators & 1 Program Manager. The following are the current programs of the CEU:

- ✧ **16 Desiya Multilingual Education (MLE) Centers** with 609 children & 51 teachers
- ✧ **3 Bondo MLE centers** with 225 students & 12 teachers;
- ✧ **3 Supplementary Education Centers (SEC)** with 84 students and 6 teachers
- ✧ **Higher Studies Support (HSS)** for 32 students in various schools & colleges
- ✧ **3 Asha Kendra's (AK)** – an initiative to engage with the youth from 36 villages.

Outputs

- ✧ In March 2019, 42 students of class 5 graduated from the MLE centers & have been admitted in various Govt. schools; 18 students have appeared for their class 10 Board Exams & 16 students for their class 12 Board Exams from the Supplementary Education Centres and the Higher Studies Support programs of AKS.
- ✧ Scholarship awards were given to 3 deserving students from class 5 after a scholarship exam to encourage them to pursue higher studies.
- ✧ Through the tournaments, career guidance programs & other outreach programs organized by the three Asha Kendras, a momentum is observed among the youth of the communities

to come together to plan for their own and the welfare of their communities.

- ✧ Summer Education Camp along with VBS was held at AKS for class 4 to 10 students from March 25th to 28th. The education of students was strengthened.
- ✧ Through the weekly Formative Assessments, Term End Evaluations student performance was assessed. Parents were made aware of their child's performance through the VEC & parents' meetings.
- ✧ Parents meetings & Village Education Committee (VEC) meetings held in AKS & in the villages we work in, has shown increase in interest & involvement of parents towards the education of their children. VEC members from new & interior MLE centres were taken on an exposure trip to well-performing MLE centres.
- ✧ Eight Senior MLE teachers who have worked with AKS for over 10 years were appointed as staff of AKS.
- ✧ We have observed the fruits of the labour of teachers who have worked hard despite their in-capabilities. Many of the teachers were equipped through the various trainings, and have become aware of different Govt. schemes & have become agents of change in the development of their communities.
- ✧ In few MLE villagers, parents of students from other villages, send their children to stay with relatives and study in the MLE centre. This shows that parents value the quality of education provided in the MLE.

Staff Development

- ✧ The Desiya & Bondo MLE teachers attended 3 trainings in this academic year at the start of each term on the various themes that were covered in each term. Senior teachers & Supervisors were involved in training the teachers. Teachers were evaluated on MLE methodologies & input was given accordingly.

- ✧ The SEC teachers attended a workshop at AKS where Mrs. Susan Mathews guided them on how to prepare lesson plans for different subjects.
- ✧ One of the coordinators participated in a Literacy Consultant Development Workshop in Bangalore, organized by SIL. It was good time of learning by interacting with like-minded people from across the country, working in the same field.

Partners

- ✧ *Rope, UK* has been funding the Desiya MLE program since 2006. The CEO of Rope visited AKS from March 3rd to 6th to review the DMLE program. He interacted with the students, teachers, parents, Village Education Committee members & also had discussions with the AKS staff regarding the future of the MLE centres. The CEO appreciated AKS in working with many interior communities & he presented his observations to the AKS staff team. He mentioned how AKS focused on improving the quality of education of the children & in involving the community in education rather than focusing on the infrastructure development & other activities.
- ✧ In 2016 *Literacy Initiatives (LI)* started working with AKS in supporting the Bondo MLE, the Supplementary Education & the Asha Kendra program. An AKS-LI program review was held in March 2019. Dr. Troy Bailey, Director of LI, along with an external evaluator from World Vision reviewed the BMLE, SEC & AK programs, the teaching materials, assessed the students, held discussions with parents, teachers, VECs, AK youth & AKS staff. They provided their recommendations, findings & suggestions to improve. AKS is grateful to LI for the support & guidance during the last 3 years & in giving direction for the entire Community Education Unit.

Challenges

- ✧ **Teachers Retention** – One of the major challenges we face in the Community Education Unit is retaining the teachers throughout the year. When a teacher resigns during the academic year, recruiting and training a new teacher is a struggle in the middle of the year along with the other regular activities of the unit.
- ✧ **Teacher's Capacity** – The MLE teachers are recruited from the same village or from nearby villages. In some places, it is difficult to find capable teachers who would be able to understand & teach the MLE curriculum.
- ✧ **Finances** – Currently there is a need for finances to support the Bondo MLE, SEC & AK programs.
- ✧ **Infrastructure** – Though we want to provide quality education to our children, there are few ground realities & practical difficulties which are barriers - like finding a proper place for the students to attend classes. This is a major concern especially during the monsoon months.
- ✧ **VEC & Parents** – Their understanding of education is based on their background. Based on that, they send children to the school. If the parents understand the importance of education, they encourage their children to attend the school regularly. However, in communities where parents do not value education, they do not send their children regularly to the school.
- ✧ **Student Dropout Rate** – Some parents need their children to help in household chores: in taking care of their younger siblings, farming, grazing cattle etc. In some other villages, parents do send their children, however children like to roam around in the jungles & do not come to the centre. There are other parents who put their children in the Govt. hostels far away. Some of these children return/ leave during the middle of the academic year. Thus, there a constant fluctuation in student number which makes it hard to track their progress.

Transformational Story

Buda Muduli (aka Korey), is from Dumripada, a Bondo Tribe village. He studied in the MLE Centre in his village from LKG to Class 5. He then pursued his class 6 & 7 staying at the SEC in Hanumal. In 2016, the CEU staff encouraged students to appear for an entrance test for the Odisha Adharsha Vidhyalaya (OAV) CBSE Model School. Buda was among the few who were selected & the only one from the Bondo tribe. The school, 55kms from his village, was to provide food & accommodation for their students. But till date the hostel construction is in progress. Thus Buda, stayed along with few other boys in a nearby village. Every time a vehicle went up to the Bondo hills, Buda's family would send firewood & a sack of PDS rice, the best they could offer to help in his education. Buda cooked all his meals & was a regular student to the school.

It was a major challenge for Buda to switch from State Syllabus in Odia medium to study all his subjects in English in the CBSE syllabus. The teaching quality in his school was not very good and he barely got any input. Nevertheless, Buda never gave up. He wasted no time & worked hard for 3 years. Anytime anyone walked into his room, one could see Buda sitting in a corner under a dim light or using a torch when there is no electricity or by a fire while cooking, with a text book & an Odia-English dictionary, studying day & night. He never hesitated to ask for help if he did not understand any topic – either from his friends or teachers in school or from AKS staff. Over year Buda life has changed and transformed with right understanding about life, its value, meaning, purpose in his life. There is joy in him. He has showed genuine interest to learn more, know deeper things, understand difficulties differently. He had sincere desire to help others and see other children also change and develop from his communities. He acknowledged the inputs, help and contributions he has received from Asha Kiran.

Buda was quite nervous when he appeared for his class 10 CBSE Board exams in March 2019. God, so rich in mercy, blessed his hard work

& thus he scored 67%. Buda is interested in pursuing Science for his junior college (class 11 & 12). The staffs of CEU are searching for affordable CBSE schools for his higher studies. It is such a joy for the CEU to be a part of the journey of young lives like Buda, 1st generation learners from such interior villages, who successfully competed with CBSE students from across the country. We are excited for Buda & are looking forward to see what God is going to do through him.

Plans for 2019-2020

- ✧ Writers' workshop in June 2019 for SEC teachers to help them prepare lesson plans for each term.
- ✧ Recruiting 2 stand-by teachers for weak/new centres/ in centres where a teacher resigns during the academic year.
- ✧ Annual events – Education Camp for MLE & SEC students in October, Career Guidance program in January, and Skill Development program for SEC & AK youth along with the Govt.
- ✧ Scholarship exam for class 5 & class 10 students to help & encourage them to pursue their higher studies.
- ✧ Evaluation of current MLE program, Revision of MLE Curriculum & Material by February, printing of materials by May 2020 & training teachers with the new materials in June 2020.
- ✧ Academic indicators – performance targets increased for students & teachers for this academic year.
- ✧ In the following academic year (2019-2020), three training programs have been planned for the MLE & SEC teachers respectively, one in each term.

Conclusion

Through all of the above, the Community Education Unit seeks to fulfill its vision:

“The community around AKS is equipped for a fuller life through culturally appropriate, community-based holistic education relevant to the changing times.”

COMMUNITY SERVICE UNIT Report

The Community Service Unit (CSU) focuses on Agriculture and Health. Asha Kiran Society is currently the Nodal Agency for the Adarsha Bagicha model farming, and continues to network with the Government. The CSU health activities continued through Community Health Workers (CHW) & Community Lay-Leader Health Training Certificate Course (CLHTC). The CSU-health is also committed to reaching out to the Bondo Hills and Dasaput village through health clinics set up in their communities.

In 2018-19 two new health initiatives were started in a small way – community based Mental Health program and home-based Palliative Care service.

Overall progress

The numbers of new farmers in 2018 is 164 totaling to 311 farmer families involved in organic farming on the whole currently. The number of staff has increased with 4 new Community Resource Persons, Data Entry Operator, Coordinator, Psychologist and a Project Officer.

Health Initiatives

1. CHW (Community Health Workers) Program

The CHW program is steered mainly for the workers from the community chosen by the Asha Kiran Society. A training session is held once in every two months at AKS. It is a 2-day program containing sessions (two topics), group discussions, a time of sharing about what has been happening, reporting, distribution of medicines etc. The workers are trained on first aid and to prescribe certain medicines by the trained staff of AKS.

2. CLHTC (Community Lay' Leader Health Training Certificate course)

CLHTC course is a health training given by the Distance Education Department of CMC, Vellore for only Christian NGOs, Lay leaders and Evangelicals who work in remote areas and poor healthcare facilities. Asha Kiran Society being one of the 25 centers for the DEU of CMC conducts CLHTC in Odiya, with 3 semesters of 20 days each. Till now AKS has trained 6 batches of CLHTC candidates. In 2018, 10 members from different organizations i.e. IMST, UPPAHAR, ELIM, BYM, VISHWAVANI and Independent missionaries were trained on the same.

3. Mental Health Community Intervention

This program was initiated looking at Asha Kiran Hospital receiving patients regularly for attempted suicides, alcohol addicts, substance abuse/dependence, adolescents struggling with depression, anxiety, out of wedlock teen pregnancies and individuals with low resilience to cope with their mental health issues etc. The objectives of the new Mental Health Program are

- ✧ Promotion of mental health among the community through awareness programs in schools and villages
- ✧ Prevention of Mental health Illnesses among the adolescents through building resilience
- ✧ Enable recovery of adolescents identified with common mental health issues

The team identified a Life skills curriculum that would help build resilience of the students. For the pilot phase two Lamtaput high schools - Jalahanjar Govt School and SSD Girls School were chosen for implementation of the Life Skills Curriculum. Starting from October 2018 two topics per month were taught in these two schools for students of class 9, followed by one-to-one counseling sessions. The plan is to train other teachers to implement the curriculum in other high schools in Lamtaput block.

Murja village was chosen as the Pilot village to start the mental health intervention at the community level as it has a history of all kinds of interventions by AKS e.g. MLE, SHG, RCH program fizzling-out without any success since 1997. The team decided to start fresh with this new approach of building resilience through another Life skills curriculum (Badte Kadam) focusing on adolescent girls and boys groups. This was started in December 2018.

4. Home-based Palliative Care Service

Moni Pangi, wife of Keshab Pangi (CDO of AKS) and Kumari Nayak and Gori Hantal, were a few women with cancer where the family exhausted their money and sold property for treatment. These women ended up dying in more pain and leaving a lot of catastrophic expenses for the family to bear. The cancer patients who are unaware of the disease progress and are unable to meet the needs for the treatment was a concern for the team. Therefore with the guidance of Dr Suchitra, CMC Palliative care physician, the health team initiated a home-based Palliative Care service in April 2019 – to reach out to patients and families in Lamtaput block and offer physical, emotional, social, and spiritual care. As of May 2019, 6 patients (one with breast cancer, one oral cancer, one cancer of cervix, 3 bed-ridden elderly women) from 3 villages – Chiliba, Ranitota and Jalaguda were being cared for.

Objectives of Home-based Palliative Care Service

1. To provide quality and focused home care services for patients and their families with life limiting illness within 25km radius of reach from AKS.
2. To provide OP & IP medical support to Palliative Care patients at AKH.
3. To raise awareness among the local population nearby communities and medical practitioners about the scope of palliative care.

Bondo Health

The Bondo health outpost in Dumripada has a GNM and 5 Health Assistants. It registered around 1935 OPD patients in 2018 and following the inauguration of a delivery booth in the premises, around 6 deliveries were conducted with aseptic measures. CSU has also been lobbying with the Malkangiri district administration to recognize the Health outpost as a sub center under PPP.

Staff Development

Recruitment of three women staff in various roles for the first time in CSU brought fresh approach to the team. In house training for Palliative care, Mental Health, Community Health by external trainers from EHA and CMC Vellore was given to build overall development of the health team.

The DDH trained the agriculture team in the MGNREGA entry process. A one-day staff Evangelical programme was held on 9/01/2019. MCCI Food security workshop was held in Kolkota on 29/03/2019 for capacity building of Agricultural Coordinators.

Plans for the coming year

Planned capacity building program for agriculture staff are: exposure visit to Nursery in Rajamundry and Living Farms in Bhuvneshwar. In house computer classes for Coordinators and Agri-Extension workers. One day staff family retreat planned on 16/05/19 to 18/05/19 for community staff families and children. Capacity Building on Mental Health by Burans team planned for the health team within the coming year.

Partners Involved

Believer Church Medical College and Hospital -(BCMCH), St. Xavier University (XUB) Bhuvneshwar, Odisha University of Agriculture and Technology (OUAT), L.V. Prasad Eye Institute (LVPeI), MCCI

(Mennonite Central Committee – India), Department of Horticulture, Koraput, PD Watershed and PD DRDA.

Challenges Faced

Involvement in the MGNREGA scheme and the data entry process which led to the lack of time for field monitoring by agriculture team.

Faced with the challenge to roll out a Mental Health Program without prior experience, the Health team had to learn by trial and error process.

Selection of Murja Village (a very impervious village) for the community mental health program which involves night travel by female staff for village youth meetings.

Plans for the coming year

- ✧ Extension of Adarsha Bagicha for another 100 farmers
- ✧ Training of SEC teachers in Life Skills curriculum
- ✧ Using the CHWs base to identify and care for palliative patients and
- ✧ Community Eye program screening and treatment with partnership of LVPeI.

Transformational Story

Looking into the lives of these 6 farmers from Unchaipada village who were bold enough to jump from solely mono-cropping to something that they have never tried or known shows how the Lord is at hand. These farmers used their dry land for Eucalyptus



plantation. Lack of awareness in different agriculture methods restricted them in using their resources adequately.

In the village panchayat meeting held for their community, the AKS agriculture team took the opportunity to share on Adarsha Bagicha Model farming for about 40 people. The ward member of the village through his own interest motivated the villagers to try out the farming. 12 farmers gladly attended the Orientation program held when AKS was invited for imparting the concept of Adarsha Bagicha model. They also submitted the required documents for further initiation of the Model in their farms. Only 6 farmers completed the activities (Boundary Fencing, Trench digging etc.) given to them to discover their interest and hard work with the rest who dropped out. These farmers completed their tasks on time in their farms creating a great impact. AKS lobbied with the government and through the MNRGEA Adarsha Bagicha scheme, the farmers received an amount of 10192/-.

The farmers are satisfied and glad that their farms are protected with the **year-round income**. They also use vegetables from their own farms for consumption. Not only were these farmers benefited, but they created a great impact on the neighboring villages Gantiguda and Matikhal who were motivated witnessing the method of farming they followed. These villages are repeatedly seeking help from AKS to consider their request on the Model farming.

Conclusion:

AKS looks forward to providing a holistic approach in reaching out to its community through its activities of Community Service Unit.



ASHA KIRAN ACADEMY Report

Asha Kiran Academy has completed five academic years since its inception in 2013, faithfully “**teaching everyone with all wisdom**”. In the last year, the academy grew to total student strength of **222**, with **71%** of the students belonging to the disadvantaged groups of Koraput district. There are 118 students in pre-primary, 81 in primary, 23 in upper primary, and 5 private students. The students are taught and mentored by a team of 22 teachers, (3 part-time), and 4 support staff.

The school year had **200** working days. Class tests were regularly conducted and the Term End Evaluations were done as per schedule. Academic proficiency awards were earned by 36 students in various subjects. We were also able to give one-on-one help to some students during the holidays.

Holistic Education - The academy aims to produce well rounded individuals, constantly inspiring students to set high standards of character and develop their innate potential. Here are some of the ways the academy has attempted to achieve this in the last year:

Assembly incharge

The students split into three groups- Pre-school, Primary and Upper Primary- were given responsibilities in conducting their own weekly assemblies. Each class had to prepare and lead the assembly at their turn. Through this they learnt to work as a team, distribute roles among themselves, essential planning and co-ordination skills.

Sex-ed

- ✧ Essential Education sessions were taken separately for the boys and girls from Grades 6 to 9. The topics covered were: Understanding the opposite sex, Puberty, Menstrual Hygiene,

handling physical and emotional changes, defending against abuse and cyber crimes.

Extra-Curricular and sports events

Fancy dress, puppet show, singing, dance, drama, spell bee, quiz competitions were participated with much enthusiasm.

Team games such as Kho-kho, Football, kabadi, throwball and other athletic events were held from 17-19th of Jan 2019.

Vegetable Garden

The students took responsibility of the allotted area in the school for growing their very own vegetable garden. Each class of 4, 5, 6, and 7 earned Rs.300 to Rs.400 from selling the grown vegetables. The students themselves enjoyed working in the garden finding it relaxing and rejuvenating.

Celebrating National Days

While the academy observes and celebrates national days, it was the first time 30 students were trained by a NCC C-level certificate holding staff, in marchpast for the Republic Day parade. Senior students in the band, were trained to use the band instruments.

Educational trips

The students of classes 5 to 9 were taken to a cashewnut factory at Lamtaput, where they observed the process and machinery involved in cashew processing.

Senior class students visited the Biju Pattnaik Aeronautical Museum, HAL, the Deer park, and the Outdoor stadium.

The senior students presented a mime at the Jubilee celebrations of Anand Niketan School on 23 Nov 19. They were trained by the staff in the nuances of staging a mime.

Story-writing and Poetry writing workshops

Workshops on poetry writing and short story writing were conducted by the literary team for classes 6 to 9. Here students learnt how to better their writing skills.

New Audio-visual aids

A 43-inch LED Mi TV, donated by a supporter of AKA was inaugurated at the Audio-visual room. This has been used for viewing educational and entertainment videos and has been a great aid for the teachers.

The school library

The school library has been a source of bringing out students' imagination and creativity, as well as providing them with knowledge and facts. The academy received a grant of a set of 100 free books from Pratham Books under the project, *Library in a classroom* on fulfilling various criteria. The books written by Indian authors on various topics are a good asset to the library.

25% Reservation for disadvantaged groups

The academy had allotted 9 seats towards fulfilling the criteria of 25% reservation of RTE for the disadvantaged groups from Nursery class onwards last year. The children from disadvantaged groups were selected based on certain criteria as well as the results of the lottery conducted.

Striving for excellence

The 6-member School Management Committee meets on the first Wednesday of each month addressing directional issues of the school. The management and Staff constantly strive for excellence, seizing every opportunity that comes their way to further better their services provided.

The NIOS, D EL Ed program.

9 of the AKA teachers enrolled for the NIOS-D El Ed program conducted by the Government. The course involves having to clear education papers, subject related papers, submitting assignments, preparing case studies, etc.

Awareness Exhibitions

On 9 Nov 2018, 3 AKA teachers displayed the school's science lab equipments at Govt High School, Lamtaput at the education stall of Porob 2018. (*Harvest festival*).

Partners involvement

Quality and excellence are seldom achieved alone. Asha Kiran is grateful for the assistance it has received over the years from various partners who have supported us thus far.

- ✧ In Jan 2019, Volunteers from the CCCoC Australia, took interesting sessions on a variety of subjects including math, geography, and first aid.
- ✧ In April, nurses from CMC Vellore gave students health education.
- ✧ In August a health check-up was done by the Govt PHC for the students.

Parent meetings were held separately for Pre-school, Primary, Upper-Primary and the private students. One of the decisions that the parents agreed upon was the fees would henceforth be paid in a single instalment from Nursery to Class 1, and in 2 instalments from classes 2 to 8 which would help minimising losses for the school. The school received its CoR for classes 1 to 8 for a period of 5 years w.e.f 01.04.18 to 31.03.19.

Construction of the new building:

Construction work for the new block started from February 2019. The plan is to complete the structure of G+2 floors in the next 2 months and do the finishing floor by floor. The building will be ready for use by the next academic year.



TRAINING UNIT Report

The construction of the training centre was completed by 2012 and it has been put to use ever since. The training centre has been used up to 90 % of its productive capacity, being used 300 days in a year. Last year the centre was used to conduct 15-20 programs where other NGOs, Christian organizations and the Government utilized the centre and its facilities. Apart from the training centre being used by organizations outside of AKS, the society also conducts in- house programs about 7 times a month. Lack of continuous electricity and availability of rooms have been challenges faced over the last year. Currently the training centre has become capable of meeting its own expenses, while generating income for the society. The purpose of Training Centre facility is to make available for in house purposes and also for others. Ultimately the resources generated through the Training Center are part of alternative resource mobilization of AKS, so that AKS continues to serve primarily the poor and marginalized communities.



CAMPUS AGRICULTURE Report

The Campus agriculture is spread across 15 acres on campus. It not only maintains the greenery of the campus but also serves as a support to staff welfare through provision of dairy and poultry products and meat as well.

The campus agriculture includes banana, coffee and pepper plantations, poultry, cattle rearing, pineapple plants, and various other crops. Special care is taken to use organic and sustainable fertilizers in the process. Campus Agriculture generates revenue for the society, which helps it to fulfill its ultimate objectives, which is to serve the poor and marginalized community.



Summary of HR, STATISTICS and BUDGET

Human Resource

# Particulars	2017	2018	As on Mar'19	2019-20 (Projections)
Doctors	7	6	7	12
Nursign	16	19	21	27
Allied Health	11	12	17	19
Administrative	17	21	25	28
Support Staff	12	12	16	14
Campus Agriculture	5	6	5	5
Training Unit	3	3	3	4
Asha Kiran Academy	19	23	28	29
Community Services Unit	12	13	17	24
Communnity Education Unit	14	22	22	22
Volunteers	59	54	51	58
TOTAL STAFF	175	191	212	242

Patient Statistics

# Particulars	2016-17	2017-18	2018-19	2019-20 (Projections)
Out Patients	32800	32946	35545	39000
No of Admissions	2607	2255	2284	2530
Bed occupancy	61.13%	64.40%	78.00%	80%
Dental Patients	1402	1348	1563	1100
Deliveries	318	355	425	430
LSCS	94	140	117	112
Major Surgeries	284	302	353	370
Lab Investigations	42978	43126	42861	53925
X-Ray	3334	3714	5038	4643
ECG	548	494	737	723
Ultrasound	1590	1025	1143	1200
Endoscopy				160

Summary of Budget for the year 2019-20

# Particulars	Budgeted Income	Budgeted Expenses	Capital Expenses	Total Budgeted Expenses (Revenue + Capital)
Clinical Services (Hospital)	26,161,849	23,682,702	7,780,300	31,463,002
Community Services	7,443,899	7,095,414		7,095,414
Community Education	7,308,901	7,323,358	400,000	7,723,358
Asha Kiran Academy	3,448,000	4,362,760	62,000	4,424,760
Training Centre	2,476,965	1,712,400	64,100	1,776,500
Campus Agriculture	1,126,900	1,150,758		1,150,758
Grants & Donations	3,285,094			-
Other Sources Income	1,869,017			-
AKS Admin Expenses		5,686,618		5,686,618
AKS Infrastructure			5,150,000	5,150,000
TOTAL BUDGET	53,120,625	51,014,010	13,456,400	64,470,410



CONTACT DETAILS

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Orissa
India**

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Email Id: ashakiran.orissa@gmail.com
Website: www.ashakiran.in

Bank Details

Local

A/c Name: Asha Kiran Society
Bank: Andhra Bank
Branch: Main road, Jeypore
A/c Number: 026010011006796
IFSC code: ANDB0000260

Foreign

A/c Name: Asha Kiran Society
Bank: Andhra Bank
Branch: Main road, Jeypore
A/c Number: 026010011006498
IFSC code: ANDB0000260



PHOTO GALLERY

Asha Kiran Hospital



Community Education Unit



Community Service Unit



Asha Kiran Academy



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