



# ASHWINI

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## *Annual Report 2016-17*

**The vision** of ASHWINI is to have a Health System for the tribals of the Gudalur Valley that is accessible, acceptable and owned by the community. ASHWINI was registered as a Charitable Society in 1990.

**2016** has been a year of growth. There was an expansion of many of the existing activities and the beginning of new ones. As always, our staunch supporters continued with their contribution in terms of volunteering and donations. We would like to take this opportunity to express our sincere gratitude to them. Thank you all....



With the arrival of a full time anesthesiologist in the team, the surgical activity increased significantly. Research, an aspect that had taken a back seat thus far, received much attention. Many projects have taken off.

Systems are improving with our efforts to get accreditation from the National Accreditation Board of Hospitals (NABH). The new software that has been installed sent everyone reeling for a few months; but has now become a great asset.

In the path towards tribal governance, the ASHWINI board inducted senior tribal members including the president of the Adivasi Munnethra Sangam, the peoples' organization. The health committee comprising several tribal representatives, met regularly. Many issues are being discussed.

It is heartening to see the skills and the involvement of the community. We look ahead to a year of more structured functioning with improved management and Governance from the community- truly a health care system for the people by the people...

**Staff and volunteers** form the backbone of the work and have helped us to push boundaries and achieve our true potential.

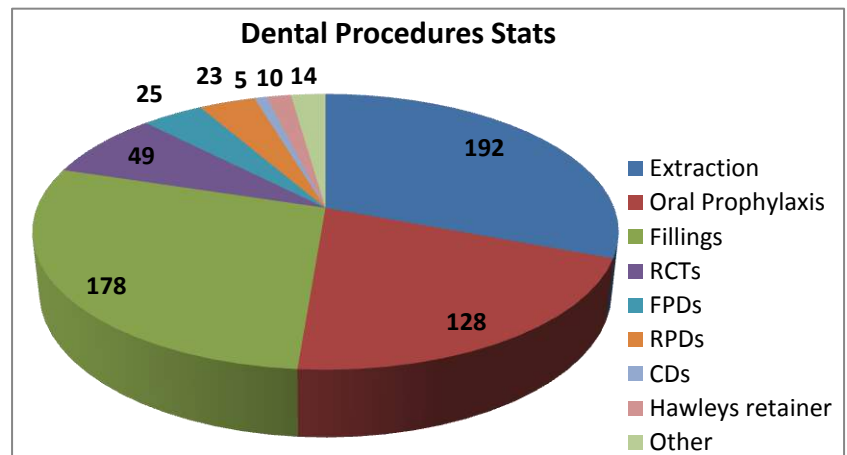
Dr Dhanya Narayan, a dentist with a keen interest, as well as training in management, joined us to help streamline administration and to work towards getting NABH certification. She has also helped to give a fresh boost to the dental clinic that had been lagging behind for want of dentists.

Drs Wesley and Susmita, anesthesiologist and psychiatrist couple, joining us had a major impact on surgeries, research, the mental health program and very importantly, our presence in the social media! Our junior doctors Rohin, Priya and Royson left for higher studies. They were replaced by Drs Jyothy, a senior family practitioner and Clyde and Ashish, fresh St Johns graduates who opted to do their rural bond with us. Dr Ajith spent a few months with us.

Other staff who joined us include Padma, Babitha, Leema, Nisha and Saju.

More volunteers have joined our existing amazing group; Dr Renita Rajan, dermatologist, Dr Nithya, dental surgeon and Dr Arul, hepatobiliary surgeon and Dr Michel Harding a general practitioner. Dr Rebecca from the UK spent two months with us. Angela Harding, a speech therapist from UK, spent a month with us and brought life to the Disability Centre. Not only did she enthusiastically help with the therapy, she also brightened up the place with drawings and art work and motivated the entire team.

**The Dental department** at GAH which is being generously supported by The Toshniwal Trust, Rotary Club of Bangalore and Dr Prithvi Rawal suffered a setback due to the shortage of dentists. This year has shown a definite upward trend. We are thankful to Dr.Prithvi Raval for his endless support and also his enthusiasm in bringing a change in the community dental health status.



**Training** has always been a key focus. To build the skills of the tribals to take over the running of the health program has been an ambitious project.

Nithya from the Paniya tribe, completed BSc nursing and has secured admission to the hospital administration course at TISS, Mumbai, a premier Institution.



Durga completed her graduation in Speech and Hearing and plans to pursue a post graduation in Audiology before coming back to work for the community.

Kasthuri completed her MA in Psychiatry and has joined us.

Anita completed BSc nursing and has started her bond. Anand completes his diploma in computer science this year. We are indeed proud of the achievements of the next generation!

These youngsters are leading the way and being role models for the younger generation; proof that tribals are capable of much more than just manual labor.

We are still awaiting approval from the Indian Nursing Council to start our Nursing program (ANM).

This year, as usual, we had students from TISS, MSc nurses from St Johns, Social work students from many universities doing their internship with us. There has been a superlative feedback from the 10 medical elective students who participated in our program. The majority were from UK. The presence of these students created an academic atmosphere at work.

**Health volunteers** continue to be the key link to the community. They are actively involved in monitoring, creating awareness and supporting patients needing health care. They are now 321 number; most villages being represented.



### **1. Health volunteers at GAH for a training camp.**

They attend regular training camps and upgrade their skills.

Research was never given the priority it needs. Dr Susmita and Dr Anna's influence gave a boost to this important aspect of the work. The internal review board was constituted. Research grant has been obtained for a study in partnership with Harvard. Interactions with ICMR and plans for action research activities have started.

Thanks to these interventions, Royson won the third best paper award at AMCCON 2017 at Trivandrum for his study on esophageal candidiasis. Our paper on family planning also won the best paper at the RCOG conference in Chennai.

The Community health program focused its efforts on trying to address the growing issue of malnutrition. Severe malnutrition has decreased from the previous year but is still a horrendous 7%. Much effort went into encouraging children to go to any available ICDS centre, interacting with the ICDS officers, teachers and child care workers to sensitize them to the issues of the tribals and to find ways of breaking the barrier to the tribal children utilizing these services. As access was difficult, nutrition centres were started in three villages, nutrition supplements provided in others.

Another focus was on the non communicable diseases and TB. Village screening sessions were done and all identified patients referred to the hospital.

The mental health program was in an intensive phase with the presence of a psychiatrist, counselor and a total of 5 member team. Awareness creation, ensuring follow up and counseling for all tribal patients has resulted in better compliance. Many non tribals utilized the services.

The HIV intervention program focuses on awareness creation, screening and support for patients with HIV.

### The numbers speak...

Total tribal deliveries	310	Deliveries in hospital	94%
Antenatals with >3 Check ups	92%	Couple protection rate	66.2%
No of children whose growth was monitored (91.3%of all)	1147	Normal weight	56%
Moderate malnutrition	37%	Severe malnutrition	7%
Complete immunisation at 2 yrs of age	94.5%	Complete immunisation at 3yrs of age	99.1%
No of new patients detected with sickle cell disease	19	<b>HIV intervention data</b>	
No. of Sickle Cell Disease patients under treatment	281	Pregnant mothers screened	338
No of patients with TB on Rx	20	General clients	1212
No of Screening camps for NCD	43	Positive client identified	0
No of people screened for NCD	1276	Health Education	330
No of patients with chronic diseases	829	Health education participants	5568
No of Chronic patients under regular medication	636	Health guide training	57
Suicide deaths	17	Home visit for PLWHA	47

- 13024 tribal outpatients seen at GAH and 7594 at area centres and clinics.
- 27653 Non tribal outpatients were seen.
- 1633 tribals and 735 non tribals were admitted and treated.
- 1037 Dental patients treated.
- 322 patients with mental illness and epilepsy have been registered
- 327 upper GI endoscopies were done.

- 685 ultrasound examinations were done.
- 260 deliveries and 459 surgeries performed.
- The X ray facilities are getting better utilized and 2308 X rays were taken.
- 30 audiometries were done
- 459 Persons with disability were treated at the NIEPMD disability centre.
- ***There was no maternal death!***
- Infant mortality rate was 19.5 per 1000; an all time low.

**New land and expansion plans:** Five acres of land has been acquired about five Kms from Gudalur town for the infrastructure needs of the training program. Dormitories and staff quarters are planned here in the next two years. This was needed as the present campus is getting very cramped and training will continue to be a priority.

**Governance and management by the community** has always been high up on the agenda. Kumaran, a senior animator, Kethan, the president of AMS, Balakrishnan and Kathiravan, education workers have joined the Board. The health committee which consists of members from the community have been meeting regularly.

Details of the ASHWINI Board				
Name	Position	No of meetings attended	Remuneration	There was no international travel by board members or staff of ASHWINI
Ms Janaki	President	6	Nil	
Mr. K.T.Subramanian	Secretary	6	Nil	
Ms. Ambika	Treasurer	6	Nil	

Staff Salary	Male	Female	Highest salary: Rs.70,000 per month for senior doctor. Lowest salary: Rs.6,396 per month for maintenance staff.
<5000	0	0	
5000-10000	8	27	
10000-25000	7	36	
>25000	6	6	

## The Financials

There has been havoc in the financial situation with the Government reimbursements for Bed Grant and Sickle cell disease being unduly delayed. The Government owes us almost a crore of rupees as of today. Innumerable visits have been made to Chennai to rectify the situation and slowly the payments are starting to come.

Again, the situation was saved by the very generous donation from Lavangika and J Patel and donations from our other supporters.

The Poristes Stiftung continues to support the training programs; The Tata Trusts support the community health program. The NCD work was supported in part by the Nilgiri Adivasi Trust, Friend of Hope have continued support for the HIV related activities.

## Financial Statement for the year 2016-2017

### Receipts & Payments Account

Receipts for the year ended on 31/03/2017		Payments for the year ended on 31/03/2017	
<b>Opening Cash and Bank Balance</b>	3297104	<b>Hospital</b>	
Self Generated Fund Hospital Operations/Interest from Bank/Community Fund	12594100	Salaries	9277818
		Medicines & consumables	3213811
		Operational Cost	2650547
		Laboratory	1268629
		Canteen	1135224
		<b>Community Health Program</b>	
Donation from Indian Individuals	702800	Salaries	4687111
Grants from Tata Trusts	4869903	Operational Cost	3821116
Grants from Government	3554360	<b>Training</b>	
Donation from International Individuals	1054591	Salaries	3412536
Grants from International agencies Poristes Stiftung/Hope/The Nilgiri Adivasi Trust/Give India	20423360	Stipend/Food/Accommodation	676500
		Operational Cost	212085
		Other Program Expenses	2117148
Sale of Investments - FD matured	24432286	Capital Expenses	8179702
Loans/Advances	11449072	Purchase of investments - FD	31841864
Other receipts	4996381	Loans/Advances	10221493
<b>Total Receipts</b>	<b>87373957</b>	<b>Total Payments</b>	<b>82715583</b>
		Closing cash and bank balance	4658374

### Income & Expenditure Statement

Income in Rs for the year ended on	3/31/2017	Expenditure for the year ended on	3/31/2017
Earned / Self generated income	14399977	Curative Care	570669
Donations from Indian Sources	929595	Hospital Operations	5324947
Grants from Indian Sources	6372360	Training	2112683
Donations from international Sources	1095404	Administration	569625
Grants from International Sources	20155753	Personal Costs	11710133
Other Income	2839051	Community Health Program	6590156
		Support Services	3416482
		Depreciation as per schedule	5741079
		Excess of income over expenditure	9756366
<b>Total Income</b>	<b>45792139</b>	<b>Total Expenditure</b>	<b>45792139</b>

<b>Balance Sheet</b>	
<b>Assets as on</b>	<b>31/03/2017 in Rs</b>
Fixed Assets	106819899
Investments	29683522
Loans and advances	737286
Cash and Bank balances	4658374
<b>Total Assets</b>	<b>141899081</b>
<b>Liabilities as on</b>	<b>3/31/2017</b>
Society funds	78075323
General fund (unrestricted fund)	34884388
Corpus fund	16262501
Restricted / Earmarked funds	9243488
Current Liabilities and provisions	3433381
<b>Total Liabilities</b>	<b>141899081</b>

*Our accountants: J Mathew and Co, Udthagamandalam*

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**Donations in India** Are exempt from income tax under section 80G of the income tax act. Money can be transferred directly to our account in SBI, Gudalur as

ASHWINI DONATIONS, Current account No: 35765454150 IFSC Code: SBIN 001016

**In USA** Tax deductible donations can be made by check to Vidyalay.org Foundation Inc and mailed to Ms.Asmita Shendye, 35 Meyer Drive, Clifton, NJ 07012

**OR** By online donation through Tribal India Health Foundation <http://www.tihf.org.in/> and click the "donate" button on the page "How you can help".

**In the UK** Gift aid can be a benefit if donations are sent to Account name: From Here To There, Sort Code: 30-65-92, Account number: 16621468. Email: [friendsofgudalur@gmail.com](mailto:friendsofgudalur@gmail.com)

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