The vision of ASHWINI is to have a health program for the tribals of the Gudalur Valley that is accessible, acceptable and owned by the community. It was registered as a charitable society in 1990.

**The Gudalur Adivasi Hospital**

A grant from The Navajbai Rattan Tata Trust for the upgradation of the hospital was sanctioned this year. The much needed infrastructure in terms of buildings and equipment will become a reality with this funding. The plans for all the buildings have been finalised and the contract has been given to Mr Balachandran of Ellowrah constructions. The work has just started. Quotations have been procured for all equipment to be purchased initially and orders have been placed.

45 cents of land was procured adjacent to the existing plot in order to construct the staff quarters. Although there was no budget available for this, it had to be done as it was a golden opportunity to get a plot of land adjacent to the existing one for a very reasonable price. The total cost came to about Rs 25,00000.

Thanks to all our friends for contributing generously to the land fund. There is a deficit of Rs 9,00000 which we have taken as an advance from earmarked funds. We hope that our well-wishers will help us to repay this amount soon.

The hospital has been empanelled as one of the hospitals under the Chief Ministers Insurance program. Unfortunately many of the sanctioned cases are not done here and we have not been able to make any claims so far.

The Toshniwal dental clinic has a much higher patient load this year. Specialist clinics in Orthopaedics, ENT, Diabetic care, Paediatric surgery, Gynaecological surgery and Plastic surgery have been conducted regularly. The cytology lab has been set up and routine gynaecological screening has started. The microbiology lab is also functioning well.

<table>
<thead>
<tr>
<th>Some Hospital statistics</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hospital beds</strong></td>
</tr>
<tr>
<td><strong>OP</strong></td>
</tr>
<tr>
<td><strong>Dental</strong></td>
</tr>
<tr>
<td><strong>IP</strong></td>
</tr>
<tr>
<td><strong>Bed occupancy rate</strong></td>
</tr>
<tr>
<td><strong>Referrals for tertiary care</strong></td>
</tr>
<tr>
<td><strong>Deliveries</strong></td>
</tr>
<tr>
<td><strong>Surgeries</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Commonest admissions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pregnancy related</strong></td>
</tr>
<tr>
<td><strong>Surgical</strong></td>
</tr>
<tr>
<td><strong>Diarrheal diseases</strong></td>
</tr>
<tr>
<td><strong>Sickle cell disease</strong></td>
</tr>
<tr>
<td><strong>Diabetes Mellitus</strong></td>
</tr>
<tr>
<td><strong>Anaemia</strong></td>
</tr>
</tbody>
</table>
The NRTT supported decentralisation of the Community health program is being implemented successfully. This year the area team members planned together the activities for the villages in their respective areas. There is more participation of the community in the planning exercise. The health volunteers have been very active; playing the role of an intermediary to ensure access to health care for their village. Training sessions for them have been happening on a monthly basis. Malnutrition in children has shown an alarming increase from 3.2% in 2008-09 to 6.3 % this year. A detailed study was done by paediatricians Dr Meera Siddharth and Dr PG Premila. Protocols have been developed and focused interventions have been planned and implemented.

**Training programs**

**BSS training program:**

*Manoharan handing out BSS certificates*

27 trainees are preparing to appear for exams in nursing, lab technician and pharmacy courses this year.

**Medical student elective program:**

12 medical students participated in this program. The feedback from them has been very good.

**Other students:**

2 Post graduate students from TISS, Mumbai, 5 MPH students from CMC Vellore did their internship at ASHWINI. MSc nursing from St Johns, Bangalore spent time here as part of their curriculum. Many others came for short exposure visits to understand various programs.

**Government programs**

The mobile outreach services visit the villages on a regular basis. 246 visits were made and 9943 patients seen. TNHSP has reimbursed the hospital the costs of all in patient tribal admissions under its “Bed Grant” program. Five tribal counsellors have been appointed in the various PHCs and have helped to improve the usage of these centres by the tribals.10259 tribal pts were seen. The sickle cell program is supported by TNHSP. 1564 people have been screened this year and 24 patients with the disease have...
been detected. 163 of the 283 patients detected to date are taking regular treatment. Despite this there were 94 admissions the hospital with patients with sickle crises.

Government ICTC functions in the hospital. 2066 Patients were screened; 2 were positive. In our project area, only one tribal patient has been positive till date.

Manoharan joined ACCORD in 1995. With his incredible multitasking capacity and enthusiasm, he was the backbone of the administration of all sister organisations. From creating user friendly software programs, websites, managing finances, writing proposals, following up the programs and reporting, training staff in accounts and administration; he held the work together. He was diagnosed to have Cancer of the Stomach in August 2011 and succumbed to his illness in February 2012. His loss is great for the entire community.

Dr Gopal Menon joined the hospital as a junior doctor. Dr Abraham Tharakan and Dr Dalon left to pursue higher studies. Dr Sophie Epstien from the UK joined as a volunteer doctor. 4 of the nursing students completed their training and joined as staff. One of them left ASHWINI. Ms Monica Joseph joined to coordinate the NRTT project.

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tribal staff</td>
<td>11</td>
<td>32</td>
</tr>
<tr>
<td>Non tribal staff</td>
<td>8</td>
<td>10</td>
</tr>
</tbody>
</table>

International travel
Dr Nandakumar Menon, a general body member, travelled to the US in March 2012. He was invited to present a paper on sickle cell disease at the world conference on blood disorders. Travel was paid by the organising committee in the US.

<table>
<thead>
<tr>
<th>Board members</th>
<th>Position</th>
<th>Remuneration</th>
<th>Salary Rs</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ms Janaki</td>
<td>President</td>
<td>Nil</td>
<td>&lt; 5000</td>
<td>8</td>
<td>17</td>
</tr>
<tr>
<td>Mr. K.T.Subramanian</td>
<td>Secretary</td>
<td>Nil</td>
<td>5 - 10000</td>
<td>6</td>
<td>19</td>
</tr>
<tr>
<td>Mr. T.K.Ayyappan</td>
<td>Treasurer</td>
<td>nil</td>
<td>10 - 25000</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>&gt;25000</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

Highest salary: Rs.37700/month for doctor.
Lowest salary: Rs. 2,200 /month for canteen assistant.
Secretary is the head of the organisation.
He was not paid any remuneration.

The Navajbai Ratan Tata Trust is supporting us for the community program and for the upgradation of the hospital.
Skillshare International continues to support us for the training programs.
Many donors supported us through “Give India”, the online donation portal for medicines for outpatients, food for inpatients, dental care and transport for referral.
AID, Pittsburgh partly funded the training of the students.
As always, our strong supporters continue to provide funds to keep the programs going.

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 (ASHWINI, A/c No 11317309532, IFSC Code: SBIN 0001016)
In the US, Tax deductible donations can be made through Tribal India Health Foundation at TIHF, C/o Hari Prabhakar, 6407 Wrenwood Drive, Dallas, TX 75252

Your donations can help us to pay off the advance for the land.
Financial Statements for the Year 2011-12

<table>
<thead>
<tr>
<th>Receipts</th>
<th>Payments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opening Balance</td>
<td>Fixed Asset Acquired</td>
</tr>
<tr>
<td>Hospital Incomes</td>
<td>Give India Programme expenses</td>
</tr>
<tr>
<td>Donations</td>
<td>Advances given</td>
</tr>
<tr>
<td>NRTT Grants</td>
<td>RNTCP Programme</td>
</tr>
<tr>
<td>IPAP</td>
<td>Expenses from General Account</td>
</tr>
<tr>
<td>AID Grant</td>
<td>NRTT &amp; SRTT Project Expenses</td>
</tr>
<tr>
<td>Land fund</td>
<td>HIV Programme Expenses</td>
</tr>
<tr>
<td>Medical Elective donations</td>
<td>Health System Project Expenses</td>
</tr>
<tr>
<td>Interest Incomes</td>
<td>Health care fund expenses</td>
</tr>
<tr>
<td>Health Fund collection</td>
<td>Give India Programmes</td>
</tr>
<tr>
<td>PF.TDS &amp; other payables</td>
<td>Depreciation</td>
</tr>
<tr>
<td>Adv.&amp; Deposits recovered</td>
<td>RNTCP Programme</td>
</tr>
<tr>
<td>Govt Programme grants</td>
<td>Excess of Income over Expenditures</td>
</tr>
<tr>
<td>Fixed Deposit Matured</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>Total</td>
</tr>
<tr>
<td>62642964</td>
<td>62642964</td>
</tr>
</tbody>
</table>

Income & Expenditure Statement of 2011-12

<table>
<thead>
<tr>
<th>Income</th>
<th>Expenditure</th>
</tr>
</thead>
<tbody>
<tr>
<td>NRTT &amp; SRTT Projects Income</td>
<td>Expenses out of General a/c</td>
</tr>
<tr>
<td>HIV Programme Incomes</td>
<td>NRTT &amp; SRTT project expenses</td>
</tr>
<tr>
<td>General Account</td>
<td>HIV Programme Expenses</td>
</tr>
<tr>
<td>Health system Project Income</td>
<td>Health system project expenses</td>
</tr>
<tr>
<td></td>
<td>Give India Programmes</td>
</tr>
<tr>
<td></td>
<td>Depreciation</td>
</tr>
<tr>
<td></td>
<td>RNTCP Programme</td>
</tr>
<tr>
<td></td>
<td>Excess of Income over Expenditures</td>
</tr>
<tr>
<td>Total</td>
<td>39413800</td>
</tr>
</tbody>
</table>

Gratuity - Transfer to Gratuity Fund      | 181827                        |
Transfer to NRTT CE Fund                  | 26100117                      |
Excess of Income over Expenditure         | 26707318                      |
Transfer of Capital Fund                  | 425374                        |
Total                                    | 26707318                      |

Balance Sheet as on 31.03.2012

<table>
<thead>
<tr>
<th>LIABILITIES</th>
<th>ASSETS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capital Fund</td>
<td>Fixed Assets</td>
</tr>
<tr>
<td>Corpus Fund</td>
<td>Loans &amp; Advances</td>
</tr>
<tr>
<td>Health Care Fund</td>
<td>Deposits-Rent</td>
</tr>
<tr>
<td>Gratuity Fund</td>
<td>Fixed Deposits</td>
</tr>
<tr>
<td>NRTT CE Grant</td>
<td></td>
</tr>
<tr>
<td>Diabetic Fund</td>
<td>Cash in Hand</td>
</tr>
<tr>
<td>Mental Medicine Fund</td>
<td>Bank</td>
</tr>
<tr>
<td>Bank Interest Fund</td>
<td></td>
</tr>
<tr>
<td>Other Liabilities</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>57947229</td>
</tr>
</tbody>
</table>

Detailed audited statement of accounts is available on request. **Our Auditors: J.Mathew & Co., Chartered Accountants, Udhagamandalam**

Method of Accounting: - Cash Basis, Fixed Assets are stated at historical cost, Depreciation is provided on Assets under Written Down Value Method, Receipts and Payments out of Earmarked fund account is directly accounted in Balance Sheet.

Thank you all for your continued support