

A HEALTH PROGRAM FOR THE PEOPLE BY THE PEOPLE



Health in the hands
of communities

ASHWINI Annual report 2015-16



Correspondent's note...

Twenty-five years ago, the prospect of a health program owned and managed by the tribal community seemed like an impossible dream. At that time, patients ran away when we offered treatment. Would we be able to convince them to accept modern medicine?

The first batch of tribal nurse trainees would come running to us when a non tribal patient came to the hospital door. These nurses had never gone outside the Gudalur valley, let alone deal with a non-tribal patient. Would these same people, one day, be able to run a hospital?

Where was the money? The only infrastructure we had at the time was a rented building, a homemade operating table and some mattresses on the floor!

But what we had in plenty was ...confidence! Youth gives you that... and resilience! And we realized, along the way, that we had innumerable supporters. Over the years, they have helped, in different ways, to bring the work to the level it is at now.

Today, the trained tribal team is performing way beyond our expectations. Their sense of ownership and responsibility is noteworthy, to say the least. But for their commitment, all that has been achieved in the last twenty-five years would not have been possible.

Working through the people's organisation; The Adivasi Munnethra Sangam (AMS), with the support of our sister organizations ACCORD and VBVT whose focus was on community organization, rights and education; helped to multiply the impact of the interventions.

We would like to use this opportunity to thank all the people from the community and from our extended family for their involvement in this achievement.

Dr Shylaja Devi

Development Ideology

We believe that communities can be empowered by a participatory development process of capacity building that culminates in community owned and managed programs and institutions.

Ownership of institutions that cater to the mainstream population is a powerful tool in bringing about a change in social equations.

The focus in ASHWINI has always been on good health and preventive care, not just curative medicine. In seeking optimum health, we are addressing issues of poverty and its causes; we are taking on the fight for justice and equity, for peoples' rights to livelihood, health, education and housing.

Partners

ASHWINI works closely with sister organisations ACCORD and VBVT. All three work with an organised tribal community, the Adivasi Munnetra Sangam (AMS), addressing various issues of concern to the Adivasis.

The last year...

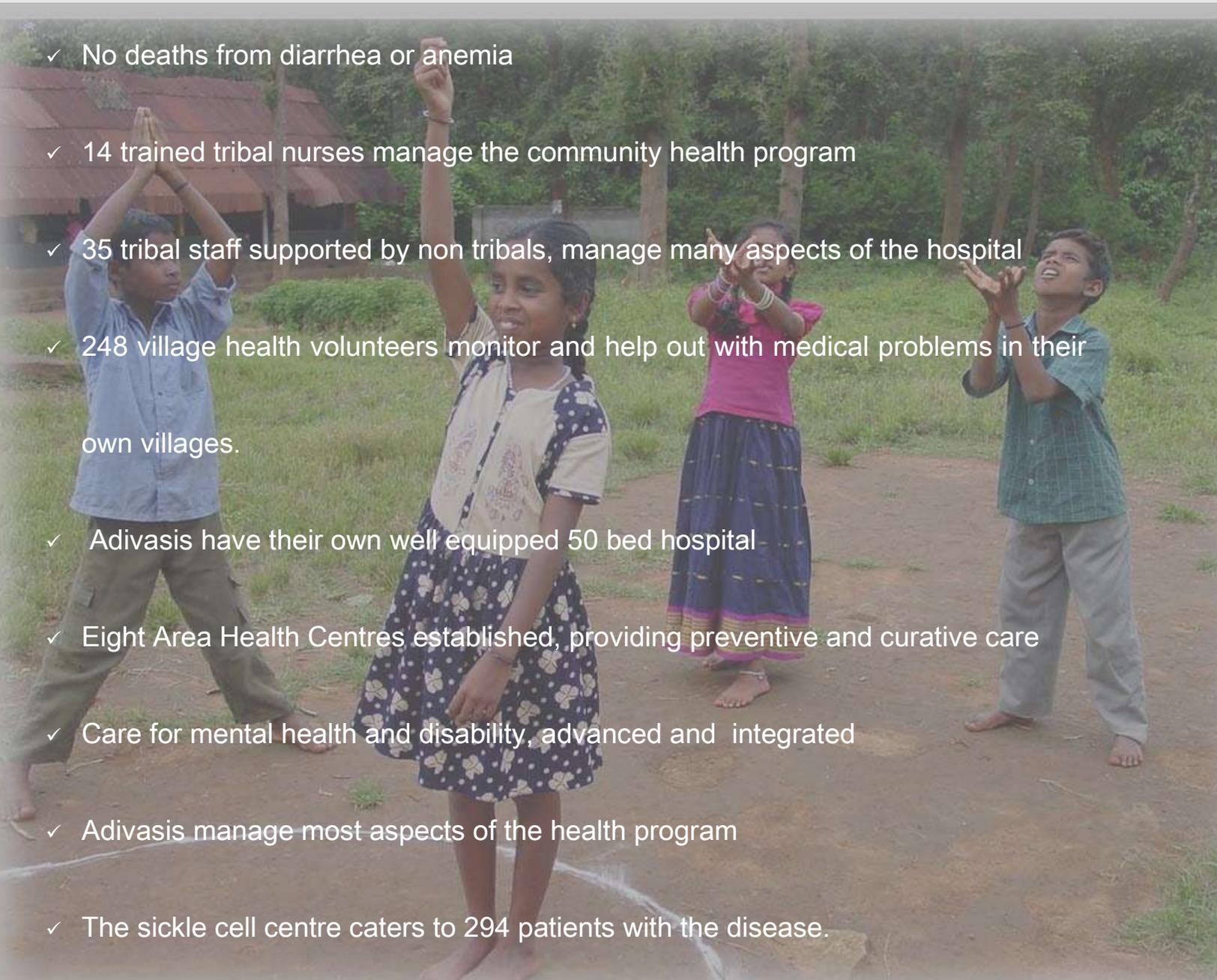
The highpoint was the silver jubilee celebration held in March 2016. The function was completely organized by the adivasi team. Health workers and others, who have over the years made the work a success, were honored.



Achievements in the last 25 years:

- ✓ No mother died in pregnancy this year
- ✓ Institutional deliveries increased from nil to more than 93% of 343 deliveries.
- ✓ Infant mortality rate down from 250 to 30 per 1000 live-borns
- ✓ 74% target eligible couples have been protected

- ✓ No deaths from diarrhea or anemia
- ✓ 14 trained tribal nurses manage the community health program
- ✓ 35 tribal staff supported by non tribals, manage many aspects of the hospital
- ✓ 248 village health volunteers monitor and help out with medical problems in their own villages.
- ✓ Adivasis have their own well equipped 50 bed hospital
- ✓ Eight Area Health Centres established, providing preventive and curative care
- ✓ Care for mental health and disability, advanced and integrated
- ✓ Adivasis manage most aspects of the health program
- ✓ The sickle cell centre caters to 294 patients with the disease.



The Community Health Program

This covers a population of 20000 tribals in over 310 hamlets.

The 248 health volunteers are a strong force in the villages. They take pride in taking responsibility for the health of their village.

Apart from routine maternal and child care activities, the thrust was in addressing the problem of malnutrition. A drive to encourage the utilisation of the Government ICDS centres by identifying the barriers to access was started.

A survey on the prevalence of diabetes in the community brought to light the disturbing fact that upto 60% of the adults in the Kattunaikkan tribe were severely malnourished! A further evaluation to see if malnutrition necessarily meant disease is under way.

Patients with non communicable diseases are on the increase. 769 patients are on treatment and are being followed up.

TB continues to be a problem with 19 patients on treatment this year.

Combined screening for TB, Cancers, Diabetes and Hypertension with health education was held in 20 villages. All patients detected are under treatment

Pushpa is a health volunteer from Mayfield Village. She gets no remuneration.

She brought Leela, a pregnant woman from her village to the Hospital with bleeding. As the Obstetrician was on leave, the patient had to be referred to Coimbatore Medical College.

Pushpa had never been to a city; she was scared of big places.

She had not come prepared to stay.

Nevertheless, she not only went with the patient in her "housecoat", but also stayed on for two days until she got better. Such is the spirit of volunteerism...



Pushpa at a training session

The Gudalur Adivasi Hospital:

This continues to serve the tribals as well as the disadvantaged non tribals of the valley. Last year 14,217 tribals and 21,985 non tribals were seen as out patients; 2,263 patients were admitted.

Specialty clinics by visiting volunteer teams have increased and now include Orthopaedics, ENT, Cardiology, Paediatric Neurology, Paediatric surgery, Vascular surgery, Urology and combined Disability clinics. A big boon for the local people has been the monthly cardiology clinic by Dr Veenu; even ECHOs are done at GAH now. Urological surgery has been another addition that has been invaluable.

The dental department catered to 1,087 patients.

The in- patient department has been busy with 281 deliveries and 366 surgeries. The fact that there are no private wards ensures that the wealthier patients go elsewhere!

84 tribal patients had to be referred to tertiary care centers.

Vishnu, a 16 year old Paniya boy from Mangode village had been at home for two years following a fall where he ruptured his urethra. An emergency measure of draining the urine with a catheter through the abdomen had been done.

He had no access to further care; it was a complicated condition.

He was not able to go out of the house and smelled of urine.



Our team brought him to the hospital and did the best possible under the conditions. Visit by Urologist Dr Gnanaraj and his team was a god sent for Vishnu. With several sittings his urethra has been repaired and he is well on his way to recovery.

Training programmes:

- ✓ More than two years into the application process, we finally got the “no objection” from the Government to start a nursing school. The ASHWINI Adivasi School of Nursing will hopefully start the first course in August 2017

- ✓ BSS courses in Nursing, Pharmacy, Lab technician and Office Accounting are continuing. There are 17 students enrolled.
- ✓ Support for 5 students has been provided for various professional courses in other Institutions.
- ✓ 20 students; mostly from the UK, did their medical electives with us.
- ✓ Many students from CMC Vellore, TISS Mumbai, Martin Luther Christian University Shillong, St Johns college of Nursing and other colleges spent time at ASHWINI doing their internship.

Government programmes:

Bureaucratic hurdles from the Government have led to a severe financial crisis at ASHWINI. Reimbursement for tribal in-patient care to the tune of about Rs 40,00,000 from the Government is pending. We have been continuing to provide services; at the same time making innumerable fruitless visits to Government offices to find a solution to this.

Staff:

Junior doctors Priya, Rohin and Royson have injected youth and enthusiasm to the team. The Mental Health department has flourished under psychiatrists Dr Neha followed by Dr Susmita. Dr Wesley filled the much needed gap in anaesthesiology. Students who completed their courses, joined as staff. Three Nurses were recruited for teaching.

Staff	Male	Female
Tribal	12	40
Non tribal	7	23
Highest salary: Rs. 70000 per month for specialist doctor.		
Lowest salary: Rs 6665 per month for maintenance staff.		

Salary Rs	Male	Female
<5000	Nil	Nil
5000-10000	7	27
10000-25000	9	32
>25000	4	3

Governance

The Adivasi team members are becoming more involved in the management and governance. It was a pleasure to see a six member team with a majority of women visiting the Secretariat and meeting the highest officials to press their claim to release the pending Government funds.

Details of the ASHWINI Board

Name	Position	Meetings attended	Remuneration
1. Ms Janaky	1. President	1. 5	1. Nil
2. Mr KT Subramanian	2. Secretary	2. 5	2. Nil
3. Ms Ambika	3. Treasurer	3. 5	3. Nil

There was no international travel by board members or staff of ASHWINI

Funding Support:

The Tata Trusts have continued to be the major supporters of the work here. They provide funding for the Community Health program. The interest from the Corpus fund set up by the Trust also supports the hospital.

Poristes Stiftung from Switzerland supports the Training Programs including scholarships for students being trained outside.

The UK charity "From Here to There", Tribal India Health Foundation, ATMA and Vidyalaya.org in the US continue to support us.

Significant donations were given by some of our friends this year. Many individual donors have also been supporting us through GIVE India.

Dr J Patel and Lavangika, friends from North Carolina, surpassed all expectations by donating \$50,000 from their personal funds. This helped us to tide over a very difficult period. "Menon, don't thank me. I am glad there is someone I can donate to and rest assured that the money has been well spent". God works in many ways...

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.

THANK YOU ALL FOR THE SUSTAINED SUPPORT!

Financial Statement for the Year 2015-16

Receipts & Payments Account			
Receipts for the year ended on 31/3/2016		Payments for the year ended on 31/3/2016	
Opening Cash and Bank Balance	2284702	Hospital	
Self Generated Funds Hospital Operations/ Interst from Bank/Community Fund	11990701	Salaries	10951875
Donations from Indian Individuals	1656500	Medicines & Consumables	3356204
Grants from Tata Trusts	7019929	Operational Costs	2918028
Grants from Government	1729507	Laboratory	863595
Donations from International Individuals	4592207	Canteen	1440816
Grants from International agencies: Poristes Stiftung/Hope/The Nilgiri Adivasi Trust/Give India	6875052	Community Health Program	
		Salaries	2410741
		Operational Costs	619397
Sale of investments -FD matured	20235375	Training	
		Salaries	1846351
Loans/Advances	6295118	Stipend/Food Accommodation	1046373
Other receipts	626813	Operational Costs	247404
Total Receipts	63305904	Other Program Expenses	2333711
		Capital expenses	1329543
Closing cash and bank balance	3297104	Purchase of investments -FD	22825151
		Loans and advances	7819610
		Total Payments	60008800

Income & Expenditure Statement			
Income in Rs for the year ended on	31/3/2016	Expenditure for the year ended on	3/31/2016
Earned/ Self generated income	10270621	Curative Care	5136793
Donations from Indian sources	1656500	Hospital Operations	1554413
Grants from Indian sources	8177515	Training	2861277
Donations from International sources	4806876	Administration	1024937
Grants from International sources	6037240	Personnel Costs	12727283
Other income	2915143	Community Health Program	2497850
Total Income	33863895	Support Services	1461870
		Total Expenditure	27264423
Excess of Income over Expenditure			6599472

Balance Sheet	
Assets as on	31/3/2016 in Rs.
Fixed assets	98640197
Investments	22273944
Loans and advances	2059744
Cash and bank balances	3297104
Total Assets	126270989
Liabilities as on	31/3/2016
Society funds	77726223
General fund (unrestricted fund)	3154680
Corpus fund	16305951
Restricted/ Earmarked funds	2850644
Current liabilities and provisions	26233491
Total Liabilities	126270989

Detailed audited accounts are available on request.