



Association for Health Welfare in the Nilgiris

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ANNUAL REPORT 2011-12

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 up-gradation 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.



Tribal staff manage the busy non tribal OP effectively

Some Hospital statistics	
Hospital beds	36
OP	28615
Dental	1482
IP	1610
Bed occupancy rate	60%
Referrals for tertiary care	66
Deliveries	269
Surgeries	364
Commonest admissions	
Pregnancy related	269
Surgical	428
Diarrheal diseases	128
Sickle cell disease	94
Diabetes Mellitus	58
Anaemia	75

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.

The Community Health Program

Statistics of the Community health program	
Total tribal deliveries	323
% Deliveries in hospital	80.8%
% Antenatals with >3 Check ups	91.6%
No of children whose growth was monitored	1056
Normal weight %	64.4%
Moderate malnutrition %	29.3%
Severe malnutrition %	6.3%
No of pts seen in area centres	8301
No of patients seen in mobile clinics	9943
Couple protection rate	40.5 %
Children immunised at 2 yrs of age	84.1%
No of patients with TB on Rx	26
No of patients with chronic diseases	624
IMR/1000	24.8
Maternal deaths	3
No of health volunteers	202
No of training sessions for volunteers	69

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



Mobile out-reach in remote Therpakolly. The elephant had just gone by!

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



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.

staff



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.

	Male	Female	International travel
Tribal staff	11	32	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.
Non tribal staff	8	10	

Board members	Position	Remuneration	Salary Rs	Male	Female
Ms Janaki	President	Nil	< 5000	8	17
Mr. K.T.Subramanian	Secretary	Nil	5 - 10000	6	19
Mr. T.K.Ayyappan	Treasurer	nil	10 - 25000	3	3
			>25000	1	2

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.
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Funding Support

The Navajbai Ratan Tata Trust is supporting us for the community program and for the up-gradation 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 out-patients, 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

<i>Receipts</i>		<i>Payments</i>	
Openinig Balance	1535163	Fixed Asset Acquired	3107989
Hospital Incomes	3346972	Give India Programme expenses	132610
Donations	2060565	Advances given	15188269
NRTT Grants	28793526	RNTCP Programe	173931
IPAP	625454	Expenses from General Account	5542310
AID Grant	240000	NRTT & SRTT Project Expenses	2848256
Land fund	1531928	HIV Programme Expenses	15701
Medical Elective donations	2018279	Health System Project Expenses	2987833
Interest Incomes	360753	Health care fund expenses	4484568
Health Fund collection	181055	HSP project grants returned	52130
PF.TDS & other payables	534892	Fixed Deposits made	3548727
Adv.& Deposits recovered	6994721	Closing Balance	24560641
Govt Programme grants	5276640		
Fixed Deposit Matured	9143016		
Total	62642964	Total	62642964
Income & Expenditure Statement of 2011-12			
Income		Expenditure	
NRTT & SRTT Projects Income	28845876	Expenses out of General a/c	5187605
HIV Programme Incomes	12452	NRTT & SRTT project expenses	2829034
General Account	6891277	HIV Programme Expenses	15701
Health system Project Income	3664195	Health system project expenses	2987833
		Give India Programmes	132610
		Depreciation	1379768
		RNTCP Programme	173931
		Excess of Income over Expenditures	26707318
Total	39413800	Total	39413800
Gratuity - Transfer to Gratuity Fund	181827	Excess of Income over Expenditures	26707319
Transfer to NRTT CE Fund	26100117		
Excess of Income over Expenditure			
Transfer of Capital Fund	425374		
Total	26707318	Total	26707319
Balance Sheet as on 31.03.2012			
LIABILITIES		ASSETS	
Capital Fund	20109360	Fixed Assets	22360361
Corpus Fund	1200019	Loans & Advances	9028655
Health Care Fund	1445362	Deposits-Rent	81200
Gratuity Fund	756457	Fixed Deposits	1916372
NRTT CE Grant	25771907		
Diabetic Fund	272601	Cash in Hand	151789.5
Mental Medicine Fund	223953	Bank	24408851
Bank Interest Fund	1965225		
Depreciation Reserve	5993253		
Other Liabilities	209092		
Total	57947229	Total	57947229

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