

Annual Report (2020-21)

The Vision of ASHWINI is to have a Health System for the tribals of the Gudalur Valley that is accessible, acceptable, owned and managed by the community. We believe that communities can be empowered by ownership of Institutions that cater to their own needs as well as that of the mainstream. ASHWINI was registered as a Charitable Society in 1990.

Covid preparations & Updates

The crisis management team composed of members from ASHWINI and our sister organisations ACCORD, Viswabharathi Vidyodaya Trust (VBVT) was formed to coordinate and work collectively at the village level, and this helped us work more efficiently and effectively.

The area team had great rapport with the health guides and volunteers in almost all villages. During the lockdown phase, communication with the village volunteers, who acted as the point of contact and daily follow up was strengthened. The community was made aware of the symptoms of COVID infection and the precautions to be taken. Special permission from the Government was obtained to enable vehicles carrying food and medicine to go to the villages. The ambulance was busy all the time, transporting patients needing admission, blood tests, or scans to the hospital, taking the discharged patients home as well as serving as an antenatal (AN) checkup centre.

A team of Doctor, Midwives and Health Animators went to the villages for AN checkup and ensured that all of them were brought to Gudalur Adivasi Hospital (GAH) for ultrasound scan and dropped back home. Due to Covid 19 protocol, under-five weight monitoring was not done till September 2020. ICDS centres remained closed, but Health Animators made certain that all U-5 malnourished children, had regular medical evaluation, followup and supply of ready to eat nutritional supplements. All the hypertensive, diabetic and Sickle Cell Disease patients were provided medicines in their villages

At the GAH entrance, a screening booth was set up to triage patients. Those suspected of having COVID were referred to the newly organized Fever Clinic and their swabs taken in the SELCO Solar-Powered Kiosk. We had obtained NABL accreditation for molecular testing. The swabs were then sent to the Gudalur Government Hospital or to our lab and the results obtained in 2-3 days or in 24hr respectively. A ward was designated for COVID patients, and all the necessary personal protective equipment (PPE), medicines, and other consumables were immediately purchased. Thanks to APPI (Azim Premji Philanthropic Initiatives), ANAHA Trust and Yahoo for their timely support. By mid-August, the operation theatres were functional again, performing elective as well as emergency surgeries

<u>New Staff</u>

Dr. Aleena, the new bonder from St John's, joined us in April. Two young specialists also joined us: Dr. Royson, who just completed his Surgery training at CMC, Vellore, and Dr. Nirupama who completed her ObGyn training from St John's Medical College, Bangalore. Dr. Royson had earlier finished his 2-year bond with us. Dr. Nitin, a junior doctor, joined us for a period of 3months to help us during the pandemic.

Hospital statistics

9295 tribal and 16730 nontribal patients attended outpatient clinics

1449 patients were treated in dental department

101 tribal and 152 nontribal patients were admitted and treated

321 deliveries and 332 surgeries were performed at GAH

1991 X-rays, 2154 Ultrasounds and 84 Endoscopies

Community Statistics

No of total Health volunteers	334	Health Animators	18
Total tribal deliveries	298	Institutional delivery (95.6 % of all)	285
Antenatal with 4 AN visit	96%	No of total family planning	104
No of children whose growth was monitored	93.20%	Normal weight (46% of all)	558
Moderate malnutrition (44.7% of all)	544	Severe malnutrition (9.3% of all)	113
No. of new patients detected with Sickle Cell	10	No. of Sickle Cell Disease patients under	376
Disease.		treatment	
No of patients with TB on treatment	30	No of Sputum positive cases	11
No of patients with chronic diseases on regular medication and follow up	1139	HIV intervention data :	
No of patients with severe mental disorders	189	Positive client identified	1
No of patients with common mental disorders	144	Health Education	36
No of patients with Epilepsy	57	Health education participants	1080
Suicide deaths	21	Home visit for PLWHA	190

Health volunteer's camps were conducted in February and March in 2 batches. 112 health volunteers participated. Volunteer training camps, ANC and U-5 care were possible with the support of **ANAHA Trust**.

APPI supported our mental health, alcohol de-addition and suicide prevention programs from November 2020. Ms. Sandhya, a psychologist, Ms. Swetha, a Psychiatry social worker and Mr. Arun, a young graduate from the community, joined the mental health team and 33 training sessions were conducted for Health Animators and village level Health Volunteers. 11 and 20 individuals were enrolled in alcohol de addiction program and suicide prevention program respectively

AVNI – A big step forward in the documentation and reporting of community health programs, was the shifting of these programs to AVNI in 2020-21. The digital entry forms for the mental health program, family planning, Sickle cell program, Tuberculosis, Chronic/NCD program and death reporting were ready to use by November 2020. Thus, by April 2020, all data was moved from hard copies to AVNI.

Research activities

The newly established research department has been busy with two grants from ICMR. Year one of the ICMR project, 'Improving the Capacity of Health System and Community for Screening and Management of Non-Communicable Diseases (NCD- diabetes, hypertension and COPD) among Scheduled Tribes: An Implementation Research in The Nilgiris district' has been completed the second year of the project, which is implementation research, will concentrate on increasing the number of tribals accessing the PHCs/CHCs for OPD consultations and medications. by increasing their general awareness of NCDs

PRIIIA (Psychiatric research infrastructure for intervention and implementation in India) is a collaborative research training grant between the University of Pittsburgh, USA and four premier research hubs in India, ASHWINI being one. Four of our staff are currently enrolled as PRIIIA trainees and will submit individual research proposals at the end of their short-term training program.

The spinal anesthesia study done in collaboration with the Program in Global Surgery and Social Change (PGSSC) of Harvard Medical School came to a close, and the results are being published.

Training & interns

During the first 3-4 months of the pandemic all the ANM students went home for 3-4 months. The 2nd year ANM students had their Board Exams in November, and we are pleased to report that all of them passed. The new batch of 20 students (13 tribal and 7 nontribal) were only selected by late Feb. Due to the pandemic, with delay and uncertainty in admissions for all courses, we were unable to send students for higher studies.

5 students from the first batch of ANM students joined various Govt PHCs in Coonoor taluk and 6 students were recruited by our hospital.

8 of our tribal students pursuing higher studies did not have classes for the initial 3months and then had online classes. Divya pursuing Master's in Public Health did her field practicum with us and Sijitha, studying B. Pharm is yet to finish her final exam.

We had 4 master's in public health student interns this year and but due to the pandemic no students for the medical elective program.

Land purchase

Half an acre of land opposite the hospital building was purchased with the donation received from Dr. Jayendra Patel, a friend of Dr. Nandakumar.

Governance & Management

The ASHWINI staff had multiple useful discussions, both one on one as well as in groups, with Drs Shylaja Devi & Nandakumar on roles & responsibility, ownership and direction of the work.

Funders Funding- Multiple funding that helped during covid

Poristes Stiftung continues to support all aspects of the training program. Government funding for the Sickle Cell programme continues under NHM. The "Bed Grant" reimbursements are still pending. We have also received funding from APPI, The Anaha Trust, ACE, Mapal India Pvt Ltd, donors through Milaap social ventures India & USA platform, Aiykyam Holdings Pvt Ltd, TaeguTec India Pvt Ltd, TIHF USA, From Here to There UK, Vidyalay.org, USA, ATP, Toshniwal Trust, Nilgiri Adivasi Trust UK, Friends of Hope UK, Dasra, SELCO, ThoughtWork technologies (India) Pvt Limited and many individual donors.

Our sincere thanks to all our well-wishers and supporters

Details of ASHWINI Board

		Details of	ASHWINI Board	
Name	Position	No.of Meetings Attended	Remuneration	
M.Kethan	President	3	Nil	There was no international travel by board members or staff of ASHWINI
K.T.Subramanian	Secretary	3	Nil	
N.Kumaran	Treasurer	3	Nil	

Salary staff	Male	Female	Total
<5000	0	0	0
5000-10000	7	40	47
10000-25000	16	47	63
>25000	6	17	23
Total no. of staff			133
Highest salary –Rs.100000 per month for specialist doctor		Lowest salary – Rs.5000 per month	

Financial Statement for the year 2020-2021			
Receipts & Payments Account			
Receipts for the year ended on 31/03/2021		Payments for the year ended on 31/03/2021	
Opening Cash and Bank Balance	5739479	Hospital	
Self-Generated Fund Hospital Operations/Interest from Bank/Community Fund	11321605	Salaries	10713154

		Depreciation as per schedule Excess of income over	5760635 25378280
		Early Intervention Centre	268088
		Research & Documentation	3387413
		Support Services	4068835
Other Income	3739224	Community Health Program	7228332
Grants from International Sources	25345602	Personal Costs	10881949
Donations from international Sources	3651996	Administration	1762555
Grants from Indian Sources	16852965	Training	4829432
Donations from Indian Sources	14943357	Hospital Operations	8005290
Earned / Self-generated income	12156489	Curative Care	5118824
Income in Rs for the year ended on	31/03/2021	Expenditure for the year ended on	31-03-2021
Income & Expenditure Statem	ent		
		Closing cash and bank balance	3497324
		Total Payments	141542883
		Research & Documentation	3387413
		Early Intervention Centre	3734
		Loans/Advances	3143238
		Purchase of investments - FD	5041819
		Capital Expenses	13735729
		Other Program Expenses	303600
		Operational Cost	713469
Total Receipts	143040207	Stipend/Food/Accommodation	1519650
	145040207	Salaries	1948887
Other receipts	27411096 3363097	Operational Cost Training	2065070
Sale of Investments - FD matured Loans/Advances	35200000	Salaries	6733682
Grants from International agencies Poristes Stiftung/Hope/The Nilgiri Adivasi Trust/Give India/Harvard	29209710	Community Health Program	139097.
Grants from Government Donation from International Individuals	8486794	Laboratory Canteen	82297
Grants from Tata Trusts/Indian Trusts	21186967	Operational Cost	1060997
Donation from Indian Individuals	3121461	Medicines & consumables	277798

Balance Sheet			
Assets as on	March 2021		
Fixed Assets	147074079		
Investments	47245325		
Loans and advances	25336024		
Cash and Bank balances	3497324		
Total Assets	223152752		
Liabilities as on	March 2021		
Society funds	128407948		
General fund (unrestricted fund)	11512673		
Corpus fund	16354707		
Restricted / Earmarked funds	53889777		
Current Liabilities and provisions	12987646		
Total Liabilities	223152752		
Notes on account separately annexed to balance sheet as scheduled XIV			

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.

