



ASHWINI

Association for Health Welfare in the Nilgiris

1ST APRIL 2021 TO 31ST MARCH 2022

ANNUAL REPORT

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.

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Gudalur Adivasi Hospital

Covid-19 Updates

By the end of May, we had sensed the need for increased admission and testing facilities in the coming days. The Govt. Hospital was the only hospital other ASHWINI for Covid care. In a month's time, with just two villages affected, we had already seen overwhelming admissions and two covid deaths that were traumatic. Anyone needing admission for Covid wanted to be treated at GAH and did not want to get referred. This alarmed the need for intense testing in the villages for early detection and admission of Covid positive individuals.

5th May-Nov 30th 2021	
Number of samples collected for TRUNAT &RAT from Villages	532
Number of samples collected for TRUNAT &RAT at GAH	748
Swabs collected for Govt at Villages	404
Positive tested cases in the tribal community	581
Trips for village screening for Covid 19	88
Villages Screened for Covid 19	245
Total number of patients screened in the villages	8861
Number of Village visits for vaccination drive and awareness	167
Covid-19 admissions at GAH	448
Mortality	6
Referrals	3

We had five Covid 19 admissions in Jan 2022. All the front-line workers received booster doses in Jan 2022. 15-18-year-old children were provided vaccination in the schools by the government while we mobilised 15-18yr old children at the village level who dropped out of school and provided vaccination.

Hospital statistics

Despite the constraints, all the other regular health issues were taken care of, all sickle cell disease, mental health, hypertension, diabetes, and ANCs were followed up and provided medicines in the villages. At the hospital, all the other general admissions, deliveries, emergency surgeries, and biopsies /minor procedures continued. A few statistics are as follows: -

- 14837 tribal and 18075 nontribal patients attended outpatient clinics
- 410 patients were treated in the dental department
- 1302 tribal and 382 nontribal patients were treated as inpatients
- 305 deliveries were conducted and 348 surgeries were performed at GAH
- 2458 X-rays, 1872 Ultrasounds, and 94 Endoscopies were done
- 210 patients were referred to higher centres

New Additions to the team

Dr. Ajith, who finished MBBS and worked with us for a few months completed MPH and with 3yr work experience has joined us to be part of our community programme. Anusha, a Psychology graduate has joined the mental health team.

Dr. Satish, a Gynaecologist from Pondicherry has joined us. **Dr. Ronel**, bonder from St. Johns Bangalore will be with us for the next two years. **Dr. Alisha**, a junior doctor from JIPMER Pondicherry, joined us to understand rural health and explore working in a resource-limited setting.

Drs Sriram, Niranjana, and Divya were with us for 2-3month each as part of the rural fellowship programme. (<https://ruralsensitisationprogram.org/thi-fellowship-program/>)

Rural sensitisation is a 3-day sensitisation programme being organised to expose medical students, postgraduate students, and junior doctors to rural life and problems, models of community health, and to explore their role in contributing to health care in the country. This year it was conducted on the 3rd, 4th & 5th of June at Gudalur with 23 participants. (<http://ruralsensitisationprogram.org/>)

Community programme

Statistics

No. of children whose growth was monitored	1037
Normal weight (47.25%)	490
Moderate malnutrition (32.4%)	336
Severe malnutrition (20.34%)	211
Total deliveries	307
Institutional deliveries (298 deliveries)	95.4%
Maternal mortality	1
Infant mortality	12
No. of sputum positive cases	2
No. of patients with severe mental disorders	154
No. of patients with common mental disorders	207
No. of patients with Epilepsy	48
Suicide deaths	11
Sickle cell programme	
No. of Sickle Cell Disease patients under treatment (160 tribals and 185 non-tribals)	345
No. of new patients detected with Sickle Cell Disease (9 tribals and 4 non-tribals)	13
TB programme	
No of patients newly diagnosed with TB on treatment (36 tribals and 4 non-tribals)	40
No. of sputum positive cases (2 tribals)	2
HIV Intervention Data	
Health education participants	1065
Positive client identified	Nil

Training of health animators and village volunteers was consistent and various engaging/interactive methods were used. Sunday village screenings were re-started after the pandemic in the village focusing on TB, malnutrition, anaemia, cancer, hearing, Sickle cell, Mental health, non-communicable diseases like diabetes mellitus, hypertension, etc. All the patients were followed up regularly and provided medication.

Village Antenatal (ANC) check-ups were started during the pandemic to ensure that they were all seen and brought to the hospital for an ultrasound scan.



NCD programme

As part of the ICMR-NCD project, screenings were conducted in 81 villages (under PCs), blood sugar tests and blood pressure were checked for 1105 people of which 281 new patients were identified with elevated readings. They will be evaluated further to confirm if they are diabetic/hypertensive.

We recruited 4 Auxiliary nursing and midwifery nurses from our tribal community to focus on improving the utilization of PHCs and avoid duplication of services, as the facilities there have improved. They prepared skits, dramas and street plays to help the community understand non-communicable disease (NCD), the misinformation around it and the importance of taking medicines regularly.

As a part of the study, health education on NCDs and information on the closest PHC and how to access the facilities there was provided. They are also being encouraged to utilise Govt services.

U-5 malnutrition

ICDS centres were not functional during the pandemic. Nutritional supplements are being provided to over 500 children and ensuring the supply from ICDS centres reaches them. 150 severely malnourished children are provided additional ready-to-eat nutritional supplements. They were brought to the hospital for medical evaluation and tests to rule out other medical issues. They have been followed up for further consultation like cardiac, TB work up, etc and interventions provided as needed.

MH programme

342 mental health patients were assessed at the village level by a team of doctors, psychologists and health animators. We have a psychiatrist visiting us every month at least for 3-4 days who does consultations at the village and the area centre.

Differently abled centre & Vocational training

New-born hearing screening continued, and village level screening has started for a couple of months now. Specialist consultation of ENT and Neurologist restarted from Feb 2022.

- 275 new-born hearing screenings were done at the hospital and 40 at the village
- 160 patients underwent physiotherapy
- 12 patients were seen by the ENT and 5 by neurologists.

Vocational training was not functional during the pandemic and was restarted a month ago.

AVNI-BAHMNI software integration

The integration helps to fill the gaps in service delivery through seamless and quick dissemination of patient data by clinicians in the hospital as well as by the community health workers which will help in integration of data between the hospital system (Bahmni) and the community health system (Avni). This will provide a holistic picture of each patient and a better continuum of care for patients. Since most of the tribal community members here use the hospital - this complete record will create an important database that can be used for prompt follow-ups and early, accurate diagnosis and improved delivery of healthcare to the Adivasi communities. This has been possible with the help of **Thought works Technologies (India) Pvt Limited and software partner Samanvay Foundation.**

Research

We have an ongoing ICMR project entitled 'ICMR national task force project on improving the capacity of the health system and community for screening and management of selected non-communicable diseases among scheduled tribes: An implementation research. Through this project, we have tried to improve the awareness of diabetes and hypertension in our community and emphasise the need for early detection, management, and appropriate nutrition. We are also in the process of getting more NCD patients from the community to utilise the facilities available at the local PHCs. This is a multicentric study.

A multicentric study ' Burden of Vaso-Occlusive pain crisis: A Cross-sectional observational study among patients with sickle cell disease in India', where the 50 sickle cell patients from the community were studied in detail is completed.

A sickle cell project funded by York University, entitled 'Minimally safe practice toolkit for Sickle cell disease' aimed at making two toolkits for resource-limited settings. A toolkit is for professionals dealing with Sickle cell patients and another is for families to take care of sickle cell patients in the family. Both the toolkits are ready and will soon be available for free download on the ASHWINI website.

Training Update

We had six master's in public health students and one pre-med student interned this year. Due to the pandemic, we had no students for the medical elective program.

Training programme particulars			
Courses	Year of enrolment	Tribal enrolment	Description
ANM course	2017 (1st batch)	18	Tribe admission out of 20 admissions each year
	2018(2nd batch)	17	
	2019(3rd batch)	16	
	2020 (4th batch)	13	
	2021 (5th batch)	13	
Higher studies	2014	1	Physiotherapy
	2017	4	1-Master's in hospital administration,1-Special education, 2-Diploma in Pharmacy
	2018anva	3	1-BSc nursing,2- General nursing
	2019	8	1 Master's in public health,2-General nursing, 4-Bsc nursing,1-Msc nursing
	2021	5	3-General nursing,2-Bsc nursing

ANM Second batch recruitments

Five students got a job at Vimal Jyothi Hospital, Coimbatore and were posted in the casualty, OT, and Surgical ward; **Two students** Anuradha and Mithila are working at Tribal Health Initiative, Sittilingi and Adhira working in a hospital at Calicut; **Two students** Karunya & Rasi are working at Deversholai Area center as part of our community programme. The remaining **ten students** were recruited as staff nurses at our hospital.

Paramedical students' recruitment after completion

Divya who finished her Master's in public health has joined our community health programme.

Anitha finished Msc nursing and **Manju** completed general nursing and midwifery; both have joined us as staff nurses. **Jithya** and **Karthika** finished the general nursing course with us for a 6month internship as part of their academic requirement.

Tribal empowerment

As a continuation of multiple discussions by Dr. Shylaja Devi both in groups and one on one with all the team members. Mr. Mustafa, and Mr. Harish from INNOBRIDGE consulting Pvt Ltd have been assigned to work with Ashwini members and staff in building community ownership for the future. The consultants have been working to put into place the recommendations on structure and systems and processes. They met our team individually and in groups to understand the present scenario and had a couple of sessions with them.

Funding

Poristes Stiftung continues to support all aspects of the training program, 3 students were supported for higher studies by TAGUE TEC. Government funding for the Sickle Cell programme continues under NHM. The previous "Bed Grant" reimbursements are still pending. As per the new Government order issued, henceforth we will receive reimbursement of Rs.3000/patient for tribal inpatient care.

We have also received funding from Azim Premji Philanthropic Initiative (APPI), The Anaha Trust, the JSK Foundation UK, TIHF USA, From Here to There UK, Vidyalay.org, USA, Nilgiri Adivasi Trust UK, Friends of Hope UK, Yahoo Employee Foundation India, Aikyam holdings Pvt limited, Vitae International, Parinaam foundation, VBVT, Ujjivan Financial Services Ltd, Association for India's Developments Alumni association, Indians for collective action, ISB Alumini Association, DASRA, GIVE foundation, Thought work Technologies (India) Pvt Limited, Many individual donors directly and through Milaap social ventures India and Benevity platforms. Dr. Jayendra Patel, a friend of Dr.Nandakumar Menon has once again made a large donation. Covid-related activities were funded by many. Also, many came forward to provide us with our equipment, medical consumables, and food packets in kind.

Our sincere thanks to all our well-wishers and supporters

Details of ASHWINI Board

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

Salary staff	Male	Female	Total
<7000	0	0	0
7001-10000	5	38	43
10001-25000	11	43	54
25001 – 35000	2	9	11
35001- 100000	4	3	7
Total no. of staff	22	93	115
Highest salary –Rs.100000 per month for specialist doctor Lowest salary – Rs.7000 per month for multipurpose worker			

Financial Statement for the year 2021-2022			
Receipts & Payments Account			
Receipts for the year ended on 31/03/2022		Payments for the year ended on 31/03/2022	
Opening Cash and Bank Balance	3497324	Hospital	
Self-Generated Fund Hospital Operations/Interest from Bank/Community Fund	12361435	Salaries	11498937
Donation from Indian Individuals	3894254	Medicines & consumables	6325235
Grants from/APPI /Indian Trusts	20577846	Operational Cost	14456487
Grants from Government	12357099	Laboratory	415594
Donation from International Individuals	18324363	Canteen	1837458
Grants from International agencies Poristes Stiftung/Hope/The Nilgiri Adivasi Trust/Give India/Harvard	21646914	Community Health Program	
Sale of Investments - FD matured	62496865	Salaries	5452320
Loans/Advances	24177282	Operational Cost	2296280
Other receipts	10442904	Training	
		Salaries	1849269
		Stipend/Food/Accommodation	3580942
		Operational Cost	1788452
		Other Program Expenses	6219694
		Capital Expenses	7965035
		Purchase of investments - FD	93181296
		Loans/Advances	28113467
		Early Intervention Centre	398841
		Research & Documentation	1884041
		Total Payments	187263349
		Closing cash and bank balance	2512938
Total Receipts	189776287	Total	189776287

Income & Expenditure Statement			
Income in Rs for the year ended on	31-03-2022	Expenditure for the year ended on	31-03-2022
Earned / Self generated income	12361435	Curative Care	8174328
Donations from Indian Sources	4921950	Hospital Operations	16726009
Grants from Indian Sources	31907249	Training	6142599
Donations from international Sources	18332948	Administration	2863845
Grants from International Sources	21638329	Personal Costs	9449891
Other Income	10442904	Community Health Program	10529633
Closing stock of Medicine	1710839	Support Services	1670789
		Research & Documentation	2018115
		Early Intervention Centre	398841
		Depreciation as per schedule	6082137
		Excess of income over expenditure	37259467
Total Income	101315654	Total Expenditure	101315654
Excess of Income over Expenditure	37259467	Transfer to Healthcare/Society Fund	36231941

Balance Sheet	
Assets as on	March 2022
Fixed Assets	155068614
Investments	75882800
Loans and advances	29669339
Closing stock Medicine	1710839
Other current assets	2613161
Cash and Bank balances	2512938
Total Assets	267457691
Liabilities as on	March 2022
Society funds	150376923
General fund (unrestricted fund)	6922581
Corpus fund	16323613
Restricted / Earmarked funds	20184280
Current Liabilities and provisions	73650294
Total Liabilities	267457691

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.

Donation web page : <https://ashwini.org/donate/>

*Thank
You*