

ASHWINI

Annual Report 2024-2025



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.”

ASHWINI was registered as a Charitable Society in 1990.



Highlights of the Year

Welcoming new staff

Over the past year, we welcomed several talented professionals to our team. Dr. Royson (Colorectal Surgery), Dr. Evelina (Gynecology), Dr. Patrick (Plastic Surgery), and Dr. Anju (Anesthesiology) joined our medical team, while Dr. Aiswarya (Periodontics) strengthened the dental department. Ganesh, a BNYS public health professional, joined as Community Health Coordinator, and Shamna, a public health graduate, as Research Fellow in the Life Skills Initiative. Their passion and expertise add great value to our organization.

Gudalur Adivasi Hospital (GAH)

The Gudalur Adivasi Hospital (GAH), a 50-bed NABH-accredited facility, serves as an instrument for social transformation, empowering the tribal community to manage and deliver quality healthcare services. With 70% of staff and most leadership roles held by members of the Adivasi community, GAH stands as a model of community-led healthcare.

Over the past year, GAH sustained steady inpatient and outpatient services, strengthened focus on maternal and chronic care, and expanded outreach through health camps and visiting specialists. We remain deeply grateful to our volunteer doctors, whose expertise and commitment continue to enhance patient care and community well-being.

Hospital Statistics 2025

- **15546** tribal and **14035** nontribal patients attended outpatient clinics
- **764** patients were treated in the dental department
- **1449** tribal and **336** nontribal patients were treated as inpatients
- **136** deliveries were conducted and **246** surgeries were performed at GAH
- **1630** X-rays, **2262** Ultrasounds, and **182** Endoscopies were done
- **185** new-born hearing screenings were done
- **652** patients underwent physiotherapy
- **300** patients were referred to higher centers
- **989** underwent health education under HIV intervention
- HIV Positive clients identified-**NIL**
- In partnership with Sankara Eye Hospital, four eye camps in FY 2024–25 enabled **155** cataract surgeries.

Community Health Programme

Mother and Child Program:

Maternal and child health remains central to ASHWINI's mission. Now in its second year and supported by the **Rom Reddy Family Foundation** and **SATTVA**, the initiative addresses maternal and child undernutrition through sustained community-based interventions. Additional support from the **Hilton Foundation** helped close critical gaps in food and nutritional care for mothers and children during hospitalization, ensuring continuity of care.

The Antenatal Care (ANC) team comprising a senior obstetric nurse, health animators, and nursing trainees, conducted 95 mobile ANC visits across 162 villages, reaching pregnant and nursing mothers weekly in 8 areas. These visits operated independently of government services and also supported enrollment in the Muthulakshmi Reddy Maternity Benefit Scheme([URL](#)), along with the distribution of nutrition kits and additional support where needed.

By year-end, consistent nutrition interventions led to notable reductions in iron deficiency (10%) and low BMI (20%) among participants engaged for three or more months. Nutritional status among children under five also improved significantly (45%), returning to pre-COVID levels. The Infant Mortality Rate dropped to an all-time low of 9 per 1,000 live births, with most deaths linked to preterm birth, low birth weight, or congenital anomalies. Notably, there were no maternal deaths in 2024–25.

Mother and Child Program Statistics

- Total deliveries - **345**
- Institutional deliveries - **337 (97.7%)**
- Maternal mortality - **NIL**
- Infant Mortality (Rate) - **3 (8.7%)**
- ICDS enrolment rate - **77.5%**
- No. of children whose growth was monitored - **1432**
- Normal weight - **769 (53.7%)**
- Moderate malnutrition - **463 (32.3%)**
- Severe malnutrition - **200 (14%)**



Community Mental Health, Suicide Prevention

Supported by the **Azim Premji Foundation**, the program is collaborating with the Centre for Mental Health Law and Policy (CMHLP) to culturally adapt the Atmiyata intervention for the Gudalur context as a 3year initiative. A team of four social workers (Suresh, Renuka, Sumayya, and Catherine) are completing needs assessments with community stakeholders to co-design the intervention, supported by psychologist Veena. Clinical care continues with the support of Dr. Vivek, visiting psychiatrist, who consults thrice a month. The team has undergone advanced training in suicide prevention from SNEHA and NIMHANS, and has also completed a certificate course in Public Mental Health from BALM. Dr. Ajith has been awarded a Clinical Research and Teaching Fellowship jointly offered by the India Alliance and the Institute of Public Health, Bangalore.



Community Mental Health, Suicide Prevention Statistics 2025

- Number of Persons with mental illnesses under follow-up and/or medication - **485**
- Number of Persons enrolled into the program in 2024-25 - **89**
- Number of patients with severe mental disorders - **203**
- Number of patients with common mental disorders - **232**
- Deaths due to suicide - **14**
- Attempted suicide - **9**
- Total Deaths - **211**
- Re-attempts - **NIL**



Point of Care Program



A pioneering Point-of-Care (POC) initiative was launched to detect severe illnesses and complications early, using trained nursing staff from the Adivasi community and bridging accessibility gaps in remote villages. Supported by a CSR grant from the **Microland Foundation**, the pilot introduced tools like ECG machines, card tests, and technical inputs from Bangalore Baptist Hospital.

Two nurse technicians from the Adivasi community were trained to operate the system, with data captured via the AVNI app at the village level. After seven months, encouraging results have emerged, paving the way for a scaled-up plan in 2025–26 that will include lossless diagnosis, cancer screening, community-based strategies, and timely referrals.

- No. of Villages Covered - **107**
- No. of Villages mapped for network capabilities - **10**
- No. of Village Screening Camps done - **51**
- No. of persons screened - **744**
- No. of POC tests done - **383**
- No. of persons detected with Pre-morbid Conditions - **154**
- No. of Early identification of near misses Emergencies (Hypertensive, Diabetic and febrile etc) - **18**

Health Outreach and Disease Screening

Every Sunday, a multi-disciplinary team including a medical officer, nurses, nursing trainees, social workers, health animators, and health volunteers visit a less-frequented village to conduct comprehensive health screenings. These visits address not only medical but also social and economic determinants of health, ensuring appropriate follow-up from relevant teams. Chronic conditions like hypertension, diabetes, infections like tuberculosis, and social issues such as school dropouts were commonly identified during these visits. In FY 2024–25, the team screened 1,172 individuals across 82 villages, detecting 130 new cases of high blood pressure, 27 cases of high blood sugar, and 23 stroke cases. We thank **JSK foundation**, UK for their continued support for the community outreach work.

- NCD patients on follow-up and given medication (excluding mental illnesses and Sickle Cell Disease)- **973**
- Total number of people living with stroke - **96**
- Number of Sickle Cell Disease patients under treatment & follow-up - **141**
- Number of new people detected with Sickle Cell Disease - **2**
- Number of people diagnosed with TB and on treatment - **47**
- No. of sputum-positive TB cases - **11**
- Number of people living with Epilepsy on follow-up - **50**

Community Stroke Care Program



As part of the first year of the multi-centre Community Stroke Care and Prevention Program, anchored by CMC Vellore, our team Kasthuri (physiotherapist), Manju (stroke care nurse), and Priya (speech therapist and disability lead) have been actively following up with 96 people living with stroke (PLWS) at both hospital and community levels. Over 50% have received at least 1 home visit, with 4–8 community visits conducted each month alongside health animators. Clinical care is supported by Dr. Mrudula and other resident doctors. A stroke registry is being maintained to track recovery over time. The team also joins monthly national review meetings to share insights across partner hospitals.

Additionally, Dr. Sivakumar, a bioengineering expert from CMC, visited to pilot a robotic physiotherapy unit, with further fieldwork conducted by 2 bioengineers to explore how technology can be adapted to local rehabilitation needs.

Research update

The ICMR-funded research project titled “Feasibility of Locally Adapted, Community-Delivered Life Skills Training in Indigenous Adolescents” commenced on a promising note. Using NIMHANS-developed modules, the first phase focused on training seven community facilitators to deliver life skills education to adolescents aged 12–16. Led by psychologist S. Pradheepa and Shamna K, a public health professional, the intensive 6-month program included weekly sessions and equipped facilitators to initiate sessions in local government schools.

Training Updates

Auxiliary Nursing School & Scholarship for Higher studies

The 6th batch, comprising 19 students, successfully completed their 2nd-year examinations in October 2024. Following this, all students undertook a three-month internship at Gudalur Adivasi Hospital. Of these 19 students, 14 have secured employment at KG Hospital in Coimbatore, 4 are currently working at Gudalur Adivasi Hospital, and 1 joined local hospitals in Gudalur. Additionally, Chithra and Nithya have joined the General Nursing and Midwifery program in Kotagiri as of October 2024, further strengthening our efforts to empower future healthcare leaders. **Poristes Stiftung** continues to strongly support our training program, and several students pursuing higher education have received partial assistance from **Tague Tec**.



Internships and In-house training

In FY 25, 9 interns from public health institutions such as TISS (Tata Institute of Social Sciences), Azim Premji University (Bhopal), Rajagiri College of Social Work, and AIIMS Rishikesh joined ASHWINI. They contributed to programs on nutrition, mental health, suicide prevention, and sickle cell care. 9 students joined under the Rural Development Program, while 3 travel fellow doctors Ashitha, Aiswarya, and Keerthana worked on fever surveillance, stroke care, and disability rehabilitation.

Hospital-based training and workshops led by volunteers from the Plenti Project and others strengthened staff skills, aligning teams with our vision and improving daily operations.

The 2024 Rural Sensitisation Program (7th– 9th June) brought together 30 participants from South India for engaging sessions and field visits led by in-house mentors and experts from Sittilingi and Doctornet India, exploring community health and livelihoods in The Nilgiris.



Additional Funding Sources

Government funding for the Sickle Cell programme under NHM-TN and Government reimbursement of Rs.3000/patient for tribal inpatient care continues. We have also received funding from ANAHA Trust, Toshniwal Trust, Artma foundation, IMPAL, Indians for Collective Action USA Vidyalaya.org foundation USA, the Tribal India Health foundation USA, Friends of Hope- UK, University of Pittsburg and many individual donations directly and through Benevity platforms.

Board member details

NAME	POSITION	NO. OF MEETINGS ATTENDED	REMUNERATION
M.KETHAN	PRESIDENT	3	NIL
K.T.SUBRAMANIAN	SECRETARY	3	NIL
KATHIRAVAN	TREASURER	3	NIL

Staffing

SALARY STAFF	MALE	FEMALE	TOTAL
<5000	0	0	0
5000-10000	2	12	14
10000-25000	14	60	74
>25000	6	24	30
TOTAL NO. OF STAFF	22	96	118

HIGHEST SALARY RS.120000 PER MONTH FOR SPECIALIST DOCTOR
 LOWEST SALARY RS.9000 PER MONTH FOR MULTIPURPOSE WORKER

Financial Statement for the year 2024 - 2025			
Receipts & Payments Account			
Receipts for the year ended on 31/03/2025		Payments for the year ended on 31/03/2025	
Opening Cash and Bank Balance	4149921	Hospital	
Self Generated Fund from Hospital Operations/Interest from Bank/Community Fund	29168135	Salaries	16052624
Donation from Indian Individuals	1167590	Medicines & consumables	4594675
Grants from/APPI /Indian Trusts/CSR	10365355	Operational Cost	5273114
Grants from Government	5100469	Laboratory	1000338
Donation from International Individuals	18121624	Canteen	1525796
Grants from International agencies Poristes Stiftung/FOH/Others	21477915	Community Health Program	
Sale of Investments - FD matured	66198003	Salaries	79,21,334.00
Loans/Advances	23415221	Operational Cost	35,15,525.00
Sale of Assets	0	Training	
		Salaries	8358197
		Stipend/Food/Accommodation	1362768
		Operational Cost	2797095
		Other Program Expenses	10395000
		Capital Expenses	5704894
		Purchase of investments - FD	62518903
		Loans/Advances	17549943
		Early Intervention Centre	116526
		Research & Documentation	3010990
		Total Payments	151697723
		Closing cash and bank balance	27466511
Total Receipts	179164233.75	Total	179164233.75

Income & Expenditure Statement			
Income in Rs for the year ended on	31-03-2025	Expenditure for the year ended on	31-03-2025
Earned / Self generated income	18773135	Curative Care	1066042
Donations from Indian Sources	1167590	Hospital Operations	8044044
Grants from Indian Sources	10365355	Training	3370150
Donations from international Sources	18121624	Administration	1838960
Grants from International Sources	21477915	Personal Costs	32122155
Other Income	5100469	Community Health Program	3970295
		Support Services	1525796
		Research & Documentation	3010990
		Early Intervention Centre	116526
		Depreciation as per schedule	5412787
		Excess of Income over expenses	14528344
Total Income	75006089	Total Expenditure	75006089

Balance Sheet	
Assets as on	March 2025
Fixed Assets	96450390.78
Investments	62518903.47
Loans and advances	25505313.26
Closing stock Medicine	2042232.27
Other current assets	192019.22
Cash and Bank balances	27466511.00
Total Assets	214175370.00
Liabilities as on	March 2025
Society funds	150985380.00
General fund (unrestricted fund)	10180850.99
Corpus fund	16595408.53
Restricted / Earmarked funds	22533067.27
Current Liabilities and provisions	13880663.21
Total Liabilities	214175370.00



*Thank
You*

Contact Us



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www.ashwini.org

Support ASHWINI's Healthcare Mission

Your generous support enables ASHWINI to continue delivering essential healthcare services and empowering tribal communities. Every contribution no matter the size, creates a meaningful impact.

Visit our donation page [here](#) to make a difference today.