

Secretary's Report

Last year's newly constituted Executive Committee, through regular meetings and other inputs, has ensured that the work carried on smoothly. Thanks goes really to the Director, assistant directors and the team. I would like to thank also CBO leaders, volunteers our General Body of members, partners, well wishers and Government Departments with which we work.

Expenditure in 2015/16 was Rs.17264896.85 against the projected budget of 1.9 Crore because of the underspends in the administration expenditures. This year's projected budget has risen to 2.142 Crore, this is due to a new project sanctioned by Kindernothilfe, a bigger request to VST and the small project among mental illness patients.

At the time of writing the total budget is all committed by donors and our thanks goes to them.

The Village Service Trust remains our biggest donor contributing 30%, this flexible and in a way discretionary funding, allow us to set our own priorities. The second largest donor remains PACF for HIV positive children in 8 districts. Kindernothilfe comes third, they have increased their funding which is for a new child focused development project in the Palani Hills – these are the most disadvantaged people and children we know. Our own general fund is the 4th largest source of funds which funds 13% of our work. There is considerable funding from Government for sex workers economic development, disability and TB. Other smaller, but valued, donors are the Miriam Dean Fund, NABARD, Damien Foundation and other Government funding.

Unfortunately our applications to KNH to continue the existing children's programme, Global Fund for Women and Elton John Aids Foundation were not successful. These gaps are in part filled by additional funding from VST. External funding for the Ward and for support to HIV infected children in 8 Districts are high priorities. We find that as little as Rs 2000 can turn around the life of a sick HIV infected child.

We have been lucky to appoint three excellent senior staff to fill posts in sex worker and new children's programme. The work continues to be organised under three areas – children, health and women's / community development.

COMMUNITY DEVELOPMENT

District Women Development Programme

With the support of VST, Arogya Agam continues to assist women's federations at local and district levels, directly and through partner NGOs. We support local federation staff and advisers and one senior Arogya Agam staff has been deputized to assist district level coordination.

The five VST funded federations are encouraged to deliver specific outputs for federation empowerment, domestic violence and other activities as the condition for support. 46 second line leaders were trained and given specific responsibilities. An advisory group comprised of the NGO leaders meets quarterly with the federation leaders to assist with planning and streamlining the programmes.

District authorities supported some of the district federation programmes and training sessions. These included girl's and boy's education, girl children issues, domestic violence and micro-enterprise. They also give support in taking up the individual women and children issues. A domestic violence consultation was organized with a panel of Judges and advocates where 11 victims presented their stories and obtained guidance from the panel for further action.

The federations observed International Day of Families, International Day of Non-violence, International Rural Women's day and National girl Children's day and conducted awareness programmes on 'reducing violence in the home'. The federations took up a sexual abuse case in Thiruppur and contributed Rs. 50, 000 for the flood affected villagers in Cuddalore District. The federation has organized a "State level Consultation Meeting on Status of Child Marriages in Tamil Nadu".

Such is the media interest in the district federation that reporters come to the district office to ask if there is any news to report. Most of the campaigns at district and state level attracted media attention. Foremost among these were the signature campaign against child sexual abuse, advocacy with the district officials for the effective functioning of the Child Welfare Committee, the child marriage consultation at Chennai and the campaign for prohibition of liquor.

The federations take up cases of domestic violence directly or through violence against women committees. A total of 149 cases were recorded of which 55 were reported to the police and 10 to the District Protection Officer. Only one FIR was filed which is a change from earlier methodology. Among 44 proposed child marriages which came to notice - 40 marriages were stopped directly or with the help of the authorities.

A study was conducted among domestic violence victims by an outside researcher. This revealed that the committees are only involved in some villages and many cases are taken up by federation leaders and federation staff. Further analysis will be published later.

A focus on micro enterprise development remains. This year there has been a drive for better maintenance of dairy cattle through improved feeding practices such as azola (water fern) cultivation. The extension wing of Tamil Nadu University has helped with this. Across the federations, 2799 of the really active MEDPs are closely monitored by the district level group. Although some women have taken up innovative MEDPs, often they are based on existing skills and may not be suitable for replication. There is a difficulty in identifying potential entrepreneurs and the staff are occupied with loan disbursement and repayments and seldom find time for anything else.

Women's development and Federations

VST supports Arogya Agam to facilitate women's federation activities at the local Aundipatty level. This predominantly Dalit women's federation is largely self supporting through the activities of a registered mutual benefit trust. We provide two staff, technical support, capacity building; and help with staff supervision and social auditing. Importantly, Arogya Agam links with government credit providers and the service fee supports federation staff.

Independent federation functioning is a major goal. The federation has amended its vision, mission, aim and administrative policies after consultation with the membership. 36 well motivated SHG leaders were trained and 25 were selected as cluster level leaders. The external audit was completed for both the federation and for 195 SHGs.

Domestic violence remains a major concern. 34 violence against women (VAW) Committees function with 330 members, 132 are men. 64 domestic violence issues were taken up, 41 were dealt with by the violence committee or federation members, 23 through legal aid and counseling and 6 issues were referred to courts or police. TSPI has formed a free legal aid and counselling center for handling women and children issues. A legal consultant visits twice a month and provides legal opinion on cases. 21 cases are under follow-up.

For the past three years more attention has been given to child rights. 10 risk villages for early marriage were identified and followed up. Adolescent's children data have been collected in 64 villages by VAW committee, 1868 children were covered (872 girls and 996 boys) and monitored to ensure they stay in school or are not married below the legal age. Some VAW committees took up child related activities - 1 sexual abuse, one child trafficking, 2 eve teasing – 2 cases are in court. 6 child marriages were stopped. Data collected from 27 villages found 67 child laborers. 13 in Cotton mills and 11 in snacks making industries, 7 in Brick kilns and the others mostly in shops in the District.

41 are girls and 26 are boys. 4 children were prevented from going to other Districts as labourers and re-admitted in schools.

Through a government owned credit provider, Rs.32.2 million rupees was loaned to 1297 members of 96 groups. The federation used its own funds to loan a further Rs.50.27 lakhs to 210 members of 52 groups. The larger proportion of the credit was used for new micro-enterprise or toup scale an existing one. TSPPT has initiated skill development programme for youth, in collaboration with a central Government scheme implemented by a resource organization. 55 youth have undergone training on two self employment skills. From the programme, TSPPT has received Rs. 104500 as service charges.

By accessing government benefits 245 newly received old age pension, marriage assistance, disability allowance or free rice allowance. 141 obtained certificates to access benefit.

2017 members from 193 women groups were introduced to insurance plan and paid 3.22 Lakhs. Under this scheme 6 families have benefited 3 lakhs as death claim insurance and 130 children have received Rs. 1200 each as educational scholarship.

There has been good progress in maintaining WSHGs from the most marginalised Arunthathiyar community, 21 were newly started and none dissolved.

TSPI receipts are slightly down on last year and slightly below target. The funds were used to support 10 staff, capacity building, advocacy and legal.

Work with Thirunangaigal

SARA (Social Action and Rehabilitation Association) has been working among Transgender and MSM people since 2002 for their rights and life development. After Tamil Nadu AIDS Initiative (TAI) started support Arogya Agam reduced its involvement in the day to day activities. But SARA has not developed as expected and resulted in low performance of TAI as well. So some work with the TG community was a felt need for quite few years to address the issues of the community people. Arogya Agam was asked to help with re-structuring which was done with the help of outside experts from the community. Since external funding remains, it was decided that Arogya Agam would provide support to fill an important but sensitive gap. Transgender behaviour may be tolerated up to the age of 14, after this many run off and are very vulnerable.

Arogya Agam and SARA and appointed a field worker to interact with adolescent TGs. So far only 18 have been identified in the age group of 15-20. Since these young people were living with their parents it was difficult to approach them with the permission of their families. Even though the staff

has good contact with the community it is difficult to identify young TGs and MSMs as they are not ready to reveal their identity in the public.

Counselling

Field level counselling was provided for all 18 individually. Inputs were given on sexual and gender orientation, safer sex and vulnerability. The majority had misconceptions about HIV- AIDS. Eight of them attended Arogya Agam for more professional counselling. Those on night shift will not come for counselling. In addition, 20 adults TG and MSM's, who were already enrolled in the systems were also counselled.

Parent's counselling is essential but very difficult indeed. The parental acceptance is very low and they invariably do not encourage anybody coming in search their TG/MSM child. It is easy to counsel the mother if she is a single parent. Parents do not understand or accept sexual and gender orientation or why their boy is behaving as he does. Many think it is willful behaviour which can somehow be changed rather than accepted.

Other collaboration between SARA and Arogya Agam

We provided counseling to 20 TG / MSM HIV positive people. Rather shockingly it came out that only 2 people were using condom and other 18 were not using but were involved in sex regularly. It was also found that they avoid regular medical checkups

SARA also support the targeted intervention among sex workers and the SSRM project. It is hoped that more joint ventures will increase their involvement.

Work with Arunthathiyars

A nine member advisory group has representation from five of the seven Taluks in the District, they are supported by 16 volunteers. Two are women's federation leaders and another two are Arogya Agam staff. 28 Village Development Committees document basic village needs and collected data on 4320 families. Volunteers gave evening tuition, obtained increased facilities in 17 villages and 141 were assisted to obtain government benefits. Arogya Agam has linked up with AKAM foundation who helped 17 children to join professional courses in higher education. The women's federation formed 18 new WSHGs and maintain 42 others. Credit has been mobilized and other federations are urged to prioritise Arunthathiyar WSHGs.

A mill working girl who suffered sexual violence by her employer was taken up in the State level but the case was later compromised by the family because of pressure. In another instance a women was abused by her husband because she was blamed for HIV infection, he is now supporting the family.

Linkages have been made with five Arunthathiyar programmes outside the district. A team visited the Tamil Nadu Sanitary Workers Society in Ramanathapuram District and subsequently a sanitary workers forum was formed in Aundipatti Block with 90 members.

There is difficulty in getting support from village people due to their bad experience with NGOs and movements which fail to deliver benefit. Most of the Village Development Committees are dependent on the volunteers and women's representation is insufficient.

Theni Children's Programme

This project is largely funded by KNH but support ended in March 2016. The Theni work will continue with funds from VST and other sources. An external evaluation was very positive and stated:

“The children's groups and federation of the Arunthathiyar children have been successful in substantially reducing school drop outs and stopping child marriages. Increased awareness for education is evident in the number of Arunthathiyar children taking up higher studies. The project has reduced mortality rate among children with HIV”

This year 3922 children benefitted in some way, this included 482 tribal and HIV affected children who received additional educational support. The project worked through 36 children groups in 53 villages who have now formed their own federation. 19 out of 22 drop out children re-joined in schools and the other three joined in technical courses together with a further 20 long dropout children. 19 children were assisted to join higher education and 42 obtained educational scholarships.

Nearly all the children passed the 10th or 12 grade exams and 71 children joined in some sort of further education. 3 early marriages were prevented.

Four HIV infected children who are taking second line ART were admitted at AA, despite our best efforts two died. Issues of adolescent HIV children have been a major problem. Most of the poorly functioning children groups are in villages where there is no support from the WSHGs.

Major Results over 5 years abstracted from 5 year report:

School results were impressive. Children writing 10th exam increased from 45% to above 90%. Tribal children have started to study 10th class and beyond. Arunthathiyar children joining 11th and 12th class increased from 16 in 2010 to 326 in 2015. Most pass on go on to higher education. In 2011, 38 school aged children were in bonded labour (mostly girls in mills), this has been reduced to nine. Before 2010, the majority of girls married below 18 years of age. In 2011 six married, in 2012 three married, in 2013 and 2014 two married and in the final year of the project in 2015 no underage girls married at all. Discussions with children show that discrimination against Arunthathiyars in schools has almost stopped and there is an improvement in the villages, but gross discrimination still remains in a few.

It was predicted that 150 new HIV infections in children would be found over 5 years, but there were only 38 due to a big reduction in mother to child transmission. This was brought about by improved government services supported by Arogya Agam and women's groups. It was hoped to reduce death rate by 50%, but a happily a 65% reduction was achieved. Most of the deaths are related to resistance to first line antiretroviral drugs.

Work with Palliar Adivasis

The Palliar Tribal children project aims to sustainably improve education, livelihood, health and self-esteem for Palliar tribal children. This year the number of villages in Dindigul District has been increased from 11 to 15, this is to be increased to 25 next year. Work has also started in 12 villages in Theni district. The work is supported by Kindernoethilfe, Village Service Trust and Miriam Dean fund.

The methodology is "child focused community development". This aims to bring about improved housing, electricity and water supply, other infrastructure, livelihood;social protection from increased access to benefit; mother and child health through regular visits from village nurse and referral.

Education is a major focus. 189/228 children are studying, or at least registered in the primary school. For secondary education and above, 125 out of 158 are going to school. Even though advances have been made, the results may be optimistic since 58 are very irregular in school. A very exact baseline survey of all 25 villages is under way.

Parents meetings have increased motivation to send their children to school. Some children have returned to school and some went newly to special schools and hostels. In the plains area children's groups have been vital for success. Despite efforts, only 4 children groups are properly functioning for children aged above 12. One problem is that many of the older children are in hostels and so cannot facilitate the children's groups. As usual with working with the very most marginalised communities there are constraints. Tribal children find it hard to manage the common curriculum, there are transport problems and children are sent to work or have to look after younger siblings.

The project forms and works with village development committees and women's self help groups. These approach government departments and monitor the children and volunteers. There has been some achievement in improved and new housing, village roads and other infrastructure, drinking water supply and documentation. Progress is slow with health facilities.

HEALTH

Medical Programme

Most of the health work activities take place in Aundipatty, some other NGOs and CBO assist with leprosy disability prevention and following up the HIV infected children.

Leprosy

The rapport with Government leprosy office was not smooth in the previous years. This has been turned around completely with joint activities planned with the district leprosy team. The State monitoring team has visited the District and visited, Arogya Agam should be selected as the “Leprosy NGO” in the district. Leprosy training to volunteers and a Prevention of Disability campaign were conducted with the support of the District Leprosy Office. During the campaign they provided special foot wear and other essential materials to the needy patients.

20 new cases were detected by Arogya Agam and a further 15 cases by the PHC. We provide skin smear laboratory services and follow up all the cases to ensure drug adherence and to detect early neuritis which can cause disability if not treated. Of the 20 cases, 13 were pauci bacillary and 7 was multi bacillary (the more serious type). Arogya Agam has provided 17 pairs of footwear from local donations.

Patients are encouraged to keep hands and feet free of cracks and fissures by soaking, scraping dead skin and applying oil. Those with ulcers are encouraged to do simple dressing themselves and to avoid walking if the ulcer is on the foot. Those with complicated ulcers (infection, infected with bone involvement) are referred to Arogya Agam. In addition, and in line with our policy, 115 cases were referred to and treated at PHCs or government hospitals. Some PHCs will not do dressings for patients with ulcers but supply the materials.

Of the 172 followed up by AA directly, 115 practice self care regularly and 108 regularly use suitable footwear. This has resulted in fewer ulcers. Out of 172 with deformity, 103 are now receiving government pensions. So far we have given 19 beneficiaries livelihood support.

PLHIV Follow-up

37 adult patients received special follow-up by volunteers in addition to the follow up done by TDNP+ (the positive people’s association also receiving funding from VST). Health staff and WDP staff and volunteers also take up follow up activities. Volunteers of the PPTCT programme also part funded by VST lend a hand. We developed the AA / TDNP+ joint monitoring system strengthening care and support to PLHV. Now we are working on a system whereby TDNP+ will take responsibility to follow up HIV infected children and cover the whole district.

Tuberculosis

Most of the NGO “designated Microscopy Centres are no longer government funded. AA is one of only two such DMCs in the district.

TB work is taken up in 30 Panchayats where we have worked consistently for the past 15 years and more. Most of the work is done by staff but volunteers assist in their own, or nearby villages. In addition there are the all important DOTS volunteers and PHC staff with whom we work.

210 TB cases were identified against the target 200 per year by Arogya Agam and the PHCs in the working area. Of these there were 148 sputum positive and 62 pulmonary sputum negative & extra-pulmonary cases. All the cases were all started on anti TB drug treatment either at AA or at the PHC. In addition those detected last year and still on treatment were followed up, 55 were admitted in the ward, many of whom are co-infected by HIV.

The laboratory found 83 sputum positive patients out of 893 TB suspected cases which is the norm (10%). This included 13 HIV co-infected patients (15.6%) This high ratio is partly due to the fact that we test all HIV patients who can provide sputum, whether or not they have a cough. Out of 193 TB patients referred for HIV testing, 24 were HIV positive (12.4%) This may be a better indicator of co-infection in the community. Co-infected patients are more at risk and it is right to say that TB and HIV are “a deadly combination”

7 multi drug resistant TB cases, which include one XDR TB has been followed up. The drugs are sent specifically for each patient. Among them 1 MDR TB case is provided DOTS by Arogya Agam and others six DOTS are provided by the PHCs

TB Outcome (April 2014 – March 2015)

Total TB cases	Cured	Completed	Died	Failure	Default	Migration	Transferred out
255	137	77	23	5	9	3	1

The ward at Arogya Agam

Arogya Agam has been running a ward and out patients service since inception in 1982. Originally leprosy complications and treating skin conditions made up the bulk of the work. Later TB patients were admitted and now HIV patients are the majority of admissions. The out patients department treats many HIV Patients but also those with cough (all get tested for TB) and people with skin conditions. The government funding for HIV admissions stopped in 2014 and since then we have managed with grants from International Club of the Riviera, Damien Foundation, VST, funds from district tuberculosis centre and our own general fund.

With withdrawal of government funding the patients were supposed to use the government hospitals and increasingly do so. We work closely with the government and other hospitals and rarely keep very sick patients. Many of the patients are single parents and just need some respite, nutrition or psycho social support.

Outpatient services

1697 individual PLHIV (on ART 1610, not on ART 87) visited our out patients services for opportunistic infections and other complaints. 76 of these were first time visitors.

In patient services

437 PLHIV, 155 leprosy deformity patients and 55 TB patients were admitted in the ward mostly for OI infections, ART initiation, TB treatment, ulcer care for leprosy, referrals for specialist opinion. Some were admitted for psychosocial support and counseling. The 437 patients were admitted on average for 5 days each (2664 bed days). The patients included 33 TB/HIV co-infected cases and 35 children. 18 PLHIV were given palliative care given during the terminal stage. Family members and their children were counseled and mentally prepared to accept the patient's condition and to understand the critical situation. The aim was also to prepare them to manage their family in future in the event of the patient's death.

Referral services

16 Emergency cases were referred to Theni Medical College hospital to casualty department for emergency care or intensive treatment. 8 new PLHIV were admitted to initiate ART in close cooperation with the ART centre.

During admission 82 PLHIV were referred to Theni Medical College and PHC to obtain specialist opinion for severe OI, heart and respiratory problem, neurologist opinion (severe headache), hemiplegic and constant abdominal pain, hypertension, diabetes mellitus, CD4 test and pre-ART evaluation (X – ray, Scan and Drug Allergy), sputum test for MDR, anti -TB treatment and other specialist opinion. Many patients collected medicines from the hospital thus reducing our costs.

Targeted Intervention Programme

Arogya Agam was the first to work with sex workers in the District from the year 1994. Since 2004 the work was intensified with the Bill and Melinda Gates Foundation funded 'TAI' project. It was transferred to TANSACS in April 2012. The main activities are condom promotion and regular health check – up.

The project covers all the 8 blocks in the District. It focuses on prevention of HIV among female sex workers and others including transgendered women (born as male but identifying as a female), koties (feminised men sharing some similarity with transgendered women), and other men. The common

factor is that they sell sex. Against a target of 1000 female sex workers 962 are covered and 201 out of the 200 targeted non heterosexual relationships. The project performance was graded to be 'very good' by TANSACS for the reporting period.

The project works through 20 "peer educators" who distribute condoms and ensure regular medical check-up, which includes HIV and STI testing and syndrome management. The project works in close collaboration with the transgender and sex workers CBO in the District. Special counselling and care is given to those sex workers known to be infected by HIV, new infections have become rare.

In the reporting period, 44 FSWs and 41 others were newly enrolled into the programme. 798 HIV screening tests were done among the FSWs and 141 among the others, there was only one new infection. A total of 3,20,496 condoms and 6,600 jelly were distributed among these high risk groups in this period.

Role Model Safe Sex Promoter Programme

Arogya Agam has been working in non hetero sexual partner programme since November 2014. The intervention is promotion of appropriate perception of risk, condom and lubricant popularization and encouraging regular health check-up. The staff were oriented and visited SCOHD society in Cuddalore for exposure. There they got an outlook on approaches to educate STIs through safer sex practices, facilitating healthy sex behaviors, ways to find MSM clients.

MSM survey was conducted during intervention to know their sexual behaviors. Based on focus group discussion among young kothis (feminized men with a range of gender orientation) who are a useful sub group we identified other areas across the district in which to work. 3 volunteers are working and eventually 76 MSM peer educators were trained in 5 blocks. A study was conducted among 938 MSM peers through peer educators and volunteers.

Activities

- 2560 potential youth covered through 215 focus group discussion on HIV and AIDS input and safer sex practice in 5 Blocks.
- 76 potential volunteers identified and trained on SRRM peer educator for promoting safe sex practices among MSMs.
- 115 condom outlet created
- ICTC referral for HIV test and also symptomatic STI referral for treatment .
- Introducing jelly with condom usage among the partners.

Outputs:

76 Safe Sex Role Model were trained in 5 blocks. This should leave us with the targetted 60. 1150 peers have been against target 900 peers.

42 % peers are showing some sort of behavior change regarding condom use. We are less sure about another 32% and the remaining 28 never use condoms. 34 % underwent HIV test. 40 reporting STI symptom attended STI clinic and were treated

115 condom outlet created which have distributed 33605 condoms. Hair cutting saloons are major outlets. An additional 39075 condoms were distributed through SSRM role models – total 72680.

Study of sexual practices among peers was undertaken and the details are available.

Positive Women Networks – Counting Down to Zero

The project is called “Positive Women’s Networks Counting down to Zero” This refers to zero mother to child infection and zero children not adequately followed up. This work could also be classified as women’s development or health but appears here since the primary focus is on children. The project is supported by Positive Children Action Fund and VST.

We support groups of HIV Positive women in eight Districts. These groups engage volunteers to follow up HIV positive children and accompany HIV positive pregnant women to the government services. This reduces mother and child transmission from 30% to less than 2%. We give small cash grants of Rs. 500 per month for three months to families with HIV positive children who are not being properly followed up or who are sick. This is a truly life saving intervention and it can cost as little as Rs. 2000 (£20) to save a young life. 710 children were supported in this way over the past year.

206 positive pregnant women were identified and followed up, all were started on antiretroviral drugs. So far there were 154 deliveries with 148 live births and early test results are very encouraging. Now that all the mothers are on lifelong drug regimen breast feeding has increased from 10% to 90%. 30-50% of deliveries are conducted in private centres which are reluctant to deliver HIV positive mothers. We have identified 50 larger institutions who claim to be willing, so far five have done so and another seven refer HIV positive mothers to the networks for follow – up. It is an uphill task.

The networks trained 451 positive adolescent children on life skill related topics including love, marriage and sex related misconceptions. The aim is to make an impact on the psychological well being of these children and hopefully, an increase tablet taking and reduced early marriage.

ADMINISTRATION

General Fund Programme 2015-2016

General funds are derived from small grants and donations, bank interest and contributions. The total reserves, including the corpus fund, have been built up to over one crore rupees. These are united funds and Arogya Agam can use them flexibly. This budget is approved by the Board on the recommendation of the Finance Committee. From 2015-16 this fund will form an integrated programme sponsored by VST and a few small donors. It is appropriate that this fund covers administration since donors are reluctant to fund these costs. The expenditure was on core salaries (Rs.4.82 La.), maintenance and general administration (Rs.4.53 La.), Ward programme (Rs.7.52 La.), Children programme (Rs. 0.41 La), Building maintenance (Rs.1.57 La.), Farm maintenance and programme (Rs.0.57 La)

General Administration

This small unit has supported all programmes in reporting, communication, maintenance and vehicle facilities. Compliance with statutory requirements is an essential activity and the requirements of the Income Tax Department, Home Ministry and Society Registrar get more complicated every year. A number of external audits are conducted every year and Arogya Agam's accounting is always appreciated.

On a daily basis financial management includes authorizations, vouching, accounting, auditing, assets and investments. Other essential work done on time is vehicle and building maintenance and insurance, accident insurance for staff, gratuity and PF premiums and payment. There is a system for monthly budget control and a purchase committee has been formed and bulk purchases are finalized by them. Staff vacancies are filled by walk in interview; there are strict procedures with Board involvement for higher posts. Existing staff are encouraged, subject to conditions, to apply for higher posts.

Administration, Manpower and Finance

Staff position at Arogya Agam as on 31.03.2016

Programmes	Full time staff		
	M	F	Total
Health Programme	5	7	12
Community Development	3	6	9
Administration	6	2	8
Total	14	15	29

In addition there are 9 trainees, 12 full time consultants and 219 volunteers paid to conducting village programme.

Visitors, Evaluators & Auditors

Name	Designation	Reason for Visit
Mr. K. Shivakumar	Auditor	NGO Accounts Auditing
Mrs. Jill Pirdas	Funder	Ward and children programme visit
Mr. Arokiasamy	Auditor	SHGs and Federation Auditing
Mr. Stanley D' Silva	Programme Officer	KNH Children Programme Review
Mr.Sathish Samuvel	Programme Co ordinator	KNH Children Programme Review
Mr.Guido	Head of India Department	KNH Children Programme Review
Mr. James	Programme in charge	KNH Children Programme Review
Mr. John Dalton	Founder	Social work
Mrs Guna Fernandez	Evaluator	Children Programme
Mrs.Kajal Bansal	Finance head	Children programme Auditing
Ms. Dea Busk Larsen	Volunteers	General
Mr. Somasekara Reddy	Evaluator	Tuberculosis Leprosy programme
Mr. John Wilson	Visitor	General
Inter Community School	School Children	Field orientation
Mrs. Judith Elizabeth	VST Trust member	Programme review
Mrs. Esther Van Der Gaag	VST Trust member	Programme review
Mr.Moris	VST Trust member	Programme review

AROGYA AGAM, AUNDIPATTY 625 512

THENI DISTRICT

Consolidated Receipts and Payments Account for the period ended 31.03.2016

Particulars	Schedule	As at 31st March 2016	As at 31st March 2015
Opening balance (Cash, Bank, Fixed deposits, deposits & advance)	1	19632943.17	16474146.32
Opening balance - Assets in kind	2	352279.00	975901.00
Receipts			
Advance received		450000.00	
Grant in Aid, Bank interest & others	3	17310346.18	18373724.73
Total		37745568.35	35823772.05
Payments			
Programme expenses	4	17264896.85	15114927.88
Advance refund			100000.00
Assets sales - in kind	5		540251.00
Loss on sales in kind	5		83371.00
Write off assets in kind		6382.00	
Closing balance - Assets in kind	6	345897.00	352279.00
Closing balance (Cash, Bank, Fixed deposits, deposit & advance)	7	20128392.50	19632943.17
Total		37745568.35	35823772.05

AROGYA AGAM, AUNDIPATTY 625 512
THENI DISTRICT
Consolidated Income and Expenditure Account for the period ended 31.03.2016

Particulars	Schedule	As at 31st March 2016	As at 31st March 2015
Expenditure			
Programme expenses	1	17212746.85	13964718.88
Depreciation		396981.28	472617.43
Write off assets			15500.00
Excess of Income over expenditure			3358477.72
Total		17609728.13	17811314.03
Income			
Income (Grant in Aid, Bank interest & others)	2	17228596.18	17804413.73
Profit on sales			6900.30
Excess of expenditure over income		381131.95	
		17609728.13	17811314.03

AROGYA AGAM, AUNDIPATTY 625 512
THENI DISTRICT
Consolidated Balance Sheet year ended 31.03.2016

Liabilities	Schedule	As on 31.03.2016	As on 31.03.2015
Capital fund opening balance		17183944.18	13825466.46
Add: Opening gratuity fund		60315.00	
Add: Opening PF		3558.00	
		17247817.18	
Excess of income over expenditure (add)			3358477.72
Add - Assets purchased		51750.00	17183944.18
		17299567.18	
Write off assets (Less)		73788.00	
		17225779.18	
Less - Excess of expenditure over income		381131.95	
		16844647.23	
Corpus fund		5617326.50	5617326.50
Rent advance payable		30000.00	
Gratuity fund			60315.00
PF opening balance			3558.00
Advance payable		450000.00	
			5681199.50
Total		22941973.73	22865143.68
Assets			
TDS receivable		400.00	
Assets as per list	1	2813181.23	3232200.51
Closing Balance (Cash, Bank, Fixed deposits, Deposits & advance)	2	20128392.50	19632943.17
Total		22941973.73	22865143.68