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PULSE

Where a hospital grew from the people PREMIUM

Inside the Gudalur Adivasi Hospital and its community-led healthcare model in Nilgiris

By J Mangaiyarkarasi

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ASHWINI's Gudalur Adivasi Hospital in Nilgiris, Tamil Nadu | Photo Credit: Mangaiya

Away from the limelight, a community-led hospital in Tanjiris district has been screening the region's tribal residen at a time.

Standing tall in the misty valley, the Gudalur Adivasi Hosj silently building a sustainable healthcare model for tribal battling Sickle Cell anaemia, tuberculosis, malnutrition, a in a region once beset by poor access to care and prevental The hospital is run by ASHWINI (Association for Health Welfare In the

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Nilgiris), a registered charitable society, run by the indigenous tribal communities.

“In 1988, the community work started, but we were sending people to Gudalur GH (general hospital) for health needs,” says family medicine specialist Dr Mrudula, who’s been with the hospital for more than 20 years. “Back then, the tribals faced discrimination. They were kept out of a lot of places, and that sometimes included hospitals as well.. so, they wouldn’t really go there, even if we asked them to,” she says.

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A regular day at the Gudalur Adivasi Hospital's OP ward | Photo Credit: Mangaiyarkarasi J

This led to training community members to provide care, eventually a hospital was born. One of those early trainees, the shy and gleeful Ambika — nicknamed ‘junior obstretician’ for her expertise — now helps run the hospital after years of experience in deliveries and mentoring younger doctors, says Dr Mrudula.

Today, nearly 75 per cent of the hospital staff — nurses, counsellors, field workers and ‘health animators’ — come from local tribal communities. The training programme has also evolved into a formal nursing school, housed adjacent to the hospital. They track pregnancies, illness-

es, take medicines to them, and conduct health follow-ups across 320 hamlets in the Gudalur and Pandalur taluks. The hospital's eight decentralised offer regular monitoring, and mental health counselling, so families do not have to take the cold 50-km climb to Ooty.



The nursing school next door: Ashwini Adivasi School of Nursing

This community-led approach has built trust over the years, says Dr Nandakumar Menon, Co-founder of the hospital, since tribals are particularly shy to seek care. Institutional deliveries and antenatal coverage, once near absent, are now nearly universal in their catchment.

Newborn screening, specifically for sickle cell anaemia, began in 2011, along with providing prophylactic penicillin for young children and making hydroxyurea treatment available. And the benefits reveal themselves. “We have not had any deaths between zero and five among the sickle cell population (from about 350 deliveries a year),” says Dr Menon.

The 50-bed hospital has grown into a secondary-care facility with general inpatient and outpatient services, ultrasound, x-ray, two operating theatres, laproscopic surgeries, blood bank, and a high-dependency unit (ICU equivalent).



First floor of the Gudalur Adivasi Hospital's inpatient ward | Photo Credit: Mangaiyarkarasi J

But challenges remain. The median age of death among adults with sickle cell anaemia remains 25, which is 30 years lower than that of non-sickle disease aboriginal population, says Dr Menon. Meanwhile, advanced treatments like bone-marrow transplant remain inaccessible for most of these families, as fragile incomes, lack of awareness still shape healthcare in Gudalur in ways medicine alone cannot fix.

A lot of ASHWINI's work, therefore, also lies in bridging those gaps; from helping patients get disability cards, arranging transport for referrals, to making sure the nutritional supplements, medicines and other prophylactic treatments reach the remote hamlets.

(The writer is a fellow covering rare diseases under the National Press Foundation's 2025 Rare Diseases Reporting Fellowship)

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