

A group of approximately 20 people, mostly men, are seated in a long hospital ward. They are all wearing face masks. The ward has several ceiling fans and large windows on the left side. The text is overlaid on a semi-transparent white box in the center of the image.

Project Report on the Project with Ayries Society

For the Period August 2023 – July 2024

Submitted by: Jimmy Cherian

Key Activities conducted for TB Care and Rehabilitation & Patients living with HIV

1. Awareness at the village level (IEC). This includes going to the villages and creating awareness and identifying if this is a potential village for ACF
2. Active Case Finding (ACF) for a village
3. Screening for Tuberculosis
4. Sputum collection & Test
5. Conduct community meetings
6. Preparation of Nutrition Powder (MAJOR ACTIVITY)
7. Provide Nutrition Support (for both PWTB and PLHIV)
8. Individual House Visits & Counselling
9. Providing DOTS
10. Reporting to PHC and GH
11. Follow ups
12. Collaboration with Govt, Hospitals, experts
13. Involving with the community



Key Highlights of Nutrition Program

- Number of Nutrition provided for **PWTB** (for the year) – **2485 packets**
 - 2105 packets were given through Primary Health Centers
 - 122 packets were given when meeting with the beneficiaries individually
 - 258 packets were given during community meetings
 - 1243 packets were distributed in the 1st half of the year
 - 1242 packets were distributed in the 2nd half of the year
- Number of Nutrition provided for **PLHIV** (for the year) – **439 packets**
 - 216 packets were distributed in the 1st half of the year
 - 223 packets were distributed in the 2nd half of the year
- For PWTB, the following are provided
 - Nutrition Powder
 - Dates
 - Black Peas
- For PLHIV, the following are provided
 - Nutrition Powder
 - Dates
 - Black Peas
 - Rice
 - Egg

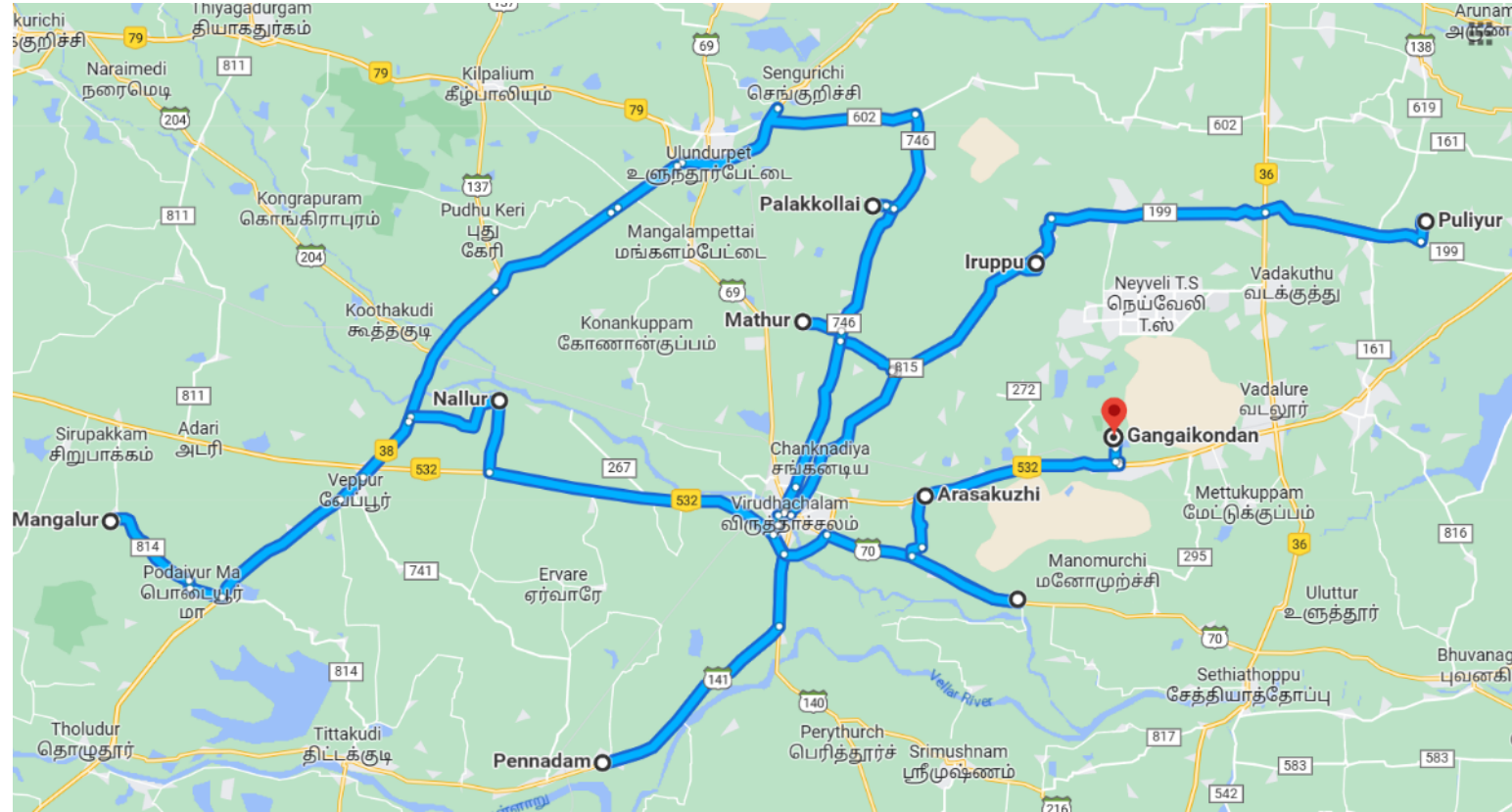
*Start date / End Date of
the project considered:
Aug 2023 – July 2024*



Areas of Intervention – (Virudhachalam / Cuddalore)

Following are the areas supported by Ayries Society through the year

1. Puliur
2. Iruppu
3. Pennadam
4. Palaikollai
5. Manalore Taluk
6. Nallore Taluk
7. Kammapuram
8. Arassakuzhi
9. Gangaikondan
10. Karmangkudi
11. Karuvepellankurchi
12. Mangalampettai
13. Virudhachalam GH (IP)
14. Cuddalore TB Santorium



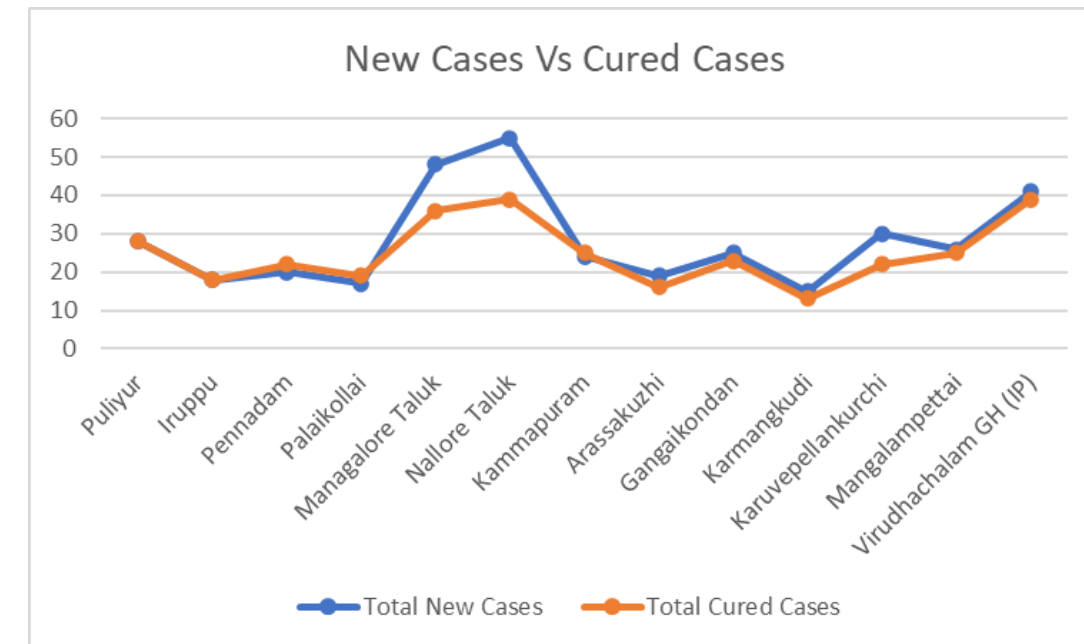
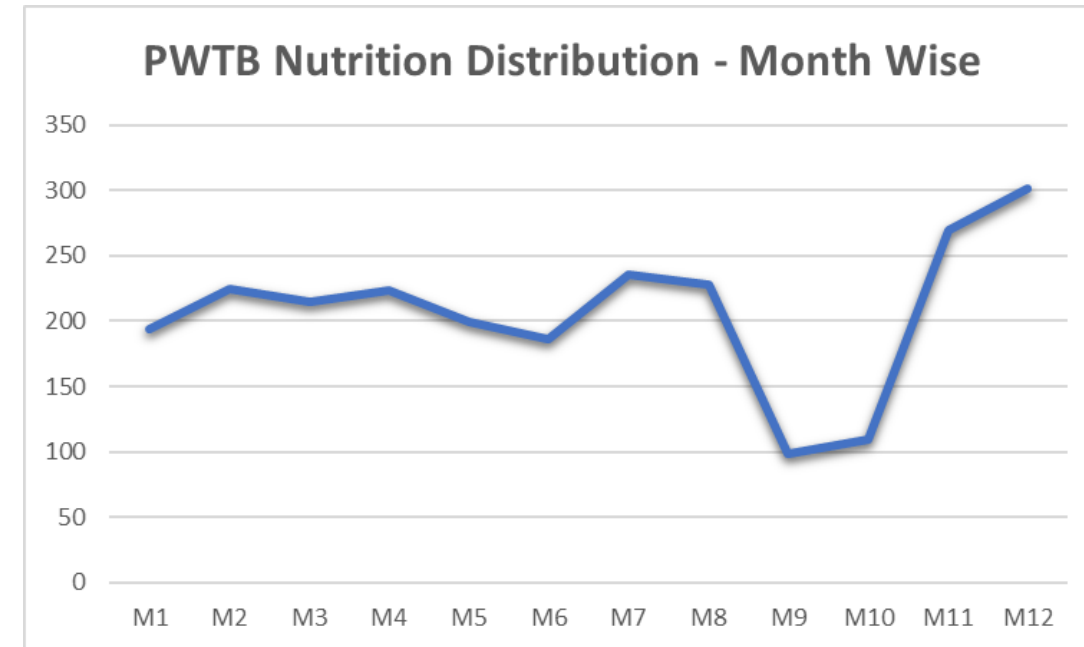
Key Observations.

- Ayries has collaborated with the Govt. District Sanitorium for TB (Cuddalore) for the distribution of Nutrition. DOTS and medical support are provided by the Govt. And Nutrition supplements provided by Ayries. This facility is a residential program for those who are in an advanced stage ro for those who do not have the basic amenities or support to stay at home.
 - Only the activity of “Nutritional support” is was covered in this area. All the other activities are conducted by the NTEP team (Govt. Team)
 - As this location is extremely far, the available solution is to limit the activities to Nutrition Distribution
- The distribution of Nutrition supplements was reduced during the months of April and May due to the general elections.
- A new formula for the diabetic patients has been initiated. The difference is that the starch items have been reduced and Carbo-hydrate items have been increased.
- Black rice has been introduced in place of ordinary rice. This is because the black rice has more nutrition benefits than the normal rice
- The price of the Nutrition Powders has significantly increased over the year. The details below is the estimated price for the Nutrition support

Item	UoM	Rate	Total Cost
Dates (1 Packet. 0.5 Kg)	1	95	80
Kondakadalai (1 Kg)	1	104	90
Health Mix powder	1	395	395
TOTAL COST PER PERSON / MONTH			565

Impact of the Program

- On an average, about 210 patients were catered to each month for PWTB
- And 36 patients catered to for PLHIV
- 191 new cases of TB were identified during the year. This reflects the impact of ACF (Active Case Findings).
 - NOTE – The more we do ACF, the more we can help with the diagnose and elimination of TB
 - The new cases are not only from ACF, but a majority is from ACF
- 21 ACFs were conducted during the year, across locations
 - And through this ACFs (and through individual meetings), 222 samples of Sputum was collected and send for testing
- 325 patients with TB have been cured



Other Key Indicators

- Screening for Tuberculosis by visiting Primary Healthcare Centres and conducting community meeting - **245**
- No. of symptomatic cases referred to DMC for sputum examination & Chest-Xray. - **146**
- Villages health camps organised with the support of National Tuberculosis Elimination program (NTEP) for vulnerable population located area for active case finding - **176**
- Visits to sites of potential high risk (brick factories, road labourers, mines, Slums and poor malnutritional villages for TB screening. - **232**
- No of Diagnosed TB patients put on Fixed dose Combination (FDC) regime - **251**
- Specific Follow up visits - **90**
- Regular meetings of PLHIV families and individuals with visiting speakers and discussion to increase motivation and educate about taking ART. - **268**
- Pregnant women from risk families tested and TB patients advised and encouraged to take HIV test - **12**
- Counselling provided to PLHIV family for spouse partner testing, Nutrition counselling and CD4 testing - **314**



Outreach and Awareness

- It is important to reach out to the various communities and stakeholders to address the various challenges of TB. The aim is to address the following
 - Early detection and Diagnosis
 - Creating awareness on various topics (Adherence to Treatment preventing spread, etc)
 - Reducing Stigma
 - Supporting Vulnerable population in the rural areas
 - Ensuring community engagement
- As part of this, the following were implemented
 - **14** public camps were conducted over the year
 - **16** community meeting were held
 - **384** visits were made to the PHCs and General Hospitals
 - **489** DOTS medicines were distributed and
 - General counselling was done **489** times



Changes to Nutrition Preparation

- Nutrition preparation is segregated into two types
 - Non-Diabetic Patients: This has 14 ingredients powdered. The powder is distributed once every month (1 kg) along with Dates and Black Dhal
 - Diabetic Patients: This also has 14 ingredients. However, the following ingredients are replaced
 - Rice – Replaced by Black Rice
 - Corn – Replaced by Barnyard Millet
 - Barley – Replaced by Foxtail Millet
 - The main objective is to reduce sugar content and starch from the diet and add carbohydrates and Proteins
- The method of preparation is the same as before and is summarized below
 - Purchase of raw materials for 2 batches
 - Grinding of raw materials (one day) for 2 batches, followed by Packing
 - Each batch of nutrition preparation will be for 68 kgs.
 - Nutrition preparation is done every 15 days with 2 batches per day
 - No artificial flavours or components are added
 - Each batch should be used within 3 months



Key Highlights

- Collector (Mr. Arun Thumburaj IAS) visited the center and during this visit, 148 packets were distributed. This was distributed to both PWTB and non-TB patients.
- Similarly, the state minister (C Ganeshan) also visited the premise and during this event also 204 packets were distributed.
- This visit was mainly to build the community support and also to seek for Govt. Intervention & support. Though this was not in the scope of our activities, it was a good opportunity to network and also to create the much needed visibility.
- The cost for these were funded through local contributions specifically
- A new employee has been hired to address the workload challenge.



Survey & Key Findings from the Survey

- A short survey was done for 5 PWTB patients
- All of them gave a feedback that they are tired and not able to work
- As there is no work, there is total loss of income and they are depended on their family for daily survival
- All of the patients surveyed are “Below Poverty Line” individuals
- Most of them have side effects due to TB.
- Taking the DOTS medicines make all of them weak (Fatigue / tired)
- There is a need for the patients to be counselled (not part of the scope currently)
- Most of them get a small amount of INR 500 per month allowance from the Govt. This is distributed once in 3 months. Some of them have not received it for various reasons
- Most of the PWTB are above 60 years of age. However, there are some who are younger. We also saw couple of children with TB.
- Key Challenges – (based on the survey and overall discussion)
 - Delay in Diagnosis.
 - Loss of Income
 - Limited access to facilities (Hospital / medicine, etc)
 - Lack of Care & Support
 - Lack of adherence to medication



HIV Support for the year

- The scope for PLHIV is limited to only Nutrition support.
- However, under the Nutrition support, there is an additional support of providing Rice (5kg) and egg (15 Numbers) per month
- Following are the items distributed
 - Rice (5Kg)
 - Dates (1 Packet. 0.5 Kg)
 - Kondakadalai (1 Kg)
 - Egg (15 Nos)
 - Health Mix powder
- Nutrition Support activities were conducted in 11 villages.
- 6 new PLHIV patients have been identified
- However, 8 of the existing PLHIV patients have stopped receiving the nutrition support. The reasons is due to migration
- Another 6 had lost contact or there is no response from them and therefore, the support has been stopped.
- At the end of the year, 28 PLHIV patients are supported through this program

No. of Beneficiaries at the beginning	
Village	
Aladi	3
PeriyaVadavadi	3
Muthanamkoppam	1
Karnatham	3
Paravaloor	6
Chinna Kandiankuppam	3
Gopurapuram	4
Mangalampettai	4
Kavanai	3
Poovanur	2
Kovilanur	4
TOTAL	36

Key Challenges

- New cases are still being identified. Based on the discussion with the Deputy Director of Cuddalore District, an average of 300 new cases per month are identified only in Cuddalore District.
- There is a need to do more ACFs for early detection and Diagnosis. Currently, there are no funds to address this area
- Further more, with the current number of ACFs being carried out, new cases are coming to light. However, the project does not allow for support for these new patients (net new patients)
- There is usually no income for the patients. Financial challenges are high and limited ability / opportunity for employment. Most of them are daily labourers and they are not in a situation to work as daily labourers any more
- The workload of the team is very high.



Financial Details

Below is the budget for a period of 1 year

Budget for the year-2023 to 2024 - TB /HIV Care Project, Cuddalore					
S.No		Amount in INR	No of Unit	Per Month	One Year
1	Staff Salary for 3 Members	8000	3	24000	2,88,000.00
2	Nutrition support for PLHIV	668	35	23380	2,80,560.00
3	Nutrition support for PWTB.	458	170	77860	9,34,320.00
4	Travel cost for Outreach	700	10	7000	84,000.00
5	Advocacy meeting (IEC)	2000	10		20,000.00
6	Community Meeting (Active Case Finding)	800	3	2400	28,800.00
7	Communal Meals for PLHA	6000	1	6000	48,000.00
8	Monthly Review Meeitng	1500	4	1500	6,000.00
9	Stationary & Printing	500	12	500	6,000.00
Total Budget					16,95,680.00

Below is the Actual Spend for the year

Actual Spend						
Q1	Q2	Q3	Q4	TOTAL SPEND	Difference	Utilization %
61,000.00	74,000.00	78,000.00	76,000.00	2,89,000.00	-1,000.00	100%
59,000.00	61,470.00	82,000.00	81,000.00	2,83,470.00	-2,910.00	101%
2,90,460.00	2,92,692.00	1,77,800.00	1,79,500.00	9,40,452.00	-6,132.00	101%
25,450.00	21,400.00	18,000.00	19,800.00	84,650.00	-650.00	101%
	25,000.00	23,500.00	25,500.00	74,000.00	-54,000.00	370%
4,500.00	4,300.00	9,500.00	10,650.00	28,950.00	-150.00	101%
9,146.00	13,156.00	13,822.00	14,500.00	50,624.00	-2,624.00	105%
	3,000.00	3,000.00	3,000.00	9,000.00	-3,000.00	150%
1,500.00	1,500.00	1,700.00	1,650.00	6,350.00	-350.00	106%
4,51,056.00	4,96,518.00	4,07,322.00	4,89,280.00	18,44,176.00	-1,48,496.00	109%

Notes:

- The actual expenses are more than the budgeted expenses. This is because of various factors, such as:
 - The cost of Raw materials, food and fuel
 - A high amount of funds have been spend to create IEC material (Information, Education and Communication Material). Given that this is the 1st year, it is expected that the IEC cost for next year will be comparatively lesser than this year.
 - Nutrition supplement distribution for some PLHIV patients have been discontinued
 - Due to in-house preparation of Nutrition powder, the high costs of raw materials were able to be re-set.



2024-2025. *Plan & Approach*

Plan for next year

1. The approach was to limit the scope of activities within INR 17 Lakhs per annum.
2. Though there is increased need for both PWTB and PLHIV, and new activities to be undertaken, given the budget constraints, the following decisions were taken.
 1. The number of locations (Intervention areas) to be reduced. (for PWTB)
 2. Similarly for PLHIV program as well
3. Below are the finalized areas of intervention for TB program, along with beneficiary numbers

Beneficiaries for PWTB	
Village	No. of Patients
Puliyur	13
Iruppu	13
Palaikollai	14
Nallore	28
Kammapuram	20
Arassakuzhi	17
Mangalampettai	20
Krishnapuram	20
Varathur	20
Cuddalore TB Santorium	35
TOTAL	200

- The number of Intervention area is reduced to 10 areas (as against 14 areas that were catered to this years
- The following villages (areas) will not be covered
 - Pennadam
 - Managalore
 - Gangaikondan
 - Karmangkudi
- An average of 200 PWTB patients will be covered per month

Plan for next year (Contd)

- Below are the finalized areas of intervention for the HIV program, along with beneficiary numbers

Beneficiaries for PLHIV	
Village	No. of Patients
Alladi	3
PeriyaVadavadi	2
Muthanamkoppam	2
Karnatham	4
Chinna Kandiankuppam	4
Gopurapuram	5
Mangalampettai	4
Kovilanur	4
TOTAL	28

- The number of Intervention area is reduced to 8 areas (as against 11 areas that were catered to this years
- The following villages (areas) will not be covered
 - Paravalloor
 - Kavanai
 - Poovanur
- An average of 28 PLHIV patients will be covered per month

Amendments made to the Budget

- Reduction in beneficiary numbers and locations
- Reduced the number of Advocacy meetings
- Reduced the cost of ACFs
- Reduced the number of Communal meals
- Removed Stationary & Printing costs
- Not considered Project Management costs
- Changes in the Nutrition Supplements as mentioned below:
 - Removed “Dates” from the Nutrition kit
 - Reduced Kondakadalai from 1 kg to 0.5 kg
 - Provide lower cost Rice for PLHIV patients

Nutrition Support for PWTB			
Item	UoM	Rate	Total Cost
Dates (1 Packet. 0.5 Kg)	1	95	-
Kondakadalai (0.5 Kg)	1	55	55.00
Health Mix powder	1	395	395.00
TOTAL COST PER PERSON / MONTH			450.00
Total Beneficiaries			200
Total COST / Month			90,000.00
Total COST / Year			10,80,000.00

Nutrition Support for PLHIV			
Item	UoM	Rate	Total Cost
Rice	5	40	200.00
Dates (1 Packet. 0.5 Kg)	1	95	-
Kondakadalai (0.5 Kg)	1	55	55.00
Health Mix powder	1	395	395.00
TOTAL COST PER PERSON / MONTH			650.00

Finalized Budget with Details

Budget for the Year 2024 - 2025. TB /HIV Care Project, Ayries Society						
S.No		Amount in INR	No of Unit	Per Month	One Year	Comments
1	Staff Salary for 3 Members	8500	3	25500	₹ 3,06,000.00	Increased salary by 500 per month per person. The salaries have not been raised since post-covid and therefore, asking for an increase
2	Nutrition support for PLHIV	650	28	18200	₹ 2,18,400.00	Reduced to 28 patients. 8 members have migrated and Ayries team is not able to trace them. The remaining 7 patients are not very responsive and not seeking support / compiling to the norms
3	Nutrition support for PWTB.	450	200	90000	₹ 10,80,000.00	The number of beneficiaries are reduced from last year
4	Travel cost for Outreach	800	10	8000	₹ 80,000.00	Increased travel cost by 100 due to increase in travel prices. This cost is specifically for Nutrition distribution, DOTS distribution for existing patients. Average of 10 visits per month. At times, the visit will be clubbed with other activities as below. The overall aim is that each center should be visited twice every month. But, on an average, I have considered only 1 visit a month
5	Advocacy meeting (IEC)	2000	10		₹ 20,000.00	Average of 10 Advocacy meetings in a year. Cost include Banners, Pamphlets, Tea & Snacks & Travel Allowance. The purpose is awareness of TB & HIV.
6	Community Meeting (Active Case Finding)	800	2	1600	₹ 19,200.00	Average of 2 ACF per month. This costs are for proactively going to villages and Screening people for TB, Collection of Samples, getting it tested and having follow-up meetings
7	Communal Meals for PLHA	6000	1	6000	₹ 36,000.00	Reduced the number of communal meals. The objective is to bring all the beneficiaries together for a meal and focus on their well-being, nutrition distribution, etc
8	Monthly Review Meeting	1500	4	1500	₹ 6,000.00	Meeting with Senior Treatment Supervisor / Health Educator from each of the blocks
Total Budget (INR)					₹ 17,65,600.00	
Total Budget (\$AUD)					₹ 32,101.82	55

- Conversion rate of 1 AUD to 56 INR considered
- The total budget is coming to INR 17,65,600 (even with all the reductions & adjustments)

Key recommendations

- It is good to have the same Nutrition kit as before (***dates and increased quantity of Kondaikadalai***). Most of the beneficiaries depend on this for their daily living. Most of them do not have any income and they also become a burden to their families.
- It is important to do higher number of ACFs. The more ACFs are done, the higher number of detection and diagnosis. (which will ultimately help in the elimination of TB)
- Important to have community partnership and support. This requires activities in the community.
- As mentioned in the Mid-year report, it is important to have a testing lab. Given that the villages are in very remote area and given that there is no / limited facilities for testing, this delays the whole treatments. (testing is not only for TB, but other regular tests like blood, sugar, x-rays, etc)

It is important for Ayries to find other source of funding to address these to meet the overall objective of TB Care, Rehabilitation and Elimination. Every year, there is a need to generate an extra fund of 3 – 5 Lakh INR

Other considerations (not part of the current budget)

- **Livelihood Programs:** Almost all of the patients are not able to work due to low immunity, side effects and also due to their age. However, it is important that there is monthly income for a sustainable future. It will be good to evaluate funds for livelihood programs (as a separate project)
- **Dedicated Testing Unit:** Given the years of experience and expertise and given that there is little or no facilities for testing, Ayries could set up a testing unit (with a subsidised pricing) (Refer next slide for more details)
- **Counselling & Well-being Activities:** There is a need to provide professional counselling for the patients. Apart from this, important to have regular wellbeing activities. This will help the in their mental well-being and also to live a life of purpose

It is important for Ayries to find other source of funding to address these to meet the overall objective of TB Care, Rehabilitation and Elimination.



Gallery



Awareness & Education Session



Health Camp



Hospital Visit



Outreach Activity



Active Case Finding



Distribution of Nutrition at PHCs

Gallery



Cuddalore district collector Mr Arun Thambu Raj visiting Ayries



Communal Meal



Sputum Collection

Initial weight: _____ kgs Height: _____ cms BMI: _____		
Weight band: <input type="checkbox"/> <16 kg <input type="checkbox"/> 16-29 kg <input type="checkbox"/> 30-45 kg <input type="checkbox"/> 46-70 kg <input type="checkbox"/> >70 kg		
Drug and dosages		
Drugs	Dose during IP (mg)	Dose during CP (mg)
H		
R		
E		
Z		
Km		
Am		
Cm		
Lfx		
Mtx		
Os		
Eto		
PAS		
Lsd		
Ctz		
Amx Clv		
Clv		
Bdq		
Dltm		
Name & signature of treating physician: _____		

Month of treatment	Smear/Culture results				Other investigations						DST result during course of treatment (LJ/LC/LPA/CNAAT)							
	Date	Lab no	Smear	Culture	S. Cr	LFT	ECG* QTcF	CBC/ platelets	Electrolyte (K, Mg, Ca)	RBS	TSH, T3, T4	Specimen collection date	Drug	Month	Month	Month	Month	
2 weeks																		
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* If baseline ECG is normal, repeat to be done after two weeks, then monthly in IP, and when clinically indicated.

*Whenever available

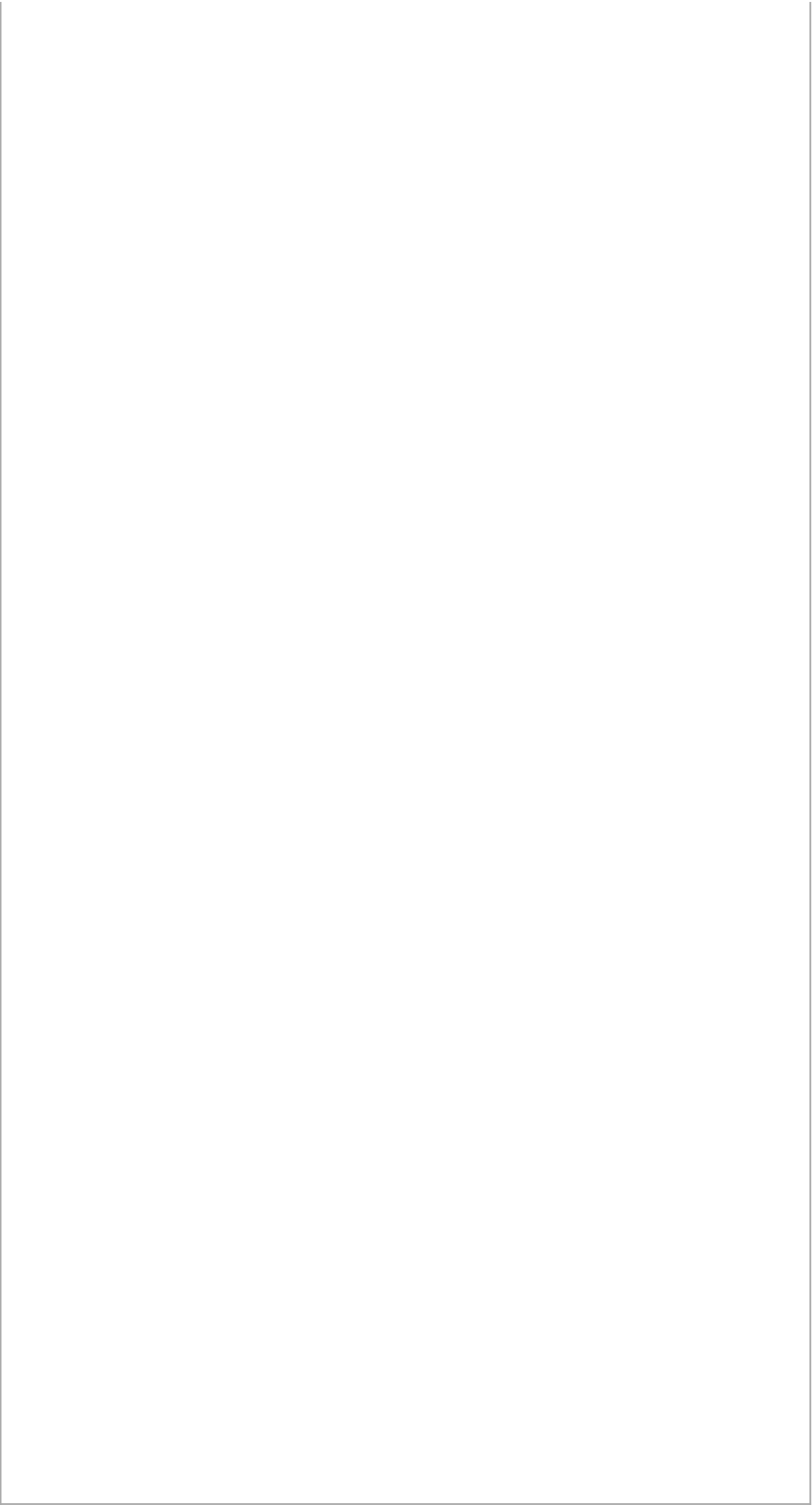


DOTS Distribution



Thank you

Summary Sheet 2023/24					
INCOME					
	No.1		No.2		Total
Trading and Fundraising (Unrestricted)					
Voluntary Donations (Unrestricted)	17728				
Grants (Restricted)	16323				
Interest/Gift Aid (Unrestricted)					
Interest/Gift Aid (Restricted)					
Transfers					
Total Income	34051		0		34051
EXPENDITURE					
Transfers to India	23170				
Transfer from b/ac					
Motivation Equipment					
Trading and Fundraising					
Newsletter					
Bank Fees	315				
Total Expenditure	23485		0		23485
net income	10566		0		
Cash Funds 30 oct 2023	6314		5298		11612
Cash Funds 30 Oct 2023	16880		5298		22178



	Ayries Trust Receipts and Payments 01-11-2023 to 31-10-2024							
Section A	Receipts and Payments accounts							
A1	Receipts		Unrestricted Funds		Restricted Funds			Total Funds
	Trading and Fundraising							
	Donations		17728					
	Grants		16323					
	Interest / Gift aid							
	Total Receipt		34051		0			34051
A3	Payments							
	Trading and fundraising costs							
	Grants paid to Ayries Society India		23170					
	Bank fees and charges		315					
	Total Payments		23485		0		0	23485
	Net receipts		10566		0			10566
A6	Cash Funds last year end		6314		5298			11612
	Cash Funds this year end		16880		5298			22178
Section B	Statement of Assets and Liabilities							
B1	Cash funds		16880		5298			22178

No. 1 Account INCOME SHEET 2023/24										
Date	Trading and Fundraising (Unrestricted)	Voluntary Donations (Unrestricted)		Grants (Restricted)		Interest/Gift Aid (Unrestricted)		Transfer from no.2		
11/1/23		FK Finance Ltd	400.00							
		P Browne	8.00							
		D Fearnside	10.00							
		N&C Killip	10.00							
		A Killip	15.00							
		R Norman	20.00							
11/6/24		AJ Norman	40.00							
20/112024		N Ruddick	25.00							
11/23/23		C Hallas	10.00							
11/27/23		M littlefield	288.23							
12/1/23		FK Finance Ltd	400.00							
		P Browne	8.00							
		N&C Killip	10.00							
		D Fearnside	10.00							
		A Killip	15.00							
		R Norman	20.00							
12/4/23		AJ Norman	40.00							
12/20/23		N Ruddick	25.00							
12/21/23				Meal-a-day grant	16323.07					
12/27/23		C Hallas	10.00							
1/2/24		FK Finance Ltd	500.00							
		P Browne	8.00							
		D Fearnside	10.00							

1/4/24
1/22/24
1/23/24
2/1/24
2/5/24
2/20/24
2/23/24
3/1/24
3/4/24
3/20/24
3/25/24
4/2/24

N&C Killip	10.00							
A Killip	15.00							
R Norman	20.00							
AJ Norman	40.00							
N Ruddick	25.00							
C Hallas	10.00							
FK Finance Ltd	500.00							
P Browne	8.00							
N&C Killip	10.00							
D Fearnside	10.00							
A Killip	15.00							
R Norman	20.00							
AJ Norman	40.00							
N Ruddick	25.00							
C Hallas	10.00							
FK Finance Ltd	500.00							
P Browne	8.00							
N&C Killip	10.00							
D Fearnside	10.00							
A Killip	15.00							
R Norman	20.00							
AJ Norman	40.00							
N Ruddick	25.00							
C Hallas	10.00							
FK Finance Ltd	500.00							
P Browne	8.00							
D Fearnside	10.00							
N&C Killip	10.00							
A Killip	15.00							

4/4/24
4/22/24
4/23/24
5/1/24
5/7/24
5/20/24
5/23/24
6/3/24
6/4/24
6/20/24
6/24/24
7/1/24

R Norman	20.00							
AJ Norman	40.00							
N Ruddick	25.00							
C Hallas	10.00							
FK Finance Ltd	500.00							
P Browne	8.00							
D Fearnside	10.00							
N&C Killip	10.00							
A Killip	15.00							
R Norman	20.00							
AJ Norman	40.00							
N Ruddick	25.00							
C Hallas	10.00							
FK Finance Ltd	500.00							
P Browne	8.00							
D Fearnside	10.00							
N&C Killip	10.00							
A Killip	15.00							
R Norman	20.00							
AJ Norman	40.00							
N Ruddick	25.00							
C Hallas	10.00							
FK Finance Ltd	500.00							
P Browne	8.00							
D Fearnside	10.00							
N&C Killip	10.00							

	A Killip	15.00							
	R Norman	20.00							
7/4/24	AJ Norman	40.00							
7/11/24	Mr&Mrs Bland	10000.00							
7/22/24	N Ruddick	25.00							
7/23/24	C Hallas	10.00							
8/1/24	FK Finance Ltd	500.00							
	P Browne	8.00							
	N&C Killip	10.00							
	D Fearnside	10.00							
	A Killip	15.00							
	R Norman	20.00							
8/5/24	AJ Norman	40.00							
8/20/24	N Ruddick	25.00							
8/23/24	C Hallas	10.00							
9/2/24	FK Finance Ltd	500.00							
	D Fearnside	10.00							
	N&C Killip	10.00							
	A Killip	15.00							
	R Norman	20.00							
9/4/24	AJ Norman	40.00							
9/20/24	N Ruddick	25.00							
9/23/24	C Hallas	10.00							
10/1/24	FK Finance Ltd	500.00							
	D Fearnside	10.00							
	N&C Killip	10.00							
	A Killip	15.00							
	R Norman	20.00							
10/4/24	AJ Norman	40.00							
10/21/24	N Ruddick	25.00							
10/23/24	C Hallas	10.00							

No.2 acc. income		Interest (Restricted)		No.2 acc. expenditure		to no.1	
		0.00				0.00	



CHARITY COMMISSION FOR ENGLAND AND WALES

Independent examiner's report on the accounts

Section A

Independent Examiner's Report

Report to the trustees/
members of

Charity Name
AYRIES TRUST

On accounts for the year
ended

31 OCTOBER 2024

Charity no
(if any)

1122947

Set out on pages

1 (one)

(remember to include the page numbers of additional sheets)

I report to the trustees on my examination of the accounts of the above charity ("the Trust") for the year ended 31/10/2024

Responsibilities and
basis of report

As the charity trustees of the Trust, you are responsible for the preparation of the accounts in accordance with the requirements of the Charities Act 2011 ("the Act").

I report in respect of my examination of the Trust's accounts carried out under section 145 of the 2011 Act and in carrying out my examination, I have followed the applicable Directions given by the Charity Commission under section 145(5)(b) of the Act.

Independent
examiner's statement

I have completed my examination. I confirm that no material matters have come to my attention (~~other than that disclosed below*~~) in connection with the examination which gives me cause to believe that in, any material respect:

- accounting records were not kept in accordance with section 130 of the Act or
- the accounts do not accord with the accounting records

I have no concerns and have come across no other matters in connection with the examination to which attention should be drawn in order to enable a proper understanding of the accounts to be reached.

* Please delete the words in the brackets if they do not apply.

Signed:

Date: 13/08/2025

Name:

Roger Pask

Relevant professional
qualification(s) or body
(if any):

Company Director (retired)

Address:

36 Wesley Avenue
Alsager
Cheshire ST7 2NG