

MAHAN Trust

Report - June, 2017

MAHAN (Meditation, AIDS, Health, Addiction, Nutrition) is a non-governmental organization established in 1998 to improve health care in Melghat region. MAHAN was touched by Gandhian teaching that “youth should go to the villages to serve, as real India is in villages”. Melghat is the hilly forest area in the beautiful Satpuda mountain ranges with a population of about 300,000 out of which 75% is tribal. Most of the tribal communities work as (>90 %) farmers or laborers, living below poverty line (>75%) in kaccha houses(>90%) mostly without electricity.

Medical facilities are dire in Melghat as compared to rest of Maharashtra. Due to lack of proper medical facilities and superstitions, the people go to traditional faith healers/quacks (pujari and bhumkas) for treatment of illness. Skin is burnt with red hot iron rod for reducing pain known as Damma. This area also has high under 5 children mortality (>100 per 1000 live births) due to malnutrition.

Moved by such things, we started our project in Melghat in November 1997. MAHAN Trust has dedicated its work to reduce malnutrition and mortality among women and under-five children through various programs like HBCC, MCPEPAG and SAMMAN. Below is a snapshot of our achievements in these projects aided by our generous donors.

SAMMAN (COMMUNITY BASED MANAGEMENT FOR SEVERELY MALNOURISHED CHILDREN)

Aim of the Project

To reduce prevalence and death of severe malnutrition in under 5 children (SMC, SUW & SAM) using local therapeutic food (LTF) distributed by Village Health Workers (VHWs).

Activities and Impact

Particular	Figures	Target to be achieved	Rate achieved
No. of villages covered in program	11	11	100%
Total population in target villages	8599	----	---
Total 0-5 years children in target villages	824	----	----
Total under 5 children measured	742	>90%	90.05%
Under 5 Children suffering from SAM	12	<1%	1.62
Under 5 Children suffering from SUW	54	<10%	7.28
Case fatality rate (CFR) of SMC		<4%	0% .

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Due to our efforts, we could successfully reduce the prevalence of SUW and SAM. There was not a single death due to SMC and hence we could achieve WHO target of CFR of <4%.

HBCC (HOME BASED CHILD CARE PROGRAM)

Aim of the Project

To reduce under 5 children mortality rate and prevalence of malnutrition.

Activities and Impact

No. of patients treated by VHWs – 643

Behavior change communication of beneficiaries – 6645

No. Patients managed by pediatrician – 224

Intervention Area	Targets to be achieved	Impact achieved
Still Birth Rate	< 10	0
Prenatal Mortality Rate	< 25	0
Neonatal Mortality Rate.	< 25	0
Infant Mortality Rate.	< 35	0
Under 5 Mortality Rate.	< 50	0
Birth Rate	< 25	14.42

SUCCESS STORY :1

Our field staff while screening village Berdabalda, came across baby of Kasturi bai weighing 1.850 kg only. This decrease of weight by 19%, is very detrimental to the life of the child. The baby was weak and limp due to lack of feeding. Under the guidance of our pediatrician, our VHW treated the baby successfully. The baby improved very well with weight of 2.450 kg on 28th day. Thus, the baby was saved by simple technique of proper and adequate breast feeding.

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MCPEPAG (MORTALITY CONTROL PROGRAM FOR ECONOMICALLY PRODUCTIVE AGE GROUP, 16-60 YEARS)

Aim of the Project

To reduce number of deaths in 16-60 age group.

Activities and Impact

This program involves treatment of patients suffering from hypertension, malaria, diarrhea, asthma and referral of patients of TB, heart diseases, anemia, etc. to hospital.

Total number of beneficiaries in this quarter – 515

Total number of deaths in this quarter – 1 (Jaundice)

Intervention Area	Targets to be achieved	Impact achieved
Age specific mortality rate	<250 per lakh population	82.62%
Prevalence of untreated hypertension	<5%	<1%

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SUCCESS STORY: 2



Gangaram Jawansingh Wajage, patient of controlled hypertension.

During our BP Survey, Mr. Gangaram Wajage, R/o Chitri was identified as hypertensive in March 2016 with BP of 136/91 mm. He was a tobacco and gutkha chewer. He was intensively counselled about the bad effects of tobacco and to leave those habits. He left the habit of Gutkha and tobacco chewing. Then his BP came down gradually and it is now 120/82 on 25-05-2017; i.e. normal with behaviour change communication without any medications.

HOSPITAL:

Aim of the Project

To reduce deaths of tribal and improve their health.

Activities and Impact

Treatment of patients by expert physician and pediatrician.

Number of patients treated in hospital : 448. Number of patients admitted: 40, Serious patients saved : 13

SUCCESS STORY: 3

During one of our interactions with the community we met a young mother- Priyanka who had delivered a baby on 16th May at the sub-center in the presence of an ANM. When our VHW visited them, the baby weight was reduced from 2.3 kilograms at birth to 1.85 kilograms in four

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days. Knowing the consequences of such drastic weight reduction the VHW asked the mother to breast feed the baby properly. Later she reported this to the resident pediatrician at the hospital, who then visited her to investigate the case.

On visiting the family, the doctor found the baby to be limp and weak due to lack of breast feeding. On interviewing the mother, it was evident that the baby was being fed in an incorrect position. The doctor then demonstrated the correct method for breast milk expression and explained the importance of it to the family.

Due to our counselling of simple technique of proper breast feeding and regular monitoring, the baby weight increased to 3 kilograms and length become 52 cms, on 24th June, 2017. Thus we could save a life.



Figure 1 Before treatment

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Figure 2 After treatment

FINANCIAL PROJECTIONS

PROJECT	EXPENSES THIS QUARTER (Rs.)	PROJECTION FOR NEXT QUARTER (Rs.)
HBCC	88,460	132,690
SAMMAN	30,485	105,727
MCPEPAG	2,29,678	2,50,000