

MAHAN TRUST, MELGHAT.

Community based approach to improve health and nutritional status and to reduce deaths of tribal of Melghat, Maharashtra (Report January - March 2021)

MAHAN (Meditation, AIDS, Health, Addiction, Nutrition) is a non-government organization established in 1998 to improve health care in Melghat region. MAHAN was touched by Gandhian teaching that “youths 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. Population is 300,000 & 75% of them are tribal. Korku is the major tribe of Melghat. Most of the tribal (>90 %) are farmers or laborer, living below poverty line (>80%) & very hard life in huts (>90%) mostly without electricity & illiterate (>50%). Medical facilities are grossly inadequate in Melghat as compared to rest of Maharashtra. Due to lack of proper medical facilities & superstitions, tribals go to traditional faith healers/quacks (pujari & bhunkas) for treatment of illness. Skin is burnt with red hot iron rod for reducing pain known as Damma. This lead to very high under 5 children mortality (>100 per 1000 live births) especially Malnutrition related deaths and very high mortality in age group (16-60 years) & maternal mortality. Moved by such things, we started the project in Melghat in November 1997. MAHAN Trust has dedicated its work to reduce malnutrition and mortality among under-five children, women and economically productive age group 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 (33 Villages)

Particular (Cumulative)	Figures of Performance	Rate achieved (%)
Total population in target villages	30841	
Total 0-5 years children in target villages	3016	
Total under 5 children measured February 2021	2636	87.4%
Total Severe Malnourished	275 Feb 2021)	10.4%

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Children- as of Feb 2020		
Total SMCs treated in SAMMAN – January – March 2021	179	
Case fatality rate (CFR) of Treated SMC	0	0%
Case fatality rate (CFR) of overall SMC	0.36%	0.36%

There was not a single death amongst treated SMCs and hence we could achieve WHO target of CFR of <4%.

SUCCESS STORY

SAMMAN



A girl from Ghota was severely underweight= SUW (starting weight 8600gm and Height 78 cm) on 24/07/2020. She was enrolled in SAMMAN program for 6 months. After 6 months of SAMMAN (end date 24/01/21), she came out from severe malnutrition and now she is healthy.

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HBCC (HOME-BASED CHILD-CARE PROGRAM)

Aim of the Project

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

33 Villages.

No. of 0-5 years patients treated by VHWs – January - March 2021	1441
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Intervention Area	Number of deaths	Targets to be achieved at the end of 2022.	Impact achieved
Under 5 Mortality Rate.	5 (109 live births)	<50	45.87

SUCCESS STORY

1) ANGELS OF MELGHAT.

A girl of age 2 years and 4 months, from the village Pankhalya, had symptoms of cough, cold and fever for 4 days. When Village Health Worker (VHW) examined her, she had temperature of 102-degree F and respiratory rate 45 per min. She was diagnosed as Pneumonia by VHW. VHW started treatment with Syrup Cotrimoxazole and Syrup paracetamol. After 2 days of treatment, medical supervisor followed up the case and the patient was normal.



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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 years age group from 33 villages.

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 Behavior change communication beneficiaries in 33 Villages		7400
Intervention Area	Impact achieved – January – March 2021	Targets to be achieved at the end of 2022.
MCPEPAG population	19287	Xxx
Total number of 16-60 years treated	2008	Xxx
Total number of deaths	2	Xxx
Age specific mortality rate per lakh population	41.5	<250

4) BARE FOOT DOCTORS ARE REAL HEROES OF TRIBAL AREAS.



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A 20 years aged male, tribal farmer patient, from village Gobarkahu had loose stools and severe dehydration. He came to VHW for treatment. VHW diagnosed him with severe diarrhea and treated him with ORS and Tab. Norfolk 400 mg. She also gave him health education on Diarrhea and basic hygiene so that he can prevent further episodes of severe diarrhea. After few days, the patient became normal.

HOSPITAL REPORT:- JANUARY – MARCH 2021

S. No.	Particular	Number
1	Hospital care Beneficiaries (OPD)	821
2	Total Hospital Inpatient Beneficiaries (IPD)	108
3	Critical Care Beneficiaries (ICU)	70

(Data till 8th March 2021)

1) When there is will, there is way. :

One 54 years old poor tribal male was admitted in serious condition in our infectious Intensive care unit. His diagnosis was Severe COVID 19, ARDS, Sepsis, Hepatitis, Hypoxia, Encephalopathy. He was put on oxygen and ventilator (non invasive) for 3 to 5 days and was given anti viral drug Remdesivir, Enoxaparin and steroid. Our staff treated with care, compassion and love for more than one week . There was danger of transmission of infection from the patient to staff. But no body refused to treat the patient. Due to dedicated efforts of our staff, the patient became normal. It would have cost more than 100000 Rs. In city. But we treated him in Rs. 500 because of donor like Mastek foundation etc.

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Figure 1: Severe COVID 19, ARDS, Sepsis, Hepatitis, Hypoxia, Encephalopathy on ventilator.

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Expenses.....

S. No.	Project	Expenses (INR)
1	Hospital care, HBCC, SAMMAN, MCPEPAG	40,00,000