

## MAHAN TRUST, MELGHAT.

### **Community based approach to improve health and nutritional status and to reduce deaths of tribal of Melghat, Maharashtra (Report April - June 2020)**

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 (34 Villages)**

Particular (Cumulative)	Figures of Performance	Target to be achieved at the <b>end 2022</b>	Rate achieved (%)
Total population in target villages	31732		
Total 0-5 years children in target villages	3063	Xxx	Xxx
Total under 5 children measured June 2020	2868	>90%	93.6%
Total Severe Malnourished	319	<14%	11.1%

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Children- as of June 2020			
Total SMCs treated in SAMMAN – April - June 2020	241		
Case fatality rate (CFR) of Treated SMC	0	<4%	0
Case fatality rate (CFR) of overall SMC	1 death (MRCP)	<10%	0.3%

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

#### SUCCESS STORY



1) One 2 year & 10 months aged girl from Tarubandha village was SUW. Her weight was 8.3 kg and height was 74 cm. She was enrolled for SAMMAN on 2-01-20 and was treated with local therapeutic food (LTF) and antibiotics. Her anthropometry on 29/6/20 was 8.9 kg and height was 77cm. She has now recovered from SUW.

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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.

34 Villages.

No. of 0-5 years patients treated by VHWS – April – June 2020	2162
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Intervention Area	Number of deaths	Impact achieved
Under 5 Mortality Rate.	10 deaths (102 live births)	98.03

#### SUCCESS STORY



1-year-old boy from Khidiki village, had some episodes of watery stools on 26<sup>th</sup> June 2020. VHW from village visited him and treated him with ORS. As there was no recovery from diarrhea in a day, VHW started him on Norfloxacin for 3 days. At the end of the treatment, the child was cured. Medical supervisor of village also visited that child. He is fine now and doing well.

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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 34 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 34 Villages		8087
Intervention Area	Impact achieved – January – March 2020	Targets to be achieved at the end of 2022.
MCPEPAG population	19862	
Total number of 16-60 years illness episodes treated by VHW	2567	
Total number of deaths	12	
Age specific mortality rate per lakh population	241.6	<250

#### SUCCESS STORY



During our BP survey, we found a farmer from Bibamal village whose BP was very high. He was soon started on antihypertensive drug by our VHW. Our VHW also educated him on life style modifications, provided him regular medicines at his home and checked BP weekly. He is also very compliant for taking medications regularly and his BP is under control. His recent BP was 130/90 mm/Hg.

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#### HOSPITAL REPORT: - APRIL - JUNE 2020

S. No.	Particular	Number
1	Hospital care Beneficiaries (OPD)	1627
2	Total Hospital Inpatient Beneficiaries (IPD)	167
3	Critical Care Beneficiaries (ICU)	116

#### SUCCESS STORY

One young poor tribal patient was admitted in intensive care unit of our hospital in very serious condition. He had DM, Severe HT, Acute myocardial infarction, CRF, Hypokalemia? Renal Tubular necrosis with Pulmonary edema with Sepsis with quadriplegia with Respiratory paralysis with Hypoxia with Coma. Our team immediately put him on Ventilator (Invasive endotracheal intubation) with oxygen and all essential drugs. He was on ventilator for 12 hours and on oxygen for 2 days. Due to our intensive perfect treatment at appropriate time, he became normal and started walking on 7th day. We could discharge him after 10 days. The fee was just 500 Rs. When similar ICU in cities would have charged more than one lakh Rs.

Due to COVID 19, when many of the hospitals stopped treating patients, MAHAN Mahatma Gandhi Tribal hospital staff without fear of infection, are treating patients since last 3 and half months without break for even a single day. We could save hundreds of serious patients, most of them are poor tribal at very nominal cost or free.

A critical care expert from Amaravati said, tertiary care at primary level.

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### Expenses.....

S. No.	Project	Expenses(INR)
1	Hospital care, HBCC, SAMMAN, MCPEPAG	53,57,000