

# Reduce Malnutrition & Death of 2000 Tribal People (24706)

(Report July - September 2020)

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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.

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## 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	Target to be achieved at the <b>end 2022</b>	Rate achieved (%)
Total population in target villages	31209		
Total 0-5 years children in target villages	2982	Xxx	Xxx
Total under 5 children measured September 2020	2794	>90%	93.7%
Total Severe Malnourished Children- as of September 2020	273	<14%	9.7%
Total SMCs treated in SAMMAN – July - September 2020	263		
Case fatality rate (CFR) of Treated SMC	0	<4%	0
Case fatality rate (CFR) of overall SMC	3 death (All less than 6 months of age)	<10%	1%

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

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## SUCCESS STORY

- 1) A 10 months girl child from Melghat was born on 30<sup>th</sup> December 2020. The baby was 1.5kg at birth. Her parents were separated after this child was born, her mother also had postpartum depression and couldn't give proper attention to the child. She had very poor weight gain over the first 6 months. We enrolled her to SAMMAN on 1<sup>st</sup> of August 2020, at enrollment her weight was 2.7kg, height was 54cm and (MUAC)mid arm circumference was 8cm, head circumference was 37cm. She was severe acute malnourished and severe underweight (SAM+SUW) as per WHO gradation. Her recent anthropometry on 29/9/2020 was 4kg, height 57cm and MUAC was 10cm head circumference was 38cm. She has gained 1.3kg over the period of 2 month and has now recovered from SAM. She will be continued to fed till January 2021.



*Before SAMMAN (Photo taken on May 9<sup>th</sup> 2020)*



*Photo taken on 29<sup>th</sup> September 2020*

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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 – July – September 2020	2903
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<b>Intervention Area</b>	<b>Number of deaths</b>	<b>Impact achieved</b>
Under 5 Mortality Rate.	8 deaths (132 live births)	60.60

(WE ACHIEVED THE TARGET OF REDUCTION OF U5MR TO LESS THAN 70)

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## SUCCESS STORY



1) A women from Melghat, delivered on 25<sup>th</sup> July 2020. The baby's birth weight was 2.190 kg. Our medical supervisor provided the mother, Kangaroo mother care (KMC) blouse, warm bag and baby blanket. Our supervisor intensively counselled the mother on importance of using KMC and exclusive breast feeding. The mother has regularly used KMC and our VHW have also given regular home visits to the child. At the end of 28 days, the baby had good weight gain 2.725kg and is well and healthy.



2) A 1 year 6 months girl child, from Melghat village had complaints of watery stool. The mother brought the child to VHW, on examination it was found that the child had acute diarrhoea with signs of mild dehydration. The VHW treated the child with ORS, Norfloxacin for 3 days, the child got cured and is fine now.

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.

<b>Total Behavior change communication beneficiaries in 34 Villages</b>		<b>5390</b>
<b>Intervention Area</b>	<b>Impact achieved – July – September 2020</b>	<b>Targets to be achieved at the end of 2022.</b>
MCPEPAG population	<b>19862</b>	
Total number of 16-60 years illness episodes treated by VHW	<b>3629</b>	
Total number of deaths	<b>12</b>	
<b>Age specific mortality rate</b> per lakh population	<b>245.80</b>	<250

MATERNAL MORTALITY RATE WAS ZERO.

SO WE COULD ACHIEVE TARGET OF ASMR AND MMR.

**SUCCESS STORY**



A 24 years woman from Melghat village, had fever – 102.2<sup>0</sup> F. She had body ache and chills. She approached our VHW for treatment. The VHW used rapid malaria test and she was tested positive for malaria; she was started on Tab. Chloroquine for 3 days and Tab. Paracetamol. After treatment now she is fine and has no other problem.

## HOSPITAL REPORT: - JULY - SEPTEMBER 2020

S. No.	Particular	Number
1	Hospital care Beneficiaries (OPD)	1659
2	Total Hospital Inpatient Beneficiaries (IPD)	170
3	Critical Care Beneficiaries (ICU)	118

**Success story:** One 68 years old poor tribal female patient was admitted in our intensive care unit. She was in comatose condition and was diagnosed as case of Diabetes mellitus with severe hypertension with **COVID 19** with diabetic ketoacidosis with urosepsis with salt loosing nephropathy (? Acute tubular necrosis) with Hypokalemia with Hyponatremia with severe Anemia with hypoxia with encephalopathy with quadriparesis. She was very serious and was treated with oxygen, Insulin, antihypertensive drugs, IV Fluids, antibiotics, Potassium and sodium, Iron and other supportive management. She was admitted in our hospital for one month. Due to poverty, her relatives did not take her to city for higher investigations and requested us to manage clinically in our hospital only. We accepted the great challenge and due to very meticulous treatment, she recovered and was discharged. The patient was treated at highly subsidized concessional rates and her life was saved in our tribal hospital in Melghat. We treated her for one month though there was high risk of infection transmission to our team.



## **Expenses.....**

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