

MAHAN Trust

Reduce Malnutrition & Death of 2000 Tribal People (24706)

(Report Jan- March 2019)

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, tribal goes to traditional faith healers/quacks (pujari & bhumkas) 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 (32 Villages)

Total severely malnourished children treated =189

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Particular (Cumulative)	Figures of Performance	Target to be achieved at the end 2022	Rate achieved (%)
Total population in target villages	29324	29324	100%
Total 0-5 years children in target villages	8234	8234	100%
Total under 5 children measured	6597	> 90%	80.12
Under 5 Children suffering from SAM	115	<1%	1.74
Total Severe Malnourished Children	645	<14%	9.78
Case fatality rate (CFR) of Treated SMC	0	<4%	0.00
Case fatality rate (CFR) of overall SMC	0	<10%	0.00

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

SUCCESS STORY



One, 2 years and 1-month aged boy, from Bibamal village was SAM & SUW (on 2-10-2018 his weight 8.500 kg & height was 76 cm). We started LTF to him from 2-10-2018 and on 29-01-2019, his weight was 10.250 kg & height was 78 cm respectively. He gained very good weight with the support of LTF and Medicines. Now he is out of severe malnutrition.

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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.

Activities and Impact 32 Villages

No. of patients treated by VHWs: -		1084	
Intervention Area	Number of deaths	Targets to be achieved at the end of 2022.	Impact achieved
Under 5 Mortality Rate. (per 1000 live births)	7	< 50	89.74
Live Births	78	-----	-----

SUCCESS STORY



A girl, 2 year- 9 Months aged, from Kokmar village, had coughing, difficulty in breathing, wheeze and fever (101.3-degree F). Her respiration rate was 48/ min for 3 days (from 9/2/2019). So VHW of the village diagnosed her as case of pneumonia and gave her treatment in the form of Syrup Asthalin, syrup Paracetamol, and Cotrimoxazole. As there was no significant improvement, in 2 days VHW stopped Cotrimoxazole and started dispersible tablet Amoxycillin. After 7 days of treatment, she had no sign and symptoms of pneumonia. She was cured. Kokmar is one of the most remote village in dense forest of Melghat. Death is only solution for such critical children as the primary health care is 35 km away from the village with very bad road through dense forest. Hence such treatment by VHW is an angel work.

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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 32 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.

MCPEPAG population:-.	15519	
Total number of beneficiaries: -	848	
Total number of deaths	12	
Intervention Area	Impact achieved	Targets to be achieved at the end of 2022.
Age specific mortality rate	309.3	<250 per lakh population
Prevalence of untreated and uncontrolled hypertension	5.6%	4%

SUCCESS STORY:-



A 45 years old female, residence of Ghota had loose motions with blood & mucus. VHW of the village gave her treatment in the form of ORS for 2 days & Tab. Norfloxacin for 5 days since 24/1/2019. After completion of the treatment on 30/1/2019, she was cured.

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Total Behavior change communication beneficiaries in 32 villages	4957
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HOSPITAL REPORT:-

Number of patient treated in OPD: - 1862 .

Number of Patients treated in Intensive Care Unit and wards: -201

Success Story

A 3 days male newborn child R/o Ranamalur presented in our hospital on 6/2/2019 at 10 am with sluggishness, not accepting breast feeds, week cry. He was diagnosed as case of Early Neonatal Sepsis. He was treated with IV fluids, IV Ceftriaxone & expressed breast milk feeds. Same day in the evening he had bradycardia, treated with Inj Adrenaline, Dexamethasone & Oxygen by face mask. He was better in the next morning. He was treated in hospital up to 8.2.2019. He was accepting breast feed well, Spo2 was normal and vitals were stable. He was discharged on request of parents on 8.2.2019 on oral Cefpodoxime, Zincovit & Vit. D drops. He was followed up & well after 1 week.



	Project	Expenses (INR)
1	Hospital care	7,12,636.88
2	HBCC, SAMMAN, MCPEPAG	25,56,171.00