

Community based approach to improve health and nutritional status and to reduce deaths of tribal of Melghat, Maharashtra (Report Jan to March 2018)

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 labourers, living below poverty line (>75%) & very hard life inkaccha houses(>90%) mostly without electricity & illiterate (>50%). Medical facilities are worst 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 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 (Old 10 Villages)

Particular	Figures of Performance	Target to be achieved at the end of 5 yr	Rate achieved
No. of villages covered in program	10	10	
Total population in target villages	8395	8395	
Total 0-5 years children in target villages	823	823	
Total under 5 children measured	717	> 90%	87.12 %

Community based approach to improve health and nutritional status and to reduce deaths of tribal of Melghat, Maharashtra (Report Jan to March 2018)

Under 5 Children suffering from SAM	11	<1%	1.33 %
Under 5 Children suffering from SUW	52	<10%	6.31
Under 5 Children suffering from SAM+SUW	8	< 1 %	1.11 %
Under 5 Children suffering from Severe Malnutrition (SAM or SUW or SAM+SUW)	71	<14%	9.90 %
Case fatality rate (CFR) of Treated SMC	0	<4%	0
Case fatality rate (CFR) of overall SMC	0	<10%	0 %

SAM=Severe Acute Malnutrition. SUW= Severe Underweight SMC = Severely Malnourished Child

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

New 20 Villages

Particular	Figures of Performance	Target to be achieved at the end of 5 Yrs	Rate achieved	Remark
No. of villages covered in program	16	20	80 %	
Total population in target villages	17080	21594	79.09 %	
Total 0-5 years children in target villages	1690 (9.89%)	2128 (9.85 %)	79.41 %	
Total under 5 children measured	1267	> 90%	74.97 %	
Under 5 Children suffering from SAM	74	<1%	5.84 %	
Under 5 Children suffering from SUW	165	<10%	13.02 %	
Under 5 Children suffering from Severe Malnutrition (SAM or SUW or SAM+SUW)	195	<14%	15.39 %	
Case fatality rate (CFR) of Treated SMC	0	<4%	0 %	
Case fatality rate (CFR) of overall SMC	0	<10%	0 %	

Success story:-

Akshara (Rashi) Thannu Bethekar, a 3 year and 7 months old, female child from village Keli was diagnosed as SMC with weight 6.360 Kg and Height 67 Cm, child was lethargic and had feeding difficulty. She is being treated from 16/01/2018 and today weight of the child is 7.00 kg and height is 69 cm. Today the child is active and plays well.

Community based approach to improve health and nutritional status and to reduce deaths of tribal of Melghat, Maharashtra (Report Jan to March 2018)



HBCC (HOME BASED CHILD CARE PROGRAM)

Aim of the Project

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

Activities and Impact old 10 Villages

No. of patients treated by VHWs :- 553

Behavior change communication – 7470

Intervention Area	Figures of Performance	Targets to be achieved at the end of 5 yrs.	Impact achieved	
Still Birth Rate	0	< 10	0	
Perinatal Mortality Rate	0	< 25	0	
Neonatal Mortality Rate.	1	< 25	18.51	
Infant Mortality Rate.	1	< 35	18.51	

**Community based approach to improve health and nutritional status
and to reduce deaths of tribal of Melghat, Maharashtra
(Report Jan to March 2018)**

Under 5 Mortality Rate.	1	< 50	18.51	
-------------------------	---	------	-------	--

Activities and Impact New 20 Villages

No. of patients treated by VHVs :- 0

Behavior change communication of beneficiaries – 3511

SUCCESS STORY

Natasha Sonlal Savalkar 8 months female child was diagnosed as case of Pneumonia since 3 days, with respiration rate 56/M and fever 101⁰F. The child was treated with Syp. Cotrimoxazole and Paracetamol. Now the child is well.



Community based approach to improve health and nutritional status and to reduce deaths of tribal of Melghat, Maharashtra (Report Jan to March 2018)

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.

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.

Report of old 10 Villages:-

Total number of beneficiaries :- 290

Total number of deaths in this quarter – 2

Intervention Area		Targets to be achieved at the end of 5 years	Impact achieved	
Age specific mortality rate	2	<250 per lakh population	153.40	
Prevalence of untreated hypertension (as per our survey in 2017 and out of total hypertensive detected)	112	<5%	4.68 %	

Success Stories:-

Mrs. Shamali Rajaram Bethekar, 38 years female from village Keli was presented with pain in abdomen and diarrhoea. She was given ORS and Tab. Norfloxacin. Now she is ok.

**Community based approach to improve health and nutritional status
and to reduce deaths of tribal of Melghat, Maharashtra
(Report Jan to March 2018)**



Report of New 16 Villages:-

No treatment started yet.

Number of 16-60 age group people screened for hypertension are:- 5682 out of which, 505 are found hypertensive. Prevalence of hypertension is 8.88 %

ASMR:- 330.85

Community based approach to improve health and nutritional status and to reduce deaths of tribal of Melghat, Maharashtra (Report Jan to March 2018)

HOSPITAL REPORT:-

Number of patient treated in OPD:- 1634

Number of Patients treated in ICU and wards :- 160

Success story:-

1) A one and half year male child named Abhimanyu Anil Bhilawekar residence of Ghotia presented with abdominal distention, respiratory distress and drowsiness. He was treated with antibiotics, IV fluids and Oxygen . He was relieved next day. Then he was discharged after 2 days on home treatment.

2) Aarvi Anil Bhilawekar a tribal female child of age 14 months, from the village Utavali presented at our hospital on 29/03/2018 with complaints of fever, cough, cold since 4- 5 days and respiratory distress since 1 day. She was admitted in our hospital and given IV fluids, Antibiotics, Oxygen, etc. After vigorous treatment she was relieved on 2nd day. She was treated for next 3 days and discharged on 1st April 2018 in normal condition.

