



MAHAN Trust

Report – October to December 2017

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 in kaccha 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

Particular	Figures	Target to be achieved	Rate achieved
No. of villages covered in program	10	10	
Total population in target villages	8132		
Total 0-5 years children in target villages	824		
Total under 5 children measured	703	> 90%	85.31%
Under 5 Children suffering from SAM	5	<1%	0.71%
Under 5 Children suffering from SUW	68	<10%	9.67%
Under 5 Children suffering from SAM+SUW	12	<14%	1.70%
Under 5 Children suffering from Severe Malnutrition (SAM or SUW or SAM+SUW)	85	<14%	12.09%
Case fatality rate (CFR) of Treated SMC	0	<4%	0
Case fatality rate (CFR) of overall SMC	1	<10%	1.1%



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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%.

Success story:-

Ku. Anushri Anil Dhande, a female Child from village Tarubanda was identified as SAM by Village Health Worker (VHW). Child had scalp abscess and temperature was 100°F. Child had reduced appetite and was lethargic. VHW removed the Pus manually. Patient was treated with Neomycin and Tab. Amoxycillin. Now appetite of child has improved and child is smiling.

HBCC (HOME BASED CHILD CARE PROGRAM)

Aim of the Project

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

Activities and Impact

No. of patients treated by VHWs:- 546

Behavior change communication of beneficiaries – 1536

Intervention Area		Targets to be achieved	Impact achieved	
Still Birth Rate		< 10	6.02	
Perinatal Mortality Rate		< 25	24.09	
Neonatal Mortality Rate.		< 25	30.12	
Infant Mortality Rate.		< 35	36.14	
Under 5 Mortality Rate.		< 50	60.24	
Birth Rate		< 25	20.41	

SUCCESS STORY

A male child, Aaryan Anil Dhande from Village Ghota was identified as SMC by VHW. Child had diarrhea from 2-3 days. Weight of the child on 08/12/2017 was 8.250 Kg. Child was given ORS and Tab. Norfloxacin for 3 days. After completion of treatment, child improved and weight of the child is 8.345 Kg.



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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.

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 number of beneficiaries in this quarter – 1045

Total number of deaths in this quarter – 1

Intervention Area		Targets to be achieved	Impact achieved	
Age specific mortality rate		< 250 per lakh population	93.12	
Prevalence of untreated hypertension (percentage of total hypertensive patients detected during last year survey)		< 5%	0.75%	

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Report – October to December 2017



Success Stories:-



1. Seema Ajay Jamra, 22 Yrs. Female from village, Chitri presented with the complaints of pain in abdomen, watery loose motion 4-5 times a days. She was diagnosed as patient of Diarrhea with dehydration. Our village health worker treated that patient with Oral Rehydration Solution and Tab. Norfloxacin 400 mg BD for 3 days. The patient was saved.
1. Kavita Shankarlal Dhande, 33 year female from village Berdabalda was 10th gravida (pregnant for 10th time). She was severely anemic with hemoglobin of 4 Gm %. It was high risk pregnancy. Our staff provided frequent antenatal care and behavior change communication. Her Weight gain, Blood Pressure and consumption of Iron and folic acid Tablet was monitored. At the end of 8th month, her HB was 7.3 gm %. She delivered normal baby.
2. Shobharam Sonu Jambekar, 40 Years old patient from village Ghota was identified as a case of Tuberculosis. Weight of the patient was 40 Kg. Due to our screening and mobilization the patient was started on anti TB treatment. Patient was reluctant for regular medication. But after regular follow up and counselling by our field staff, patient has completed the treatment. Now his weight is 49 Kg and improved a lot.
3. [HOSPITAL : MAHAN MAHATMA GANDHI TRIBAL HOSPITAL](#)

Aim of the Project

To reduce deaths of tribal and improve their health.

Activities and Impact

Treatment of patients by expert physician and pediatrician.



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1. Number of patients treated in hospital : 2054.
2. Number of patients admitted: 282
3. Serious patients saved : 62
4. **Success stories:**

Harshraj Rajesh Patore 12 years male child was admitted in our hospital on 15 December 2017 at 4 pm in unconscious state. He was suffering from cerebral malaria. He was treated intensively with Antimalarial drugs and supportive intensive care.

He responded dramatically and was conscious next day morning. Finally, he was discharged on 20-12-2017 in a fully normal state.



FINANCIAL PROJECTIONS

<u>PROJECT</u>	<u>EXPENSES THIS QUARTER</u> <u>Rs.</u>	<u>PROJECTION FOR NEXT QUARTER</u> <u>(Rs.)</u>
<u>HBCC</u>	758831	800000
<u>SAMMAN</u>	156657	300000
<u>MCPEPAG</u>	42854	300000
<u>HOSPITAL</u>	1053452	1000000

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