



MAHAN
Trust

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Report July to September 2018.

GLOBAL GIVING REPORT JULY-SEPTEMBER 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).

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Activities and Impact (32 Villages)

Particular	Figures of Performance	Target to be achieved at the end of 5 yr	Rate achieved
No. of villages covered in program	32	32	
Total population in target villages	30007	30007	
Total 0-5 years children in target villages	2823	2823	
Total under 5 children measured	2608	> 90%	92.38 %
Under 5 Children suffering from SAM	10	<1%	0.38%
Under 5 Children suffering from SUW	177	<10%	6.78 %
Under 5 Children suffering from SAM+SUW	56		2.14 %
Under 5 Children suffering from Severe Malnutrition (SAM or SUW or SAM+SUW) at the end of September	243	<14%	9.31 %
Under 5 Children suffering from Severe Malnutrition (SAM or SUW or SAM+SUW) treated.	320	200	>100%
Case fatality rate (CFR) of Treated SMC	2	<4%	0.62%
Case fatality rate (CFR) of overall SMC	2	<10%	0.82 %

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 were two deaths amongst treated SMCs and hence we could achieve WHO target of CFR of <4%.

Success story:-

In Keli village, 1 yr 9 month age girl had wt. 6.785 kg & length 74 cms and she was in SAM & SUW due to neglect by mother. Mother was alcohol addict. She was counselled by our BCC supervisor about deaddiction. Mother was convinced and she stopped drinking alcohol. She child was in SAMMAN from 14-6-18. The child improved to weight 7.210 kg on 25.7.2018 with >10 gm/day weight gain.

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2) 45 months girl from Pohra village had wt. 10.270 kg & Ht. 79.5 cms. She was SUW child and was included in SAMMAN on 7-6-18. She improved to Wt. 11.950 kg on 26-7-18 and upgraded to MUW. Her wt. gain was 3.28 gm/kg/day.





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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 old 10 Villages

No. of U5 patients treated by VHWs :- 778

Behavior change communication Beneficiaries– 9201

Beneficiaries felt BCC useful:- 7272 (79.03 %)

U5 Mortality:-

Intervention Area 32 Villages	Figures of Perform- ance	Impact achieved
Still Birth Rate	7	43.47
Perinatal Mortality Rate	9	55.9
Neonatal Mortality Rate.	13	84.4
Infant Mortality Rate.	17	110.4
Under 5 Mortality Rate.	21	136.4

SUCCESS STORY

30 month old girl from Pohara village had Pneumonia on 12-7-18. She was treated by our VHW with Cotrimoxazole & Paracetamol and got cured in 1 week.

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2) 3 years male child R/o Dabhyakheda had fever with difficult breathing. He was drowsy for 2 days with Resp. Rate 46/min. He was treated for pneumonia by our VHW with Co- Trimoxazole & Paracetamol for 7 days. The child is 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.

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:- 559

Total number of deaths in this quarter –3 (including one maternal death)

Intervention Area 9 Villages	No.	Targets to be achieved at the end of 5 years	Impact achieved	
Age specific mortality rate	3	<250 per lakh population	229	
Prevalence of untreated hypertension	112	<5%	4.68 %	

Success Stories:-

1) 35 years old female, R/o Berdabalda was having Diarrhea, Vomiting & Dehydration with abdominal pain since 3 days. She was treated by our VHW with ORS, Tab. Domperidone & Norfloxacin for 3 days. She became normal after 3 days treatment.



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Report of New 22 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:- 242.13 (8 Deaths in 3 months, Population 13216)

HOSPITAL REPORT:-

Number of patient treated in OPD:-	2854
Number of Patients treated in ICU and wards :-	274
Deaths in Hospital:-	0

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