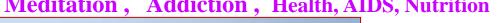
MAHAN Trust

Meditation, Addiction, Health, AIDS, Nutrition





Melghat (320) & Madhya Pradesh-(100) Tribal villages.

Base hospital at Karmagram, :800 kms from Mumbai.

Dr. Ashish Satav (M.D.), President,







Vision

Self Sustainable Healthy Human Being. To become the best health institution for tribal area of India with an goal to uplift the health and nutrition of tribal

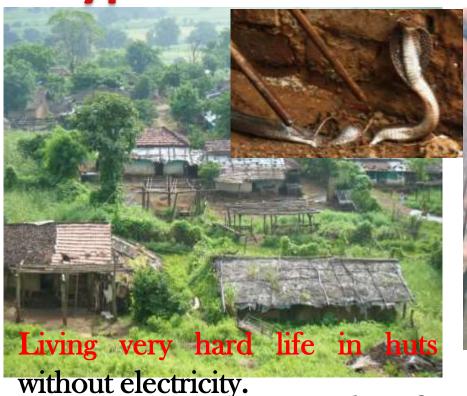
• Mission:

Health service to the last tribal of India with dedication & principle of service, role model through research & strengthening of govt. system.

Source of Inspiration

 Gandhiji's clarion call for youths to go back to the villages for village reconstruction and to serve rural India.

Typical tribal village & Huts(Melghat)





Traditional Health Care

Population: 3,00,000
Korku: Major

Korku: Majo tribe

Most of the tribal(>90 %)

Poor: farmers or laborers.

Damma



Lack of proper Health facilities & superstitions.

■ Tribal: traditional faith healers for treatment.

Very high premature deaths & Malnutrition.





Our Programs-Impact

Home based Child Care Program & SAMMAN (Reduced child mortality and severe malnutrition by > 67%, 80% respectively)

RSV study

Policy changes

(15 state Health and nutrition policies)

Sustainable Nutrition Program (>5000)

Well equipped Hospital

Critical patient saved>1800. Patients benefited >94,000.

Mortality Control Program for 16-60 years

(Reduced deaths by > 50%)

UMANG De-addiction Program

(3 villages free from social drinking, hundreds left addiction)

Counselors Program

(Benefitted 3 lakhs patients, saved hundreds of children and pregnant mothers)

Blindness Control Program

(>20,000 patients given vision, >1700 eye surgeries)



Curative Activities -cost effective.





Initial OPD, Indoor hospital, field visit: > 94000 patients treated.

Specialty Camps (>311)

>20,987 patients: treated

Treatment of serious patients (coma & heart attack) >1800 pillars

saved.



Surgery Camp

(852 Patients benefitted -very cost effective model.)



Severely
Malnourished
& severely
anemic child
with cleft lip
(no mother
and father).









6

Patient of post burn contracture can move her neck after plastic surgery.

Blindness control program

Dr. Kavita Satav



1. Bilaterally blind patients at home.



Intraocular Lens Implantation

Door to door Eye check up (152744 people, > 450 villages)



Post operative patients.

Surgery (>1700 eye surgeries)

Independent life after **IOL Surgery**



Home based treatment by VHW

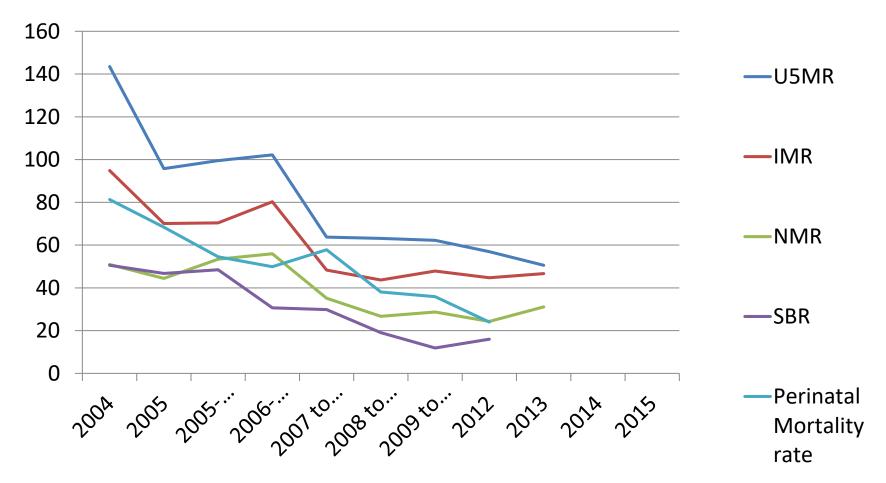
(> 69461 children have been treated)
Cheapest but effective health care for tribal area.
(Rs.132 per child)

Replicable model for tribal and rural area.





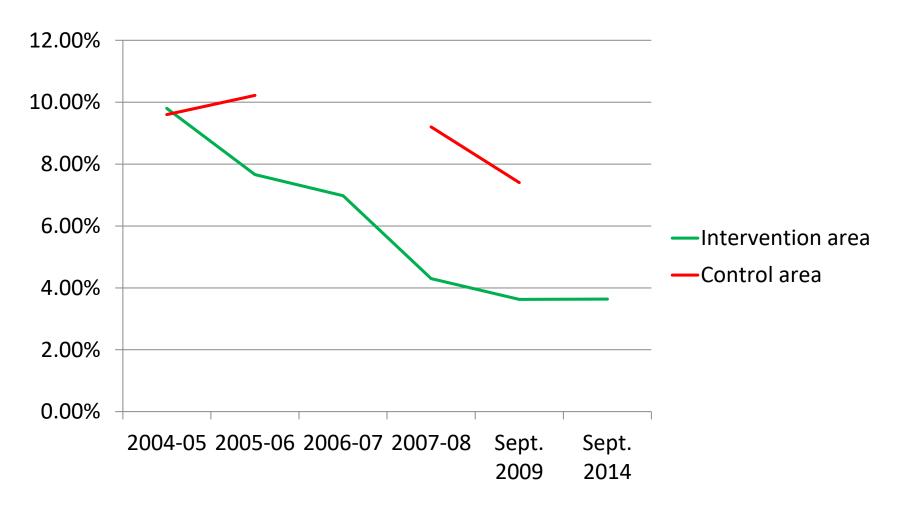
Significant reduction (p< 0.0001) in child deaths (0-5 years children) by 63.87% in intervention area.



Cost effective, acceptable and replicable model



Prevalence of severe malnutrition (IAP: Gr. 3, 4) during the study



Statistically significant (p< 0.0001) reduction by 67%

Effect of home based treatment of severe malnutrition-SAMMAN.

Lakshmi Before Treatment



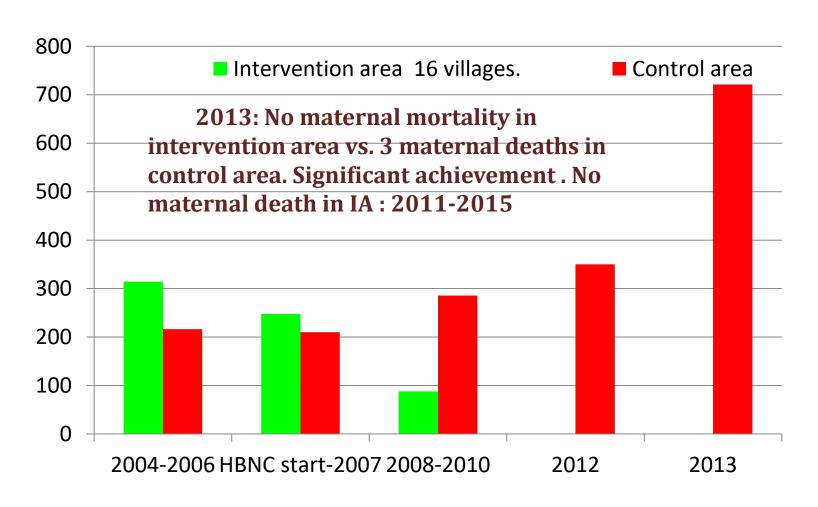


After Home Based Treatment



We could save >1155 severely malnourished children by their treatment. CFR <1%. Very Satisfactory achievement. (WHO target <4% deaths in SAM children on treatment). Cost effective replicable model.

Maternal Mortality Rate (per 1,00,000 live births)



Mortality control program for economically productive age group: RCT.

Prevented development of orphan children.

Treated > 46200 patients. Reduced HT > 50%.





Counsellor Program for Govt. Hospitals



- Innovative monitoring of govt. hospitals by NGO-1st time.
- Increased hospitalisation of severely malnourished children(12 times) and hospital deliveries (twice).
 Statistically significant Improvement in Hospitalized severely malnourished babies. P < 0.0001.
- Improved quality of 17 hospitals' care, esp. quality of food served to severely malnourished babies in hospitals, treatment, improved referral services (ambulance & number of serious patients).
- High leverage-cost effective (17 Rs./patient) –wider systemic impact.
- Replicated –Rajasthan. Verge of replication- Maharashtra.



Govt. Policy changes due to MAHAN=15

- 'Village Child Developmental Centres' (VCDC)-
- Special care by govt. to all severely malnourished children-SAM, SUW.(Revised criteria of SMC).
- Antibiotic use by ASHA workers.
- Empowerment of female tribal SHGs.
- As a result of above hundreds of child deaths have been prevented. (>5 lakh children benefitted).

Policy Level Membership

- 'European Society of Paediatric Research'.
- 'Bhavishya Alliance', an international trisectorial partnership for reducing malnutrition.
- Joint review mission of govt. Of India for MDM and school health.
- State level 'Village Child Development Centre' Committee of 'Rajmata Jijau Mission' of Mah. Govt.
- Regional representative of advisor to commissioner of Honourable Supreme court. (Food security bill).
- Antibiotic use by ASHA workers –state committee.
- Committee of VSDB on tribal health by hon. governor.

Kitchen Gardens and Nutrition farms (>6000)



Project Aim: To provide sustainable source of nutrition to children.

Key activities: developed > 4102 nutrition gardens, >1921 nutrition farms.





Paper presentation in international conferences/ symposia/ workshop etc.

 16 Research papers accepted/ presented in international conferences.

 Published 5 research papers in international journals. E.g. PLOS ONE, Nature, LANCET quoted our research.

Many papers in national conferences.



Recognition of impact.



Testimonials

Dr. David Mukanga, Bill & Melinda Gates foundation, USA.

Awards

- 1. WHO-Public Health Champion Award.
- 2. REAL Global award by Save the Children, International.
- 3. Best Tribal Health Research Project Award by ICMR
- 4. Oberoi Melting Pot Award by consulate Generals of 26 countries and Rotary International.
- 5. Certificate of Merit by World CSR forum of 130 countries.
- 6. Spirit of Humanity Child health Nutrition Award from Americare Foundation.
- Very impressive and humbling work and focus. Dr. Ashish & Kavita. Look forward to stay in touch and hopefully working together one of these days.

MAHAN's Future Plans: Think Globally act locally.

- Replication of our successful models & Policy enhancement in most impoverished world.
- Tribal Medical college.
- Helicopter ambulance.
- Deaddiction : Yoga & Meditation.
- Financial need of MAHAN, Annual (2016-17) = Rs.**2.4 Crores.**