

MAHAN NEWSLETTER (October to December 2016)

I. BACKGROUND

Melghat is hilly forest poor tribal backward area of Maharashtra with very high under 5 Children deaths, malnutrition and deaths in economically productive age group.

II. LIFE IN MELGHAT

Korku is the Major tribe and lives life in very difficult conditions.

SUMMARY OF WORK

Research Project:

Feasibility study: Tracking community mortality due to Respiratory Syncytial Virus (RSV).

This project has been started from September 2016.

Project Aim:

To have accurate estimation of RSV related mortality and morbidity in the community and hospitals in U2C. It will be useful for future RSV vaccination in world. So it will affect global vaccination policy.

Activities:



International conference conducted in MAHAN, delegates from 10 different countries attended the conference

Nasal swab collection from the dead children and children suffering from Pneumonia or any seriously ill child in community or hospitals by village health workers and counselors from 95 villages and 18 hospitals.

Conducted international scientific advisory committee meeting .

Impact: >390 nasal swabs collected. Rapport in 95 villages have been developed.

Service-based interventions

SAMMAN: (Community Based Management for severely malnourished Children: SMC) :

It was withheld from Jan. to July 2016 due to unavailability of MAHAN MIN-MIX. It is started since August 2016 as service phase.

Project Aim: To reduce malnutrition and death in <5 children (Severe underweight - SUW & severe acute malnutrition - SAM) by locally prepared RUTF by Village health workers -VHW.

Outcome of 111 Severely Malnourished Children (SMCs) :
(SAM-36, SUW-106)

Recovery rate : for SAM : 69.44 % , for SUW : 48.11%

(Comparable to any international standard for SAM and better than any international work for SUW)

Case Story:

1. Amol Premlal Bhilavekar , 1.5 yr. tribal boy was severely malnourished (SAM & SUW) in Sept. 2016. He was put on locally prepared therapeutic food and drugs for 3 months. He improved after 3 months and become normal .

HBCC (Home Based Child Care Program)

Project Aim:To reduce child deaths and malnutrition in <5 children.

Key activities:

No. of patients treated by VHWs	846
Behavior change communication of beneficiaries.:	1456

Impact:

Significant reduction in child deaths in intervention area.

SN	Particulars- Intervention Area	Figures		
A	No. of still births	0	Still Birth Rate	0
B	No. of Neonatal Deaths	0	Neonatal Mortality Rate.	0
C	No. of Infant deaths (Post neonatal deaths)	0	Infant Mortality Rate.	0
D	No. of child deaths(1-5 yrs.)	1	Under 5 Mortality Rate.	11. 24
E	No. of live births	89	Birth Rate	36

Challenges in near-term: How to scale it up and sustain?

Nutritional status of <5 children :

Sr.No.	Indicator	Number	%
1.	Children measured	716	89.28
2.	SAM children	30	4.19
3.	SUW children	105	14.66
4.	Grade III children	31	4.33
5.	Grade IV children	4	0.56
6.	SAM/SUW/Gr III+IV.	116	16.20

Case Story:

In Tarubanda Village, Sangeeta Renglal Mavaskar, delivered a girl child on 16-12-2016. She is already having 1 girl child. Her husband was out of village for wages. He became angry with the new daughter and told the wife to leave home with babies or die herself before he come back; or he will commit suicide. The family was very unhappy. Due to this tension, mother had problem with breast feeding. Our Med Supervisor visited the family many times and convinced for breast feeding. She also convinced the family & husband on phone. They all accepted the new girl child and the tension relieved. So the baby is well now with good weight gain. Thus due to proper patient handling & counseling by supervisor, 3 lives saved, one family relieved and baby is also well accepted now.

MCPEPAG (Mortality control program for economically productive age group)

Project Aim: To reduce death in the age group of 16-60 years.

Key activities: Treatment of patients of Hypertension, Diarrhea, Malaria, Pneumonia by VHW in village itself and referral of TB, Coronary Artery Disease & other diseases for confirmation & management. Behavior Change Communication was done.

Impact : The Age Specific Mortality Rate (ASMR) was reduced significantly to 296.68.

Total Beneficiaries- 195

Case story:

It's a story of perseverance and self realization both on the part of supervisor, village health worker and the patient

The patient Bajarangsing Pawar, 40 yrs male from Village Kot , had sustained high BP and had been observed regularly for the same. The BP used to be in the range of 154/99 to 150/94 .

Upon investigation it was observed that the patient has an addiction to tobacco. Village health worker and supervisor has done counselling for tobacco de-addiction. Sustained counselling was done along with proper habits of diet viz fibrous vegetables, fruits. Specific emphasis was given on low oil consumption and low meat consumption. As expected and normal the way of return was not simple. Initially there was total ignorance to change. Despite of the inertness of the patient to change the habits there was a sustained effort by the village health worker. The supervisor also used to talk to the patient every visit. The perseverance by the team ultimately made some impact and the ice started melting down. One of the major catalyst / success factor was the village health worker being from the same village community. Patient decided to give up tobacco for 1 week, and that was the turning point of his life. He found his BP coming to normal in the range of 111/81 83 - 114/82/81. And eventually gave up tobacco completely.

Till the date when ever there is health assessment in the village, the patient comes for BP assessment and is quite cautious about the same. He thanks the team for showing him the correct path.

BLINDNESS CONTROL PROGRAMME

Sr.no.	Indicators	Numbers	Percentage
1	Total villages screened	50	
2	Total population screened	11206	80
3	No. of people found with eye disorders	638	5.7
4	No of patients with cataract (MSC)	166	1.35
5	Total school going children screened	2325	84
6	No. of students found with eye disorders	239	10.3
7	No. of people/students with Vit A deficiency	89	3.8
8	Total Vit A supplementation	89	100
9	Total cataract surgeries done	19	

Field stories-

Story no.1

Richu Dhurve 60 yrs. Old poor tribal lady from village Pankhallya was blind due to bilateral cataract. She wasn't even able to perform her routine activities. Due to poor socio-economic status she did not have enough money to travel to hospital. During field visit, our team

informed her about the free services to poor tribal. She was ready for surgery but was frightened due to certain misconception about cataract surgery. But we could counsel her and she was operated for cataract in our hospital free of cost. She can see the world now and perform her daily activities. There is no limit for happiness.

Photos-



Dr.Kavita Satav operating cataract patient



Cataract operated patients

MAHAN Mahatma Gandhi Tribal Hospital

Project Aim:

To improve health status of poor tribal of Melghat by reducing deaths and malnutrition and by providing emergency medical care to serious patients, etc.

ACHIEVEMENT:

The work done in Hospitals in April to June 2016

OPD			Indoor /admitted in hospital			
No. of Pts.	Paid	Free	No. of Pts.	Paid	Free	Deaths
1246	220	1025	214	34	180	1

Plastic Surgery Camp: 108 patients were operated free of cost e.g. cancer of lip, huge post burn contractures, cleft lip, etc.

Dental camp: More than 150 patients treated in villages and surgeries were done for >10 cases.

Case story:

1. A very critical 55 years old poor tribal patient was admitted in our hospital with acute myocardial infarction (heart attack) with congestive cardiac failure with pulmonary edema with severe anemia with hypoxia. He was treated in our hospital and on 6th day , he became normal and could go home in good condition.

COUNSELOR'S PROGRAM

Aim: To strengthen the government health system and mobilize the patients for hospital care

Key Activities and achievement:

S.no	Description of activity	Total	Percentage
1	Total Out Patient Department OPD	60240	
2	Total Patient admitted in hospital Department	4709	
3	Total IPD patients retained by counsellor till full treatment	3927	83.39%

4	Total severely Malnourished Child admitted in the hospital	202	
5	Total severely Malnourished Children presented in OPD and admitted in the hospital by the efforts of Counsellor.	129	63.86%
6	Total severe Malnourished children admitted in Hospital who were brought from home by Counsellor	36	17.82%
7	Total severe Malnourished Children Promoted by Counsellor to stay in hospital for more than 3 days	161	79.70%
8	Total Hospital Delivery	623	
9	Total Women promoted to stay in hospital for more than 2 days after delivery by counsellor	621	99.67%
10	Total Patients counselled by counsellor	8035	13.33%
11	Total patients and their families who received health education with the help of flip charts by counsellor	4601	57.26%
12	Total referred patients accompanied by counsellor while going to higher hospital	319	36.08%
13	Total Immunization camps with participation by counsellors	329	
14	Total patients helped by counsellor for Sonography	157	
15	Total patients helped by counsellor for Blood supply	173	

UMANG Project

Project AIM:

To improve nutrition and socio-economic status of Tribals to reduce addiction.

Impact of Umang Project.

1) Kitchen garden, Nutrition farm &swavlambi farm Rainy Season Oct to Dec. 2016

We are succeeded to develop **627 Kitchen Gardens, 659 Nutrition Farms & 14 Swavlabhi farm** in **15 villages** during rainy season.

We succeeded to **produce**

13279 kg of food material including green vegetables, pulses, cereals, oil seeds, etc. Most of the produce was consumed by the family. It act as good source of nutrition to children and has prevented malnutrition.



Nutrition Farm Village
Pohara



Photo:kitchen garden chitri



Gram Safai-village cleanliness drive.

AWARDS AND FELICITATION :

- 1) Yashwantrao Chavan award

Other Important

1. Dr. Satav prepared policy draft for reducing deaths of ashram school students from tribal area of Maharashtra . It was shared with honourable Governor of Maharashtra, minister, secretary and IAS officers of government of Maharashtra.
2. **Dr. Satav presented research paper of reducing child deaths and malnutrition in London HBGDKi-conference organised by Gates foundation, welcome trust, USAID, Govt. Of Canada and UK, etc. as key note speaker. It was applauded .**
3. **Visit of 16 international scientists to MAHAN center and Kokmar village.**
4. **Meeting with UNICEF regarding replication of MAHAN research in 100 tribal villages of Maharashtra.**
5. Dr. Shinde presented our research in national tribal conclave in Jamshetpur.
6. Meeting with BAJAJ Auto CSR team.
7. Presentation and felicitation by senior citizen of Nagpur.
8. Visit of Jagdale IAS , Managing Director , Maharashtra State Co-op.Tribal Dev. Corporation, Ltd. Visit to MAHAN center.
9. Chief guest for Praram Kala Academy, Mumbai.
10. Construction of DR. GM Taori-Caring Friends Tribal Health Research Centre started.