

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

Particular	Figures of Performance	Target to be achieved at the end of 2022	Rate achieved
No. of villages covered in program	10	10	100%
Total population in target villages	8400	8400	100%
Total 0-5 years children in target villages (Average)	879	879	100%
Total under 5 children measured (Average)	712	> 90%	81 %

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Under 5 Children suffering from SAM (Only SAM+SAM&SUW)(Average)	48	<1%	6.78%
Under 5 Children suffering from SUW (Only SUW + SAM&SUW) (Average)	82	<10%	11.56%
Under 5 Children suffering from SAM+SUW(Average)	25		3.51%
Under 5 Children suffering from Severe Malnutrition (SAM or SUW or SAM+SUW) (Average)	105	<14%	14.84 %
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

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 2022	Rate achieved	Remark
No. of villages covered in program	22	20	>100 %	
Total population in target villages	19878	18070	>100 %	
Total 0-5 years children in target villages	2009	1826	>100 %	
Total under 5 children measured	1592	> 90%	79.24 %	
Under 5 Children suffering from SAM (Only SAM+SAM&SUW)(Average)	74	<1%	4.62 %	
Under 5 Children suffering from SUW (Only SUW + SAM&SUW) (Average)	236	<10%	14.82 %	
Under 5 Children suffering from SAM+SUW(Average)	53		3.35%	
Under 5 Children suffering from Severe Malnutrition (SAM or SUW or SAM+SUW)((Average)	256	<14%	16.10 %	
Case fatality rate (CFR) of Treated SMC	0	<4%	0 %	
Case fatality rate (CFR) of overall SMC	0	<10%	0 %	

There was not a single death amongst treated SMCs and hence we could achieve WHO target of CFR of <4%.

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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 patients treated by VHWs: - 534

Behavior change communication – 9426

Intervention Area	Figures of Performance	Targets to be achieved at the end of 2022.	Impact achieved	
Still Birth Rate	1	< 10	18.18	
Perinatal Mortality Rate	2	< 25	36.36	
Neonatal Mortality Rate.	1	< 25	18.18	
Infant Mortality Rate.	2	< 35	36.36	
Under 5 Mortality Rate.	3	< 50	54.55	
Live Births	55			

Activities and Impact New 20 Villages

No. of patients treated by VHWs: - 127

Behavior change communication of beneficiaries –5987

Intervention Area	Figures of Performance	Targets to be achieved at the end of 2022.	Impact achieved	
Still Birth Rate	3	< 10	15.54	
Perinatal Mortality Rate	6	< 25	31.02	
Neonatal Mortality Rate.	3	< 25	15.54	
Infant Mortality Rate.	3	< 35	15.54	
Under 5 Mortality Rate.	5	< 50	25.93	
Live Births	193			

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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:-

MCPEPAG population 5515.

Total number of beneficiaries:- 730

Total number of deaths in this quarter – 6

Intervention Area	Deaths	Targets to be achieved at the end of 2022.	Impact achieved	
Age specific mortality rate	6	<250 per lakh population	435.18	
Prevalence of untreated hypertension May-June 2018 and out of total hypertensive detected)	67	4%	2.45 %	

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Report of New 22 Villages: -

MCPEPAG population 12645.

Total number of beneficiaries: - No treatment started yet in new 22 villages.

HOSPITAL REPORT:-

Number of patient treated in OPD:- 2253.

Number of Patients treated in ICU and wards :- 356

SUCCESS STORY:-

- 1) A 28 years young poor tribal man was not able to walk due post-burn contracture of both knees for one year. He was disabled/handicapped. Due to poverty, he could not be operated outside. He was also suffering from Hepatitis B and hence few hospitals refused his surgery. Our team of dedicated doctor under able leadership of Dr. Gahankari operated him free of cost without any fear at risk of own lives. We hope he will be able to walk normally after few months. I salute to the team for very difficult surgery.
- 2) Fifty-year-old poor male patient was serious and suffering from Acute myocardial Infarction with pulmonary edema with hypoxia with cardiogenic shock. He has been admitted in our intensive care unit and was put on ventilator, oxygen, Low molecular weight Heparin, etc. He is alive and improving. We could save one precious life.

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- 3) Three 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.



- 4) One 1.5 years female child was brought to hospital on 22.11.2018 having severe Otitis Media. She was treated with antibiotics and cured in a week.

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- 5) One year old male child of Rora had come to hospital on 15-12-2018 having severe scabies. He was treated with Amoxicillin, Permethrin & cetirizine for 1 week. He relieved in a week.

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