Community based approach to improve health and nutritional status and to reduce deaths of tribal of Melghat, Maharashtra

Concept Paper

Institution responsible for the project: 'MAHAN', Melghat

Area of study: Melghat, Maharashtra and Madhya Pradesh (tribal area)

Background:

Melghat is a hilly, forest, difficult-to-reach tribal area (>4000 km^2) in Amravati district of Maharashtra state, Central India, having population of 3,00,000 scattered over 320 villages, distributed in 2 blocks (Dharni & Chikhaldara).

In Melghat, tribal population is >75%. Tribal are poor farmers with <1 hectare land or labourers living in huts. This underprivileged area had poor transportation, education and health care delivery system.

A study done by MAHAN revealed following major problems-

1) Severe malnutrition: > 20%
2) Very high mortality rate (0-5 years and 16-60 years)
3) Poor sanitation: > 90% people practice open defecation.
4) Water scarcity: Inadequate water for domestic & agricultural needs.
5) Poor agricultural practices
6) Addiction: Tobacco & alcohol

Objectives:

1. To reduce under 5 children mortality & infant mortality by at least 35% in usual resident population of 50 tribal villages of Melghat over a period of 5 years.
2. To reduce prevalence of severe malnutrition by at least 35% in above setting.
3. To reduce the age specific mortality rate & hypertension (16-60 years) by at least 20%in above setting.
4. To reduce maternal mortality rate by at least 35% in above setting.
5. To reduce harmful behavioural practices related to sanitation, health and nutrition by at least 20% in above setting.
6. To reduce the prevalence of tobacco and alcohol addiction by at least 25% in 15 villages of Melghat over 5 years.

Duration of Project: 5 years (2015-16 to 2019-20)

Interventions:

1 KAP studies

To study the prevalent knowledge, attitude and practices of the community regarding health, nutrition, water, sanitation and agriculture. This will be a base for planning management package.

2 Home Based Child Care (HBCC)

Provision of home based health care to pregnant mothers, newborn babies and under –5 children in phase wise manner through a trained semiliterate local female village health worker (VHW) under medical supervision by trained medical supervisor.

3 Community based management of severe malnutrition (SAMMAN)

It consists of community based treatment of severely malnourished children along with treatment of associated infections and behaviour change communication of parents.

4 Mortality Control Program for Economically Productive Age Group (MCPEPAG)

It consists of detection and management of hypertension, cardio-vascular diseases, TB, infectious diseases, etc. in the age group of 16-60 years by VHWs.

5 Behaviour Change Communication

Harmful community practices like open defecation, eating without hand washing, improper nutrition, alcohol addiction, etc. are most important underlying causes of morbidity and mortality of tribal. Change in behaviour is the strong tool for reducing prevalence of malnutrition, child deaths and deaths among elderly in long run. Intensive behaviour change communication activities in the form of flip-chart, group discussions, audio-visual shows, community meetings, street plays, self-help groups, child to child health education, demonstrations, etc. for nutrition, illnesses, hygiene and sanitation, addiction, safe water and agriculture.

6 De-addiction program

Tobacco and alcohol de-addiction management through medicines, individual and family counselling, Yoga & Meditation, behaviour change communication and rehabilitation. These activities will be implemented in 15 villages through trained local Yuva-doots.

7 **Hospital:** The needy patients will be treated by our specialists in our hospital at Karmgram.

GANNT Chart(Timeline):

Activities	2016				2017				2018				2019				2020			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Correspondence with funding agencies	√																			
Villages selection and villagers' consent		√	√																	
Selection of Staff		√																		
Training of staff		√	√	√	√	√	√	√	√											
KAP study			√	√																
Data collection		◄	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	►
Refresher Training of staff			√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√
Intensive behavior change communication			◄	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	►
Treatment of illnesses			◄	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	►
De-addiction activities			◄	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	►

Resources required:

1 Human Resources

Sr. No.	Human resource	Number
1	Project Director	1
2	Pediatric Consultants	2
3	Chief Administrative Officer	1
4	Psychologist for de-addiction	1
5	Project Managers	5
6	Nutrition Consultant	1
7	RUTF Manager	1
8	Statisticians and Data entry managers	1
9	Training Coordinator	1
10	Data entry operators	8
11	Senior Medical supervisor cum trainers	3
12	Senior BCC supervisor cum trainers	2
13	Medical supervisors	8
14	Nutritional Supervisors	3
15	BCC supervisors	5
16	Data Collection Supervisors	5
17	De-addiction supervisors (15 villages)	3
18	RUTF supervisors	4
19	Village Health Workers (MCPEPAG + HBCC)	50
20	Village Health Workers (SAMMAN)	50
21	Village De-addiction Workers (15 villages)	15
22	Village BCC workers	50
23	RUTF worker cum cooks	15
24	Accountant	3
25	Store Keepers	1
26	Purchase Officer	1
27	Campus supervisors	1
28	Medical equipments, Medicine store keeper cum pharmacists	3
29	Clerks	3
30	Drivers	5
31	Attendant cum sweepers	3
32	Watchmen	2
33	Traditional Birth Attendants (External stakeholders)	100
34	SHG's of 10 persons each (External stakeholders)	50

2 Material & Equipments

Working under Progress

3 Budget for 50 villages for one year: Rs. 2,74,31,000/- or USD 4,05,364.

Particulars	Amount (Rs.)	Amount (USD)
Honorarium	11,110,000	164,179
Training Camp	505,000	7,463
Blankets for New Born Baby	39,300	581
Cell & Charger	22,000	325
Electrical Repair Expenses	10,000	148
Field Conveyance	797,000	11,778
Freight & Carting	150,000	2,217
Fuel & Diesel	630,000	9,310
Gas Cylinder Refilling	110,000	1,626
Groceries	3,600,000	53,199
Hand-watches for VHWs	25,000	369
Health Care	50,000	739
Health Education	500,000	7,389
IT Consumables	200,000	2,956
Janjagaran Mohim (Community awareness)	500,000	7,389
Kothi (Iron vessel) for RUTF	70,000	1,034
Legal & Professional . Charges	10,000	148
Medicine	800,000	11,822
Printing & Stationery Expenses	200,000	2,956
Retrospective Survey Honorarium	150,000	2,217
RUTF Packing plastic carry bags	40,000	591
Staff and Guest Food	400,000	5,911
TBA Honorarium	50,000	739
Telephone Expenses	50,000	739
Training Expenses	200,000	2,956
Travelling	150,000	2,217
Vehicle Maintenance	299,000	4,419
Vehicle on Rent	600,000	8,867
VHW Incentive	4,200,000	62,066
Weighing Scale	50,000	739
Total	**25,517,300**	**377,084**
Misc. Expenses (2.5%)	637,900	9,427
Audit Fee Expenses (5%)	1,275,800	18,853
Total cost	**27,431,000**	**405,364**

Beneficiaries over 5 years:

a) 2500 severely malnourished children (6-60 months) from 50 villages will be treated
b) 7500 under 5 children will be treated for illnesses
c) 4000 pregnant mothers will be given ante-natal care
d) 55,000 patients in the age group of 16-60 year will be treated for illnesses

Monitoring, outcomes and evaluation:

There is three tier system of **monitoring of project:** supervisors, project managers and consultants.

Outcome indicators are:

1) Under 5 children mortality rate and infant mortality rate
2) Prevalence of Severe malnutrition
3) Age specific mortality rate (16-60 years)
4) Maternal mortality rate
5) Knowledge and Healthy behavioural practices
6) Prevalence of tobacco and alcohol addiction

Third party final **evaluation** will be done by experts.

End of Proposal