

## MAHAN, Melghat

### Report of MAHAN trust – April 2022 to March 2023

#### 1. Background

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 dwells 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 in huts without electricity (>90%) & illiterate (>50%). Medical facilities were grossly inadequate in Melghat as compared to rest of Maharashtra.

Due to lack of proper medical facilities & superstitions, tribal goes to traditional faith healers/quacks (pujari & bhunkas) 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.

#### **Source of Inspiration:**

Mahatma Gandhiji, Sant Vinoba Bhave, Swami Vivekanand, Vasanttrao Bombatkar, Dr. Abhay Bang, Dr. Prakash Amte

#### 2. Service-based Interventions

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

**Project Aim:** To reduce the prevalence and deaths due to severe malnutrition (Severe Acute Malnutrition: SAM, Severe Under Weight: SUW) in under 5 children in tribal villages of Melghat.

**Key activities:** Treatment of 277 SMC with MAHAN LTF (Locally prepared therapeutic food) and MAHAN VIT-MIN-MIX (minerals and vitamin supplement) in 33 tribal villages by trained village health workers (VHWs) for 90 to 180 days period. Behaviour change communication (BCC) was done for 16,541 children. Nutrition demo, flip chart, nail cutting, community growth chart etc.).

**Impact/Achievement:**

1. At the end of the 3 months of treatment of only SAM (without SUW), 100% children came out of **Severe Acute Malnutrition**.
2. **Total SAM (only SAM and SAM+SUW) recovered** at the end of 6 months of treatment – 41.54% .
3. We weighed 2609 children in April of 2022 out of which 86 were SAM. Prevalence - 3.3%  
We weighed 2156 children in March 2023 out of which 47 were SAM. Prevalence - 2.18%  
Reduction by 33.94%.
4. **Only SUW** recovery rate was 43.33% at the end of 6 months.
5. **Total SUW (only SUW and SUW+SAM) recovery rate** – 42.79%
6. We weighed 2609 children in April of 2022 out of which 193 were SUW. Prevalence – 7.4%  
We weighed 2156 children in March 2023 out of which 132 were SUW. Prevalence – 6.12%
7. Recovery rate of all **SMC** 45.2% with current phase still in progress
8. 0 children (0%) died during treatment. (Very Satisfactory achievement). (**Achieved WHO target <4% deaths in SAM children on treatment**).
9. Reduction in prevalence of severe malnutrition in intervention area by 68.96% as compared to baseline. (Baseline Prevalance of SMC – 22.26%). At the end of March 2023, the prevalence of SMC was 6.91 % (Measured No. 2156. SMC – 149)
10. **SAMMAN -**

CATERGORY	ENROLLED	COMPLETED	RECOVERED	%
Only SAM	3	3	3	100%
Total SAM	84	65	27	41.54%
Only SUW	195	150	65	43.33%
Total SUW	276	215	92	42.79%

## SUCCESS STORY

A boy from Tarubanda, name- Aniket Gurudev Kasdekar was enrolled in SAMMAN, D.O.B- 23/2/2020. At the time of his enrollment his height was – 86.5CM, weight was- 9.430. He was in SAMMAN program for 6 months, during the period he was given LTF(Chiwda, Chikki, Gudpatti, Sabudana Khichdi, Thalipith, Moong Khichdi) by Village health worker. He was also given Osto Calcium and Mineral mix and Antibiotic treatment for 7 days and Albendazole as per prescribed dose. At the end of his SAMMAN program (end date-6/2/2023), his weight is - 10.800 gram and height is – 96.5 CM. He recovered from severe malnutrition and now his condition has improved and he is healthy now.



Before



After

Challenges in near-term:

How to sustain and scale up in all tribal areas of India?

**MCPEPAG: (Mortality control program for economically productive age group)**

**Project Aim:** To reduce death in the age group of 16-60 years from 32 tribal villages.

**Key activities:** Treatment of patients of Hypertension, diarrhoea, Malaria, Pneumonia and Asthma by VHW in village itself and referral of TB, Coronary Artery Disease, & other diseases for confirmation & management. More than 11,475 illness episodes of patients have been treated so far. Behaviour Change Communication (BCC) of >40,240 cases were done. Provided antenatal care (ANC) to >670 pregnant women. Provided Local therapeutic food to 670 pregnant women for 3 to 7 months. Treated 6840 people aged between 16 – 60 years of age.

**Impact:** Age specific mortality rate(16-60 years) and MMR have been reduced in intervention area.

Parameters	Intervention Area during present year	Baseline
Age Specific Mortality Rates (16-60) (per lakh population of that age group)	305.9	419.65 (JAN _ DEC 2018)
MMR (per lakh live births)	1 death 202.84	547.9 (OCT – 2017 – SEPT 2018)

**Success Story -**

1. On the year 2020, A person, name Sitaram Bura Mavaskar, age -59, from Village Nimdhana came to village health worker with headache, fatigue and stress related to family issues. So our VHW took his BP, and BP was 180/110, so she started amlodipine 5mg twice in a day, she used to monitor her BP twice in a day for initial 7 days. Village health worker and BCC supervisors gave health education to him to adhere life style changes, stress management, dietary changes and medical supervisor measures his BP on her every visit. After six months of Behavior Change Communication, he has adopted some of life style changes such as less intake of salt, eating vegetables and fruits every day etc, and taking Amlodipine. He is on treatment from last 2 years, now his BP is in normal range from last one year and his quality of life has improved



**Challenges in the near term-**

1. How to sustain and scale up in all tribal areas of India?

**HBCC (Home-Based Child-Care Program)**

**Project Aim:** To reduce child deaths and malnutrition in <5 children from tribal villages of Melghat.

**Key activities:** Treatment of 4,317 childhood illnesses like neonatal sepsis, birth asphyxia, Diarrhoea, Malaria, Pneumonia, Normal new-born care etc. by VHWs. Behaviour change communication of 36,575 person-episodes have been done.

**Impact:** There is reduction in child deaths as compared to baseline.

Intervention Area	Rates achieved in this year	Baseline
Under 5 Mortality Rate.	54.77	88.09
Perinatal Mortality Rate	45.73	48.02 (Sept 16 – Aug 17)
Neonatal Mortality Rate.	30.43	50
Infant Mortality Rate.	48.68	76.19
Low Birth Weight.	25.56%	30.6%

### SUCCESS STORY -

1. Munni Sanulal Kasdekar, daughter of Sarika Sabulal Kasdekar was born on 1/2/2023 and had birth weight of 2.600 kg. VHW during her daily visit noticed pus accumulation in umbilical cord and small boils on abdomen. She applied Gentian Violet paint locally on infected area and gave Amoxyclav oral suspension for 7 days. After 4 days of treatment child's condition started improving and after 7 days child had no symptom of sepsis



**Before -**



**After**

-

**Challenges in near-term:** How to sustain and scale up in all tribal areas of India?

### **Blindness Control Program**

**Project Aim:** To improve vision of poor tribal and prevent blindness.

#### **Key activities:**

1. Operated more than 171 cases with Ophthalmic problems especially cataract (intraocular lens implantation-IOL phacoemulsification, Dacrocystitis, Pterygium, Sac), free of cost.
2. Door to door Eye check-up of more than 28,448 people from 400 tribal villages.
3. More than 7,728 students of Melghat were examined.
4. More than 2,675 students and poor tribal were given spectacles free of cost.
5. More than 614 children were treated with Vitamin A.





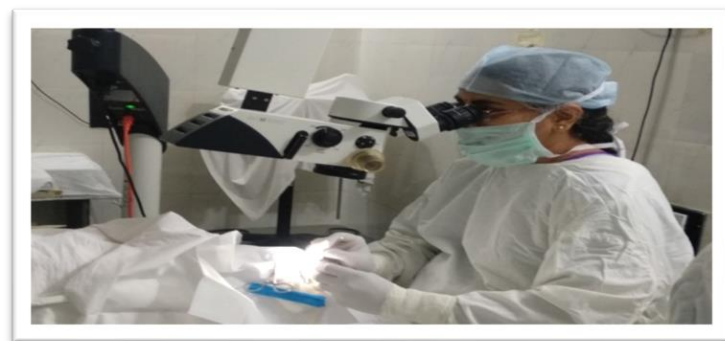
**Patients being brought to the hospital**



**Ophthalmic surgeon performing Pterygium surgery**



**Figure 1 Vitamin A supplementation**



**Dr.Kavita Satav operating cataract patient**

**Impact:**

2846 patients were given vision and their blindness was prevented.



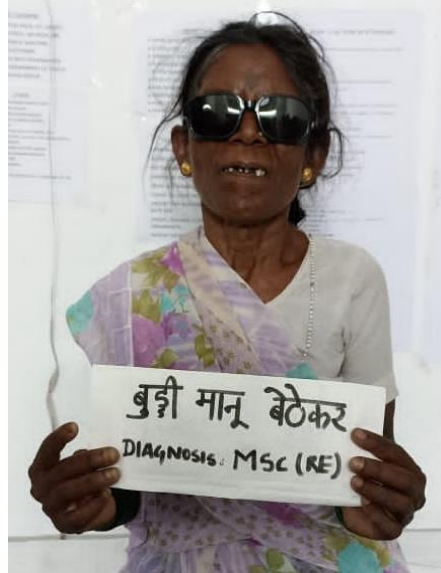
### Success story:-

1. Shanti Chuniya Jawarkar, a 55-year-old poor tribal farmer female, resident of Babanda village of Melghat was unable to earn since few years because of diminished vision. Our field supervisor during door-to-door village identified her with unilateral mature senile cataract. The field supervisor explained her about the disease and counselled her to get operated as soon as possible, as there was still a chance to get her vision back. Initially, she was not ready to get operated because of her poor economic condition but after explaining that transportation, surgery and medicine are free of cost to poor people at our base hospital she was ready for operation. She was very happy that she can be treated free of cost for the cataract. After physician fitness and other pre-op tests, she was operated for the right eye on 17<sup>th</sup> June 2022. She was very happy to see the world with her operated eye and also expressed her thankfulness to our team and donors



Post-operative picture of an operated Patient.

2. Budi Manu Bethekar, a 73 year old poor tribal farmer female patient of Nagjheera village of Melghat was unable to earn because of diminished vision. One of our field supervisors during door-to-door village screening, diagnosed her as unilateral mature senile cataract. The field supervisor explained her about the disease and counselled her to get operated as soon as possible to prevent permanent blindness. Our team informed her and her family members about the free of cost surgery in our hospital. After physician fitness and other pre-op tests, she was operated for the right eye on 22<sup>nd</sup> April 2022. Now she is very happy as she can see clearly with her both eyes and perform her tasks.



Post-operative picture of Cataract operated Patient



Operated Patients

**Challenges in near-term:** How to convince tribal patients for cataract surgery?

**MAHAN Mahatma Gandhi Tribal Hospital & Sant Vinoba Bhave Children Hospital,  
Jamanalal Bajaj surgical and eye hospital**



**Figure: Hut hospital in beginning**

**WAITING space for patients**







**Present 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.

**Key activities & Achievement:** Treatment of patients by expert physician, eye surgeon and paediatrician.

- Patients treated in the Hospital: 5724 (OPD)
- Patients admitted and treated in intensive care unit and ward > 511
- Treated 379 serious patients like Heart attack, Brain Haemorrhage, Cerebral Malaria, Meningitis, Tetanus etc. in ICU.

**Impact:**

- **Saved 490 precious lives in our hospital. (21 Deaths) (Case fatality rate, CFR of ICU patients was 5.54% which is very less as compared to average ICU mortality (18%) in India)**<sup>[Divatia, 2021 #336]</sup> (CFR of all indoor patient was 4.12%.)

### Success story:

- 1) One 75 years old poor tribal male patient was admitted in our ICU. His diagnosis was bilateral Pneumonia with CRF with Anasarca with Thrombocytopenia with Severe Hypoxia with Hypertensive Nephropathy with mild Anemia. He was very critical . He was put on ventilator, oxygen and other life saving drugs. After 15 days of intensive treatment by MAHAN staff, he became normal and discharged.
- 2) This 50year male poor tribal patient of Melghat was very serious, on verge of death. He was admitted in ICU of our MAHAN Mahatma Gandhi Tribal Hospital, diagnosis -Alcoholic liver disease with hypalbuminaemia with CRF with anemia with ARDS (bilateral pneumonia) with sepsis with hypoxia with hyponatremia with hypokalaemia with hypotension with hypoglycaemia with coma. He was intubated and put on ventilator and 95 liter of oxygen per min., and life-saving drugs. Our team worked hard day and night and saved his life. Today we are celebrating Holi by saving lives of 5 serious patients.





### Specility Camps:

<u>Sr. No.</u>	<u>Camp speciality</u>	<u>Period</u>	<u>Number of surgeries.</u>
1	ENT Surgery Camp	June 2022	42
2	General Surgery Camp	October 2022	40
3	Plastic Surgery Camp	December 2022	136
4	Rotary club surgery and gynaecology Camp	January 2023	47
5	General surgery and ENT camp	March 2023	49

### **Success story:**

- 1) One adult poor tribal woman was brought to our hospital. She had huge goitre, weight of 2.5kg, third largest operated case in world. Her husband took her to many hospitals, but most of the hospitals refused as it was very risky to operate her because of possible complications during surgery.

Our team of experts Dr. Abhishekh, Dr. Gahankari and team of anaesthetist with our consultation decided to operate her because it was very difficult for her to live normal life. They performed very risky surgery and after a struggle of 4 hours, she was operated successfully and later on was put on thyroid replacement therapy. Now she is living normal life. Her family is very grateful to our team.



**Figure 2 After surgery**



**Figure 3 Before surgery**

2) This young boy has congenital cleft lip, palate and multiple facial deformities. Because of poverty he could not be operated. He was brought to our hospital and was operated by Dr. Gahankari and team. Now he is living normal life.



### UMANG

**Project AIM:** To improve nutrition and socio-economic status of Tribal and to reduce addiction.

**Project was put on hold since 2 years because of COVID – 19.**

#### **A) YogSadhna and Deaddiction**

**Due to covid pandemic, we have stopped this intervention for some time.**

### **3. “Shanti-Nilayam”- Abode of peace (Devotion of Wairagkar family)**

Taking care of terminally ill patients through hospice kind of facilities is a huge gap in Indian health care and particularly not available for resource-limited tribal patients. Akola resident Sureshchandra Wairagkar’s family realized this through personal experience last year, which led to giving donation for creating “Shanti-Nilayam”- Abode of peace for terminally ill patients at MAHAN Trust, Melghat tribal area under able leadership of Dr. Ashish Satav.

Hospice Shanti Nilayam has been operationalised with a 4-bed unit initially with facilities such as 24 hours on call doctors, nursing staff, cardiac monitors, ventilator, nebuliser, defibrillator, suction

machine besides grief counselling and support services to the affected families. Facility has been provided free of charge to 3 poor tribal patients.

Mr. Sureshchandra Wairagkar, 85 yrs, passed away last year after a terminal illness. Fulfilling his last wishes, family donated his body, didn't perform any religious rituals and created this hospice on his first anniversary. More such examples can be replicated for the benefit of larger society to alleviate pain and suffering through shared responsibilities.

MAHAN trust will run this facility to the maximum benefits of tribal in the area.

This initial donation is to start this hospice but Shanti Nilayam will need your continued support for smooth operations for years to come. Wairagkar family would like to appeal to individual donors and organizations to support their efforts with Dr. Ashish and donate their money for Shanti Nilayam.

### **ARSH training program/ Camp:**

Stopped due to covid pandemic

### **Training Camp on Mental Health and Counselling Skills**

We conducted 17 training camps for Mental Health and Counselling Skills.

Dr. Anand Nadkarni and experts from Institute of Psychological health trained 30 VHW's, >25 counsellors, 4 yuvadoots, 3 program managers and >10 supervisors.



Dr. Anand Nadkarni training counsellors in the camp



Dr. Shubhada Khirwadkar training counsellors in camps.

### COVID relief work done by MAHAN trust

- Hospital open 24X7 during the last 12 months during which more than 775 suspected and 8 confirmed COVID patients were treated, out of which 2 were serious (severe acute respiratory distress syndrome patients and respiratory failure patients were managed on ventilator) Our Community Based Interventions found no new patients.
- Free distribution of 1554 gloves to frontline health care workers.
- Health education of COVID was given to 23,343 villagers. It has reduced respiratory viral infections and COVID significantly.
- 3 of our staff developed COVID while serving critical COVID patients.

Not a single staff has been demotivated due to fear of COVID and are serving poor tribal patients continuously.

Community engagement: Meeting with important stakeholders of villages regarding COVID prevention have been arranged in 33 villages.

### **Success story:**

- 1) Budhi Sawalkar, one 60 years old female was admitted in our covid ICU hospital in critical condition. Her diagnosis was **COVID-19 with HTN with COPD (Emphysema ) with B/L pneumonia with Anemia with Hypoxia. She was treated very aggressively with ventilator, oxygen and other drug therapy.** We took her utmost care with compassion. After 10 days she became completely normal and was discharged.
- 2) A 28-year male patient, Ganesh Gendalal Uikey, resident of Naardu, was admitted in our hospital on 27/06/22. He was febrile and was lethargic, not speaking and not able to move his body. He was detected to be COVID 19 positive, malaria falciparum positive and had severe anemia with pancytopenia, hypoxia and acidosis. D-Dimer and CRP levels were raised significantly. He was put on oxygen @5 L / min, 2 units of blood transfusion, Inj.

Artesunate and Inj. Chloroquine. He improved significantly with treatment and was discharged in normal condition.



#### 4. Research Interventions

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

(Collaborator: University of Colorado, Denver, USA (Financially supported by Bill and Melinda Gates foundation).

##### **Project Aim:**

To have accurate estimation of RSV related child deaths and pneumonia in the community and hospitals in U5C. So, it will affect global RSV vaccination policy.

##### **Activities:**

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 counsellors from 33 villages and 18 hospitals.

**Impact:** 2 nasopharyngeal swabs were taken from 2 dead children and 17 NPS from pneumonia children. System for community health have been developed in 33 villages. (April 2022 – June 2022)



## 5. Policy Changes

Research, Analysis, Advocacy & writ petition in Honourable High Court of Maharashtra over the period, resulted into state govt. framing new policies, improving existing policies & implementing the models developed by MAHAN at other places as follows.

### 1. Counsellor Program

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

This is the best example of leveraging of government welfare scheme through counselling of tribal for hospitalisation of severely malnourished children and hospital deliveries along with monitoring & improving services of 17 government hospitals in Melghat.

#### Impact/Achievement:

- Benefitted 5,579 poor tribal patients. Hospitalisation of 278 severely malnourished children and 5,157 hospital deliveries. Statistically significant Improvement in Hospitalized severely malnourished babies.  $P < 0.0001$ .
  - Thousands of children, pregnant mothers, severe malnourished babies have been saved.
  - It has improved quality of hospital care, esp. treatment, quality of food served to severely malnourished babies in hospitals, referral services (ambulance) and increased number of serious patients attending higher referral hospitals. It cost <5% of total hospital expenses with very high leverage potential.
- **Changes in state government policies because of MAHAN trust. :**
    1. Counsellor Program for government hospitals: In the reply submitted by Public Health Department, Govt. of Maharashtra, it has been mentioned that counsellor post for government hospitals in all other tribal areas of Maharashtra will be proposed in next PIP under NHRM. On the verge of replication in Maharashtra.
    2. Compulsory rural/tribal practice in government hospital for 1 year for MBBS doctors, failing which they will not be given admission to PG.
    3. Transfer policies for doctors who worked for 3 years in tribal areas.
    4. Promotion of doctors who worked in tribal areas for 3 years.
    5. Reservation of PG seats in government medical colleges for doctors who served tribal government hospitals for 5 years (50% PG diploma seats and 20% PG seats) .
    6. SOPs regarding treatment protocols and referrals have been prepared by health department.

7. Government has started intensive BCC activities in tribal areas.
8. WCD department has started 3rd party verification of vital statistics and various government schemes by independent agency e.g. UNICEF.
9. Government has made available 7.5% of the resource endowment to the public health department, DMER and WCD.
10. Kitchen-garden project has been started by government around public institutes.
11. Community based monitoring of government schemes has been started.
12. Reimbursement of bond amount of Rs.50,00,000 from those MBBS doctors who will not join government service.
13. Involvement of local voluntary organizations in government program especially for reducing malnutrition has been accepted by Melghat administration.

**6. Presentation and acceptance of the MAHAN research in many international symposia, Conferences/ Workshops, etc.**

1. Presentation of research concept by Dr.Satav in the Edinburg, UK, international Respire meeting.
2. Presentation of Dr. Satav in international Respire Infectious Disease Programme
3. Research paper of MAHAN was accepted in Belfast UK RSV CONFERENCE: RSV and malnutrition.
4. Research paper: Integrated approach to reduce child deaths and malnutrition in Melghat, was accepted for international CUGH conference in USA.
5. Speech of Dr. Satav in International medical conference in Loni Medical college.
6. Dr. Ashish Satav was invited as guest speaker in 'International Conference on Kaleidoscopic Insights into Reproductive and Child Health' in Mumbai by ICMR.
7. Our research paper of RSV and malnutrition was accepted for presentation in Lisbon, Portugal - A Global Conference on Novel RSV Preventive and Therapeutic Interventions", organized by the ReSViNET Foundation.
8. Research paper presentation of Dr. Satav in Respire NIHR Global Health Research Academy Member Event, UK

## 7. Paper Publication in International Journal

1. Satav AR, Satav KA, Bharadwaj A, Pendharkar J, Dani V, Ughade S, et al. Effect of home-based childcare on childhood mortality in rural Maharashtra, India: a cluster randomised controlled trial. *BMJ Glob Health*. 2022;7(7).
2. Monaghan TM, Biswas R, Satav A, Ambalkar S, Kashyap RS. *Clostridioides difficile* epidemiology in India. *Anaerobe*. 2022:102517. <https://doi.org/10.1016/j.anaerobe.2022.102517>
3. Hui, C. Y., Abdulla, A., Monsur Habib, G. M., Satav, A., et.al. "Mapping national information and communication technology (ICT) infrastructure to the requirements of potential digital health interventions in low- and middle-income countries." *J Glob Health* 12: 04094.
4. Li Y, Wang X, Blau DM, Caballero MT, Feikin DR, Gill CJ, Madhi SA, Omer SB, Simões EAF, Campbell H, Satav A, Nair H. Global, regional, and national disease burden estimates of acute lower respiratory infections due to respiratory syncytial virus in children younger than 5 years in 2019: a systematic analysis. *Lancet*. 2022 May 28;399(10340):2047-2064. doi: 10.1016/S0140-6736(22)00478-0. Epub 2022 May 19. PMID: 35598608.
5. Ashish Satav\* VD, Jayashri Pendharkar, Dipty, Satav JaK. Mapping of Local Therapeutic Foods (LTF) and Micronutrients (MN); their logistics in community-based management of Severe Malnutrition (SAM, SUW) as a benchmark in tribal Melghat, Maharashtra *ARCHIVES OF FOOD AND NUTRITIONAL SCIENCE*. 2022:26-34.

## 8. Other important activities.

1. Visit of international scientists: Dr. Hilary, Dr. Helen, Dom, from University of Edinburgh UK to MAHAN.
2. CSA SOCIAL ALPHA meeting Dr. Satav, Dani madam -1st to 4th April Mumbai
3. MANAS deaddiction centre inauguration
4. Visit of international Community Science Alliance (CSA)- Dr. Amita, USA, Dr. Rajani (pulmonologist) and Anuja.
5. Dr. Anil Patel and Dr. Gaural Patel ENT camp > 300 patients were benefitted.
6. Meeting with Mohanan Dr. CSA, USA
7. Rajmata Jijau Mission Dr. Jadhav sir visit.
8. PIL high court hearings.
9. Multiple meetings with international researchers from University of Edinburgh, UK.

10. Multiple RSV research meetings with Gates foundation and University of Colorado, USA.
11. Anubandh training under Parth Mental health program
12. Meeting with Niteen Patil IAS and VO: Health, Education, Livelihood.
13. Trainings by Grow funds.
14. Trainings by Institute of Psychological Health, Thane.
15. Meeting with international experts in Covid RX Exchange.
16. Oxygen plant installation
17. Guest Speech of Dr. Satav in Dr. Avinash Choudhary Nephrologist's IAP installation ceremony in Amaravati (Tribal health problems).
18. Meeting with Vishakh, Gates foundation and Harvard MOU for malnutrition publication
19. Meeting with government advocates and state heads of all govt. departments for reducing child deaths and malnutrition.
20. Training on teleICU by Dr. Akhila, intensivist from USA and cloud physician team.
21. Lata Mangeshkar medical college convocation: Dr. Kavita and Ashish were invited as president.
22. MAHAN election.
23. Meeting with JDC TeleICU, Israel.
24. Meeting with Nachiket, USA
25. Replication of SAMMAN in Pariwar, MP.
26. Mahatma Gandhi Medical research centre, and Rotary club Aurangabad - inauguration of plastic surgery camp, Dr. Ashish Satav as chief guest.
27. Meeting with Dr. Pradeep Vyas Secretary, TDD, Government of Maharashtra.
28. Cloth distribution by Deshmukh wadi and team: 2000 cloths distributed to poor tribal.
29. Oration of Dr. Satav for Pune Anaesthesia society
30. GMC Nagpur alumni diagnostic camp 345 plus patients benefitted.
31. Presentation of speech of Dr. Satav for GH + lab, Gates foundation: Reaching the unreachable.
32. MAHAN 25th year thanks giving program in Nagpur

### **OTHER COMMUNITY DEVELOPMENT ACTIVITIES**

This program has helped a lot of uneducated and poor people in seeking the government facilities and schemes.

Few of these schemes were also not functioning as per guidelines and because of our efforts, people are able to avail its benefits again.

We have helped over - 347 people for getting the benefits of specific schemes of the government such as - Shraavan Bal, Aadhar Card, Panta Pradhan Fasal Yojna, Ration Card, Vidhva Pension

Yojna, Arthasaiya, Sanjay Gandhi Niradhar, Panta Pradhan Matrutva Vandana Yojna Bank Account, Job Card, Caste Certificate, Domicile Certificates.

This has also helped in stopping migration from villages to towns/cities as a Job Card entitles a person to get employed easily and the awareness for govt schemes has increased amongst people due to our efforts.

## REPUTATION OF THE INSTITUTION

### 9. Awards

1. Sitaram Jaipuria Foundation Excellence in Rural healthcare national Award to Dr. Ashish Satav.
2. Lokmat Healthcare excellence award in Nagpur to Dr. Ashish and Dr. Kavita
3. Dr. Hiwalker IMA Wardha oration award to Dr. Ashish Satav.

### 10. Testimonial Comments by famous person about the work

**Hilary Pinnock: Professor, Respiratory Medicine, UoE. NIHR Global Health Research Unit)•  
Chair elect, ERS Education Council, UK**

- Innovative work of the MAHAN Trust: making a real difference to the people MAHAN serve.
- The defining feature: vision -bring to the work and the over-arching trust, earned by many years of meeting core health needs of a tribal population.
- The words that come to mind are 'training and education', 'caring and innovation', 'structured care and organization' and 'an impressive foundation' for existing and future needs.

### 11. Pillars of project.

1. Bajaj Finance Limited and Bajaj Holding and Investment Limited.
2. Paul Hamlyn Foundation UK.
3. Caring friends, Mumbai especially Ramesh uncle Kacholia, Prakash Apte, etc.
4. Stichting Geron (Annekoos, Bastiaan, etc.) & Cordaid , The Netherlands.,
5. Arpan foundation, USA
6. Mastek foundation.
7. University of Colorado, Denver.



8. NM Budharani Trust

9. Small Steps Charity UK.

13. Hundreds of individual donors and doctors helped us.

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