

The Vision of Antyodaya

Documentation & Compilation of the Best Practices of Sustainable
Development As Propounded by Pandit Deendayal Upadhyaya



Volume 1 - Health & Education



Indian Social Responsibility Network



“Youths should go to the villages to serve as real India is in villages.”

—M. K. Gandhi



Organisation behind the practice:
Mahan Trust

Address: Mahatma Gandhi Tribal Hospital, Karmagram, Utavali, Dharni, Amaravati, Maharashtra-444702

Contact person: Ashish Satavi

Contact number: 09423118877

Email: drashishsatav@gmail.com

A MAHAN approach to tribal healthcare

Mahan trust provides effective healthcare in remote melghat region

In the barely accessible villages of the Melghat region, at the borders of Maharashtra and Madhya Pradesh, MAHAN trust has set up a comprehensive medical facility, the Mahatma Gandhi Tribal Hospital, that provides modern medical aid to the tribes. The trust also works for social transformation and attitude changes among the villagers to improve their living conditions as well as their susceptibility to disease. The trust's intervention in last two decades have improved the health and social indicators of the region significantly.

Melghat, the representative case of tribal sufferings

Melghat, a cluster of 320 villages spread over the area of 4000 sq. km, is nestled in the scenic hills of Satpura. Known for its scenic beauty, teak forests, and exotic fauna, Melghat hides the ugly truth of tribal backwardness, disease, and death. The villages in Melghat are sparsely populated and lack basic infrastructure, transport, or telecom connectivity. Power availability in this region is also extremely poor. This gets worse during the rainy season and accessibility to these regions is completely lost.

Over 90% of the tribal here are marginal farmers or labourers; over 75% live below the poverty line. Illiteracy is rampant, so are superstition and disease. With over 10% infant mortality, severe malnutrition, very high rates of adult and maternal mortality, the region fails at almost all social indicators of progress.

Availability of qualified doctors is a problem in most of the rural India, especially remote tribal areas like Melghat suffer even more. It is also the lack of mainstream medical facilities that pushes people towards faith healers and quacks, which only aggravates mortality. Illiteracy and lack of awareness means high rates of child marriage that more often than not ends in infant and maternal deaths.

NGOs here are doing some remarkable work in supplementing government efforts to improve the living conditions of these tribal people.

Modern healthcare to the most backward tribes

MAHAN, established in 1998, with the express purpose of providing medical facilities to the poor tribal patients, runs a fully specified hospital in the region. The hospital boasts urban facilities including ventilators, defibrillators, anaesthesia work stations, phaco-emulsification machine for

cataract surgery. The hospital manages critical patients of acute myocardial infarction, brain haemorrhage, cerebral malaria, and tetanus among other serious ailments. This is one of the very few tribal hospitals that do surgery on breast cancers, cancer of parotid glands, cancer of cheek, and also plastic surgeries on huge post burn contractures. Their critical care management has saved thousands of serious patients.

Malnutrition is at the root of poor health of the villagers. MAHAN attempts to mitigate the malady through a program that trains semi-literate female village health workers who provide daily supervision and advice in their villages themselves. The health workers manage severely malnourished children in community with the help of specially prepared local therapeutic food and micro-nutrients.

The same village health workers help the patients in age group of 16-60 years in managing hypertension, diarrhoea, and other minor or chronic conditions in village itself. The work of the health workers in their local communities have also shown a marked reduction in neonatal sepsis, birth asphyxia, and general infant mortality.

The presence of village health workers have had a surprising effect on the usage of the government medical facilities by the villagers as well. Due to their monitoring and counselling, the hospitalization of severely malnourished children and hospital deliveries have increased. There is a statistically significant improvement in hospitalization of severely malnourished children and qualitative improvement in government hospitals.

The positive influence of the trust has made at least three villages free from social drinking, hundreds of alcoholics have given up the addiction, and women have left chewing tobacco.

The proof in numbers

The unique intervention of MAHAN has produced tangible results, many of which even surpass the World Health Organization (WHO) targets. They have saved thousands of severely malnourished children in Melghat with case fatality rate(CFR) of less than 1% and achieved WHO target of CFR less than 4%. Age specific mortality rate in 16-60

years age group and prevalence of hypertension has reduced by over 50%.

Over a 100,000 patients have benefitted from the hospital, of which more than 3,000 have been treated for serious ailments like Heart Attack, Brain Haemorrhage, Cerebral Malaria, Meningitis, and Tetanus.

Over 10,000 children and parents have taken behaviour change counselling that has saved over 1,500 children from malnutrition. Treatment of childhood illnesses like neonatal sepsis, birth asphyxia, Diarrhoea, Malaria, Pneumonia, Normal new-born care have saved over 73,000 children.

The hospital has done more than 1,000 plastic surgeries for huge post burn contractures.

Speciality camps organised by the hospital have treated over 20,000 patients, including dental and ophthalmology patients.

The counsellor program has reached almost half a million people that has resulted in 12 times more malnutrition children being admitted to hospitals. Hospital deliveries have also improved significantly.

The intervention has also produced socially significant changes. 4 villages now have reserved health funds that are utilised to bail their residents out of medical emergencies. Villagers are now more keen on solving the village problems through community efforts instead of looking up to the government for help. Substance abuse is on the decline; some villages have entirely stopped producing and consuming alcohol.

MAHAN's has proven how a scientific and systematic approach results in disproportionate results even for intractable problems. Their programs are effective, acceptable, accessible, possible with available local resources, approachable, measurable and hence replicable and sustainable. People have realized the importance of these hospitals and are ready to pay for the services. Donors have developed faith in the work.

MAHAN experience can serve as a template for more NGOs backed by corporate CSR to work for more tribal areas and alleviate their situations that are just too much for the government machinery alone ■



Relationship Building beyond Fundraising

Indian Social Responsibility Network
K-13, First Floor, South Extension Part 2, New Delhi-110049
Ph. No.- 011-41045160, www.isrn.in, Email- info@isrn.in

Supported By



Ministry of Culture
Government of India

संस्कृतं ज्ञानं