

## MAHAN, Melghat

### Report of MAHAN trust – April 2021 to March 2022

#### 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 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 in huts without electricity (>90%) & 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 & 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, Vasantrao 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 335 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 17111 children. Nutrition demo, flip chart, nail cutting, community growth chart etc.).

**Impact/Achievement:**

1. At the end of the 3 months of treatment, 73.4% children came out of **Severe Acute Malnutrition**.
2. **SUW** recovery rate was 47.7.0% at the end of 6 months.
3. Recovery rate of all **SMC** 51.94% with current phase still in progress
4. 0 children (0%) died during treatment. (Very Satisfactory achievement). (**Achieved WHO target <4% deaths in SAM children on treatment**).
5. Reduction in prevalence of severe malnutrition in intervention area by 52.43% as compared to baseline.
6. Annual SAM prevalence was reduced to n=109 (2.88%) , annual total SMC prevalence (9.14%)

**SUCCESS STORY**

A girl child from Chaurakund village of Age 2 years 4 months (DOB 18-06-2018) was MAM & SUW, her weight was 8.00 kg and height was 83 cm on 28-10-2020.

She was treated with Local Therapeutic Food (LTF) for Six months and after that she recovered from Severe Malnutrition, and on 28-04-2021 she was N/MUW with weight 9.440 kg and height 84 cm.



**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 by VHW in village itself and referral of TB, Coronary Artery Disease, & other diseases for confirmation & management. More than 80347 illness episodes of patients have been treated so far. Behaviour Change Communication (BCC) of >102078 cases were done. Provided antenatal care (ANC) to >4389 pregnant women. Provided Local therapeutic food to 739 pregnant women for 3 to 7 months. Treated 21881 people aged between 16 – 60 years of age.

**Impact:** Age specific mortality rate and prevalence of untreated HT has been reduced in intervention area.

Parameters	Intervention Area	Achievement
Age Specific Mortality Rates (16-60)	321.45%	
Prevalence of Uncontrolled Hypertension	5.8%	
MMR	0 deaths 0.00%	Achieved target for this year

### Success Story -

1. Twenty two years aged poor tribal patient from farmer family of village Sawarya Titamba, had complains of Fever and breathlessness. She came to Village Health Worker for treatment. VHW checked her SPO2 (98), Pulse rate (89), temperature (99.8 Fahrenheit) and respiratory rate (25 per minute). VHW diagnosed her with pneumonia, and treated her with Tablet Cotrimoxazole and Tablet Paracetamol. Along with the treatment she also gave her health education on Pneumonia and basic hygiene to her so that she can prevent other diseases later in her life. She recovered and now she is hale and hearty.



#### Challenges in 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 7,510 childhood illnesses like neonatal sepsis, birth asphyxia, Diarrhoea, Malaria, Pneumonia, Normal new-born care etc. by VHWs. Behaviour change communication of 38,671 person-episodes have been done.

**Impact:** There is reduction in child deaths in 20 new villages as compared to baseline.

Intervention Area	Vital events Number-present status	Baseline	Present status
Under 5 Mortality Rate.	24	88.83 (Sept 2016 – Aug 2017)	34.38%
Perinatal Mortality Rate (Still birth+Neonatal deaths upto 7 days)	31	45.20 (Sept 2016 – Aug 2017)	43.17%
Neonatal Mortality Rate.	18	51.58 (Sept 2016 – Aug 2017)	27.92%
Infant Mortality Rate.	22	71.63(Sept 2016 – Aug 2017)	37.66%
Live Births	698		-
ASMR	47	438.2(Jan – Dec 2018)	384.7
MMR	0	547.9(Oct 2017 – Sept 2018)	0

**SUCCESS STORY -**



A 4 years 2 months aged girl from Sawarya Titamba Village was complaining of cough, fever and came to village health worker for the treatment. Village health worker examined her

temperature and it was 101.8 F, respiratory rate 35 per minutes. VHW diagnosed as probable cause of Pneumonia. She started her with Syrup Cotrimoxazole for 5 days and Syrup Paracetamol SOS and she recovered from the symptoms.

**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 197 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 13534 people from 439 tribal villages.
3. More than 1725 **students** of Melghat were examined.
4. More than **5397** students and poor tribal were given spectacles free of cost.
5. More than 124 children were treated with Vitamin A.



**Door to door screening**



**Screening of children for eye disorders**



**Figure 1 Vitamin A supplementation**



**Dr.Kavita Satav operating cataract patient**

**Impact:**

1249 patients were given vision and their blindness was prevented.



**Success story:-**

1. Samoti Bomya Gautam, a 83 year old female, resident of Dangurla village of Bhuranpur district, Madhya Pradesh was a farmer by profession. But since few years, she was unable to earn because of diminished vision. Her family was never supportive to her and hence it was very difficult for her to survive with poor vision. Due to poor vision she was unable to work and earn money, it was difficult for her to arrange her daily meals. She was living alone in a kaccha house. One of our field supervisors during our door-to-door village screening, identified her as a case of bilateral 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 and because of lack of support from anyone but after explaining that transportation, surgery and medicine are free of cost to poor people at our base hospital she agreed for operation. Due to cataract, she was not able to see the world and didn't even visit any hospital until now, due to lack of money and support as well as misbelief about surgery. We the Blindness Control Program team informed her about the support provided by Paul Hamlyn Foundation for free cataract surgery of tribal population of Melghat and also counselled her about the pros and cons of the surgery. 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 25<sup>th</sup> February 2022. She was very happy to see the world with her operated eye. After 10 days, a follow up was arranged and she expressed her thankfulness to the Paul Hamlyn Foundation and MAHAN trust hospital. Her willingness to get her other eye operated as soon as possible was also quite apparent. We are also happy that she is able to see the world and can perform her routine activities independently.



**Post-operative picture of Cataract operated Patient**

2. This is the story of Fagni Bhatu Kumre, a 74 year old female, resident of Kobda village of Melghat, Maharashtra. She was a farmer by profession but since few years, she was unable to earn because of diminished vision. Her family supported her. She lives with her husband, children and grandchildren in a kaccha house. One of our field supervisors during our door-to-door village screening identified her as a case of bilateral 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. The team explained her that transportation, surgery and medicine are free of cost to poor people at our base hospital. Due to cataract, she was not able to see the world and didn't even visit any hospital until now, due to lack of money. We the Blindness Control Program team informed her and her family members about the support provided by Paul Hamlyn Foundation for free cataract surgery of tribal population of Melghat and also counselled her about the pros and cons of the surgery. She was very happy to know 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 05<sup>th</sup> December 2021. She was very happy to see the world with her operated eye and also expressed her thankfulness to the Paul Hamlyn Foundation and MAHAN trust hospital. She promised that she will visit our hospital again to get her other eye operated. We are happy that she is able to see the world and can perform her routine activities independently.



Post-operative picture of Cataract operated Patient



Cataract 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 patients



WAITING space for



**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: 5772
- Patients admitted and treated in intensive care unit and ward >645
- **Treated 519 serious patients** like Heart attack, Brain Haemorrhage, Cerebral Malaria, Meningitis, Tetanus etc.

### **Impact:**

- **Saved 469 precious lives in our hospital. (Case fatality rate of 9.63% very less as compared to average ICU mortality in India)**

### **Success stories:**

- 1) Mamta Kasdekar a 46 years old poor tribal woman from the village of Rabang, Maharashtra, was admitted to our ICU on 3<sup>rd</sup> June 2021 in very serious condition with SPO<sub>2</sub> of 32%. She was suffering from diabetes mellitus, chronic renal failure (CRF), ARDS, bilateral pneumonia, sepsis, severe anaemia, severe hypoxia, hyponatremia, hypokalaemia and hypocalcaemia and. We immediately put her on a ventilator, high flow oxygen (45 litres/min) and gave life-saving drugs. Even delay of an hour for treatment might have caused death. She was admitted in our hospital for a month and was saved. Due to appropriate treatment, empathetic supporting behaviour of fearless hospital staff, she was discharged in healthy condition. All our hospital staff treated her humanly though there was high risk of transmission of serious infection to them. Even senior doctor touched and examined her daily. It played important role in her recovery.



2) A 17 years old male Nilesh Chironjlal Metkar was admitted in our ICU on 18/03/22 with consumption of an insecticide (organophosphorus: OP poison) due to which he had developed Neuroparalysis and sepsis. We started treatment with gastric lavage and Inj Atropine, Inj PAM immediately and antibiotics. He developed atropine induced psychosis for which he was put on haloperidol. He was also treated by psychiatrist through telemedicine. He also developed Haloperidol induced extrapyramidal syndrome for which he was put on tab Pacitane 2 mg. He was counselled by psychologist as it was a suicidal attempt. After our intensive efforts, he is stable and better now, both mentally and physically. All this could be made possible only because of tremendous and selfless efforts of our staff. Cases like this keep us motivated to keep working selflessly and tirelessly for the people of Melghat.



### 3) Specility Camps:

- An ENT camp has been organised in Oct 2021 and > 292 patients were treated.

**Due to covid pandemic we did not conduct any surgical camp.**

### UMANG

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

#### **A) Agriculture section:**

**Project AIM:** To improve nutrition and socio-economic status of Tribal on long term.

**Impact of** Kitchen garden, Nutrition farm & Organic (Swavlambi) farm in 5 villages

1. Developed 355 nutrition gardens & nutrition farms on 77.76 acres of land in villages.
2. 13041 kg of vegetables, cereals, pulses, oilseeds, etc. produced. Most of the produce was consumed by the family. It acts as good source of nutrition to children and has prevented malnutrition.
3. 572(275 till Feb 22) Children benefitted by Nutrition farming and kitchen garden.

4. 174(72 till Jan 22) severely malnourished Children benefitted by Nutrition farming kitchen garden.
5. Total number of families benefitted = 629

### **Success story**

MAHAN trust provided 20 different types of seeds of vegetables and cereals to Amarlal Natthuram Jawarkar, a resident of the village Savrya in the tribal area of Melghat. We also provided guidance to him for development of kitchen garden and nutrition farm. He yielded a lot of vegetables which were consumed by his family members including 2 children and 8 adults. This resulted in a step towards a healthier diet and lifestyle while the remaining vegetables were sold in the weekly market and he earned around Rs.4000-5000. It improved his socio-economic status. We are happy that we could bring some positive change in the lives of tribal families.



### **B) YogSadhna and Deaddiction**

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

**Community development and government scheme mobilisation: - 22 villages**



This program has helped a lot of uneducated and uninformed people in seeking the facilities and schemes that are catered by the government specially for a particular class of people. Few of these schemes were also not functioning as they should have and because of our efforts, people are able to avail its benefits again. E.g. Matrutva Vandana Yojna was on hold for 2 years and people weren't getting their money, but now because of our efforts, people are aware about it and are able to reap the benefits of government scheme. Similarly, 16 Ration Card holders were not getting their ration for 2 years and because of us they get ration now. The awareness for govt schemes has increased drastically amongst people and all the credit goes to this program. Due to our interventions following government schemes, Shraavan Bal yojana, Aadhar Cards, Panta Pradhan Fasal Yojna, Ration Card, Vidhva Pension Yojna, Arthasaiya, Sanjay Gandhi Niradhar yojana, Panta Pradhan Matrutva Vandana Yojna, Bank Account opening, job Cards, Caste Certificates, Domicile certificate, etc. reached and benefitted to 306 tribal families.

### 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 8 poor tribal patients and at minimal charges to other needy families.

Mr. Sureshchandra Wairagkar, 85 yr, 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 today. More such examples can be replicated for the benefit of larger society to alleviate pain and suffering through shared responsibilities.

Dr. Ashish and team 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

### COVID relief work done by MAHAN trust

- Hospital was open 24X7 during the last 12 months during which more than 558 suspected and 98 confirmed COVID patients were treated, out of which 31 were serious. More than 20 - severe acute respiratory distress syndrome patients/ respiratory failure patients were managed on ventilator.

Our Community Based Interventions helped identify more patients. 904 people were tested out of which 28 were found Positive.

- Family Food kits distributed to 500 families. And 348 children and 1102 pregnant mothers were given LTF
- Free distribution of 17,500 Masks to villagers and frontline health care workers.
- 86 PPE and 3,600 gloves distributed to frontline health care workers.
- Health education of COVID was given in 210 tribal villages. It has reduced respiratory viral infections and COVID significantly as per testing of 904 nasopharyngeal swabs (NPS).
- **Obstacles could not stop our good work e.g. 18 of our staff developed COVID while serving critical COVID patients but , 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 200 villages.

#### Success stories:

1. Gulabsingh Kumare, a 50 years old tribal farmer man from the village Kobdadhana, Melghat, was admitted in our covid ICU on 17<sup>th</sup> April 2021. He was very critical and suffering from COVID-19 with acute respiratory distress syndrome (ARDS) with coronary artery disease with myocarditis with severe Hypoxia, hyponatremia and encephalopathy. He was on the verge of death and his SPO<sub>2</sub> level was 45%. We started ventilator management, high flow oxygen (45 litres/min) and other life-saving medicines to him.

He was admitted in our ICU in a critical condition for 30 days and had many ups and downs due to Covid related complications during his entire stay. Due to appropriate treatment, empathetic supporting behaviour of fearless hospital staff, he walked out as a healthy human being. All our hospital staff treated him humanly though there was high risk of transmission of covid to them. Even senior doctor touched and examined him daily. It played important role in his recovery.



2. Mrs. Savitra, poor tribal patient was brought to our hospital with complaints of severe breathing difficulty and excruciating chest pain. Her SPO<sub>2</sub> was only 68% when she was admitted in our ICU in semi-conscious state. Her diagnosis was Sickle cell disease with Severe Anaemia, Chronic renal failure, Severe Hypertension with Congestive Cardiac failure, Covid-19 associated with Pneumonia, ARDS, severe hypoxia and severe hypokalemia.

With so many conditions, it was inevitable to refer the patient to higher centers for better treatment but her family was reluctant. So, with the consent of her family, we started her treatment in the hospital. She was immediately put on a ventilator, oxygen and was treated with lifesaving drugs. With the help of our team's countless efforts and zeal to save a precious life, we could save her in a very crucial time, now she is stable and in a better condition. All this was possible only because of the motivation and compassion of our staff. Cases like this motivate us to keep saving lives in Melghat, everyday.



#### 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:** Achieved the target of 519 nasopharyngeal swab collection from Pneumonia children and 9 dead children. System for community health have been developed in 33 villages.

## 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. It is proper PPP model.

#### Impact/Achievement:

- Benefitted 256952 poor tribal patients. Increased **hospitalisation of severely malnourished children (n= 500 IPD) and hospital deliveries (n= 4195).**
- **Statistically significant Improvement in hospitalized severely malnourished babies. P < 0.0001** and 17,509 lives (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.

#### Challenges:

1. Scarcity of funds for coordinators.

#### Success story:

- 1) In village Narvati, one baby had pneumonia and neonatal sepsis. He was serious and in need of hospitalisation. The doctor and nurse tried to convince the parents for hospitalisation but parents refused. On 12.1.22, our counsellor went to the village with government hospital team and counselled the parents about importance of hospitalisation. Due to his good counselling skills and empathetic listening, the parents became ready and

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admitted the baby in government hospital. The baby was put on oxygen. Thus the counsellor could save one life.



**Policy changes** . Nil .

• **Participation in Policy level activities:**

- 1) National ST commission SAMVAD in Delhi for preparation of national policies for tribal health with government of India.
- 2) Meeting with central government and NGOs for deciding policies for prevention of covid surge in India. (online meeting).
- 3) Technical working group international meetings for MITS .

**1. Presentation and acceptance of the MAHAN research in many international symposia**

Our research papers have been accepted in more than 16 international medical conferences, workshops, and seminars.

1. Presentation of Dr. Satav about covid 19 in tribal area in International covid Rx meeting.
2. Presentation of Dr. Satav on MITS research of MAHAN in international MITS Alliance Webinar.
3. Presentation of Dr. Satav on MAHAN interventions in international community science allinace meeting.
4. Presentation of Dr. Satav on MAHAN interventions and proposed respiratory projects in international Respire meetings with University of Edinburgh, UK and international researchers.

## 2. Paper Publication in International Journal

1. Satav A, Crow R, Potdar V, Dani V, Satav S, Chadha M, et al. The Burden of Respiratory Syncytial Virus in Children Under 2 Years of Age in a Rural Community in Maharashtra, India. *Clinical Infectious Diseases*. 2021;73(Supplement\_3):S238-S247.
2. Simões EAF, Dani V, Potdar V, Crow R, Satav S, Chadha MS, Satav A., et al. Mortality From Respiratory Syncytial Virus in Children Under 2 Years of Age: A Prospective Community Cohort Study in Rural Maharashtra, India. *Clinical Infectious Diseases*. 2021;73(Supplement\_3):S193-S202.
3. Caballero MT, Satav A, Gill CJ, Omer SB, Pieciak RC, Kazi AM, et al. Challenges of Assessing Community Mortality Due to Respiratory Viruses in Children Aged Less Than 5 Years. *Clinical Infectious Diseases*. 2021;73(Supplement\_3):S248-S254.
4. Mazur NI, Löwensteyn YN, Willemsen JE, Gill CJ, Forman L, Mwananyanda LM, Satav A, et al. Global Respiratory Syncytial Virus–Related Infant Community Deaths. *Clinical Infectious Diseases*. 2021;73(Supplement\_3):S229-S237.
5. 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>
6. Monaghan TM, Biswas RN, Nashine RR, Satav, et al. Multiomics Profiling Reveals Signatures of Dysmetabolism in Urban Populations in Central India. *Microorganisms*. 2021;9(7):1485.

## 3. Presentation of work in many national symposia/conferences/workshop/ journals:

- 1) Online National training of >100 health worker on use of oxygen concentrator by Dr. Ashish Satav, organised by ACT.

### Other Important work:

- 1) Participation in public interest litigation in hon. high court of Maharashtra.
- 2) Participation of Dr. Satav in online Respire meetings for TB, Asthma, Digital studies, photovoice and COAD with University of Edinburgh and many international organisations.
- 3) Meeting with Gates foundation USA and University of Colorado team for RSV project.
- 4) Dr. Ashish Satav has been selected as team of governing counsel of international covid Rx exchange.
- 5) Visit of Dr. Anand Nadkarni and team of Institute of Psychological Health (IPH) to MAHAN trust for training and workshops.

### Training Camp on Mental Health and Counselling Skills

We arranged 28 training camps for Mental Health and Counselling Skills in March 2022. 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.

- 6) Visit of Dr. Eric Simoes, Professor of Paediatrics, University of Colorado, USA.
- 7) Meeting with Dasra national foundation.
- 8) Meeting with International community science alliance.
- 9) Visit of Sachin Tendulkar foundation to MAHAN trust.
- 10) Meeting with Edelgive grow fund.
- 11) Meeting with JDC Israel and cloud physician for Tele ICU.



- 12) Meeting with collector of Amaravati regarding saving lives and prevention of malnutrition.
- 13) Dr. Ashish Satav was invited as chief guest in inauguration of Spandan Magazine in govt. medical college , Nagpur.
- 14) Interview of Dr. Ashish Satav on National Vedh by Dr. Anand Nadkarni.
- 15) Oxygen plant installation in MAHAN trust.
- 16) Meeting with vice chancellor of Punjabrao Krishi Vidyapeeth , Akola.
- 17) Presentation of Dr. Ashish Satav in Vishweshwarayya National Institute of Technology, Nagpur.
- 18) Meeting with international Climate Partners on water purification in Melghat.
- 19) Mahatma Gandhi statue inauguration in MAHAN campus.

#### OTHER COMMUNITY DEVELOPMENT ACTIVITIES

**Various socio-economic status up-liftment activities like** Employment guarantee scheme, Water supply schemes, repairing of road of few villages and S.T. Bus facilities have been started in many villages of Melghat by government due to our regular follow up. Admission of many students to schools was facilitated by us. It has benefitted >300 families. There was improvement in living condition of hundreds of tribal.

#### REPUTATION OF THE INSTITUTION

##### 4. Awards

- 1) Last mile achiever award for covid relief work by World Economic Forum.
- 2) Muktagan Sangharsh National award to Dr. Kavita and Ashish at Pune.
- 3) Indian Medical Association's Dr. Vankar award (Nagpur ) to Dr. Ashish Satav.
- 4) Kavita Satav's felicitation by association of women wing of Indian doctors, Nagpur
- 5) Online Felicitation of Dr. Satav by Adolescent Health Academy, Nagpur.

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