



REACHING THE UNREACHABLE

Inspirational Journey Building MAHAN Trust



Dr. Ashish Satav (M.D.), President, MAHAN trust

Bird eye view our village



**Choosing to work in Melghat – known in those days for just two things:
“Malnutrition” and “Project Tiger”**



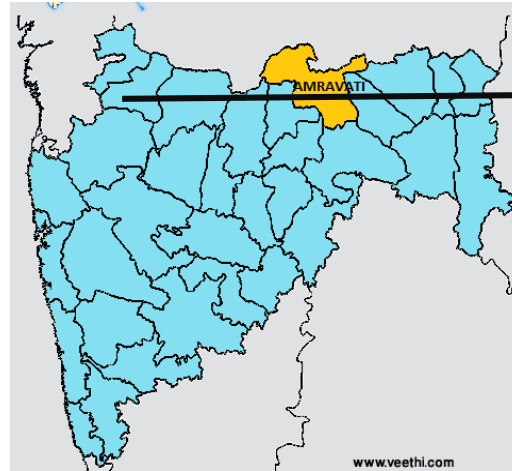
MAHAN



Meditation , Addiction , Health, AIDS, Nutrition



Maharashtra



Amravati District



Melghat

- **Base hospital at Karmagram.**
- **800 kms. from Mumbai.**



Early Influences

- Grandfather - Shri Vasantao Bombatkar, a Sarvodaya Movement leader
- Influenced by reading the works of Mahatma Gandhi, Swami Vivekananda and Vinoba Bhave
- Gandhiji's clarion call for youths to go back to the villages for village reconstruction and to serve rural India, as the real India lives in its villages.
- Swami Vivekanand-serve the poorest of the poor-real worship of god.



Control innate desire and self-motivation for future work

- Grandfather Vasantao Bombatkar-source of inspiration.
- MBBS and MD from Govt. Medical College
- As a medical student, visited tribal health projects run by Drs. Prakash and Manda Amte and Drs. Abhay and Rani Bang, Dr. Ravindra Kolhe and Dr. Sudarshan
- Tribal areas needed medical facilities to a much larger extent
- Simple lifestyle: no fan in summers and cold baths in winters
- Regular practice of yoga and meditation; gradually learnt control of desires
- Built mental capacity and
- physical stamina to face future





MAHAN Trust

Vision statement

Self Sustainable Healthy Human Being. MAHAN wanted to become the best health institution for tribal area of India with an aim to uplift the health facet of tribal of Melghat & India.

- **Mission :**

MAHAN Trust always believes in health service to the last tribal of Melghat with dedication & principle of service, role model through research & monitoring of govt. health system.

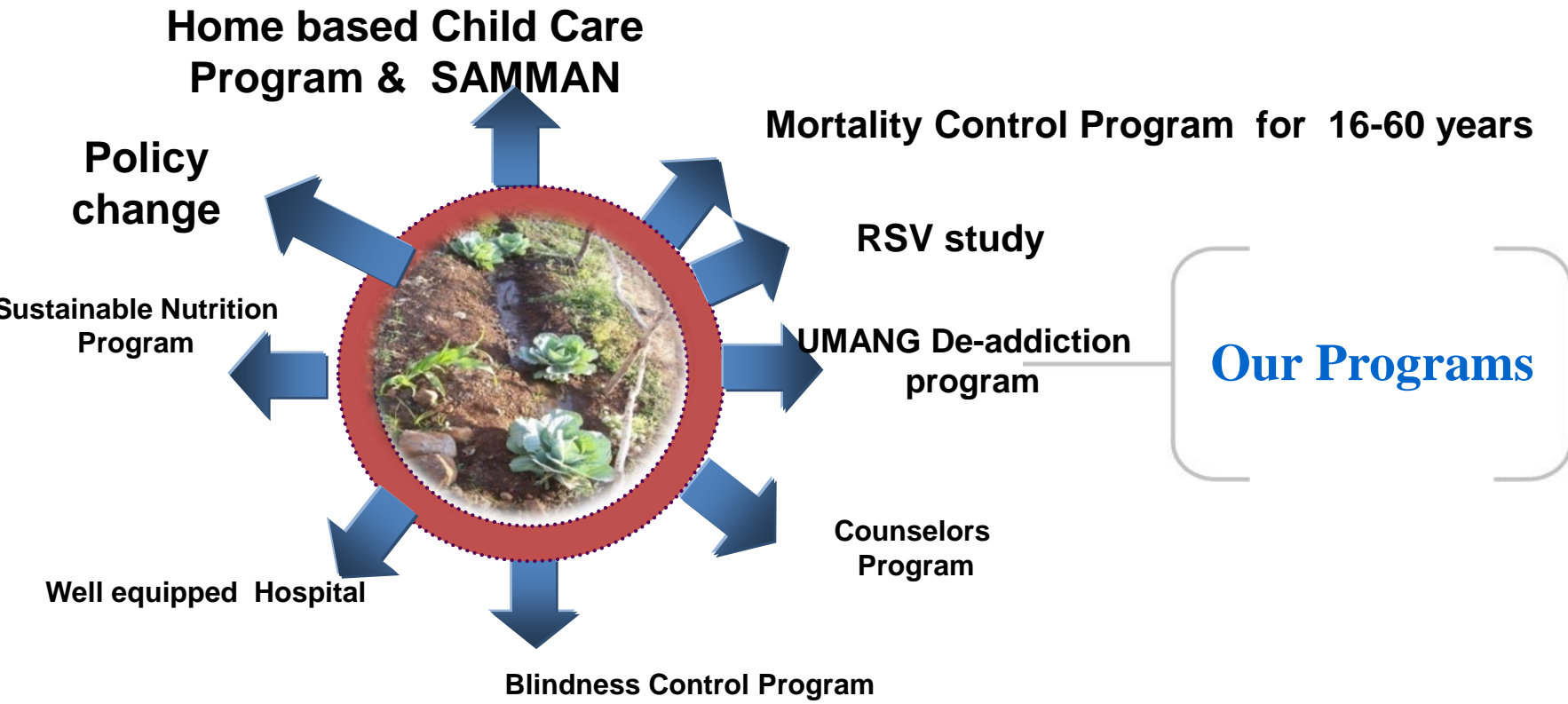
BRIEF REPORT

(Nov.1997 to March 2019)

- Our base hospital is at Karmagram, Utavali which is 140Kms. from Amravati (district place).
- Drainage Area: Melghat (320 villages) & surrounding Madhya Pradesh-Tribal area.

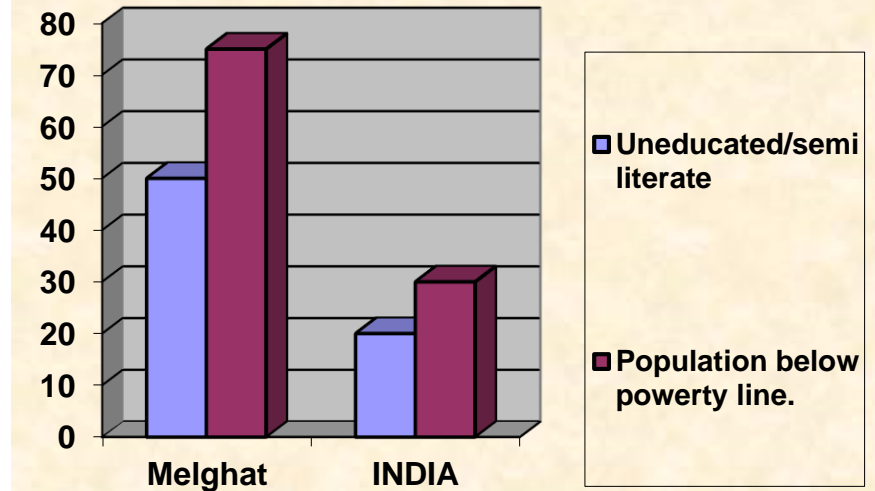
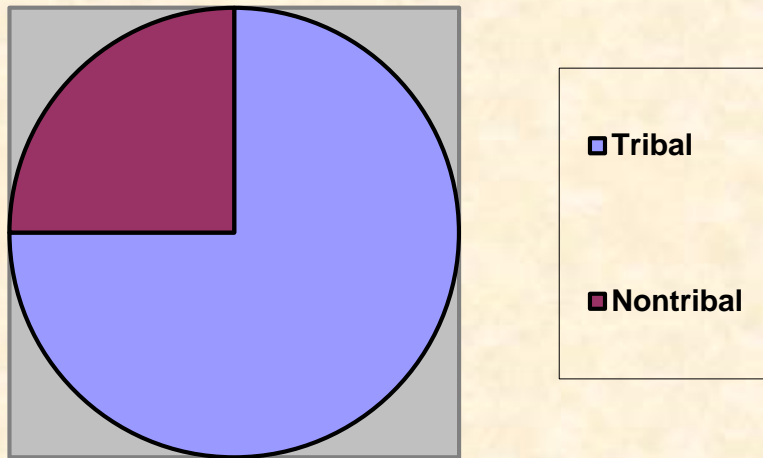


MAHAN Trust



Epidemiology of Melghat

Population distribution and socioeconomic characteristics (2011)



- Population is 3,00,000.

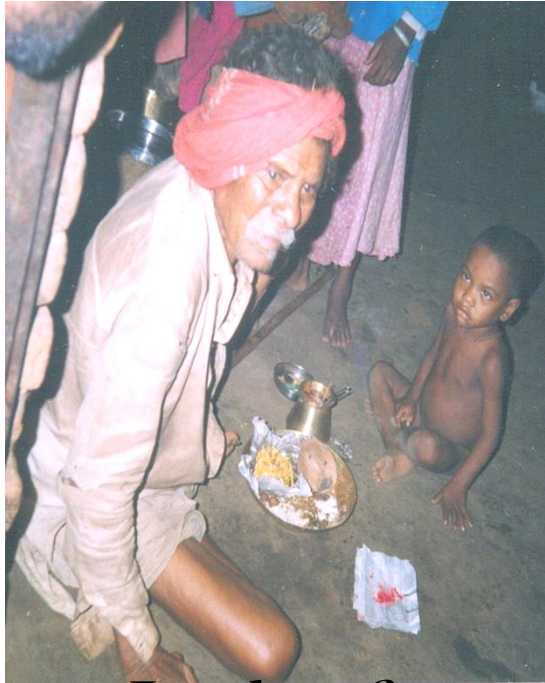
Typical tribal village & Huts(Melghat)



Korku : Major tribe
Most of the tribal(>90 %)
: farmers or laborers.
: Living very hard life
in huts without electricity.



Why we are in Melghat ?



Traditional Health Care

Traditional Faith Healer (Bhumka) treating a malnourished child.



Damma

- Lack of proper Health facilities:(worst)in Melghat & superstitions.
- Tribal goes to traditional faith healers/quacks (pujari & bhumkas) for treatment of illness. Damma .



Health Indicators and Facilities

- Very high under 5 children mortality (>90 children deaths/1000 live births) and Malnutrition (>75%).
- Very high death rate in the age group 16-60 years (>450/ 1 lakh population)



Aims & Objectives Of The Project

Started the project : November 1997.

- To provide curative & preventive health services to people of Melghat.
- Community research of diseases in tribals of Melghat.
- To provide exposure of tribal health problems to outside world.

Poisonous Snake Bite

Krait



Viper



Cobra



Birth of MAHAN

- In 1998, resigned from the post of lecturer in M.G.I.M.S. Sevagram and registered MAHAN



- With own savings of around

One Lakh Rupees, Dr. Satav started a small hospital in one hut in Kolupur and a four-room rented house in Dharni in Melghat

- Dr. Sushila Nayar, KHS, provided financial support to the hospital

- Farm at Karmagram, surrounded by jungle with snakes and wild animals often visiting Karmagram.



HEALTH PROBLEMS



High neonatal (0-28 days child death) & maternal mortality (death of mother) due to home deliveries (>70%).

HEALTH PROBLEMS IN MELGHAT- Malnutrition



- Prevalence of malnutrition is 75%.
- Prevalence of severe underweight/ malnutrition is 15% to 20%.
- Severely malnourished child.

HEALTH PROBLEMS IN MELGHAT

- T. B. , Pneumonia
- Diarrhea,
- Malaria, typhoid, etc.
- Anemia
- Newborn illness-sepsis, LBW, Breast feeding problem
- Hypertension
- AIDS
- Alcoholic gastritis
- Cataract
- Bitot's spot (Vitamin A deficiency)
- Goiter (Iodine deficiency)



HEALTH PROBLEMS

Tobacco, Alcoholism , & Ganja addiction.



Bidiwale Baba



Woman Purchasing alcohol



TOBACCO induced cancer of cheek.



Causes Of Malnutrition-Big family size.



Average couple has 3-5 children. Improper spacing.



Causes Of Malnutrition

Unhygienic living conditions & feeding practices (eating without hand wash)



Ambulance for Tribal



Serious patient of Brain Hemorrhage.



Mahatma Gandhi Tribal Hospital Entrance- Muthava Baba



House of Dr. Satav (2004)

**Dr. Ashish Satav with Parents –
Kamal Satav & Rambhau Satav.**



**Dr. Kavita Satav cooking food over
Chulha.**

Curative Activities

Treatment of patients.

- 1) OPD > 101843.
- 2) Indoor : >5782
- 3) >3000 serious patients treated and saved

OPD



Indoor Hospital (2001 to 2007)

Hardships in the initial days

- Lack of trained staff; managed single-handedly with the help of a 9th Std-pass youth
- Very few patients visiting hospital; tribals did not have much faith in doctors
- Visited nearby villages by Cycle/ bullock cart/ scooter/ walking to raise health awareness amongst the tribals
- Travelling to villages through roads passing through mountains and dense forests with wild animals.



Serious cases treated without specialized equipment-

- A serious heart-attack patient arrived at midnight; Dr Satav had very few equipments for treatment; he sat whole night by patient's side till he came out of danger
- Fifty year old patient of brain haemorrhage in a comatose condition; Dr Satav started treatment and didn't leave his side for a week till he recovered. Community finally accepted him
- 5 year-old young girl with cerebral malaria with convulsions; Dr Satav, though not a paediatrician, decided to take the case and with all his knowledge and courage treated the child and could successfully save her



Dr Kavita's struggles

- Dr Kavita got married to Dr Ashish in 1998, while pursuing her MS in Ophthalmic surgery.
- In 2001 after completing her MS, she shifted to Melghat and with their savings, bought an operating microscope and started an eye hospital in Dharni
- Very few patients for initial one to two years. Due to superstitions, it was very difficult to convince patients for cataract surgery in Melghat.
- Often depressed due to lack of patients led Dr Kavita to remark sarcastically to Dr Ashish, “*Probably I will have to operate the cataract of a tiger!*”



Dr. Kavita's hardships : Service to patient is service to god.

- Dr Kavita visited more than 350 villages conducted door to door eye-check-ups and spread awareness about blindness-control. Calf and snake.
- After birth of son Athang, Dr Kavita continued to visit villages, conducting outdoor eye-camps and carrying Athang with her , keeping him in a cradle suspended from a tree
- Since there was no cook in the hospital, Dr Kavita herself would prepare meals for her patients and feed them.
- Dr Kavita even delivered a baby for a critical patient, and as the mother could not nurse her baby, Dr Kavita selflessly decided to give half of her milk to the new-born baby and saved. keep half for own baby Athang!



Come out of personnel comfort zone to serve the nation.

- Dr Kavita developed a heart problem: an arrhythmia which caused neurocardiac syncope; but she didn't abandon Melghat and continued her work
- Athang developed Severe bronchial Asthma-Ashish to attend important meeting of Bhavishya Alliance to reduce malnutrition. Kavita dared to treat-allowed Ashish to go.
- Once Athang developed a serious ear inflammation with rupture of the ear and he suffered excruciating ear pain throughout the night. No ENT surgeon in Melghat, so Dr Ashish treated him at home only and Athang recovered in the morning

Dreams come true

- What started with one attendant in a rudimentary hospital has now grown to a team of four doctors, nurse, midwife and attendants, working in a hospital with equipment like cardiac monitor, ventilators, defibrillator and sophisticated eye-surgery machines eg. Phaco-emulsification.



Operation Theatre



Curative Activities

Surgeries

- a. **Eye surgeries:** Operated more than = 1963 cases with Ophthalmic problems especially cataract (intraocular lens implantation-IOL phacoemulsification), free of cost.
- b. **Plastic surgery camps:** Operated 1020 cases free of cost.



Curative Activities Indoor. Patients on Ventilators.



Treatment of Serious patient of Myocardial Infarction.

Only hospital for treatment of serious patients in Melghat. Treated >3000 serious patients like Heart attack, Brain Haemorrhage , Cerebral Malaria, Meningitis, Tetanus etc. and saved >3000 precious lives in our hospital.



Treatment of serious patient of Acute Myocardial Infarction with cardiorespiratory arrest with Coma

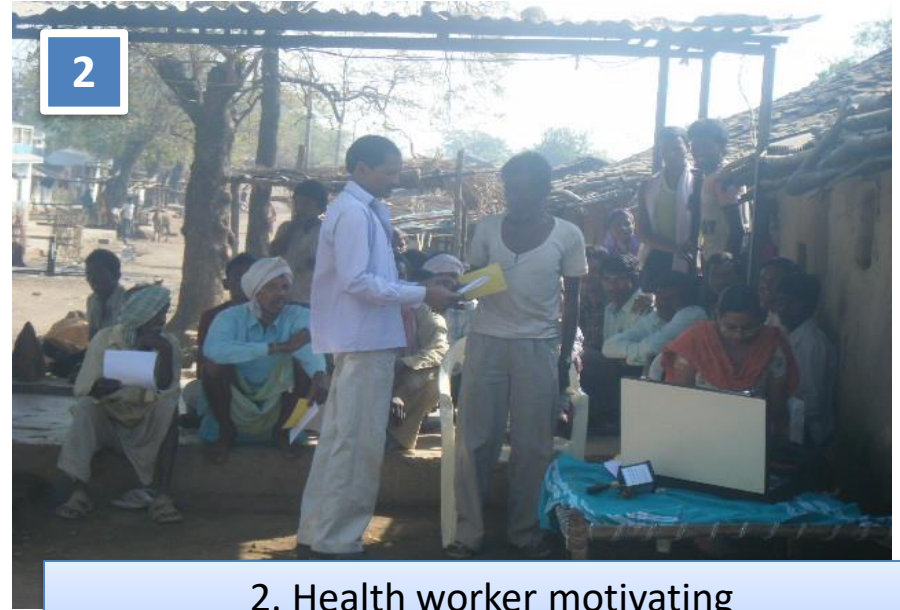
Door to door Eye
check up (264953
people, 450 villages)





1

1. Bilaterally blind patients at home.



2

2. Health worker motivating blind patient for eye surgery.



3

3. Health worker bringing Patients by Ambulance.



Intraocular Lens Implantation Surgery by

Dr. Kavita Satav , Dr. Kulkarni

Donated by Virgo Foundation



SICS



Phaco surgery



**Independent life
after IOL Surgery**

(patient was bilaterally blind
before surgery)



Severely Malnourished & severely anemic child with cleft lip (no mother and father). (Life saved)

Before Surgery. (1.5 years, 5 kg)



After Plastic surgery & RUTF



Plastic surgery of Post Burn Contracture



Operated by Dr. Gahankari (M. Ch.,
F.R.C.S., F.R.A.C.S.) and team

Plastic Surgery Camp

Post Burn Contracture

Before operation



After Operation



Patient of post burn contracture can move her neck & upper limb after plastic surgery .



Critical Parotid Tumor surgery

Before surgery



After Surgery.



Field OPD (door to door)



Ground as examination
table.

More than 13880 patients have been
treated.

Curative Activities

Specialty Camps (>314)

- More than =21,515 patients have been treated.
- Gynaecology & Obstetrics camp.
- Paediatrics.
- Dental surgeries > 55
- De-addiction camp :The first effort in history of Melghat.
- Surgical camps : Surgery for Rheumatic heart diseases.
- E. N. T. camp.
- HIV & AIDS detection camp.
- Life style modification camp.
- Pathology, Sickle cell & Anaemia detection camp.
- Tuberculosis detection camp.



Rotary MAHAN surgery centre

- Rotary club Nagpur donated equipment of Rs.2800000 and developed operation theatre in MAHAN hospital.
- Screened >500 cases.
- Operated more than 148 cases of Goiter, cancer of uterus, hysterectomy, hernia, lumps, fractures, etc.
- Started Dental hospital.
- Benefitted >500 patients.



Operated Goiter patient

Pediatrician Dr. Dani examining severely malnourished child.



Road Traffic Accident.

We saved lives of around 29 seriously injured persons in road traffic accident by rescuing them from accident site.



Ambulance for transport of patients (Donated by Mastek Foundation)

(Thousands of patients benefitted)



School student eye check-up.



More than **56416** students from more than **300** schools were examined and **1081** students were given spectacles free of cost.



ANGANWADI CHILDREN

HEALTH CHECK UP by child specialist (Dr. Bharadwaj & Dr. Yavalkar.)



Home Based Child Care Program

Village Health Worker Care

Project Aim: To reduce child deaths and malnutrition.

Key activities: More than >76244 were treated free of cost in the villages itself by trained 35 village health workers (VHW) from May 1st 2005.

Treatment of childhood illness (0-5 years) e.g. Diarrhea, Malaria, Pneumonia, new-born illness like Neonatal Sepsis, Birth Asphyxia, Low Birth Weight babies, Normal new-born care.

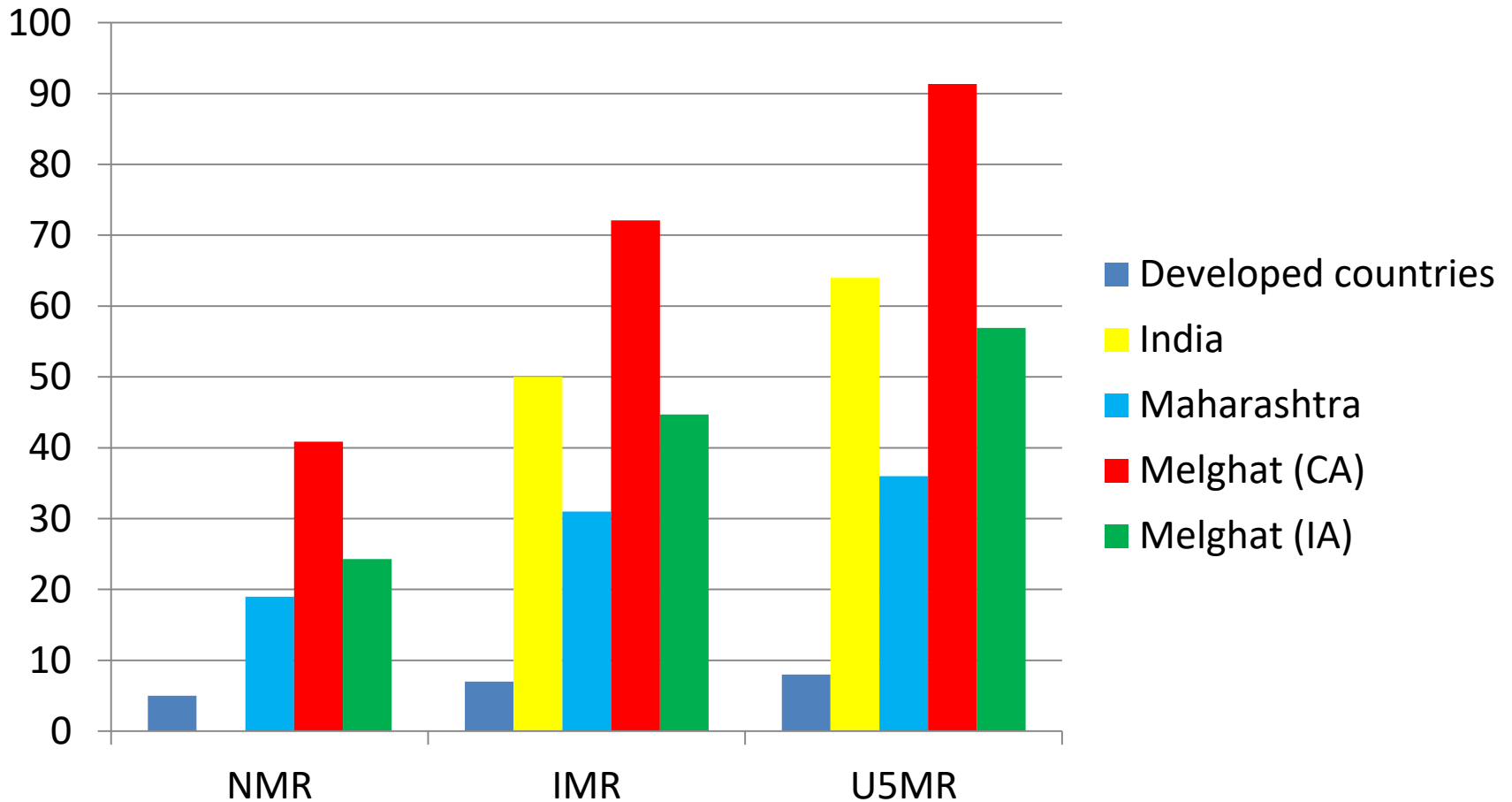
Behavior change communication . > 106064 person events.

❖ **Due to it, we could reduce under 5 children mortality by 68% & severe malnutrition by 67% (statistically significant , $p < 0.0001$) over a period of 8 years which is a cost effective, acceptable and replicable model.**



Children Mortality Status (2012)

(Reference: UNICEF, Book of Preventive & Social Medicine by Park(17th edition), ICDS, Maharashtra, Dr. Satav, MAHAN)



Why Home Based Child Care? (HBCC):2004

1. Poor medical facilities in Melghat :

- no paediatrician in beginning.
- M.B.B.S. doctor : population ratio is <1:20,000.
- Average distance of MBBS doctors-19 km.
- No facilities for neonatal care.
- No gynecologist, no facilities for caesarean.

2. Reluctant for hospitalization of children due to

- socio-economic conditions
- superstitions.

3. Failure to reduce child deaths and malnutrition.

Rule of survival of fittest

Death of SAM, ARI  HBCC

- Once a **widow tribal female brought** 2 years old serious child who was **severely malnourished and suffering from bilateral pneumonia**. His chest wall was studded with rice, geru (red liquid), feathers of hen and Damma (skin burnt with red hot iron rod) and garlic mala around neck. I advised the mother to admit that baby, but **she denied hospitalisation**. Then I used my ultimate weapon that if she won't admit, he will die. She coolly responded, let him die, I have four more children at home, goats and chicken and who will take care of them and any how he is going to die.
- **She went back with the child. After 3 days, I got the message that the baby died.**

Obstacles converted to opportunity

- Main issues in Melghat were very high child deaths, Premature adults deaths, Maternal mortality rate, malnutrition & home deliveries (>80%.)
- Malnutrition & children deaths of preschool children were burning issue. Dr Kavita demanded Ashish to arrange health-camps in different villages to stop such deaths of children
- But Ashish was practical and knew that with 317 villages to monitor, their capacity was limited
- Thus was born the idea of barefoot doctors trained with medical knowledge, chosen from amongst the illiterate tribal community

V. H. W. Training programme



Preventive Activities Health education programme.



Nail cutting.

Hand washing demonstration.



We conducted more than =10000 health education programs .
Prepared CD & flipchart.

Village Health Worker Care

Home Based Neonatal Care- case of birth asphyxia & LBW
saved by VHW



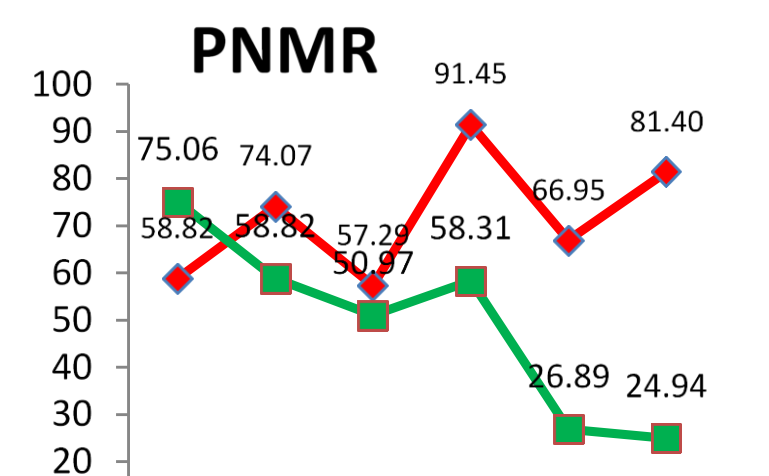
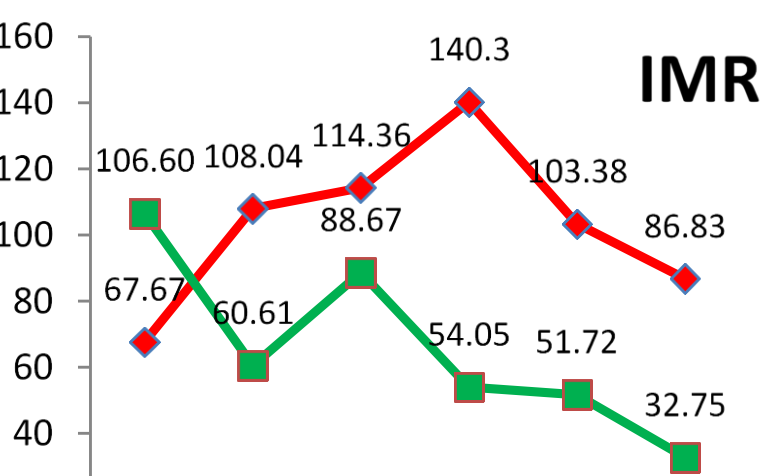
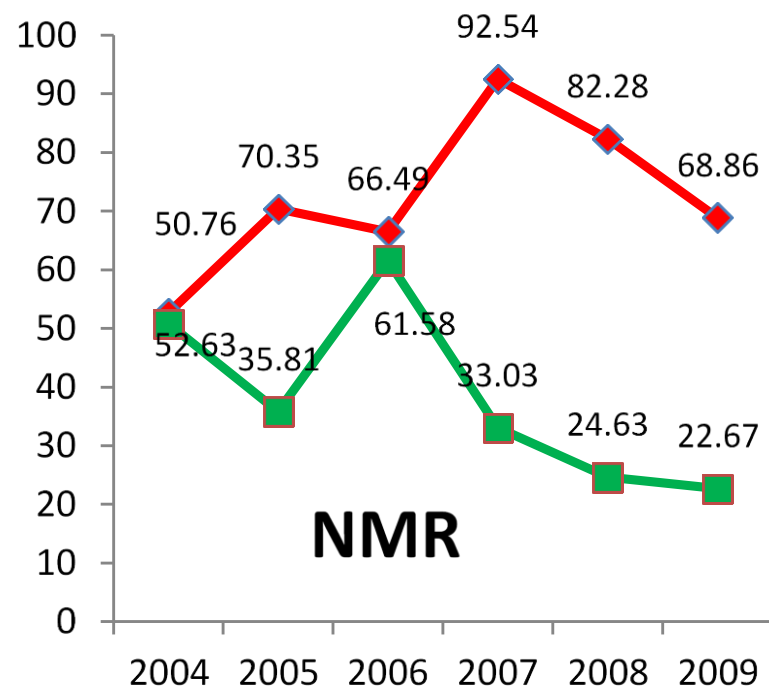
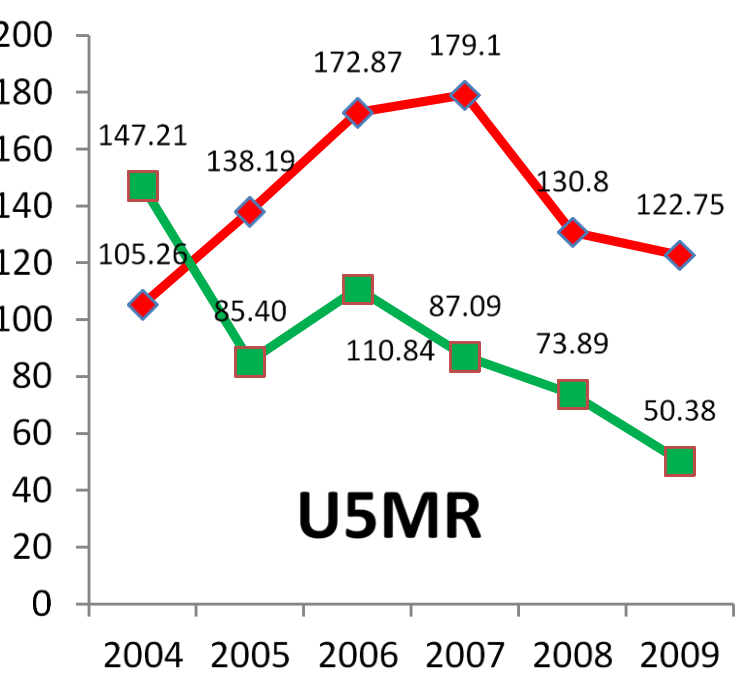
Neonatal Sepsis treatment by VHW

& Vitamin K injection by VHW.

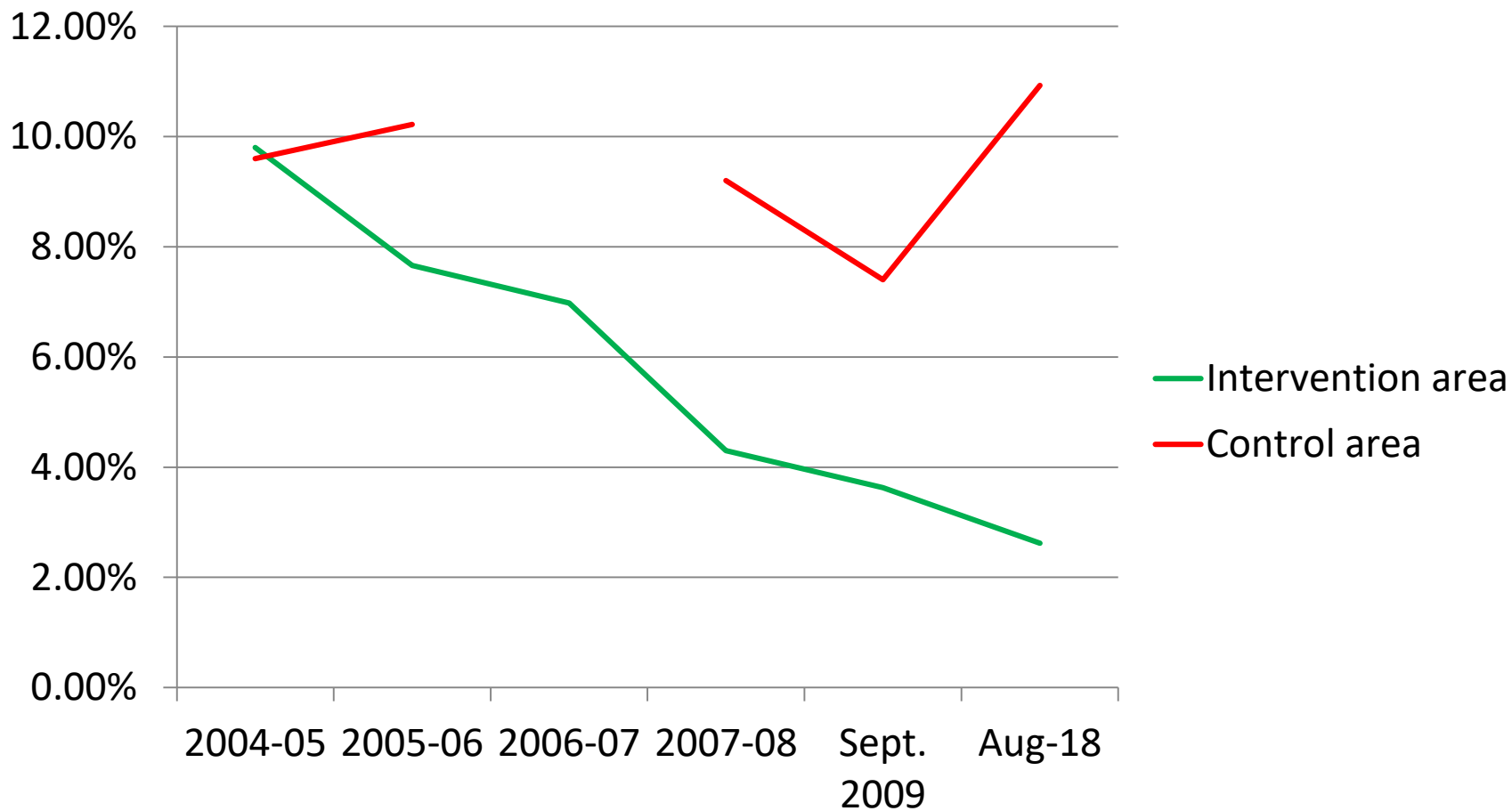
No episode of injection abscess after > 3193 injections.



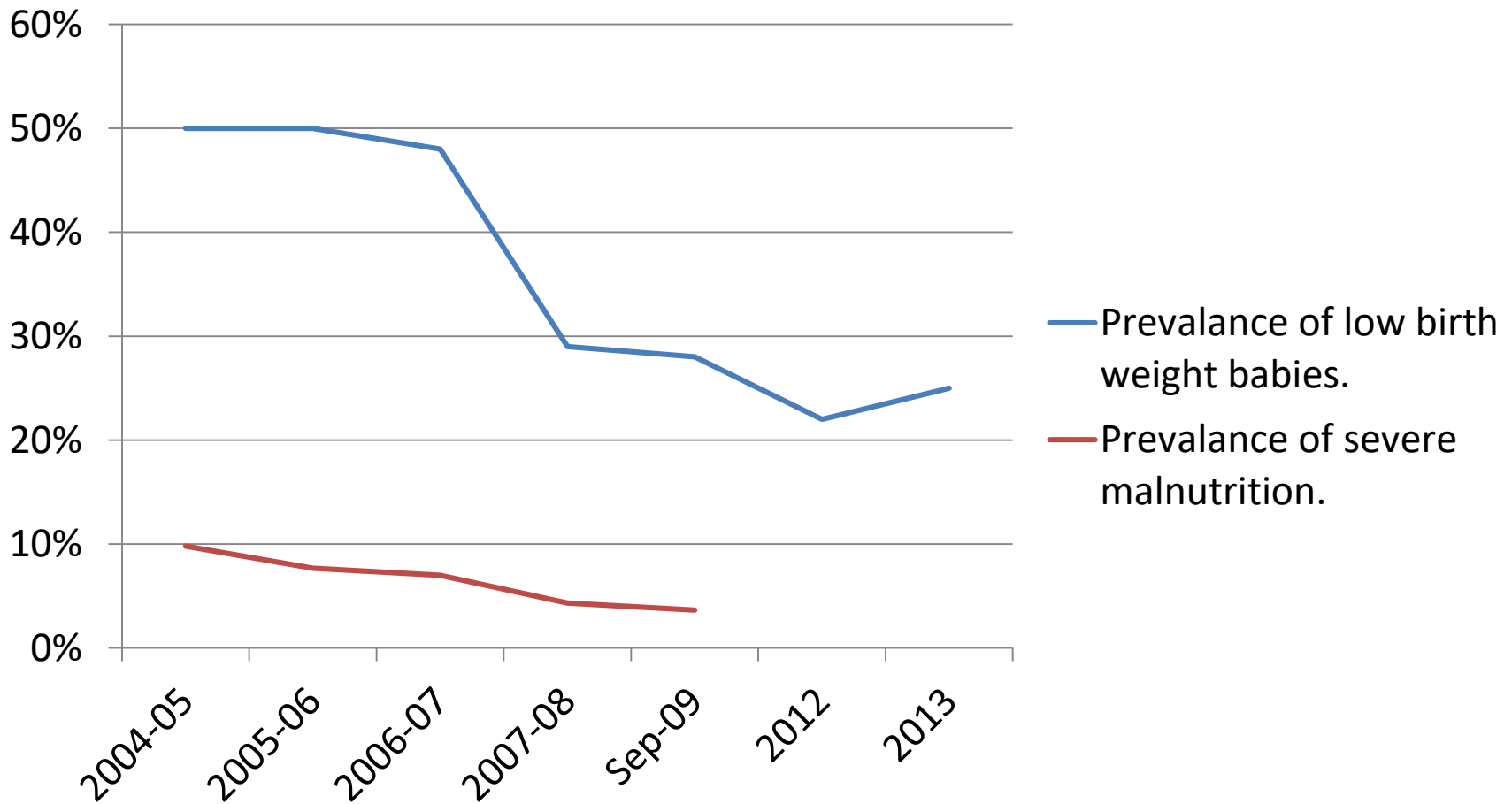
Changes in mortality rates(0-5 years children) in IA as compared to CA (statistically significant reduction p value< 0.0001)



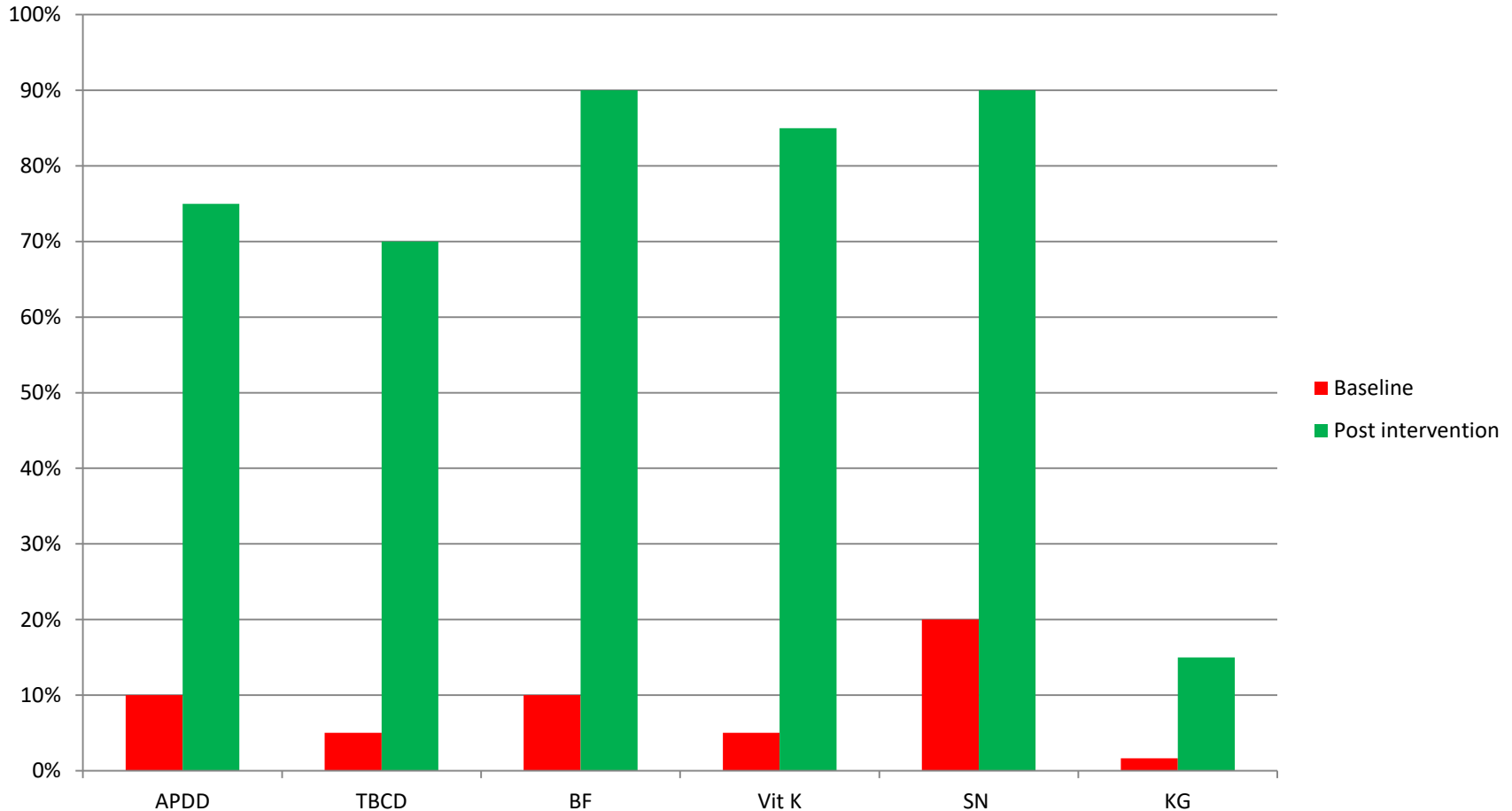
Prevalence of severe malnutrition (IAP :Gr. 3, 4) during the study



Comparison of LBW to prevalence of severe malnutrition –Gr.3, 4 in intervention area.



Effect of research on behavior (Improved practices)



When there is will, there is way!

• Remarkable cases treated by VHWs:

- Saved babies suffering from birth asphyxia through artificial respiration
- Saved a baby of neonatal sepsis

Lakshmi today

Saved a severely
malnourished girl
Laxmi
suffering from
Pneumonia



Lakshmi Before
Treatment

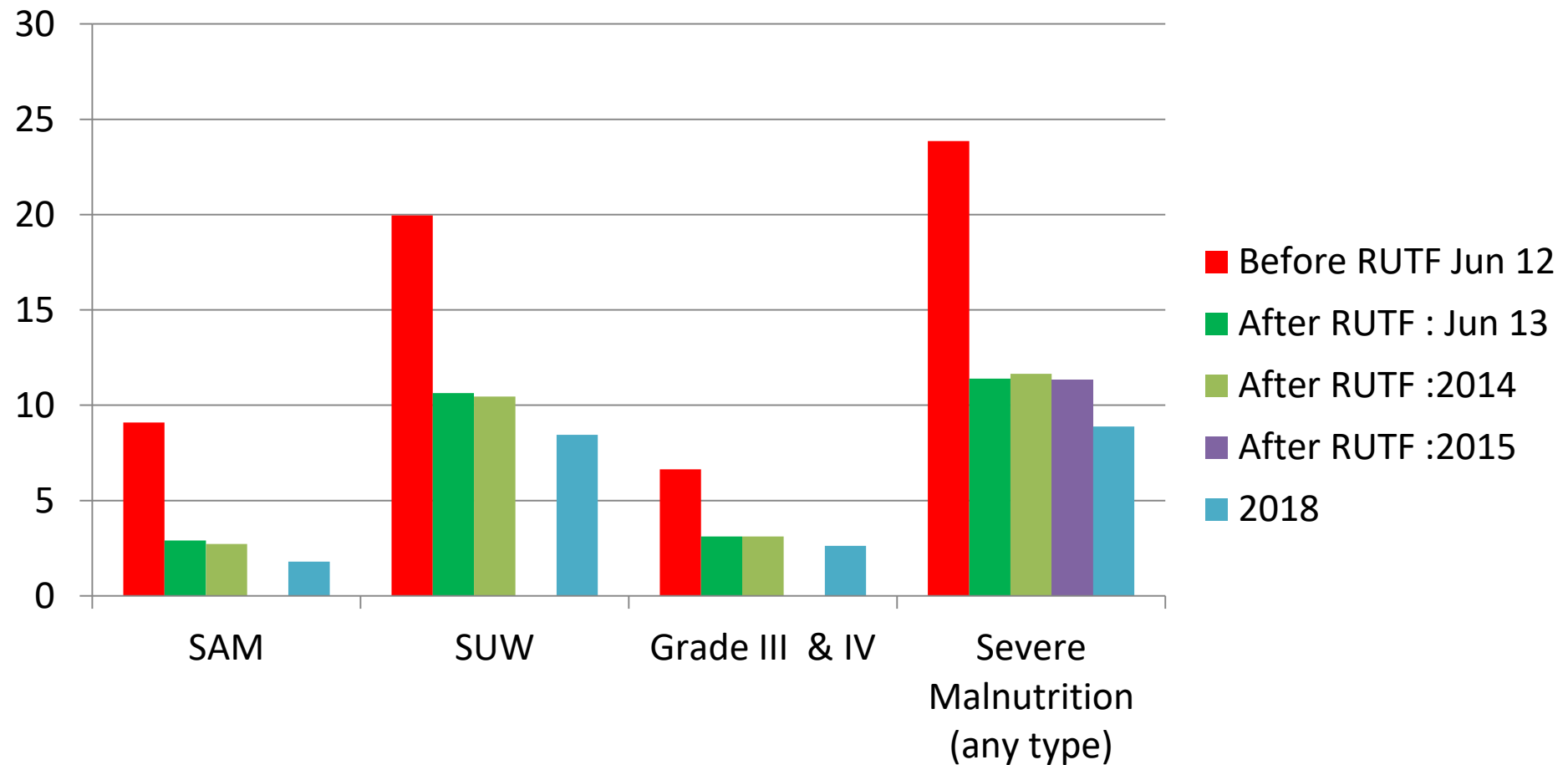


After Home Based Treatment

SAMAAN : home based treatment of severe malnutrition

- **Project Aim:** To reduce prevalence of severe malnutrition and its death.
- **Key activities:**
 - **Treatment** was given to > 2002 severely malnourished children in the form of **locally prepared** Therapeutic Food (LTF), mineral & vitamin mix and drugs for 3 months by village health workers in intervention area.
 - **Behaviour change communication** was done for > 10517 children and parents (Nutrition demo, flip chart, nail cutting, community growth chart etc.).

Prevalence of severe malnutrition: Intervention Area. (Add 2015 SAM, SUW, GR.3,4)



SAMMAN Achievement :

- We could save >1542 severely malnourished children by their treatment. Only 3 children died during treatment .
- CFR :0.2% for SMCs and for SAM :0.6%.
(Very Satisfactory achievement).
(WHO target <4% deaths in SAM children on treatment) .

RUTF & Balanced diet distribution to severely malnourished children.



Trainer's training for malnutrition



Nutrition demonstration education

(Mrs. Pendharkar -Nutrition Expert and team)



Behavior Change Communication



Audiovisual show

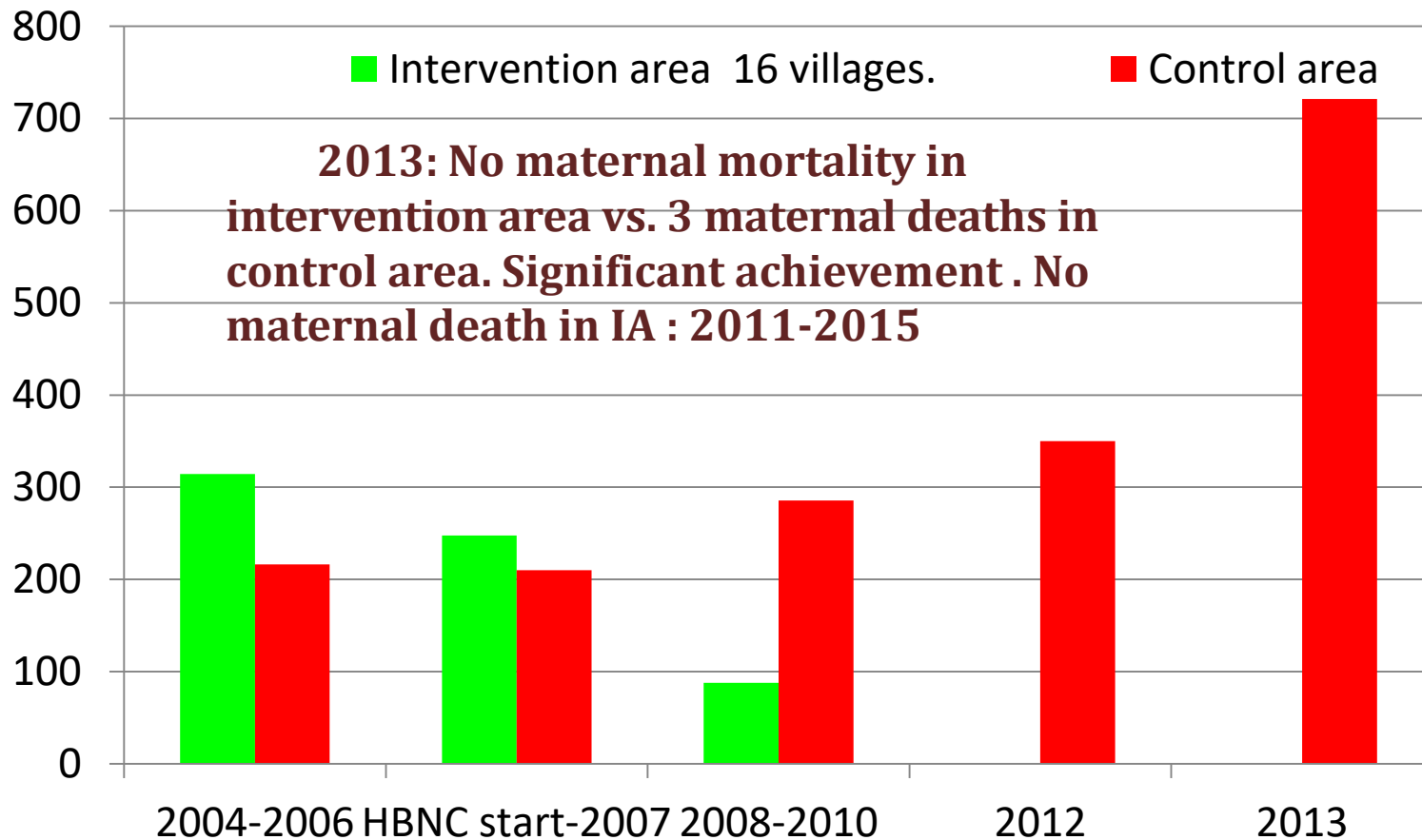


Children -rally



Street play

Maternal Mortality Rate (per 1,00,000 live births) (add data of 2015, 2014)

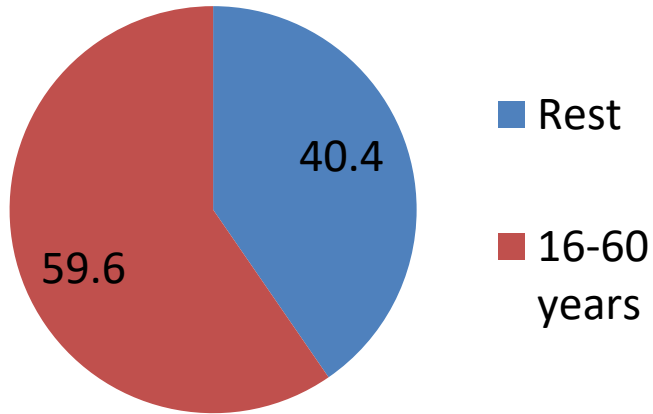


MCPEPAG (Mortality control program for economically productive age group)

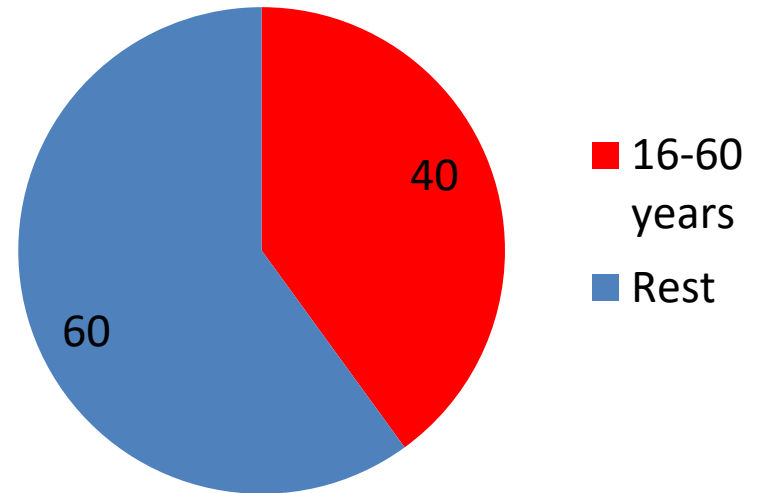
- **Need and importance of the research: 16-60 Years**
- Age specific mortality rate: very high (>439 per 100000 population)
- Most productive age-group
- Premature death of an earning member creates serious problems . (Mean age of death=36.1 years).
- Major causes of deaths: Heart diseases (>10.92%), CNS Infection (10.74%), Tuberculosis (21.48%), Jaundice (>11.4%), Pneumonia/ LRTI (3.7%), COAD (5.46%), Diarrhea (>10.56%), Suicide (6.34%) , Accident (5.28%), Anemia(4.75%) , Cancer(4.58%), CVE(4.05%), Tetanus(3.35%)etc.
- Prevalence of hypertension is 7% to 10%.
- **Project Aim:** **1.** To reduce ASMR & prevalence of untreated HT in the poor tribal of age group of 16-60 years.
- **2.** Replicate in Maharashtra & India to reduce ASMR.

Population-Death

Population

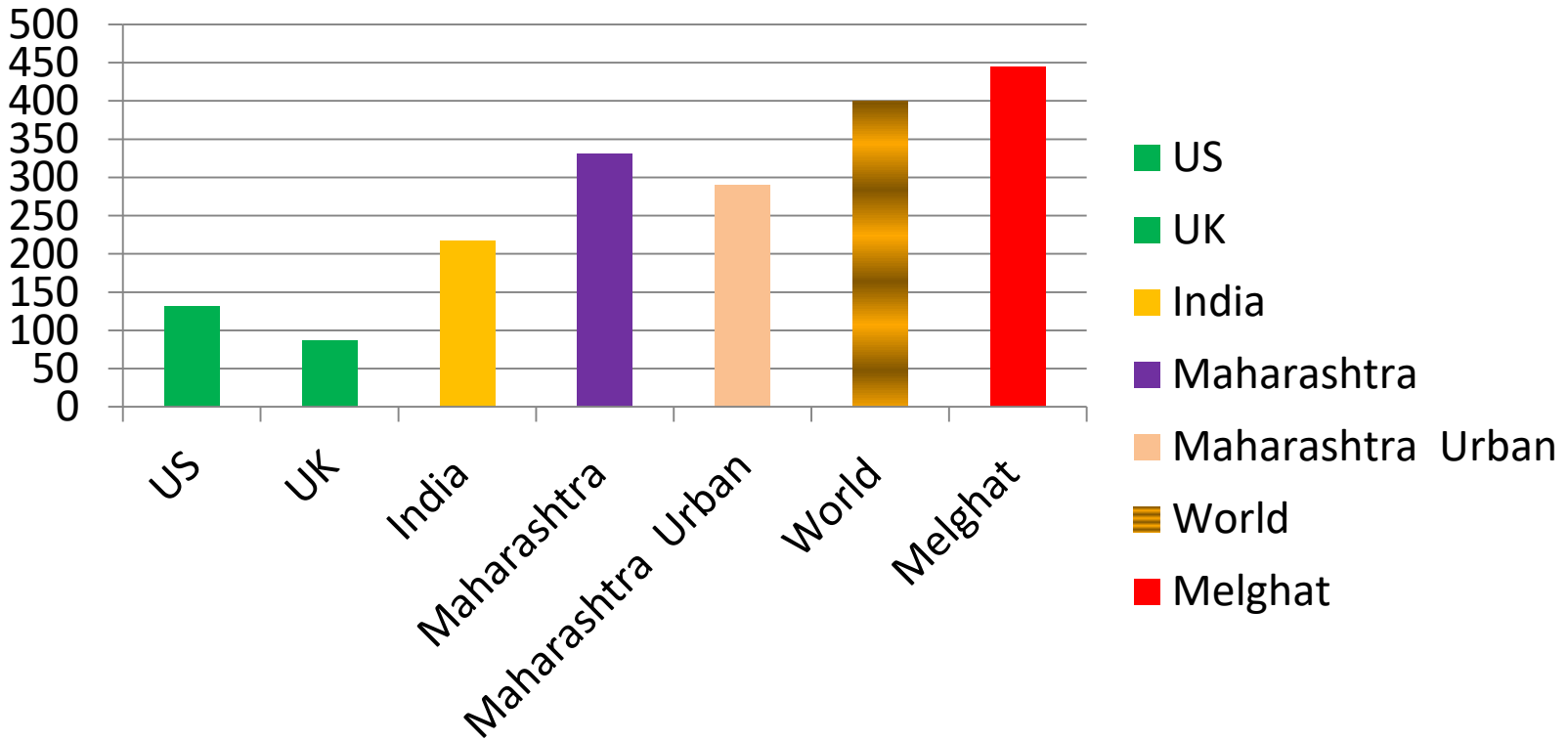


Deaths %

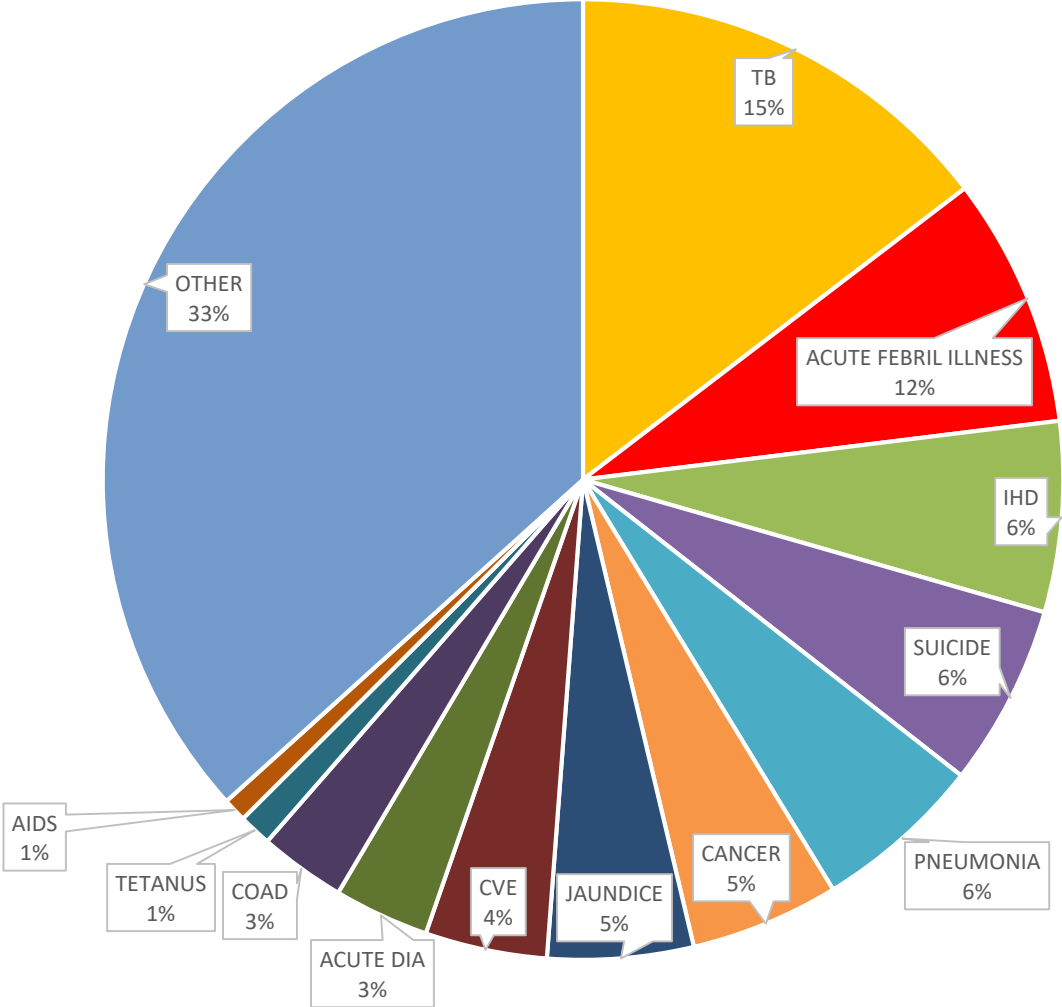


ASMR -15-59 Years

total



MOST PROBABLE CAUSES OF DEATH



MCPEPAG (Mortality control program for economically productive age group)

- **Key activities:** Treatment of Hypertension, Diarrhea, Malaria, pneumonia by village health workers in village itself, Total No. of patients treated. (> 6 years: 62067)
- Referral : TB, CAD, critical illness, Obstructed labour:
- Behaviour Change Communication. (>28068 cases).
- **Impact / Achievement :**
- **Age specific mortality rate: net reduction by 50 % in intervention area as compared to control area. It is even more significant reduction than estimated WHO reduction (non communicable disease death rate). Now ASMR in our intervention area is even less than average India rate . Saved many pillars of society.**
- **Prevalence of untreated HT reduced by >50% in IA.**
- **Over a period of 8 years which is a cost effective, acceptable and replicable model.**

MCPEPAG:

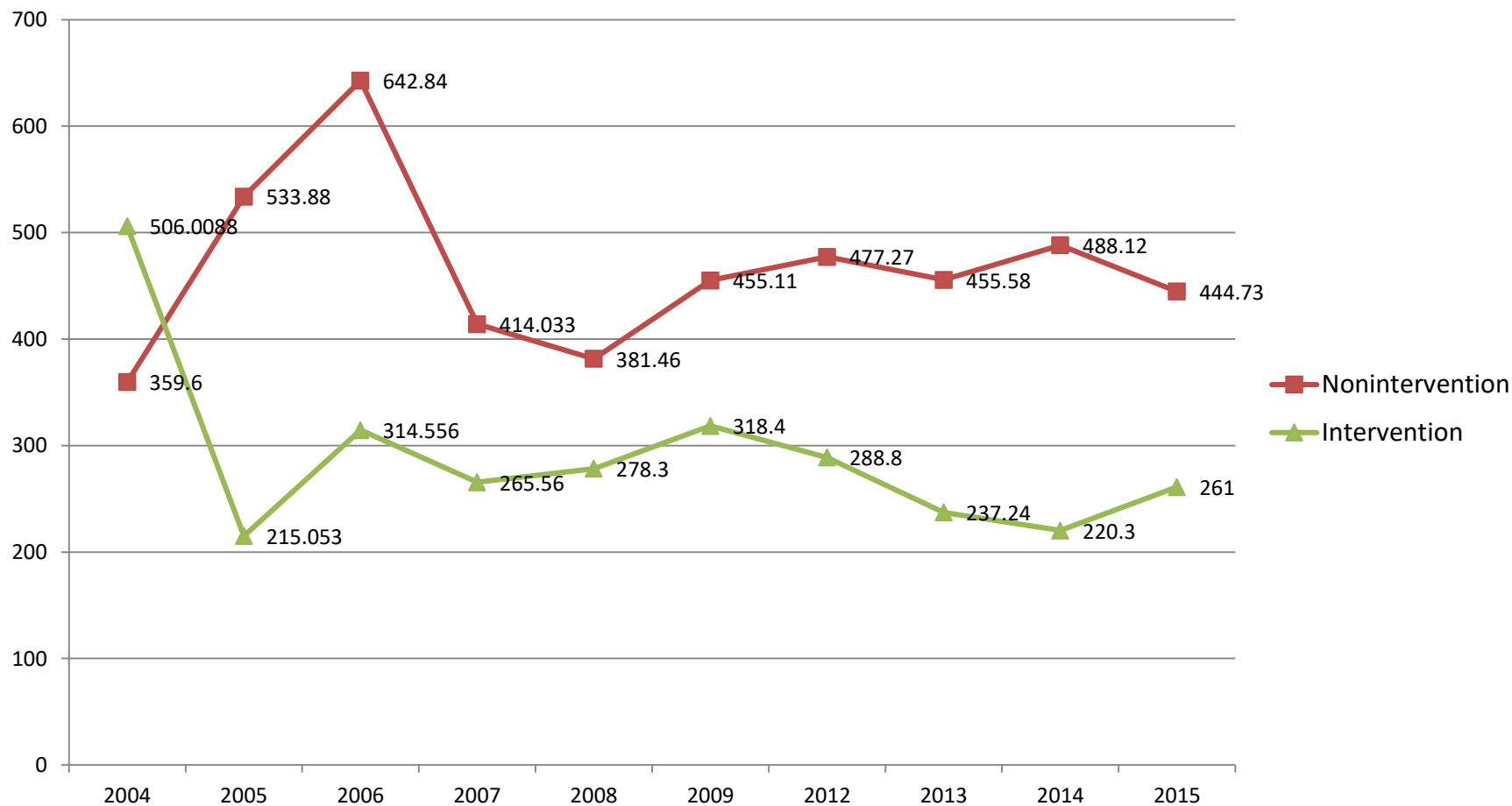
**VHW checking BP of
poor tribal**



**Treatment of patient by
VHW.**

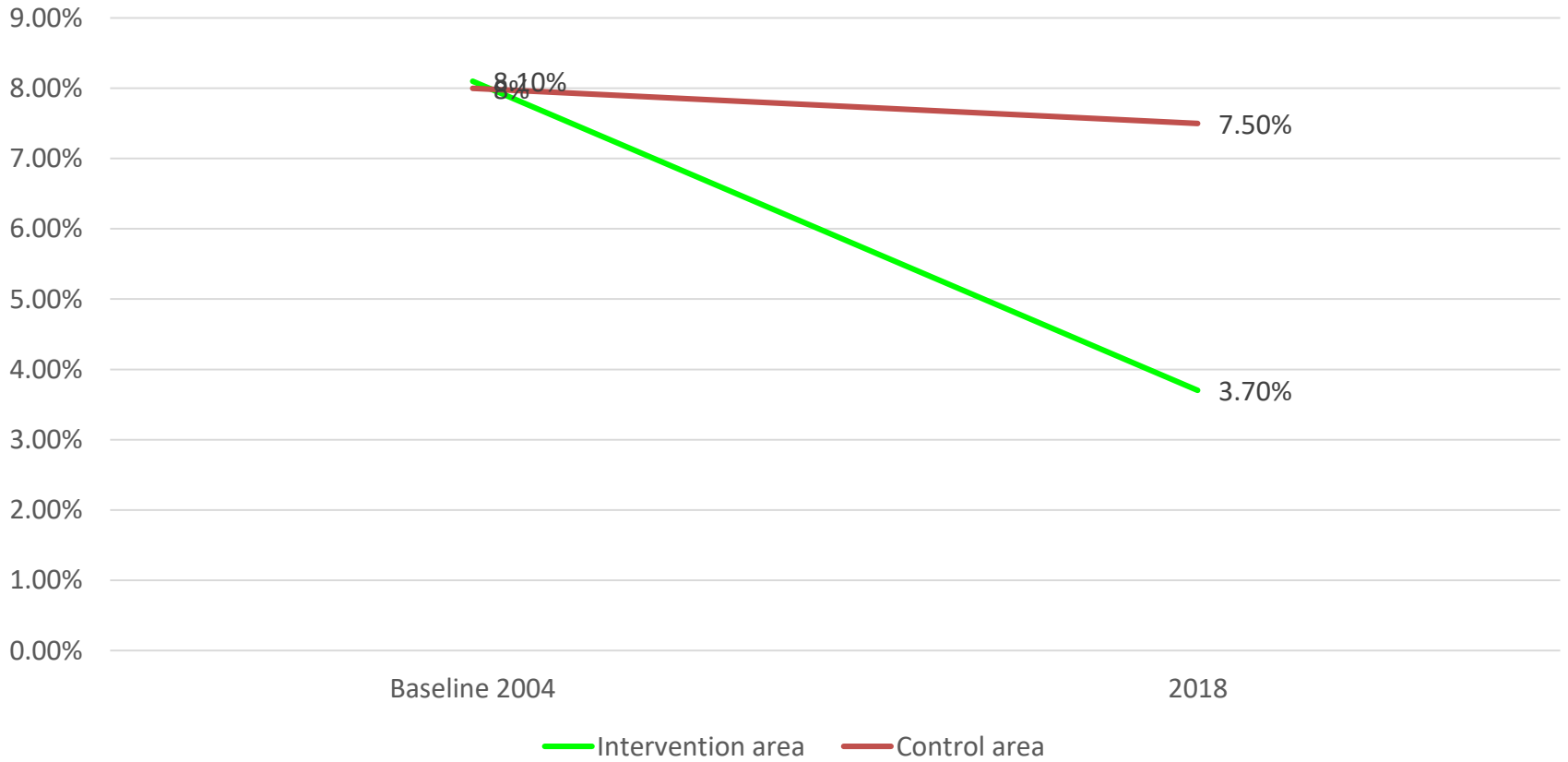
Mortality control program for economically productive age group : RCT.

Prevented development of orphan children.



Prevalence of Uncontrolled Hypertension

Chart Title



Feasibility study of Respiratory Syncytial Virus



Achieved the target of > 4000 nasal swab collection from Pneumonia and Dead children. System for community health have been developed in 95 villages. **It will have impact on global RSV vaccination policy.**

Nutrition Gardens and Nutrition farms from waste water



Project Aim: To provide sustainable source of nutrition to children.

Key activities: developed

➤ **6165 nutrition gardens,
>2875 nutrition farms.**

➤ **Production : >208417 kg**



Kitchen Garden & Nutrition farm : low cost sustainable agriculture



Vasantrao Bombatkar during farmers' training

Counsellor Program for Govt. Hospitals:

Counselor counseling family & patient.



On MAHAN's request, local tribal youths: appointed as counsellors in government hospitals . Jointly run as a partnership between government and voluntary agencies

Activities: **Counselling** through flip chart and group discussion,
Hospital strengthening, arrangement for referral of patients etc.
First effort of monitoring government hospitals by voluntary organisations.



Counsellor Program for Govt. Hospitals:

- **Achievement:** Benefitted >4,79,000 poor tribal patients. Increased hospitalisation of severely malnourished children(12 times) and hospital deliveries (twice). Statistically significant Improvement in Hospitalized severely malnourished babies. $P < 0.0001$.
- Hundreds of lives (children, pregnant mothers , severe malnourished babies) saved.
- Improved quality of hospital care, esp. quality of food served to severely malnourished babies in hospitals, treatment, referral services (ambulance) and increased number of serious patients attending higher referral hospitals.
- On the verge of replication across the state.

Dr. Taori Caring Friends Tribal Health Research Centre.

- With the help of CIIMS , Nagpur we have developed Dr. G.M. Taori Caring Friends Tribal Health Research Centre in Melghat.
- Conducted research on Malnutrition and tuberculosis.
- Published 3 papers in International Journals like PLOS ONE.

Govt. Policy changes due to MAHAN

- Dissemination of Research, Analysis and Advocacy.
- Public Interest Litigation in state high court .
- Resulted into state govt. framing new policies and improving existing policies (total 15).

1) Proper surveillance for appropriate planning by state government: Initiation of Rajmata Jijau Mission by govt.

- State Govt. Health & Nutrition Mission' and UNICEF, verified and accepted the MAHAN's surveillance report of severe malnutrition (>9%)& child deaths(IMR> 60/1000 live births) .
- State Govt. found similar findings in all tribal blocks.
-
- Impact:
 1. State policies were changed for malnutrition management.
 2. Benefitted >1 lakh severely malnourished children.

Malnutrition prevention and management

- **2) 'Village Child Developmental Centres'** based on MAHAN model: implemented by govt. in Maharashtra since 2008-09.
- **3) Fresh cooked food** : is being given in ICDS centres in Melghat Instead of Take Home Ration (prepared by industries).
- **4) ICDS Centers**: qualitative and quantitative improvement .

Reclassification of severe malnutrition: Expansion of criteria for management of severe malnutrition:

- 5) Hon. High Court of Maharashtra State directed state Govt. to use 'SAM' as well as 'SUW' criteria for management of severe malnutrition based on the scientific study in Melghat by MAHAN.

State Mother and Child Health and Nutrition Mission

- RJMCHN Mission has been restarted by government and UNICEF from 2011-12 due to directives by Hon. High Court in response to PIL by MAHAN and KHOJ.
- There was increment in the funds, number as well as rejuvenation of Village Child Developmental Centres & Child treatment centres in Maharashtra.
- It has benefitted >300000 severely malnourished children.

Antibiotics treatment by CHW (ASHA)

- Infectious disease mortality is very high in tribal area of Maharashtra due to lack of timely antibiotic treatment in villages.
- MAHAN participated and advocated state level policy making committee for 'Antibiotic use by CHW' in community.
- Government empowered CHW to treat infectious diseases with antibiotic in tribal area.

Policy Level Membership

- **Member of international technical working group of Minimal Invasive Tissue Sampling program**
- **‘European Society of Paediatric Research’.**
- **Member of state level ‘Village Child Development’ Committee of ‘Rajmata Jijau Mission’ of Govt. of Maharashtra.**
- **Regional representative of advisor to commissioner of Honourable Supreme court. (Food security bill).**
- **‘Bhavishya Alliance’, an international trisectorial partnership (Govt., corporates, VO) for reducing malnutrition in Maharashtra.**
- **Joint review mission of govt. Of India for MDM and school health.**
- **Antibiotic use by ASHA workers –state committee.**
- **Committee of VSDB on tribal health by hon. governor.**

Project UMANG : De-addiction & Social development Program



- Project Aim: To reduce addiction and improve socioeconomic status of tribals.
- Beneficiaries > 15912
- **Various socio-economic status up-liftment activities** by the Government due to our regular follow up.
- Reduced tobacco chewing by pregnant ladies and reduced LBW.
- Three villages celebrated holi without social drinking for 8 years. >150 household became free from alcohol addiction & effect on SES.

Yoga training



Manik Palaskar training children

ARSH

- Nagpur adolescent chapter of IAP trained > 300 tribal for adolescent and reproductive and sexual health, deaddiction, etc.
- Conducted trainers training for 17 tribal female village health workers and 32 tribal counsellors for the same.

Dr. Khirwadkar madam conducting ARSH training



Dr. Abhijit Bhardwaj & Dr. Devghare conducting ARSH training



Water conservation activities- Doh model.



Paper presentation in international conferences/ symposia/ workshop etc.

- 16 Research papers accepted/ presented in international conferences.
- **Presented 12 research papers in international journals. E.g. PLOS ONE**
- Many papers in national conferences.



Awards (58)

- World health Organization :“Public Health Champion Award”.
- REAL Global award by Save the Children , UK.
- Best Research Project Award and Young scientist award (National award) by Indian Council of Medical Research.
- Oberoi Melting Pot award 2014 by consulate Generals of 26 countries, Rotary International and Oberoi group of hotels.
- Certificate of excellence by world CSR forum.
- Spirit of Humanity award 2011 National Child Nutrition Award from Americare Foundation.
- Spirit of Humanity award 2015 National Child health Award from Americare Foundation.
- Maharashtra Medical Counsel Award for social service.
- FELICITATION by COMHAD International .
- Felicitation by Jagtik Marathi Academy
- Felicitation by his Excellency Hon. APJ Abdul Kalam.
- Karmaveer Social Citizen Global Award.
- Angels of Rural India -Healers of India award .
- Jamsheji Tata National Rural Fellowship.

Felicitation by Hon. Abdul Kalam.



Comments by famous person about the work

- **Very impressive and humbling work and focus. Dr. Ashish & Kavita. Look forward to stay in touch and hopefully working together one of these days.**

Dr. David Mukanga, Bill & Meelinda Gates foundation, USA

- **‘I had remarkable experience seeing the hospital and then visiting the research personnel (of MAHAN Trust) in their home in the village. This maternal infant project demonstrates the power of low tech investigations to decrease infant mortality. Our discussion with the research team here have informed me how to think about the project for the US National Institute of Health – Maternal Infant Research Network, we will get great value and stimulation from the brief visit. Thank you very much!’
– Alan H. Jobe, MD, PhD, Professor of Pediatrics and researcher, Cincinnati Children’s Hospital , Cincinnati, Ohio, USA.**
- **Your life and work inspire me greatly. Dr. Ashish is my indian teacher.- Mr. Adam Kahane, Canada-International expert in problem solving. v**

“Fight the sword with shield not with sword itself”. Vinoba Bhave.

- In 2004-2005, MAHAN Trust raised the issue of malnutrition via newspaper and TV and highlighted many lacunae and negligence of government Health and I.C.D.S. Departments.
- Rajmata Jijau Mother and Children Health and Nutrition mission of Maharashtra Government and UNICEF, visited their project area, verified MAHAN’s findings and left satisfied with MAHAN’s survey reports.
- Dr Satav started improving MAHAN’s rapport within the community by increasing community participation in the project. Eventually the community opposed all those anti-social elements who were threatening Ashish.

(“ Truth can be troubled but cannot be defeated.” Mahatma Gandhiji

- In January 2012, Dr Ashish : threat of arrest due to fake police and court cases - Eye surgery camp.
- **Kavita- dedicated and fearless shock absorber life partner.**
- Unfazed by all these hurdles, Dr Ashish and Kavita carried on their good work. Ultimately it was proved that all those charges were baseless. (Savitribai Fuley),
- Saving road traffic accident victims.
- Death of Kavita’s Father- work priority in Melghat hospital.



River is more beautiful while flowing through mountains!

Work is more important:

- An eye camp was organised in our hospital. Dr. Kavita and her team of dedicated field workers went to Madhyapradesh for screening cataract patients. While they were crossing the river Tapi, their Jeep was trapped first in the mud in river & then on the slope of hill near the river bank. The river was broad and it was evening and rainy season. The scene was frightening as there was no village nearby . They could not move the vehicle. Then the team with the help of some travellers tried to put some hard material like stones, dried broken branches of trees below the tyre of jeep. After the struggle for five hours, they could remove the ambulance from the river. We realised how difficult life is for the poor tribal especially serious patients during such rainy season.
- >56 poor tribal patients: operated .
- **So our team is working at the cost of own life and saving lives of poor tribals.**

Team of MAHAN trying to remove stuck ambulance from river.



MAHAN's Future Plans: Think Globally act locally.

- Replication of our successful models & Policy enhancement throughout India and developing countries.
- Tribal Medical college.
- Tribal Health Research Center.
- IMR <25 /1000 live birth in IA.
- U5MR <40/1000 live birth in IA.
- Prevalence of SAM <1%.
- MMR <150 .
- ASMR <250 / one lakh population.
- Nutrition farm >50% of houses.
- Multispecialty hospital.
- Blindness control program-cataract blindness reduction by 50% for whole Melghat and 100 villages of Madhyapradesh.
- Helicopter ambulance.
- Alcohol and tobacco deaddiction.
-

Requirement for one year:

Sr No	Project Name	Budget Summary (Rs)
1	Hospital	22952835.84
2	Mortality control Program (16 to 60 year)	1,98,02,360
3	Home Based Child Care Program	
4	SAMMAN Project	
5	UMANG Project (De-addiction)	10985597.5
6	Blindness Control program	3536000
7	Counsellor Program	1,600,000
8	Non project ,Plastic surgery Camps ,	40,00,000
	Total Project Cost	62876793.34

Pillars of project:

1. **Caring friends, Mumbai especially Rameshuncle Kacholia, Nimeshbhai Sumati, Prakash Apte, Dhirenbhai, etc.**
2. **Stichting Geron (Nico Nobel, Annekoos, Bastiaan, etc.) & Cordaid , The Netherlands.,**
3. **Arpan foundation, USA Anand and Parag Karia.**
4. **SEARCH , Gadchiroli.**
5. **Bajaj Finance Limited and Bajaj Holding and Investment Limited.**
6. **Tribal Development Department , Government of Maharashtra.**
7. **Anu Aga , MPLAD fund**
8. **Mastek foundation. (Mr. Sudhakar Ram and Sanjay Mudnaney)**
9. **Virgo Foundation (Mahesh Desai, VBS Mani), Prakash Apte.**
10. **Paul Hamlyn Foundation UK.**
11. **University of Colarado, Denver.**
12. **Syngenta Foundation.**
13. **NM Budharani Trust**
14. **Americare foundation**
15. **UNICEF and Rajmata Jijau Mission.**
16. **Dr. Mrs. & Mr. Dani, Dr. Abhijit Bharadwaj, Dr. Gahukar.**
17. **Mrs. & Mr. Jayashri Pendharkar.**
18. **Vijay Kaore, Dr. Saoji.**
19. **Dr. Satish Tiwari, Dr. Alka Kuthe.**
20. **Palaskar. Varangaonkar, Kashikar families.**
21. **Dr. Gahankari, Dr. Bapat. Dr. Nisal, Dr. Taori, Dr. Rajpalsingh.**
22. **Satav, Renge & Manekar family.**
23. **Tapas India foundation (Vikasbhai , Kushagra and team.)**
13. **Dr. Ajay Kulkarni, Dr. Nagpurkar, Dr. Tamhne, Dr. Kelkar.**
14. **Arti Vakil**
15. **Rotary Club, Nagpur, Amaravati**
16. **Government Medical College Nagpur -1988 batch**
17. **Many individual supporters in USA like Abhijeet Budruk, Srikanth and Chitra Belwadi.**



MAHAN Trust

our eminent Partners

**Caring Friends
Mumbai**

Anu Aga, MPLAD fund

Arpan Foundation USA

Tribal Development Department

Syngenta Foundation

University of Colorado, USA

Bajaj CSR (BFL, BHIL)

**Stichting Geron & Cordaid,
The Netherlands.**

UNICEF and Rajamata Jijau Mission

Guide-star India

CIIMS, Nagpur

SEARCH,

Mastek Foundation

Global Giving

**Rotary Club,
Nagpur, Amaravati.**

TAPAS INDIA FOUNDATION

**Virgo
Foundation**

Paul Hamlyn Foundation UK

NM Budharani Trust

**Nottingham University
UK**

Wishing Well

Credibility Alliance



Individual Donors

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