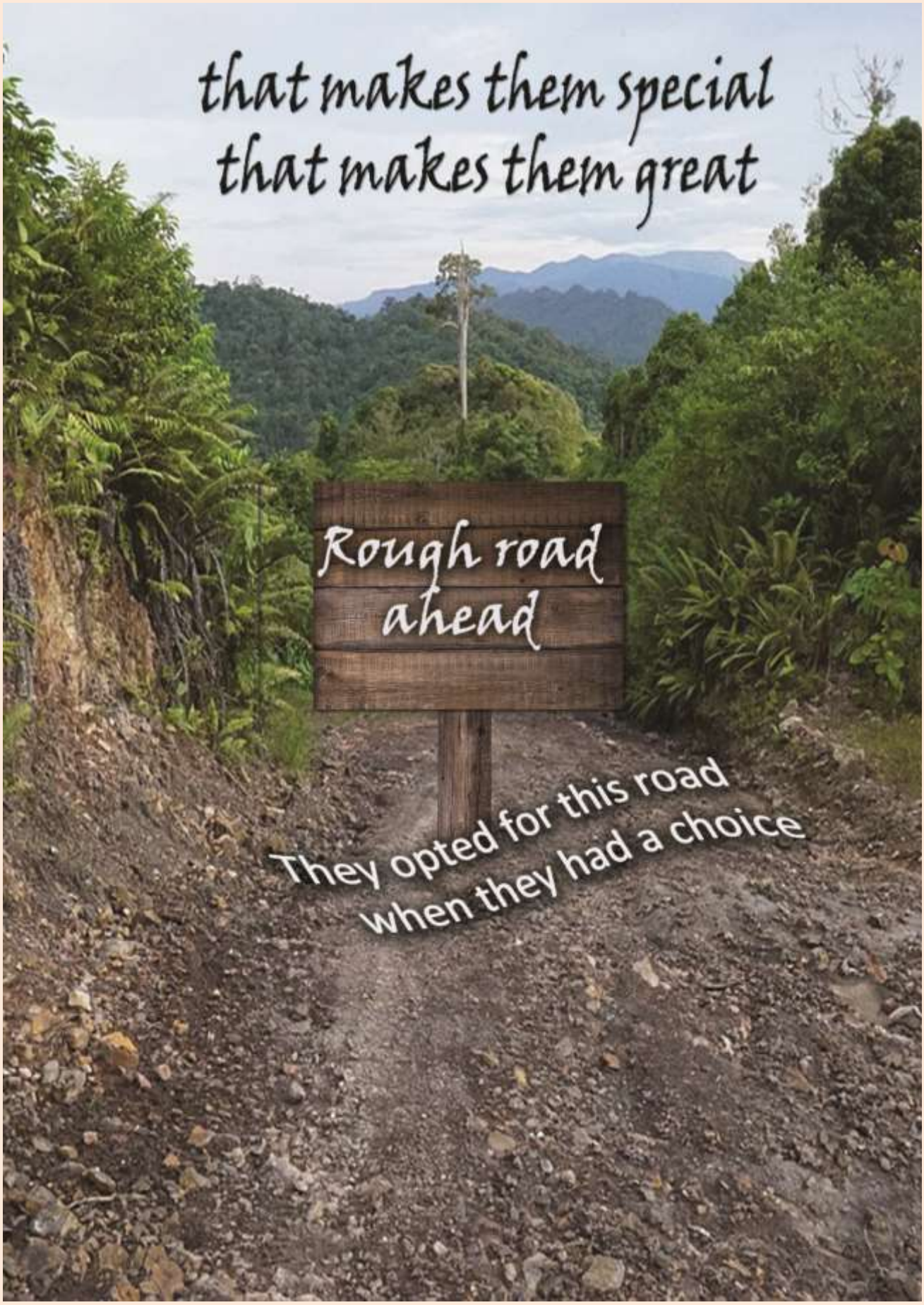
Triannual Newsletter-Volume 2- July-October 2019

NEURONE

Annexure

GMCAAN
Newsletter

A platform to stay connected


that makes them special
that makes them great
Rough road ahead
They opted for this road
when they had a choice

Our experiences of Melghat:

My self Dr. Ashish Satav (M.B.B.S., M.D.) & my wife Dr. Kavita Satav (M.B.B.S., M.S.-Eye surgeon) are providing curative and preventive medical facilities to poor tribal people of Melghat. Our life has been enlightened by 12years son, Athang.

Motivation for the work / source of inspiration

I was influenced by my grandfather **Mr. Vasantrao Bombatkar** (Sarvodaya leader) since my childhood. Under his guidance, I read literature written by Mahatma Gandhi and great saint Vinoba Bhave. I was touched by Gandhian teaching that " youths should go to the villages to serve as real India is in villages" and after 12th standard, I decided to become doctor and serve the rural part of India. After admission to Government medical college Nagpur, I started visiting various rural and tribal health projects run by **Drs. Prakash and Manda Amte, Drs. Abhay & Rani Bang,** (**main guide**), Dr. Ravindra Kolhe, Dr. Sudarshan, etc. After visiting tribal areas, I realized that tribal areas need medical facilities to a great extent as compared to rural area. So during my M.D. training, I decided to start work in very difficult area of Melghat where medical facilities were very scarce.

I stood first in Wardha district (city area) in 7th class scholarship examination due to guidance of Miss Joshi (now Mrs. Deshpande). It increased my interest in study. Attending "Shram Sanskar Shibir" organised by great social worker Baba Amte during 9th standard was a real experience for future social life. I stood first in Sanskrit in 12th class in Maharashtra due to sincere guidance by Mr. Bhagwat sir.

The guidance by Dr. Ulhas Jaju, Dr. Avinash Saoji , Dr. Kalantri, Dr. Jalgaonkar and Dr. Mrs. Holey is always helpful to me.

Mahatma Gandhi & Swami Vivekananda are my real driving force (Preranasthan-Source of inspiration) for all my endeavors.

Due to very active, parental and goodfinancial support from Caring friends , Mumbai (especially Rameshuncle Kacholiya and Nimeshbhai Sumati), Kasturba Health Society, Sevagram (Late Dr. Sushila Nair & Dhirubhai Mehta), our activities got momentum and we could acheive sucess in most of our program .

Preparation for future life:

I decided to start hospital in tribal or rural area while doing M.B.B.S. So during M.B.B.S. course in Government Medical College, Nagpur, I followed simple living. During summer (45-46 degree), I used to live without cooler or fan, during winter, I used to take bath by cold water intermittently. Such type of experiences were going on to test myself.

Due to regular yoga and meditation, study of Geetai written by Vinoba Bhave(especially Sthithpradhnyachi Laxane-symptoms of stable mind), "Experience

with truth" written by Mahatma Gandhi, books written by Swami Vivekanand , my mental strength is increased to a significant extent. I can control the innate desire of human being like sex, gride, anger, luster, egoistic attitude, envy ,etc. due to regular meditation. It increased my mental piece and physical and mental capacity for my social work. Due to regular visits and discussion with idealistic social minded people, I could develop those values & qualities necessary for future life.

Reading the book "Seven Habits of Highly Effective People" helped me for social work. Due to use of "Ahimsa (Non-violence), Satya (Truth), Asteya (Non-stealing), Bramhacharya (control of sex with other female and other desire), Sharirshram (hard work), Aswad (no attachment to taste), Sarvatra Bhayavarjan (courage), Sarvadharma Samanatva (equal behavior with all religions), Swadeshi (use of material made in own country) , Sparshabhavana (avoid untouchable behavior) " in personnel life, the life in Melghat become palatable and tolerable.

During MBBS, I attended Movad river flood relief camp and distributed lot of cloths to those who lost everything in the flood.

Pillars of project:

1. Caring friends, Mumbai especially Rameshuncle Kacholia, Nimeshbhai Sumati, Dhirenbhai, etc.
2. Kasturba Health Society, Sevagram- Late Dr. Sushila Nayar, Mr. Dhirubhai Mehta, Mr. Shripad Halbe.
3. Stichting Geron (Nico Nobel, Annekoos, Bastiaan, etc.)& Cordaid , The Netherlands.
4. Arpan foundation, USA (Anand and Parag Karia).
5. SEARCH , Gadchiroli.
6. Mastek foundation. (Mr. Sudhakar Ram and Sanjay Mudnaney)
7. Virgo Foundation (Mahesh Desai, VBS Mani), Prakash Apte.
8. Dr. Mrs. Dani, Dr. Abhijit Bharadwaj, Dr. Gahukar.
9. Mrs. & Mr. Jayashri Pendharkar.
10. Vijay Kaore, Dr. saoji.
11. Dr. Satish Tiwari, Dr. Alka Kuthe.
12. Palaskar. Varangaonkar, Kashikar families.
13. Dr. Gahankari, Dr. Bapat. Dr. Nisal, Dr. Taori, Dr. Rajpalsingh.
14. Satav, Renge & Manekar family.
15. Tapas India foundation (Vikasbhai , Kushagra and team.)
13. Dr. Ajay Kulkarni, Dr. Nagpurkar, Dr. Tamhne, Dr. Kelkar.
14. *Arti Vakil (Wishwell organisation).*
15. Many individual supporters.

In the whole journey my mother(Kamal Satav) and father (Rambhau Satav), brothers (Avinash & Ajay) and wife & son, stood very firmly behind me and supported when needed.

Some important events in life:

Second life: In 2004, while shifting the luggage to a new home during rainy season, myself and my mother received severe electric shock injury. We were unconscious for few seconds. Vitthal Pande saved us by pulling the wire with wood. We were saved. I think, due to the good work we were saved by his messenger. After the incidence, I could continue my work with full strength.

Obstacles converted to opportunity :

There are a lot of obstacles while working in Melghat since beginning. But now I think, these obstacles are not hurdles in the road but a challenge to test and prove ourselves. Life is like a river. The river is more beautiful when it flows through mountains, valleys fall, etc. But danger of end is always there.

In 1998, I resigned from the post of lecturer in the Department of Medicine of M.G.I.M.S. Sevagram and registered a voluntary organization named MAHAN and started hospital in Melghat. In the beginning, there was no financial support from anybody. While during post-graduation and lecturership in Medical college, I was living a simple life due to which I could save around Rs.1,00,000. I used that money for running hospital in Melghat. After 4 months, honorable Dr. Sushila Nayar who was the great supporter of the project provided financial support and since then MAHAN &Kasturba Health Society, Sevagram are running these projects.

Since the last 20 years (in 1998) not a single new M.B.B.S. doctor started a non-governmental hospital in Dharni. So most of the people could not believe that I can be a M.B.B.S., M.D. doctor.

We started our OPD in a hut at Kolupur and then a hospital in a small (four rooms) rented house in Dharni. It was used for the outpatient department and for indoor patients. In the same house, patients use to vomit, etc. and just nearby to it, was my dining room and bedroom. When I was in Government Medical College, Nagpur, I was habitual of working in a big hospital. But in Melghat, while treating the serious patients of brain hemorrhage, heart attack, etc., we faced lot of problems in the same small hospital. But I could manage successfully lot of serious patients even many times in the absence of electricity& other facilities.

Once upon a time, at around 12 midnight a patient of serious heart attack i.e. acute myocardial infarction with pulmonary edema was admitted in the government hospital. As there was not a single physician, I was called to treat that patient. I was assisted by unqualified attendant and I carried one E.C.G. machine and injection Streptokinase along with me. There was no cardiac monitor or defibrillator. There was not a single hospital for management of serious patients in Dharni and critical care hospital was 150 k. m. from Dharni. When I was in Government Medical College, Nagpur, and in M.G.I.M.S., Sevagram, there used to be a team of 3-4 doctors and trained nurses and well equipped intensive care unit and well-furnished library to refresh your knowledge. But it was my first experience to treat such patient in Dharni with minimum facilities. If I treat the patient and if he succumbs, then people will not believe me and I might have to leave Dharni. But then I realized that, if I treat that patient, there is 90% chance that he will be saved. But if not treated, there is 100% chance of death. So my strong will power forced me to start the treatment. I was treating that patient until 4 a.m. The patient was out of danger at around 4 a.m. and I was relaxed. But after then, till now, I have successfully treated more than 1000 serious patients with no fear in mind. **Till July 2007, our indoor hospital was in 20* 50 square feet hut.**

Once a fifty years old male patient of a brain hemorrhage (7cm in parietal lobe and 1cm in Thalamus) was admitted in comatose condition in our small hospital. He was advised by doctors from Amaravati & Indore that he could not be saved and hence it is not practical to hospitalize. I did not cross the boundary of the hospital for 7 days as I was busy in treating that serious patient. I was assisted by one 9th standard passed boy. There was mental pressure of 30 to 40 people daily for that patient. On 8th day, that patient started walking and I was relaxed. From that day, people realized that I am a well-qualified doctor and I got acceptance & publicity in Melghat.

I do remember a story of 5 years young girl patient suffering from cerebral malaria with coma with decerebrate posture with convulsions. Not being a pediatrician

I thought a lot, whether to treat her or not. But if I won't treat she will not be saved (it was 100% sure), as there was no pediatric critical care hospital. Hence, I decided to use my all knowledge and courage to treat the child and could successfully save her. It increased my confidence that I can manage serious children also though I am not a pediatrician.

Sometimes I am also surprised that, I could have successfully managed serious patients in such difficult circumstances.

After 2 years, my wife Dr. Kavita (M.B.B.S., M.S.) started her eye hospital in Dharni. For the first year, there was no financial support for her work. There used to be very few patients for initial one to two years. As most of the tribal patients in Melghat are very poor, they can not afford charges of operation for cataract. So many times, Kavita got depressed. Probably I will have to operate cataract of a tiger, sarcastically she used to say sometimes. We used to live very simple life so that we could save a substantial amount of money and after few months we purchased operating microscope worth Rs.2,00,000. Mr. Prabhakar Palaskar (retired engineer, P.W.D.),one of our closed well-wisher from Nagpur donated Rs.10,000. Kavita operated upon 10 cataract patients from that donation. And thereafter gradually we received more financial support for our eye hospital from Kasturba Health Society(Patron respected Dhirubhai Mehta), Sight Savers International, Caring friends, Mumbai, Rotary club Amaravati, etc. Till now, Kavita had operated more than 1200 eye patients successfully (including cataract patients i.e.Intra-ocular lens implantation free of cost). Due to poor socioeconomic conditions &superstitions, it was very difficult to convince patients for cataract surgery in Melghat.

For one year, Kavita visited more than 50 villages in Melghat and conducted door to door screening and treatment of patients. Our son, Athang was 4 months old. She used to keep him in the cradle(Zoli) under some tree in those villages and she used to manage the patients. She used to bring patients for surgery in her own vehicle. Many times she used to come at night from villages and prepare food for the blind patients and feed them. It reminded me " Patient is God and to worship the patient is real worship to god" . In such difficult circumstances, she operated upon many cataract patients. Her surgical results in such difficult conditions were admired by many doctors.

Due to her amicable and loving nature, we could extend our friend circle to a very great extent and many of them are now good supporter of the project.

In Melghat, I have to shoulder many responsibilities other than physician and the day become so busy that I cannot spare enough time for my wife and son. For initial years, Kavita and Athang used to get irritated but now they have become habitual of the situation. Athang asks me, baba, will you get time for me? For what you work so much?

For the first couple of years, I used to go to interior villages through forest either by two-wheeler or by bullock cart or walking for treatment of patients and health education. Melghat is famous for wildlife like tiger, leopard, wild bear, etc. So Kavita was afraid of my life. My elder brother Avinash gave his tempo Trax jeep free of cost for 7 years, due to which we could extend our medical relief work to most interior part of Melghat. Now due to strong support from Caring Friends, Mumbai especially ambulance, we are able to extend our activities to a great extent.

Once upon a time, one pregnant lady was delivering the baby. Her relatives were persistently asking Kavita to conduct the delivery. When Kavita went, the condition was critical. Somehow she could deliver and save the mother but the baby

had birth asphyxia. She treated the baby and saved her life. But the mother could not secrete breast milk for her baby. At that time, Athang was six months young. Kavita used to send half of her milk to that newborn baby and keep half for Athang. Today that milk brother of Athang is living a normal life. Now our team of village health workers & supervisors have motivated many tribal females from self examples to breastfeed other babies whose mother had lactation problem. Many children were saved similarly.

Once I was in Gadchiroli, Athang developed severe Asthma at 3.00 a.m. He was then hospitalized in M.G.I.M.S. Sevagram. He developed similar attacks many times in Dharni. Once, Athang developed a high-grade fever. I started medicine but he developed abdominal pain at 2 a.m. in night. How to shift to Amaravati (which is 140 k. m. away and road is through dense forest and mountains,) at odd hours was a great challenge for us. Then I preferred to rely on my own clinical judgment and started other medicine. In the morning he felt better and we were relaxed. Six years back Athang developed pneumonia. I treated him with antibiotics for 5-6 days. As there was no significant improvement and as there was no pediatrician in Melghat, I consulted pediatricians in Nagpur and M.G.I.M.S., Sevagram and started new medicines. After 10 days, he became normal. Once Athang developed acute otitis media leading to rupture of tympanic membrane and severe ear pain during night hours. As there was no Ear, Nose & Throat surgeon in Melghat, I treated him at home. In the morning, he felt better.

We thought, we both are a highly qualified doctor, and we cannot provide expert pediatric facilities to our son. But then we realized that we have to come out of our own personnel comfort zone to serve the nation.

In Melghat, as there were no expert doctors other than us, one has to move at least 100 km to reach to expert doctors and the road is through difficult forest and mountains and during night hours, especially during rainy season it is very frightening experience.

Once Kavita went to a village for the supervision of field activities. As there was no return bus from the village she preferred to stay in the village at night. She slept outside the hut of a tribal. A few days back a tiger had attacked that village. At around 5 a.m., Kavita realized that somebody had put leg on her abdomen(belly) and she frightened to think that probably it is the tiger and she shouted. And when she opened her eyes she saw a calf had kept his one leg over Kavita and was ready to put another leg. But due to shouting, that calf ran away and Kavita was saved.

In the next morning, Kavita went to the forest for defecation as there is no latrine in most of the villages. Within a fraction of seconds, she listened rustling sound of leaves and when she saw, she was horrified to see a black cobra snake nearby to her. She was not injured and saved.

There was no money with our trust for the purchase of land. We purchased one hector of land nearby to village Utavali and gave it on lease basis for 25 years to MAHAN trust without any rent. Today KARMAGRAM is slowly developing there. There are lot of snakes including poisonous snakes like Cobra, Krait and Vipers, etc. Once

Kavita was shortly saved from a snake who was on the cloths & I was surprised by black cobra in my hut cum bedroom nearby to head end of my bed. Nearly 5-6 times snakes (including poisonous variety) entered our house. We being Sarpamitra-friend of snakes, we usually don't kill snakes but catch them and release them in forest. Once a black scorpion was sleeping quietly on bed of Athang throughout night. Hence, Kavita is always worried about myself and Athang. For initial few years, Panther, bear and other wild lives used to pass nearby to our land for drinking water to Sipana river. It further increased her stress.

In 2004-2005, we raised the issue of malnutrition and children mortality via newspaper, television, etc. Due to which government health and I.C.D.S. department have to work hard today & their negligence was exposed. So the government staff in those departments became angry and created lot of problems for me and our organization. We were threatened by many social ill elements instigated by such people. Few people tried to put fake police and court cases against me and our organization. Many of our village health workers were pressurized by those ill elements to leave the work. But we did not bow in front of such pressure tactics and faced all such obstacles with great success at last. Dr. Gite, director, Rajmata Jijau mother, and children 'health and nutrition mission' of government of Maharashtra along with Raji Nair, UNICEF, personally visited our project area in Melghat, verified our findings of malnutrition and children mortality. They were satisfied with our survey report and realized the false, under-reporting of these issues by government health and I.C.D.S. departments. They started measures to improve the situation as per our recommendations. We also suggested RJMCHN Mission conduct an independent inquiry in other tribal parts of Maharashtra which exposed the reality of malnutrition status in Maharashtra. Lakhs of children are benefitted due to it.

From 2006-2007, we are getting cooperation from the government system. But as we got success, the local political leaders and other ill elements of society instigated by local govt. employees started creating problems from 2008.
Tribal consider malnutrition to be a curse on them. As we exposed the problem of malnutrition and children mortality in Melghat, the disturbing government system and few social ill elements started creating nuisance for us. Many times, it disturbed my mental piece so that I use to think to lodge a police complaint against such people. But our friend and well-wisher Dr. Avinash Saoji advised to follow teaching of great Vinoba Bhave "Fight the sword with shield not with sword itself". Then we changed our strategy and started increasing our rapport building in the community itself and tried to increase the community participation in the project. And the community itself answered to those ill elements and supported us. Then I thought, Gandhiji went to jail for freedom. Cowdung was thrown on Savitribai Phule by ill elements for educating girl and Yeshu Krishtha was put to death on cross by goons. So those who want to uplift the society has to bear opposition from ill elements. Stones are thrown only on trees full of Mangos. So I will have to tolerate it, fight for right and not leave right path.

Lack of water, electricity, etc. is now routine for us. Very high temperature up to 48 degrees during summer (lack of electricity and so no cooler for many times), cold waves with temperature reaching to 3 degrees during winter and incessant heavy rains during rainy season leading to floods in rivers, isolating villages from Dharni & cities leading to stagnation of staff in villages is now routine for us. Many times we saved very critical patients of heart attack, brain hemorrhage etc. in absence of electricity in light of candles, etc. Once I saved a serious case of heart attack by not sleeping throughout night in absence of electricity. Next day a dog of our neighbor barked at

the son of that patient. He rewarded me by threatening to lodge a police complaint instead of thanking me.
Once a person lodged a false Atrocity case against me and Kavita. Actually we did not commit any mistake. Police tried to pressurize us for settlement saying that we will be arrested. At that time Athang was exam going. Next month, I was supposed to go to Germany for presenting papers in international medical conferences. We thought a lot and decided we will not bow in front of such wrong allegations and bear whatever will be the consequence. But at last police could not arrest us as it was fake case. **We realised Mahatma Gandhiji's sentence " Truth can be troubled but cannot be defeated."**

In 2007-08, Kavita developed heart problem-neurocardiac syncope leading to ventricular bigeminny, but she nevere thought of running away from her work or Melghat.

Sach Pareshan ho sakta hai, Parajit Nahi: Kharya tembhru experience: Due to the negligence of one government nurse in Kharyatembhru village, one child died. So we investigated the case and realised that due to her attitude the health status of Kharya Tembhru is bad. IMR was very high. But due to fear, she and some ill elements of the villages defamed us and stopped our work in the village. False case of Conspiracy of murder was filed against me and our staff in police station. All political parties, government officers tried to remove me from Melghat. A PIL has been filed by us in Mumbai High court against negligence of the ANM and hon. Chief justice asked govt. to take action agaisnt the nurse.
After 4 years of hon. Court declared us innocent. So we learn a lesson that if you are true but working against the corrupt system, you have to face lots of obstacles.

Though there are a lot of obstacles like this in our path, we both never felt frustrated so as to leave Melghat. This is the greatest achievement of our life.
We had many f**ights with corruption in government system like:**

1. Funds for Health camps.
2. Forest wood for the house.
3. Atrocity case.

But we never paid bribe nor bowed in front of corrupt personnel. We suffered a lot for truth.

The great dilemma about how to prioritise the work.

A. On September 6th2011, I got a phone call from Kavita's sister that Kavita's father is very serious and gasping. She asked me to inform Kavita. At that time Kavita was examining the school children selected from school screening. I did not inform her till she finishes the work. Later on she requested me to accompany her to Akola to save life of her father. At that time, there was one young patient of heart attack (angiography revealed 99% block in coronary arteries done after discharge) in our hospital who was serious. We discussed and decided that this young man's life is more precious and if I leave for Akola the young patient may die. So Kavita alone went to Akola. At night around 11 pm, I got the message that Kavita's father died. I informed to Athang who was with me. He started crying like anything. Two patients suffering from ischemic heart disease

were admitted in our hospital and third patient of heart attack who was operated few months back (bypass surgery) came to hospital at 11 pm. She was the person who provided me food for few days during our initial period of Melghat hospital. Athang was very nervous, I was confused whether to go to hospital or counsel Athang who was alone. Anyhow I requested crying Athang to be with caretaker and went to hospital to treat that patient. I could save all three of the patients. Next day when the patients settled down and discharged, then I and Athang went for the funeral.

B. Few months before my mother was admitted in the intensive care unit of Sevagram Medical college for angina. As there were patients of heart diseases admitted in Melghat hospital, I could not go to visit my mother.
C. Few years before, Hon. Dhirubhaiji (President, K.H.S.) asked me to appear for the interview for the post of university Associate professor. At that time one 30 years, the young poor tribal lady was admitted in our hospital in comatose condition. She had 3-4 children. I preferred not to attend the interview and tried to save her life at cost of own professional life.
D. Once there was important meeting of Bhavishya Alliance in Mumbai for deciding policies of malnutrition control in Maharashtra. Athang had severe attack of Bronchial Asthma. I was very much confused whether to go to Mumbai or not. But then Kavita assured me that you don't worry, I will manage Athang, you go and attend the meeting. I attended that meeting and opposed the policy of Bhavishya Alliance to use social marketing skills for sale of products. Then Bhavishya Alliance made the policy of no business in social work.
   There were many such examples in our life.

E. In January 2012, I was informed by our lawyer that Dr. Ashish Satav will be arrested in a couple of days for false conspiracy of murder. I was shocked to listen it. I could not believe that the system is so blind. I was confused whether to inform it to Kavita or not. She will be shocked to listen this. But we organised an eye surgery camp on 14th and 15th of January 2012.30 blind and other patients with eye problems were planned to be operated. All were very poor tribal patients from remote and interior villages of Melghat and surrounding Madhyapradesh.I thought if I won't inform to Kavita and if I will be arrested then who will look after medical management of operated patients as few had heart problems, etc. So I informed it to Kavita and asked her either to postpone the camp or shift the patients to Nagpur/Sevagram for surgeries. But she was firm. She said Ashish, all are poor and cannot afford to go outside for surgeries. Many are blind for many years due to lack of resources. So I will conduct the surgery camp. I will manage the patients even if you will be arrested. Her

strong will to serve poor patients dominated the fear and she successfully conducted the eye surgery camp giving vision to many poor tribes.

I was so satisfied to have such a dedicated and fearless wife. This episode proved that she is the real-life partner ready to bear all shocks of my life without any complaints with full devotion. Ultimately it was proved that all those allegations against Dr. Ashish were wrong and I was not arrested.

Development of a new horizon:

1. While starting a hospital in Melghat in 1998, it was decided by me not to do any other work than medical care especially treatment of medicine subject related illnesses. But after one and half years, I realized that, without health education, most of the tribal health problems cannot be solved. Hence we started health education programs in the form of slide show, group discussion, etc. in various villages. I used to advise them to eat high protein, calories rich diet and fruits and vegetables to prevent malnutrition. After listening it, poor tribal used to say, doctor we will get such diet on the day of bazaar (once a week) only. Being poor, we cannot afford to purchase it regularly. I used to advise regarding Kitchen-garden. People said, we fetch drinking water from river at 2 km., go to forest for defecation and for bathing we go to river, then how to develop kitchen garden with limited sources of water? So we realized the limitations of routine methods of health education. Then we started youth training program where we used to create awareness among youths regarding health problems, sustainable agriculture, kitchen garden, de-addiction, government schemes, etc. We demonstrated 3000 nutrition gardens in 17 villages of Melghat under guidance of Agriculture expert. It is proving to be sustainable long term solution for malnutrition.

2. In 2001, Dr. Kavita started her Ophthalmic hospital in Melghat. But at that time, most of the tribal could not even imagine the existence of separate doctor for eye care. Most of the tribal was not aware of benefits of cataract surgery and spectacles. There used to be fewer patients in her hospital. Then Dr. Kavita started Community Based Blindness Control Program in the form of door to door eye care, health education program, diagnostic and therapeutic camps, school eye checkup, etc. in more than 350 villages of Melghat.

3. Children mortality control program:

Melghat is known for malnutrition and children mortality. As I am not pediatrician, I decided not to touch this issue. Once I was in my OPD, a widow tribal female brought 2 years old 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. He was very serious and I advised the mother to admit that baby. But the mother was reluctant to admit and asked for injection. After repeated request, she denied admission. Then I used my ultimate weapon that if she won't admit him, 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 anyhow he is going to die. She went back with the child. After 3 days, I got the message that the baby died.

I realized rule of survival of fittest and thought if I would have been at her place, I might have thought similarly, thanks to the poor situation. But after listening to repeated news of children deaths, I and Kavita used to get depressed. In 2003, 5 children from 2 families of 2 different villages died due to diarrhea. For two nights, Kavita did not allow me to sleep properly. She demanded to arrange camps in different villages to stop children deaths at cost of routine O.P.D. In Melghat, there are 317 villages, our capacity is limited, government could not control the situation in last 10 years by mobile camp approach and whenever there is a disease in villages, timely proper medical care cannot be made available. So I could convince Kavita that mobile clinic is not solution for reducing childhood mortality in Melghat. I was thinking of training barefoot doctors.

During that time, I came across the Home Based Neonatal Care approach developed by respected Dr. Abhay Bang, SEARCH Gadchiroli. I discussed it with Dr. Bang and realized its replicability and acceptability in Melghat.

Our trust adopted 38 villages for this experiment(Randomised clinical trial). We trained illiterate to semi-literate tribal female as village health workers for treatment of childhood illness. From January 2004, our village health workers started recording vital events i.e. death and birth record, weight record of children in the 37 villages. From May 2005, village health workers from 19 villages of intervention area, started treatment of childhood illness while in remaining 19 villages of control area, only data collection is going on. Today we are getting good result of it. We could reduce the under 5 children mortality & Malnutrition by more than 60 % in those 17 villages which are cost-effective and easily replicable model. **Dr. Ashish Satav received Young Scientist Award and first best oral presentation in National Symposium on Tribal Health by Indian Council of Medical Research. It was accepted in 9 international medical conferences.**

When there is will, there is a way:

1. SukraiJambekar, 7th std. pass, our tribal village health worker saved a baby suffering from birth asphyxia by 60min artificial respiration showing her will power and dedication to save the newborn.
2. **KantabaiWankhede, totally uneducated village health worker saved a baby of birth** asphyxia by artificial respiration in govt. primary health center when govt. doctors expressed their inability to save the baby.
3. SumantaraDhande, 6th std. VHW saved a baby of neonatal sepsis in the village who was referred by doctors from subdistrict hospital, Dharni.
4. Meerabai, semiliterate, saved severely malnourished Laxmi suffering from severe pneumonia with the help of drugs and ready to use therapeutic food.
5. Shamim Bashir saved a baby of 800 gram by proper newborn baby care in the village itself.

6. Sheela (Keli) and Urmila (Berdaballa) saved babies by breastfeeding children of other females.

Now, this program will be replicated by government in all villages of Melghat.

4. **Counselor program:**

Tarubanda story in Sub District Hospital, Dharni (SDH)

Collector of Amravati requested voluntary organizations to admit severely malnourished babies in the hospital. MAHAN trust admitted 4 severely malnourished babies in SDH Dharni in 2006. On 4th day the mothers left the hospitals with children and told to us that they were not cared by doctors and nurses. So MAHAN investigated the case and found many lacunae in the govt. hospitals especially communication gap and lack of facilities.

- MAHAN and KHOJ approached Dr. Mishra (National Human Rights Commission, special reporter), Divisional Commissioner Dr Goyal and District Collector Dr. Bhapkar.
- On our request, local tribal youths were appointed as counselors in all government hospitals of Melghat under government and voluntary agencies partnership, under our leadership.

The benefits of the program are:

- Communication development between doctors and the community.
- Increased hospitalization of patients especially pregnant ladies and severely malnourished children.

It saved thousands of precious lives.

This is the first innovative program of monitoring of government hospitals by voluntary organizations in India. Due to this, many social ill elements who were corrupt and robbing govt. hospitals were disturbed and tried to threaten us. One of the corrupt district health officers suddenly stopped this program. We tried at all level to restart it but in vain. Then we filed a PIL in Mumbai High court. Honorable chief justice JN Patel, Mohit Shah and justice VY Chandrachud restarted this program and has advised govt. of Maharashtra to replicate the model all over Maharashtra. They also advised government to implement other suggestions of voluntary organizations for reducing child deaths and malnutrition in Melghat. This episode proved that Justice still exists in India. **If you are true, work for the people, scientific and ready to fight selflessly then one can win the almighty government also. This increased our own faith in ourselves.**

Success story:

Everybody has his own concept of success.

1. In the beginning, people were suspicious whether an M.D. doctor can stay in Melghat or he will run away within months. Will tribal patient accept me (because tribal patients don't go to doctors was a prevalent concept at that time) was itself a great challenge. In the beginning, very few tribal patients used to come to me for treatment. Many of them used to go to other unqualified doctors as I avoid unnecessary injections. But I continued my medical care without becoming depressed. People used to suspect whether a doctor living in hut, using bicycle and running hospital in hut is a really educated doctor or not. But when I treated and saved many serious cases of brain hemorrhage, heart

attack, cerebral malaria, and meningitis, people got confidence in me and I got recognition. Now those tribal who come to me usually become my permanent patient and I become their family doctor. Today the number of tribal patients attending our hospital for treatment is gradually increasing. By increasing confidence and my decision to stay forever in Melghat indicates my success.

2. Initially, patients were very reluctant for cataract surgery. But with great efforts, Dr. Kavita could operate upon more than 1000 patients mostly free of cost. Now patients themselves are coming for surgery. This indicates some success to our efforts.
3. Since last 10 years, children and infant mortality rate could not be reduced by government efforts. But we could reduce the under 5 children mortality rate by more than 63.87% over a period of 8 years by home-based childcare approach (treatment by village health workers in 16 villages). This cost-effective approach is the great success of our project. During last 8 years, the village health workers treated more than 1,02,500 patients. The concept of barefoot doctors is now gaining good result. Our project received **Young Scientist Award and first best oral presentation in National Symposium on Tribal Health by Indian Council of Medical Research – selected by chief of WHO-Southeast Asia Dr. Krongthorm**. Our research work has been accepted in many international conferences. Now govt. has decided to replicate our home-based childcare program in whole Melghat.
4. Due to our advocacy over malnutrition and children mortality, Rajmata Jijau Mother and children Health & Nutrition mission(RJMCHNM) of the government of Maharashtra along with UNICEF verified our survey reports, accepted the findings and started measures to control the situation. After our confirmation, RJMCHNM conducted similar survey in other tribal areas of Maharashtra and found a very high prevalence of severe malnutrition. So our study exposed the situation of severe malnutrition in all tribal areas of Maharashtra.

Our NGO has been included in Bhavishya Alliance (international trisectorial partnership) for deciding policies for malnutrition reduction in Maharashtra. This is our great success.

5. In 2004, during the winter season, we supplied nutritious food to 300 severely malnourished children from 38 villages of Melghat for 100 days and saved many lives. Most of the severely malnourished babies are getting food from AWW due to our monitoring. We analyzed around 20 locally available food and found that many are nutritionally good. We prepared many dishes during the nutrition demonstration and trained many tribals from 17 villages for home-based feeding & hygeiene. Due to our this experience, we mobilized local govt. health department to start village-based feeding centers in 39 villages of Melghat. They got good result and then from this lesson, (RJMCHNM) conducted similar experiment in other parts of Maharashtra. Now it is a state-level policy of VCDC. The root lies in our experiment of 38 villages.
6. During camps, we exposed problem of Malaria. D.M.O. pressurised us not to expose. We did not bow. Collector accepted the fact and ordered the government machinery to start malaria control program on massive scale.
7. ***Road traffic accident:*** Once a truck carrying more than 50 passengers fallen down in river near Bihari village. More than 10 people died on spot and more than 12 were serious. No vehicle was ready to stop there and remove the serious patients from the river. We 3 got down into the river and removed all 12 serious patients from the river and could be sent to hospitals. Out of them only

one died. So we could save 11 lives. Later on our team saved many accident cases by rescuing from the accident site and proper referral.

8. Socioeconomic development especially public Satbara reading. Initially, in Melghat most of the tribals were working on the fields given by the government to their ancestors. But they were not legal heir of the lands and hence were not getting benefits of government schemes. We with the help of villagers could pressurise government to start mutation and open satbara reading on mass scale. Due to which many tribals are benefitted to great extent.
9. We prepared one flipchart for malnutrition. Many experts expressed that, it is excellent flipchart. Now it is being used in all government hospitals of Melghat and Amaravati.
10. Story of community awakening :

Village Kokmar- 1. The motivation of people for accepting facts of malnutrition: Due to exposure to the reality of malnutrition in Melghat, the grass-root govt. workers along with some notorious people presurrised Kokmar village health worker (VHW) to stop work. It was a great blow to me, as it was my dream to reduce deaths in very interior village-like Kokmar. Then myself with my friends esp. Alhad Kashikar and our staff went to the village in rainy season thorough very dense forest on bikes. The villagers were reluctant to speak as they were told that we are defaming their village by publishing name of the severely malnourished babies. After 30 minutes, we saw a thin boy walking with roti in hand. He was severely malnourished 3 months back and bedridden & was not getting proper nutrition from Anganwadi. Due to exposure of his name in a newspaper by us, he was getting benefit of special diet and health care from govt. So now he is able to walk. We explained it to the villagers. They were convinced with the example and started supporting like anything to us since then. We have now full support in the village. The VHW restarted her work.

11. Mobilization of KHS MCH:

I could motivate the Kasturba Health Society Sevagram to start maternal and child hospital in Melghat. It will save many mothers and children.

There is a lot to write but to I am finishing it here. At last, I must be thankful to many of our friends, supporters, financers and our parents (Rambhau and Kamal Satav, Girija and Champatrao Renge), family members(Avinash, Ajay, Shilpa, Pradhnya Satav, Renge family) staff and especially patients who by heart, supported us to full extent in our endeavor.

Address for correspondence:
Dr. Ashish Satav
Mahatma Gandhi Tribal Hospital,
Karmagram, Utavali
Tah: Dharni, Dist : Amaravati
Maharashtra-444 702
Phone: 9423118877, 07226-202291
Email: drsatav@rediffmail.com

MAHAN, Melghat

Report of MAHAN trust -1997 to March 2018

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*kaccha* houses 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 & bhumkas) 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 of severely malnourished Children)

Project Aim: To reduce the prevalence and deaths of severely malnourished children (Severe Acute Malnutrition: SAM, Severe Under Weight: SUW) .

Key activities: Treatment of 1542 severely malnourished children with MAHAN LTF (Locally prepared therapeutic food) and MAHAN VIT-MIN-MIX (minerals and vitamin supplement) in villages by trained village health workers for 12-week period. Behaviour change communication was done for >10,517 children and parents (Nutrition demo, flip chart, nail cutting, community growth chart etc.).

Impact/Achievement:

1. At the end of the treatment, 79% children came out of severe acute malnutrition. Comparable to international standards.
2. SUW recovery rate was 48.11%. Better than any project in world.
3. Only 3 children (0.2%) died during treatment. (Very Satisfactory achievement). (WHO target <4% deaths in SAM children on treatment).
4. >50% reduction in prevalence of severe malnutrition in intervention area as compared baseline & control area.

Current Situation	Intervention Area	Control Area
Prevalence of severe malnutrition	10.82%	25%

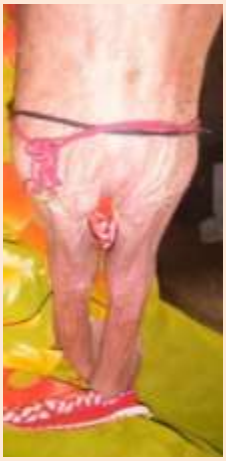
Challenges in near-term:

1. Funding (Rs.10000 per child for 1500 children over 3 years).
2. Difficulty of correct height record by VHW.

Story:

Laxmi Before treatment

Laxmi After home based Treatment



Laxmi, 23 months old female child was brought to our hospital by our field workers. The child was very critical & suffering from worst degree of severe malnutrition & severe pneumonia. Her weight was 5.300 kg (expected– 10 kg). We requested relatives to admit the child in the hospital for treatment. However, they refused flatly, saying “she was admitted in various Govt. Hospitals but she could not improve & finally sent back home” & ‘Now it is God’s will’. Lakshmi went home to her remote village in Melghat. After 2 days when MAHAN team visited Lakshmi’s house, they found that Agarbattis (fragrant incense stick) were being burnt in the house and relatives prayed to God. After long persuasion they agreed to accept our treatment. Our village health worker Meerabi (7th std.) treated her at her home for severe malnutrition and pneumonia as per treatment guidelines developed by Dr. Dani, Mrs. Pendharkar and Dr. Satav. Lakshmi showed steep improvement. Her pneumonia was cured. Her weight increased from 5.3 kg to 7.8 kg in 70 days. She is now normal child.

MCPEPAG (Mortality control program for economically productive age group)

Project Aim: To reduce death in the age group of 16-60 years i.e. economically productive age group.

Key activities: Treatment of patients of Uncontrolled Hypertension, Diarrhea, Malaria, Pneumonia, Asthma by VHW in village itself and referral of TB & other diseases to hospital for confirmation & management. More than 56600 illness episodes of patients have been treated so far. Behavior Change Communication of >25206 cases was done.

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

Parameters	Intervention Area	Control Area
Age Specific Mortality Rates (16-60 yrs) /1 lakh population	**256.23**	356
Prevalence of Uncontrolled Hypertension	3.7%	7.5%

Challenges in near-term: Continuous source of funding for 3 years and qualified staff.

1. **Story:** Mrs. Suman Kanase, 22yrs tribal pregnant woman from village Chitri, was a patient of severe hypertension (Initial BP - 180/110 mm of Hg). The treatment of hypertension was started by VHW and her BP was controlled during her 8th month of pregnancy. Our supervisor and VHW were continuously monitoring her blood pressure in village. She was the case of Pregnancy Induced Hypertension (PIH) and was at high risk because she can get convulsions at the time of delivery. Mother and child both were at risk of death. Institutional delivery was the major indication for this but her relatives especially her father in law was not ready to admit her in hospital. Suman has a history of still birth in the year 2014 because of PIH.

Our BCC supervisor and VHW did intensive counseling of relatives for a day and admitted her to our base hospital. Her BP on admission in hospital was 157/98 mm of Hg. Gynecologist started medication to control the blood pressure and she delivered a baby on the same night normally. We succeeded to save her and her baby's life. It has been proved that continuous monitoring of the blood pressure of the pregnant women can save maternal and child lives and reduce deaths.

Fig 1- Suman from village Chitri with her newborn baby

2. Case story: It's a story of perseverance and self-realization both on the part of supervisor, village health worker and the patient

The patient Bajarangsing Pawar, 40 yrs male from Village Kot , had sustained high blood pressure BP and was being examined regularly for the same. The BP was 154/99 and he was tobacco addict.

Village health worker and supervisor did continued counselling for tobacco de-addiction & proper diet. Initially there was total reluctance for change. Despite of the inertness of the patient to change the habits there was a sustained effort by the village health worker & supervisor. The perseverance by the team ultimately made some impact and the ice started melting down. One of the major catalyst / success factor was the village health worker being from the same village community. Patient decided to give up tobacco for 1 week, and that was the turning point of his life. He found his BP coming to normal in the range of 111/81 114/82. And eventually he gave up tobacco completely.

Till the date when ever there is health assessment in the village, the patient use to come for BP assessment and is quite cautious about the same. He thanks the team for showing him the correct path.

HBCC (Home Based Child Care Program)

Project Aim: To reduce child deaths and malnutrition.

Key activities: Treatment of childhood illnesses like neonatal sepsis, birth asphyxia, Diarrhea, Malaria, Pneumonia, Normal new-born care etc. >73031 illness episodes have been treated so far. Behaviour change communication of 78138 person-episodes.

Impact:

Key indicators of Intervention area

Indicator	INT. Area (2016)
SBR	0
IMR	38.46
U5MR	48.07

There is significant reduction in child deaths by >68% as compared to baseline.

Challenges in near-term:

1. How to scale it up and sustain?

   Story: Natasha Sonlal Savalkar, 8 months female child was diagnosed as case of Pneumonia since 3 days, with respiration rate 56/min and fever 1010F. The child was treated by our VHW and team with Syrup Cotrimoxazole and Paracetamol. Now the child is well.

Blindness Control Program

Project Aim: To reduce preventable blindness.

Key activities:

1. Operated more than 1802 cases with Ophthalmic problems especially cataract (intraocular lens implantation-IOL phacoemulsification), free of cost.
2. Door to door Eye check-up of more than 219000 people from > 450 tribal villages.
3. More than 56270 **students** of Melghat were examined and more than **704** students were given spectacles free of cost.
4. People Covered Under Mass awareness programs: 6790

Impact:

More than 21300 patients were given vision and their blindness was prevented.

Story: Old tribal woman from village Kekdabod was bilaterally blind for two years. Her house is located in the outskirts of town which troubles her in her routine activities like defecation and micturition. Her husband used to spend most of the time in caring her which refrained him to earn to meet his financial needs. During screening he told us that the woman is scared of cataract surgery. Many times, he tried to get her operated in a camp but the lady denied it. Our supervisors told her about the successful stories of cataract surgeries. Listening this the woman got ready for surgery. On the very next week the woman was brought to our hospital and was operated free of cost. Now she says that she is too happy to see the lively world.

Dr.Kavita Satav operating cataract patient

Community level screening for eye disorders

Cataract operated patients

Story 2: Work is more important: **Eye team on wheel:** 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 one hour, they could remove the

vehicle from the jeep. We realised how difficult life is for the poor tribal especially serious patients during such rainy season. More than 36 poor tribal patients were operated.

Team of MAHAN clearing the road, trying to push jammed jeep

MAHATMA GANDHI TRIBAL HOSPITAL

Figure : Hut hospital in beginning

WAITING space for patients

New hospital

Project Aim: To reduce deaths and to improve health of poor tribal.

Key activities:

- Patients treated in the Hospital >93407
- Patients admitted and treated >4754
- **Treated >2250 serious patients** like Heart attack, Brain Haemorrhage, Cerebral Malaria, Meningitis, Tetanus etc.

-
- **Impact:**
- **Saved >2200 precious lives in our hospital.**

Case story:

1) Sixty years old poor tribal patient was admitted in very serious condition as a case of acute myocardial infarction(heart attack) with Congestive cardiac failure and pulmonary edema. He was immediately put on ventilator, oxygen, injection Streptokinase and other intensive care treatment in our ICU. After 24 hours his condition improved and he was discharged on 6th day. He was treated at very minimal cost.

.

Treatment of serious patient of heart attack

2) Poonam Nilesh Kasture , R/o Bibamal delivered in Govt. hospital Dharni on 28.5.2017 . Weight of baby was 2.100 kg. Baby was weak and not accepting breast milk actively. She was discharged on 4th day. The baby was brought to our hospital on 3-6-2017. His weight was 1.685 kg, 415 gms (20%) loss in 6 days, which was life threatening. The baby developed neonatal sepsis and was limp but eager for feeds. The baby was admitted and treated in our intensive care unit. After few days his weight increased and his health became normal.

BEFORE Treatment

AFTER Treatment

3) Ritik Manaji Kasdekar, 4.5 years male child came to our hospital on 25.9.2017 in very critical condition with Respiratory distress with Pneumonia & Hyper Reactive Airway Disease. He was admitted in our hospital and treated by our Paediatrician & hospital team with oxygen and antibiotics, etc. He was relieved next day and was discharged.

Ritik during admission

Ritik after recovery

4) Harshraj Rajesh Patore 12 years male child was admitted in our hospital on 15 December 2017 at 4 pm in unconscious state. He was suffering from cerebral malaria. He was treated intensively with Antimalarial drugs and supportive intensive care. He responded dramatically and was conscious next day morning. Finally, he was discharged on 20-12-2017 in a fully normal state.

Plastic Surgery Camps

897 plastic surgeries were performed for huge post-burn contractures, oral & breast cancers, cleft lips & palates, parotid tumor, etc.

- Plastic surgery screening camp **:** 1750 patients were benefitted.
- Pathology camp :1750 patients were benefitted.

Dr. Gahukar pathology Screening camp. Dr. Gahankari Operating case of post burn contracture.

Story of Reshma

A small village of Melghat – Toranvadi is witness of a panic journey of an orphan child (no mother and father) Reshma (1.5 years). She lives with her grandma and merely expressed her pain by words. She only knew the single weapon of expression that was continuous crying! It was also more painful for her as she had inborn cleft lip with cleft palate. Due to this she hardly took her proper food. It made her severely malnourished (Grade IV, SAM). Her weight was only 5 Kg at the age of one and half years!

The girl had been rescued by the counsellor during the free plastic surgery camp in Mahatma Gandhi Tribal Hospital organized MAHAN, Melghat. The poor kid had been operated by the expert plastic surgeon Dr. Dilip Gahankari, Australia, Dr. Shailesh Nisal and the team. It was one of the critical operations as the girl was severely malnourished & severely anaemic. Hospital and HBCC staff

treated her successfully. After 15 days she recovered significantly and was discharged. After discharge she was successfully treated at home by MAHAN team. Now Reshma can say something with her pink lips & pleasant smile rather than crying as before.

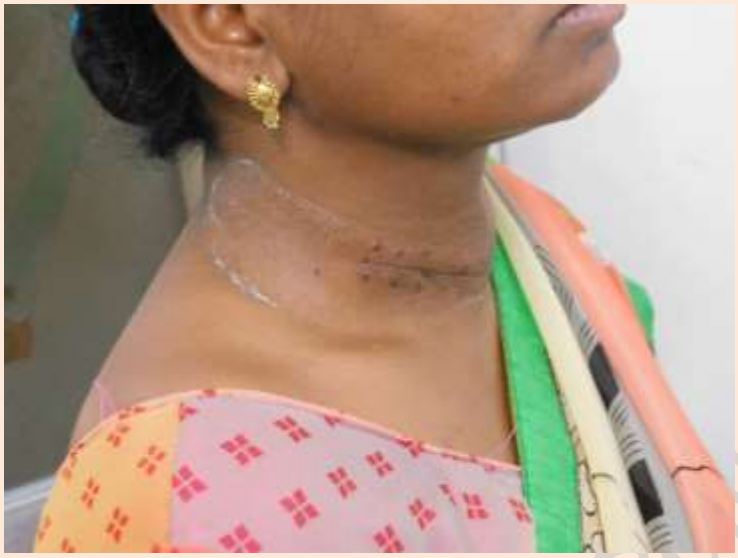
- **Surgery and Ortho Camp:** Surgeons from Nagpur operated 128 patients of goitre, hydrocele, hernia, etc.
- 

Figure: Operated case of Goiter

Specialty Camps:

- >314 camps have been organised.
- More than =20845 patients have been treated.
- **Dental camp:** More than 515 patients treated in villages and surgeries were done for >55 cases.

- **Ear, Nose, Throat Camps**: >1000 Children were treated and 5 were operated.
- **USG and 2D ECHO camp**: More than 300 patients benefitted.
- **Coronary Angiographies:** done for 24 patients in Wardha
- Gynaecology & Obstetrics camp.
- Paediatrics.
- De-addiction camp: The first effort in history of Melghat.
- Surgery for Rheumatic heart diseases.
- HIV & AIDS detection camp.
- Life style modification camp.
- Pathology, Sickle cell & Anaemia detection camp.
- Tuberculosis detection camp.

UMANG

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

Key Activities & Achievements:

1. Developed > 5165 nutrition gardens >2455 nutrition farms.
2. >174000 kg of vegetables, cereals, pulses, oilseeds, etc. produced. Most of the produce was consumed by the family. It act as good source of nutrition to children and has prevented malnutrition.

Figure : Nutrition farm Berdaballa

kitchen garden chitri

3. Awareness is the key. Due to our continued efforts, the **government was mobilized to conduct mutation of land on scale** and many poor farmers became legal land owners.
4. MAHAN arranges regular gramsabha for various community activities.

5. 4 villages have reserved ‘Health Fund’ this year which can be utilised in case of emergencies for treatment of serious patients.
6. Tribal are solving village level problems on their own through community participation.
7. Reduced tobacco chewing by pregnant ladies and reduced prevalence of Low Birth Weight babies.
8. Farmers of Melghat always face the problem due to heavy rain in rainy season & scarcity of water in summer. To solve this problem, MAHAN Trust with the help of DILASA & Caring Friends developed **“Doh Model”**, an innovative model of water conservation in 4 places. It has improved agricultural production and reduced malnutrition.
9. **Water conservation activities** done on 47 Acres of land
10. **Grain distribution**: 3435 kg of grain was distributed in 4 villages. More than 150 people participated in Shramdan for village development.
11. Benefitted >10100 people by mobilising various government schemes like MREGS, road, transport, water, electricity, public distribution system, Janani Suraksha Yojana, water supply, land issues, etc.
12. Distributed cloths to > 5000 poor tribal.
13. Conducted vaccination of cows, buffaloes, chicken, etc. Distributed chicken to tribal.
14. **Providing financial support to poor student for studies.**
15. 200 bicycles were distributed to the needy poor tribal people. It made them self sustainable and got easy means of transport for education and earning. We distributed cloths to more than 2000 tribal.

Photo:

Doh Model

Shramdan @ Berdaballa

Challenges:

1. Delay in distribution of MREGS payments at post office level and data entry of musters
2. Delay in data entry of new ration card holders

YogSadhna and Deaddiction

We regularly arranged Yoga Classes in 15 villages & >7000 children and youths were benefitted.

On 21st June our Team had celebrated International Yoga Day, by performing Yoga Sana in villages.

Celebration of International Yoga day

Yoga expert Manik taking Yoga classes in village

16. Three villages celebrated holi without social drinking. >150 household became free from alcohol addiction &good effect on Socio-economic status.
17. Succeeded in banning alcohol production in 3 villages.

Story: **"NashaMuktaTyoharAbhiyan" (Alcohol Free Festival Campaign)**

'Holi' is the most popular and the biggest festival of Tribal. On this occasion, tribal celebrate the festival for 5 days by drinking alcohol in large quantity. We are practicing the 'alcohol free festival campaign' since past 7-8 years in villages. Due to MAHAN efforts, women & village committee members and key persons of villages (Ghota, Kot, Chitri) could successfully reduce social drinking to a significant extent. In two villages, alcohol production was stopped.

Benefits of alcohol free campaign:

1) People saved their money.
2) No fights due to alcohol in households of those villages.
3) No crime was reported in Police Station during this period.
4) People participation increased.

ARSH training program/ Camp

We arranged ARSH(Adolescent Reproductive sexual Health) training camps (>5) for adolescent children: >200 children, 14 VHWs and 32 tribal counsellors were benefitted.

Dr. Abhijit Bhardwaj & Dr. Devghare conducting ARSH training.

Gramsabha (Community meetings)

We arrange gramsabha in our 100 intervention villages for community participation. The various activities for mass health and nutrition awareness in 32 villages were village cleaning, tree plantation, personal hygiene, nutrition demonstration, health education for infectious diseases and proper nutrition, awareness rally, games for children, street play, village meeting, De-addiction and Malnutrition documentary.

Gramsabha- Village Gathering	Nail-cutting during Gramsabha

3. Research Interventions

a) Feasibility study: Tracking community mortality due to Respiratory Syncytial Virus (RSV).

This project has been started from September 2016.

Project Aim:
To have accurate estimation of RSV related mortality and morbidity in the community and hospitals in U2C. It will be useful for future RSV vaccination in world. So it will affect global vaccination policy.

Activities:

International conference conducted in MAHAN, delegates from 10 different countries attended the conference

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 95 villages and 18 hospitals.

Conducted international scientific advisory committee meeting.

Impact: >1500 nasal swabs collected. System for community health have been developed in 95 villages.

Success story : **Savitri Dahikar**- supervisor

I have been working in the RSV project for a year now and have undergone various experiences, some good and some bad. I would like to write about one such incident in the village of Pankhalya.

On my first day in this village, while taking anthropometric measurements of 0-5 children, a group of boys started teasing me. Instead of being scared I confronted them head on and later complained to the Sarpanch. It was sad to know that instead of acting against the boys, the Sarpanch criticized my organization. He felt that I was only working for the benefit of the organization and did nothing valuable for the villagers. Thus, the matter halted and I continued working.

It has been nine months since this incident happened and now conditions have changed for better. The same Sarpanch now takes care of all our needs in the village. The village health worker in Pankhalya has developed good relationship with the mothers and helps them bring their sick children to MAHAN hospital. Due to our treatment the children became healthy and the entire village is aware of it. I visited a lot of satisfied mothers who think that treatment at MAHAN hospital is better than PHCs and private hospitals.

Now, about 75% of the population in this village treats me with respect and talks positive about MAHAN. I feel happy about the work I do and am positive about the impact my work has.

b) Clostridium Difficile (CD) project

Collaborator: National Institute of Health Research Nottingham Digestive Diseases Biomedical Research Centre, UK (Nottingham medical college, UK)

Project Aim: To know prevalence of CD in stool samples of tribal of Melghat.

Activities and Impact: More than 400 stool samples have been analysed by DNA isolation and main causes of pathogens identified by Polymerase Chain Reaction (PCR).

4. 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 availing 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 >4,36,500 poor tribal patients. Increased h**ospitalisation of severely malnourished children(12 times) and hospital deliveries(twice). Statistically significant Improvement in Hospitalized severely malnourished babies. P < 0.0001.**
- Thousands of lives (children, pregnant mothers, **severe malnourished babies**) have been **saved.**
- **It has i**mproved 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.
- It has been replicated in Rajasthan
- **On the verge of replication** in all tribal hospitals of Maharashtra.

Challenges:

1. No increments in payments of the counsellors.
2. Scarcity of funds for coordinators.

Success story:

1) One teenage unmarried pregnant girl was reluctant for hospital delivery who needed expert obstetric care. Our counsellor, Dinesh motivated her by repeated counselling and motivation. She was brought to our hospital by counsellor and caesarean delivery was conducted. Both mother and baby were saved.
2) Manisha Rathilal Bethekar is a pregnant lady from Gobarkahu. She was severely anemic and in need of urgent blood transfusion. But she and her family members were reluctant for hospitalization. Due to continuous intensive counselling by LataKasdekar (Counsellor), she was hospitalized and received blood transfusion. Thus, her life was saved.

Photo : Counsellor counselling the patient

- 2) **Proper surveillance**: 'Rajmata Jijau Mother and Child Health &Nutrition Mission' of Maharashtra Govt., accepted the MAHAN's finding about real status of severe malnutrition (>9%) & child deaths (IMR> 60 per 1000 live births) in Melghat (September 2005) & after our recommendations , later on observed similar findings in all tribal blocks of Maharashtra. This has impact on state level policies for malnutrition management. Initially government plans were for management of 1.2% of severe malnutrition and remaining 8% of severely malnourished children were not given special treatment. Now after our intervention those ~1 lakh child was given special attention and care. It has benefitted 1 lakh severely underweight and malnourished children.

  3) **'Village Child Developmental Centers' (VCDC),** a modified version of 'Home Based Feeding' concept, devised by MAHAN, is accepted by Rajmata Jijau Mission of Govt. of Maharashtra as state wide policy. MAHAN is part of planning policy committee for the VCDC for the entire state of Maharashtra. It has been implemented throughout Maharashtra since 2008-2009 benefitting >100000 severely and >200000 moderately malnourished children.

  4) **Hot cook food** : Instead of Take Home Ration (prepared by industries), fresh hot cooked food (prepared by self-help group of tribal/ ICDS workers) is being given to children below the age of 3 years (> 30000) to prevent malnutrition in whole Melghat. By this change, lives of thousands of malnourished children are saved & crores of government money has been utilised properly. Many tribal females will get employment and will be empowered.

- 5) **Compulsory rural/tribal practice** for 1 year for MBBS doctors, failing which they will not be given admission for post-graduation in government medical college. Due to this policy change there are enough doctors in primary health centers of Maharashtra.

  6) **Reclassification of severe malnutrition:**

  WHO and UNICEF reclassified malnutrition in 2005-06 and advised government of India to give special treatment to only severely acute malnourished (SAM) children. Due to this lakh of children who were severely underweight (SUW) but not SAM, were denied special care and many of them died. MAHAN after scientific study in Melghat could convince honorable high court of Maharashtra to give order to Government of Maharashtra to use 'SAM' as well as 'SUW' criteria for classification and management of severe malnutrition. This has benefited lakhs of children of Maharashtra.

  7) **Rajmata Jijau Mother and Child Health and Nutrition Mission have been restarted** by government and UNICEF from 2011-12. This has saved lakhs of children and pregnant mothers of Maharashtra from malnutrition and deaths. There was increment in the funds, number as well as rejuvenation of Village Child Developmental Centers & Child development centers in Maharashtra. It has benefitted >300000 severely malnourished children.

  8) **The public distribution system (PDS):** New ration shops will be handed over to the self-help groups of tribal females instead of commercial private people. It will empower hundreds of tribal females.

  9) **IAS/ IFS officer as Integrated Tribal Development Project Officer (PO):** Government has appointed IAS/ IFS officers as PO for eight tribal blocks, who are overall in charge (Additional Collector) of tribal areas& special nodal officer for coordination of all government schemes of tribal areas. It is in practice for 3 years and improved government working system.

  10) **AIDS detection center** has been started in Melghat due to our recommendations.

  11) **Maternal and child hospital:** Due to my recommendations, Kasturba Health Society and Mahatma Gandhi Institute of Medical Sciences Sevagram has started maternal and child hospital in Melghat saving many children and pregnant mother. MAHAN has provided basic infrastructure for hospital and residence of doctors for 4 years.

12) **Ashram school student deaths :** Dr. Ashish Satav is part of technical committee for reducing deaths in Ashram Schools of Maharashtra. Due to our recommendations, more than 5 state level policies for reducing deaths of ashram school student

As a result of above thousands of lives have been saved.

Policy changes in pipe line –will be implemented in near future:

- Home Based Child Care' program& Community based management of severe malnutrition will be replicated in all tribal blocks of Maharashtra. It will reduce child deaths and malnutrition by 50% thus saving >5000 children per year.
- After recommendation by Dr. Satav , High level equal development committee of government of Maharashtra -Kelkar committee and honorable governor of Maharashtra asked government to think of attaching medical colleges to tribal hospitals. In near future specialist doctors will be regularly available in the tribal areas. It will benefit more than 8 million tribal people.
- MAHAN developed innovative 'Counsellor' program for strengthening systems at govt. hospitals in Melghat. Government is thinking to extended this program in all tribal blocks of Maharashtra. It will benefit more than 5 lakh people of tribal Maharashtra.
- Every year >10000 children are dying due to infectious diseases in tribal area of Maharashtra due to lack of antibiotic treatment in villages. After our recommendations, government grass root ASHA workers or Anganwadi worker' have been empowered to treat infectious diseases with the help of antibiotic. It will prevent 10000 child deaths every year in tribal area.
- Dr. Satav prepared policy draft for reducing deaths of ashram school students from tribal area of Maharashtra as a member of Maharashtra Government Technical committee for prevention of deaths of Tribal Ashram school students. It will prevent many deaths of tribal students from Ashram schools.
- Dr. Satav participated in advocacy meeting with Honorable Governor of Maharashtra regarding starting hot cooked fresh food for under 3 children in all tribal blocks of Maharashtra. Hot cooked food will be served to under 3 children in all tribal blocks of Maharashta

Participation in Policy level activities:

- Member of technical working group of International Minimal Tissue Sampling alliance.
- Ex Member of European Society of Paediatric research.
- Regional representative of advisor to commissioner of honorable supreme court for food security bill.
- Member of high-level Joint Review Monitoring Committee of Govt. of India for mid-day meal.
- Member of state level Village Child Development Committee of Rajmata Jijau Mission of Govt. of Maharashtra.
- Member of Special study group for Tribal health improvement of Vidarbha 'Statutory Development Board', appointed by Governor of Maharashtra.
- Member of Maharashtra Equal Development Kelkar Committee-tribal subcommittee.
- Member of 'Bhavishya Alliance', an international tri-sectorial alliance working for reducing malnutrition in Maharashtra.
- Member of Govt. state level policy making committee for 'Antibiotic use by ASHA or Anganwadi worker'
- Member of tribal Mission of government of Maharashtra.
- Member of consultation committee for developing programs for Rajmata Jijau Mother and Child, Health and Nutrition mission of Government of Maharashtra-III phase.
- Participation in national consultation process for 12th plan of India.
- Part of Maharashtra Government Technical committee for prevention of deaths of Tribal Ashram school students.
- Member of national child health policy committee by Lifebuoy company.
- Member of district Navsanjeevan committee for monitoring child health and nutrition activities.
- Member of special task force of Govt. for reducing malnutrition and child death in Melghat.
- Member of mentoring committee of district National Rural Health Mission.
- Secretary of Coordination committee of counselor program for govt. hospitals in Melghat.

Advocacy: Meetings:

Meeting with planning commission of India, Hon. Governor of Maharashtra, Honorable Chief minister of Maharashtra, Hon. Chief Justice of Mumbai High court, Hon. Chief Secretary of Maharashtra, Additional chief Secretary of Maharashtra, Director, Health services, Director General RJMCHN

Mission, divisional commissioner, Mr. Pardeshi sir, IAS & other officers for reducing child deaths and malnutrition in Melghat and Maharashtra.

Presentations in Conferences/ Workshops, Journals, etc.

5. Paper Presentation in International Journal

1. Counsellor Program for Saving Severely Malnourished Children by Improvement of Government Hospitals of Melghat : Result of a Field Trial
   A Satav1, B L Sane2, P Bhapkar3, M Shankarnarayan4, R Parhi5, K Bobde6 and P Upadhyaya7, www.nature.com/pr/journal/v70/n5s/full/pr20111053a.html 1/2Pediatric Research (2 01 1) 7 0, 82 8–82 8; doi:1 0.1 03 8/pr.2 01 1 .1 053

2. "Home Based Child Care for Reducing Child Malnutrition in Melghat"
   Paediatric Research (2 01 0) 68, 2 00–2 00; doi:1 0.1 2 03 /00006450-2 01 01 1 001 -003 89)K.A. Satav1, A. Satav1,2

3. Laboratory Investigations on the Diagnosis of Tuberculosis in the Malnourished Tribal Population of Melghat, India
   PLOS ONE- September 2013 | Volume 8 | Issue 9 | e74652

4. "Effect of Home Based Child Care and Nutrition Improvement on child mortality in a tribal population: Results of field trial". A. Satav. Acta Paediatrica pg.51, volume 98, October 2009, Supplement 40.

5. "Effect of Home Based Child Care (HBCC) on child mortality in a tribal population: Results of field trial". A. R. Satav. From Research to Improved Practice & Policy in International Health –abstract book. 2009. Page 26.

6. "Home based child care for prevention and management of severe malnutrition" Dr. Ashish Satav et. all, South Asia Conference on Policies and Practices to Improve Nutrition Security – 2014, abstract book.

7. Prevalence of under nutrition in under-five tribal children of Melghat: A community based cross sectional study in Central India Vibhawari Dani, AshishSatav*, JayashreePendharkar, et. all, Reference: CEGH74 Journal title: Clinical Epidemiology and Global Health, Online publication complete: 10-SEP-2014, DOI information: 10.1016/j.cegh.2014.08.001.

8. The assessment of cytokines in Quantiferon supernatants for the diagnosis of latent TB infection in a tribal population of Melghat, India Prachi R. Bapat, Ashish R. Satav, Rajpal S. Kashyap, Journal of Infection and Public Health. 2015(412)

9. Community Based Management of Severe Malnutrition- SAM and SUW in U5 Children of Tribal Area, Melghat, Central India. Vibhawari Dani, Ashish Satav. Indian Journal of Applied Research, Volume: 5 | Issue: 4 | April 2015 | ISSN - 2249-555X. Page:497-501

10. Differential Levels of Alpha-2-Macroglobulin, Haptoglobin and Sero-Transferrin as Adjunct Markers for TB Diagnosis and Disease Progression in the Malnourished Tribal Population of Melghat, India.
Prachi R. Bapat, [1] Ashish R. Satav, [2] et. all. PLoS One. Published online 2015 Aug 4;10(8):e0133928. doi: 10.1371/journal.pone.0133928. eCollection 2015.

11. Community Based Management of Severe Malnutrition- SAM and SUW in U5 Children of Tribal Area, Melghat, Central India. Vibhawari Dani, Ashish Satav Emergency Nutrition Network .

12. Task Shifting in Health Care-AYUSH Debate – Dr. Satchit Balsari, Mrudula Fadake, etc.

Harvard -SAI, UNICEF 2017

.

6. Presentation and acceptance of the Home Based Child Care Program in many international symposia

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

1. Dr. Satav presented research paper of reducing child deaths and malnutrition in London HBGDki-conference organised by Gates foundation, welcome trust, USAID, Govt. Of Canada and UK, etc. as key note speaker. It was applauded .
2. "EFFECT OF HOME BASED CHILD CARE & NUTRITION IMPROVEMENT PROGRAM ON CHILD MORTALITY AND MALNUTRITION IN A TRIBAL BELT: RESULT OF FIELD Randomized Control TRIAL." Dr. Ashish Satav, et.al. Nutrition-2015, 4th International Conference and Exhibition on Nutrition. Chicago, USA, October 26-28, 2015.
3. "Community based management of severe malnutrition (SM) (wasting, under-weight) in U5 children of tribal area, Melghat, Central India" Dani Vibhawari, Ashish Satav, et. all. Nutrition-

2015, 4th International Conference and Exhibition on Nutrition. Chicago, USA, October 26-28, 2015

4. Child health -at Hamburg Germany organized by European Society of Pediatric Research.
5. “From Research to Improved Practice & Policy in International Health” by NVTG and Uniting Streams, Utrecht, Netherland, The Netherlands.
6. HBCC research paper in Tribal health symposium by Indian Counsel of Medical Research.
7. Home based child care for reducing child malnutrition in Melghat- 3rd Congress of the European Academy of Paediatric Societies, EAPS 2010, Denmark.
8. Effect of Home based child care on child mortality in tribal population: Result of field trial - 3rd Congress of the European Academy of Paediatric Societies, EAPS 2010, and Denmark.
9. "EFFECT OF HOME BASED CHILD CARE ON DIARREAL DEATHS IN A TRIBAL POPULATION: RESULT OF A FIELD TRIAL." "Infectious diseases of children at Hague, The Netherland organized by European Society of Paediatric Infectious Diseases-2011.
10. “European Society of Paediatric Research (ESPR) 2011: 52nd Annual Meeting”, in Newcastle, UK -2011.
11. Effect of Home Based Child Care on child mortality & malnutrition in a tribal population: result of a field trial;", Health and Wellbeing-the 21st Century Agenda: Royal Society of Paediatric Health , London, UK-2011.
12. Dr. Satav delivered MAHAN research of RSV pneumonia in International conference in Malaga Spain.
13. Dr. Satav delivered a talk about MAHAN research of reducing deaths and malnutrition in Melghat in international meeting, in medical college and university of Nottingham, UK.
14. Tribal health by medical school of UK.
15. Counsellor Program For Saving Severely Malnourished Children By Improvement Of Government Hospitals Of Melghat: Result Of A Field Trial.
    “ESPR 2011 52nd Annual Meeting”, in Newcastle, UK.
16. Counsellor program for saving severely malnourished children by improvement of government hospitals of Melghat: Result of a field trial. Connecting NGOs and Academia in Research for Global Health, Amsterdam, the Netherlands.
17. Home Based Child Care Program: Research paper presentation in International medical conference: Indo-Global Summit & Expo on Healthcare.
18. Community Based Management of Severe Malnutrition: Research paper presentation in International medical conference: Indo-Global Summit & Expo on Healthcare.

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

1. Oral presentation in International Medical Conference: Indo-Global Summit & Expo on Health care.

2. Conducted workshop for reducing child deaths and malnutrition for 23 voluntary organizations from Maharashtra with the help of UNICEF.

3. **Dr. Ashish Satav delivered oration in Maharashtra Association of Physicians state level Conference.**
4. Presentation in IIM, Indore.
5. National symposium on tribal health by Indian Counsel of Medical Research, Jabalpur.
6. National symposium on Infectious diseases by All India Institute of Medical Sciences, Delhi and Infectious diseases society of India.
7. Delivered presentation in Indian Institute of Management, INDORE.
8. Dr. Shinde presented our research in national tribal conclave in Jamshetpur.
9. National seminar on role of Ayurveda in management of malnutrition in mother and child of tribal area in GraminAyurvedmahavidyalayaPatur, Dist. Akola, Maharashtra.
10. National conference of infectious diseases organized by AIIMS in association with Infectious Diseases Society of India.
11. Dr. Shinde presented MAHAN research of reducing child deaths and severe malnutrition in national tribal conclave in Jamshetpur.
12. Community Ophthalmology Conference Eye India 04 organized by PBMA's H. V. Desai Eye Hospital, Pune.
13. National workshop on MALNUTRITION by NarotamSekhsaria Foundation. We presented paper on home based child care and counselor program.
14. "Home based child care" State level workshop on women and child health in Melghat- at Amaravati.
15. Presentation of MAHAN work in IIT, Mumbai.
16. Presentation of MAHAN work in FICCI, etc.
17. INDIAN JOURNAL OF APPLIED RESEARCH for 1st April,2015 issue .Balu Mote, Ashish Satav
18.

Other Important work:

1. **Dr. Ashish Satav was invited by Bill and Melinda Gates Foundation to USA for sharing our research in international workshop over Healthy birth growth development knowledge integration.**
2. Dr. Satav was invited as expert for reducing child deaths and malnutrition in tribal area of Maharashtra (PPT of MAHAN research) in Gabha(Core) committee meeting (constituted as per order of Hon. High court of Mumbai) with Chief secretary of Maharashtra, Secretary-Tribal Development Department, Secretary Health department, Secretary Finance department of government of Maharashtra.
3. Harvard university USA and UNICEF has published success stories of MAHAN research in their joint publication.

4. Dr. Satav was invited as expert by UNICEF -Harvard university, USA and Govt. of Maharashtra for deciding state level policies for task shifting in rural and tribal health care delivery system.
5. Dr. Satav was invited to deliver research of reducing deaths and malnutrition in national workshop organized by Indian Counsel of Medical Research as expert.
6. Dr. Satav was invited as expert in Child death control committee meeting for deciding policies for treatment of childhood infections in tribal area of Maharashtra.
7. Presented our studies for reducing child deaths and malnutrition in meeting with honorable justice of Maharashtra in Mumbai high court in presence of 4 IAS officers, secretaries of government of Maharashtra, etc.
8. **Visit of 18 international scientists to MAHAN center and Kokmar village. (including** WHO consultant, consultant of Gates foundation, C.D.C and Professor of Pediatrics, from USA, Ex Director General of Health Services).
9. **Meeting with UNICEF regarding replication of MAHAN research in 100 tribal villages of Maharashtra.**
10. Dr. Ashish Satav presented MAHAN projects in 4 programs in USA organised by Arpan foundation, Maharashtra Foundation, ASHA Coordinators and Belwadi couple.
11. Meeting with international researchers in Nottingham, UK.
12. Visit of international researcher Dr. ERIC (Professor, University of Colarado, USA, Consultant WHO, Gates foundation and C.D.C) and DANIEL, USA..
13. Visit of Dr. Tanya (Gastroenterologist) , Dr. James, (Radiologist) and Dr. Shrikant (Infectious disease expert) from UK.
14. **Conducted workshop for reducing child deaths and malnutrition for 23 voluntary organisations from Maharashtra with the help of UNICEF.**

Photo: Demonstration of Ready-to-use-therapeutic food to the participants in training.

15. Visit of Jagdale IAS , Managing Director , Maharashtra State Co-op. Tribal Dev. Corporation, Ltd. Visit to MAHAN centre.

16. Visit of Dr. Archana Patil, additional director health services, Maharashtra Govt. with team for understanding MAHAN research and its future replication in whole Melghat.
17. Meeting with SDTT team for helping Tata Trust to design program for analysis of impact of Nutrition farm of Pata model on child malnutrition.
18. Meeting with GazalaPaul, Paul Hamlyn Foundation, UK.
19. Visit of Global giving team member.
20. Invited as expert of Malnutrition by People Concern Governance Trust -Mr. Ribero, IPS, retired Director General of Police of state government, Dr. Magotra-Cardiothoracic surgeon in presence of Commissioner, Vigilance department of govt. of Maharashtra.
21. Visit of Dr. Pankaj Harkut, Cardiologist, Dr.Tayade Cancer surgeon, Dr. Anil Patel ENT surgeon, Dr. Gadekar Dentist, Dr. Hazra Surgeon, Dr. Raju Wilkinson Surgeon and others.
22. Construction of DR. GM Taori-Caring Friends Tribal Health Research Centre started.
23. Inspirational talk for MBBS students of Mumbai Nair College.
24. Dr. Ashish Satav was invited as chief guest for foundation day program of Govt. Medical College, Nagpur. His speech motivated many young doctors.
25. Navsanjeevan meeting with hon. Collector, IAS. Solved problems of villagers.
26. Purchased medical and surgical equipment's worth Rs. 68 lakhs.
27. New hospital (Sant Vinoba Bhave children Hospital) (funded by Hon. Anu Aga, MPLAD) construction is over. Started function from January 2016.
28. Started Swami Vivekanand research centre in Nagpur.
29. Meeting with UNICEF team regarding malnutrition control in tribal blocks of Maharashtra.
30. Meeting with govt. health team regarding HBCC replication in 100 villages of Melghat.
31. Visit of 25 workers of NGO CCDT for learning our research of Malnutrition reduction.
32. Visit of Apoorva Bajaj, executive president of Bajaj Corp. ltd. to MAHAN trust.
33. Visit of Sunil Limaye IFS, deputy chief conservator of forest department of Govt. of Maharashtra.

8. e-Print And Electronic Media

Dr. Ashish Satav was invited as an expert on Mumbai Doordarshan for a program "Malnutrition problem" under the program Sapat Mahacharcha. The project activities were presented by Delhi Doordarshan, ETV Samvad, SAAM TV, NDTV, IBN Lokmat, etc. The work was published in the form of more than 100 news in various newspapers like Times of India, The Hindu, DNA, Asian Ages, Hitwada, Lokmat, Sakal, etc.

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.

Due to our various activities like, UMANG Disaster Management work for providing food, cash and cloths to flood affected Harisal villagers (34 families) , *Des Bamboo training Centre for 25 tribal youths,* UMANG *gaonpanchayat for solving 17 pending problems,* the water shed management activities, Common Ganesh &Deepavali-festival celebration, KartavyaPurti Program, etc. There was improvement in living condition of hundreds of tribal.

REPUTATION OF THE INSTITUTION

9. Awards

1. **"Public Health Champion" award by World Health Organisation.**
2. REAL global award by Save the Children UK.
3. "Best Tribal Research Project Award & Young Scientist Award" by Indian Counsel of Medical Research,
4. Americares Foundation's 'Spirit of Humanity Award 2011 –National Award' for child nutrition.
5. Americares Foundation's 'Spirit of Humanity Award 2015 –National Award' for child health.
6. Angels of Rural India -Healers of India award to Dr. Ashish Satav by hands of Health Minister of India Mr. Naddha and WHO India chief Henk Beckedem in Taj palace Delhi.
7. Certificate of Merit by World CSR forum.
8. Oberoi melting pot award by Rotary International, Consulate Generals of 26 countries and Oberoi hotel.
9. **Maharashtra Medical Counsel Award to Dr. Kavita Satav.**
10. Felicitation by Jagtik Marathi Academy and Shivaji University, Kolhapur.
11. Felicitation of Dr. Ashish Satav in COMHAD International Conference.
12. Global Panaroma showcase
13. National Child Health Award for Nutrition by Lifebuoy.
14. Karmveer Social Citizen Action Global Award.
15. Guidestar India - Gold Transparency certificate to MAHAN.
16. Certificate of Merit by World CSR congress.
17. **Central India Doctors Award for excellence in social work to Dr. Ashish by Chief Minister of Maharashtra (Devendra Fadanvis) and Union Minister NitinGadkari.**
18. Felicitation by chief minister of Maharashtra.

19. The Suvarna Ratna National Award was given to Dr. Ashish & Dr. Kavita.
20. Dr. Dwarkanath Kotnis National Award and Savitribai Fuley state award.
21. Alex Memorial National Award.
22. State level community ophthalmology award from Maharashtra state Ophthalmology society by hands of Chairperson of Maharashtra Legislative Counsel
23. Dr. V.N. Vankar award for “Health & Hygiene” by Indian Medical Assoication.
24. Jamshetji Tata National Rural virtual fellowship.

25. Spirit of Mastek Award from Mastek Foundation, Mumbai
26. UvaunmoshPuraskar from Indradhanu, STAR Mazha and Maharashtra Times.
27. GodataiParulekar state award.
28. Shoorveer award to Dr. Ashish and Dr. Kavita.
29. Yashwantrao Chavan award .
30. State award from Kolhapur Kusum Pratishthan was awarded to Dr. Kavita Satav.
31. Kritadhnyata Puraskar-2015 by Lata Education Society Pune was awarded to Dr. Ashish and Dr. KavitaSatav.
32. Vocational Excellence awards 2016-2017 by Rotary club of Nagpur.
33. Social worker award by Rotary club east Nagpur.
34. Felicitation by senior citizen of Nagpur.
35. M.B. Gandhi award.
36. Dr. Yavalkar award.
37. SamajsevaBhushanPuraskar.
38. SwatyantravirSavarkarSamajikSamarastaaward.
39. Dr. Wankarsmruti Tejswini Award to Dr. Kavita Satav in Nagpur .
40. Felicitation by Rashtrasant Tukadoji Maharaj Samiti, wardha .
41. Karyanishtha Gaurav Puraskar to Dr.AshishSatav.
42. Vocational award by Rotary club of Gandhi city.
43. Vocational Excellence award (Scroll of honour) by Rotary club of Pune.
44. Sevankur Idol.
45. VisheshKaryagauravSansthaPuraskar.
46. Felicitation by LIONS club, Nagpur.
47. Dada Chandiramji Wadhwani Memorial Award (from Vidarbah Vaibhav.org.) to Dr. Ashish Satav.
48. Felicitation by SAAM TV and Sakal news paper.
49. Felicitation by Vivekanand Medical Mission, Khapari.
50. Felicitation by Vidya Niketan School, Amaravati by Ex. minister of central govt. Mr. Anand Adasule.
51. Felicitation by Centre point college, Nagpur

10. Testimonial Comments by famous person about the work

i. '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 working with Dr. Archana Patel from Nagpur, 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.

ii. 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 &Melinda Gates foundation, USA

iii. Your life and work inspire me greatly. Dr.Ashish is my Indian teacher.-Mr. Adam Kahane, Canada-International expert in problem solving.

iv. Dear Team MAHAN & Brother Ashish,
The work you are doing is incredible. It is so good to see your programmatic approach to resolve some of the intractable issues. Your emphasis of data driven decision making, your thoughtful approach to get community support and engagement, your dedication to be relentless under these difficult conditions is really inspiring. Thank you for the privilege to visit your centre and observe the work you do. All the best in your future endeavours and really hope to stay in touch. Best Regards!Shreeram, Gates Foundation

v. News published in Delhi edition of Indian Express December 5, 2006 -Dr NareshGeete, director (Monitoring), Rajmata Jijau Mission for Mother and Child Nutrition, the government body appointed to monitor health reporting and coordinate among the various agencies working for child and mother care, admits to under-reporting: "Satav is 100 per cent correct. We have asked our officers to improve reporting. Unless we report correctly, we

won't be able to solve the problem." Government reporting has since improved in Satav's 19 intervention villages of Melghat.

vi. Your work of home based child care program should be propagated all over India, said Dr. Katoch, Director General, ICMR and Secretary, Health Research, Govt. of India.

vii. Dr. Satav taught us the real status of Malnutrition in Melghat admits RajlakhmiNayar (Program officer of UNICEF on nutrition forMaharashtra).

viii. Dr. Satav family is doing excellent work in Melghat. Their work reminds us Dr. Albert Shwaitzer. Their work will be helpful for overall development of Melghat. Said by Dr. PrashantGangal (M.D.- Chief trainer of Malnutrition reduction program of Maharashtra Government and UNICEF training program), Dr. Sanjay Prabhu (M.D.-Maharashtra state Secretary of Breastfeeding Promotion Network of India,), Dr. ShakuntalaPrabhu- Professor of Pediatrics- Wadia children Hospital, Mumbai.

ix. The flipchart on Malnutrition, prepared by you is of an excellent quality and I recommend that govt. of Maharashtra should use it for their health education program. – Dr. L.P. Mishra, IAS,special rapporteur, National Human Rights Commission of India. He was impressed by our way of monitoring govt. Health & ICDS program in Melghat and scolded many govt. officers after reading our report.

x. Dr. Satav is an great asset for Melghat and district administration, said Dr. ShantaSinha , Chairperson, National Child-right Protection Commission of India.

xi. You are doing very good work at Melghat said Mr. Dhirubhai Mehta, President, Kasturba Health Society, Sevagram and director of Mahatma Gandhi Institute of Medical Sciences, Sevagram.

xii. I would like to take this opportunity to express my personal gratitude to you and your team of workers for leaving no stone unturned in order to ensure the complete success on the occasion – Dr. Mrs. P. Narang, Dean, Mahatma Gandhi Institute of Medical Sciences, Sevagram.

xiii. Dr. Satav's hard work, sincerity and dedication are praise worthy. He has travelled a lot in interior of villages by scooter and walked a long distances. He commands good respect with local leaders, Govt. officers and villagers of the area.- Dr. PrakashBehere, Prof. & Head of the department , Psychiatry, Mahatma Gandhi Institute of Medical Sciences, Sevagram.

xiv. We are very much happy and satisfied after seeing the good project of Dr. Satav. During such a young age, it is not easy to avoid lot of attractions in life and live in such small village. Drs. P.R. Mhaskar& Kamal Mhaskar, Mhaskar trust, Amalner.

xv. I was very happy to visit your camps. The subjects you are discussing are very critical to the future of the people of India. Mr. Boffalme-USA.

xvi. We are really inspired by the good work done by Drs. Ashish & Kavita Satav. Very few people like them realises their responsibility to serve for the motherland. To dream such work and to do it actually is really praiseworthy. - Dr. KanakNagale , Heart Surgeon from Nair hospital , Mumbai.

xvii. The work they are doing is highly laudable. Selfless service given to people of tribal area seeing to all round development of an individual and also making them participate in the activity is a real great thing. Wishing them all success in their endevour - Dr. C.J. Hemantkumar, Heart Surgeon (Cardiovasularsurgeon) fromJaslok hospital and Hindujahospital, Mumbai.

xviii. "Shaileshnisal" shailesh.nisal@gmail.com something I wrote.....

Utavali, Dharni, INDIA.

Utavali means 'eager' in Hindi. Eager to work are the Satav couple, Eager to go there are people who have visited the place once. It is an example of what the human spirit can make happen. What the will of 2 persons can bring up from nowhere, from nothing. And where it is most needed. One can't but wonder why they do it? What takes a highly educated couple to a god-forsaken forest to deliver health care to people who live on nothing. It's a mission that is difficult to comprehend. Even more the fact that they put their life at stake, when there were so many comforts that could have been easily theirs. They are a creed apart; they come to this world to give, at the cost of time, comforts, family and their life. I salute them, the spirit that drives them. I salute their courage to do what they want to, and the guts to keep going.

Dr. ShaileshNisal, (M.B.B.S., M.S., M.Ch.) plastic surgeon, Nagpur.

xix. I impressed upon the trustees of Love trust U.K. , the planned and systematic nature of your work with the tribals and my expectations that it will yield good results in the health of tribals and in particular in reducing mortality among young children up to the age of six. My wife and I were especially impressed by the concept of training village health workers. The lady village health worker to whom you introduce us in the village, and who spoke so clearly of her work diagnosing pneumonia and malaria is an excellent ambassador for your work. –Mr. Stephen Love, England.

xx. We were convinced with your capacities to lead the project of children mortality control program. You definitely convinced me that the results of your work and your scientific research will have an important impact on the future of many people in the Melghat area. Now you have won this national price, and your research work is appreciated by national

and international experts in community health, it will even have impact on many more people. Congratulations to you and Kavita also. She has also played such an important role! May be in future your results can even be used in Sierra Leone! - Dr. AnnekoosWiersinga(M.D.) ,StitchtingGeron, Netherlands.

xxi. I congratulate you with the award that you received at the symposium at Jabalpur. You certainly deserved it. Your work has been of great importance for the destitute tribal people of Melghat and I am happy and proud that we have sponsored this work. I vividly remember that meeting in the garden of the heart hospital near Amravati. I am very happy that you convinced me there about the necessity of this work. The result has proved that you were right. Annekoos, Batiaan and Taco told me about their visit to Dharni and they told me they were very much impressed by the wonderful and dedicated work you are doing there by Nico Nobel, Netherlands.

xxii. Meeting you made me realize that "role models are neither historical nor in books- they are in 'action' in 'here &now'. I guess it's just a beginning – Mr. Manish Shrivastava– National training manager –Hindustan Lever Limited, Mumbai.

xxiii. Dr. Ashish & Dr. Kavita Satav- you are simply great. I want to do lot of work for the tribal community. Your work will inspire me. Really envy you both. Mr. Sunil Limaye (IFS)- Additional Tribal Commissioner, Amaravati division.

xxiv. Your work is like a temple said Dr. Taori, Neurophysician and Director, CIIMS hospital, Nagpur.

xxv. 'The dedication and involvement of the MAHAN staff under Dr. Satav's leadership and that of the community workers was truly impressive. The need to serve and in turn gain the respect of the community members is mutually beneficial and therefore sustainable. The measurable improvement in the health indicators, knowledge of the community members and their trust in MAHAN's workers indicates that MAHAN is making a big difference in their lives. May they have the strength and conviction to continue this excellent work?' – Dr.Archana Patel, HOD, Pediatrics, IGMC and VP, Lata Medical Research Foundation, Nagpur.

xxvi. Awareness generation amongst tribal women & men of Melghat by your trust is praiseworthy. The efforts of Dr. Satav & team will be certainly useful for Melghat. Such training camps will produce Master trainers for social welfare department of Maharashtra government. Mr. RaghunathKulkarni- Divisional Social Welfare Officer, Amaravati division.

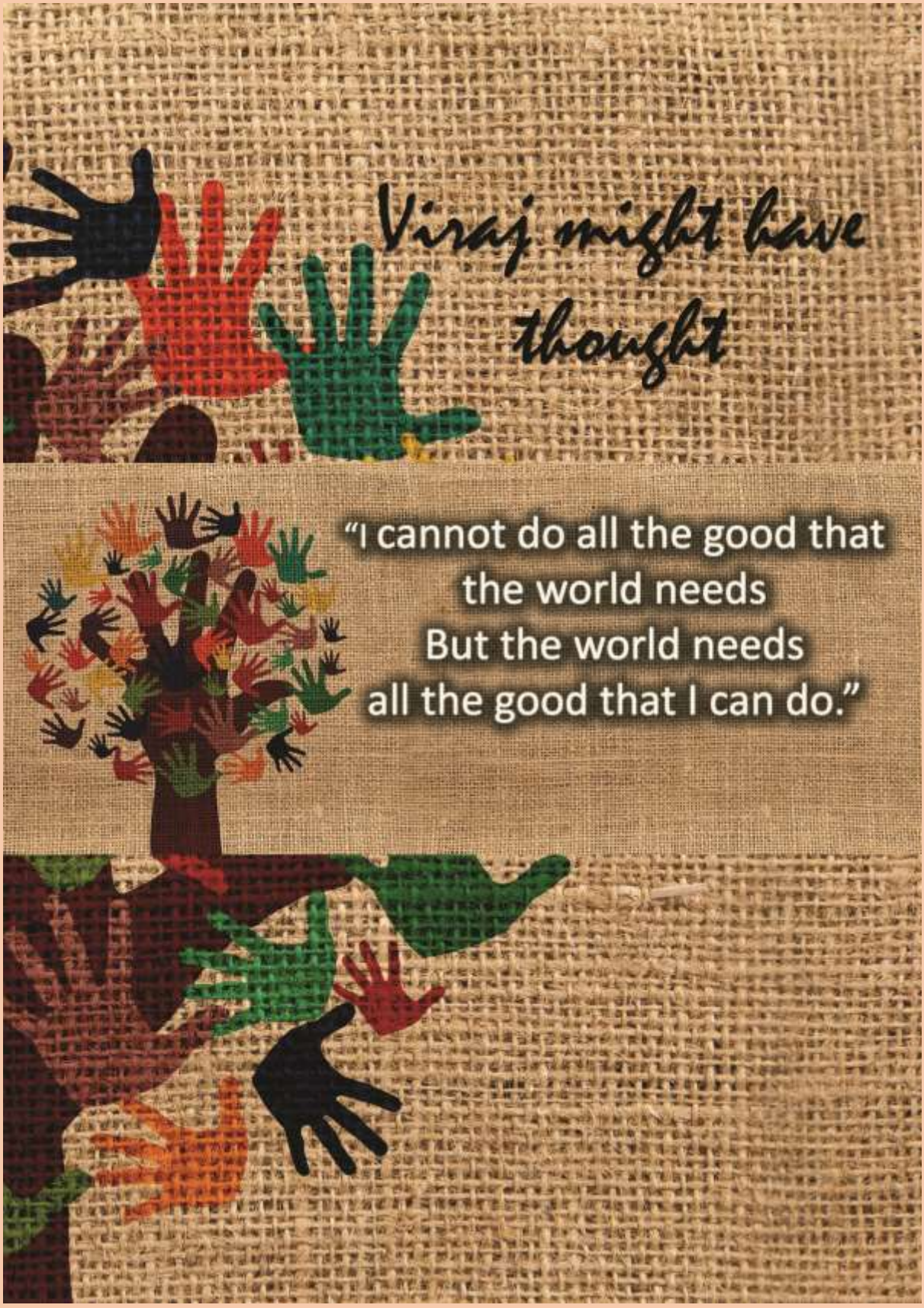
xxvii. The various camps organized by thetrust is praiseworthy. The various health related activities done by the trust is useful for Melghat. Mr. Kapase , Project officer , Integrated Tribal Development Project, Dharni.

Dr. ASHISH SATAV (M.B.B.S., M.D.)

Mahatma Gandhi Tribal Hospital, Karmagram,

Utavali, Dharni,Dist: Amaravati.-444 702,

Phone: 9423118877, Email: drashishsatav@gmail.com


Viraj might have thought
"I cannot do all the good that the world needs
But the world needs all the good that I can do."

Dr. Viraj Shingade, is a Paediatric Orthopedic Surgeon and a driving force behind work of the Nagai Narayanji Memorial Foundation. As a Paediatric Orthopaedic Surgeon he has in depth understanding of various disabilities and their impact on the children and family. Practicing as a Paediatric Orthopaedicianin the city of Nagpur, Dr. Viraj has corrected deformities of many disabled children through his surgical skills. In the process of becoming renowned Paediatric Orthopedic Surgeon in the central India, he realized that there is lack of awareness in society particularly in rural areas about the treatments available for correcting deformities. He also observed the widespread nature of disability among the poorer section of the society residing in the remote areas. In fact Dr. Viraj realized that most of these children can become an independent member of the society if they get early medical intervention. Parents were not capable of providing medical treatment to their children due to lack of awareness and poverty.

As poverty being the main obstacle for getting medical intervention, Nagai Narayanji Memorial Foundation was started to extend the services to the remote areas and reaching the masses. Dr. Viraj along with his team has organized several camps in the remote parts of Central India. He screened thousands of children in the camps and performed free of cost corrective surgeries for the children needing surgical intervention in his own hospital setup. Dr. Viraj selflessly changed the lives of many children who could have never become aware about the remedial measures available in Medical Sciences and couldn't have afforded the cost of corrective surgery.

Even after working for long eight years (2006-2014), he did not realize the need of registering the organization and gain access to recognition and funds from external agencies. Increased work and urge to serve better, finally led him to get foundation registered in the year 2014. Dr. Viraj contributes major part of his earnings from medical practice to the Foundation for supporting its activities. **Out of six working days of OPD he donates four days of OPD to the foundation.**

2019

Nagai Narayanji Memorial Foundation (NNMF)

Nagai Narayanji Memorial Foundation (NNMF) is a nonprofit organization committed to provide medical care and rehabilitation services to the children with disabilities. It is registered as a Society in year 2014 under Society Registration Act 1860 and Mumbai Public Trust Act 1950 in Maharashtra, India. Its head office is located at Daya Chambers, Ajni Square, Beside Haldiram Building, Wardha Road, Nagpur-440015, Maharashtra state, India.

Organization is working with the disabled children from its inception in year 2006. In its decade long journey of working with the children with disabilities, foundation has screened around 15000 children with disability and performed free of cost corrective surgeries for more than 3500 children. More than 5000 children have benefited from the therapy support and around 2000 children have benefited from orthotic support provided by the organization. Children benefited through the activities of organization were mainly belonged to the remote areas and poorer section of the society.

Foundation has revived the hopes of children with disabilities and their families. It has succeeded through its intervention in reshaping the future of disabled children by supporting them to overcome the biggest barrier they were facing in their development ever since from their birth. By medical intervention, foundation has enhanced the quality of their life and made them capable to chase their dreams.

NNMF is spreading awareness about the disability and sensitizing the society with related issues. We believe that, a disabled child has all the rights enjoyed by the normal child and has all the capabilities to perform the task expected from a normal child. They just need more attention than the normal child and some support to overcome the barriers they are facing. Foundation is striving to enhance the skills and capabilities of disabled children so that they can live dignified life and can contribute to the nation building by becoming the productive member of the society.

Vision, Mission and Values

Our Vision

To enhance the capabilities of every disabled child to live a dignified, independent and fulfilling life to his/her utmost potential without being discriminated or assumed a burden by the society

Our Mission

To provide quality care and services to the disabled child required to enhance his/her capabilities.

Values

- Teamwork
- Empathy
- Excellence
- Innovations
- Integrity

Activities conducted by Nagai Narayanji Memorial Foundation

Spreading Awareness

Common people

Nagai Narayanji Memorial Foundation (NNMF) is engaged in spreading awareness about the disability and related issues from its inception in year 2006. Every screening camp organized by the Foundation starts with the awareness session where experts provide information and guide the audience about the various types of disability, causes, preventive measures, treatment available and rehabilitation opportunities to the disabled children.

The awareness is also spread about the specific disability like cerebral palsy, club foot, Autism etc. through the leaflets and pamphlets published and distributed by the Foundation in various events and places. Print media has also been engaged to spread the awareness about disability by publishing about the work of foundation through local newspapers.

Spreading awareness in masses about disability.

Medical Fraternity

For spreading awareness regarding disability, foundation has not restricted itself to the masses but it has specially focused on the medical persons working in childhood disability like Pediatricians, Physiotherapists and Occupational therapists. Foundation regularly organizes various workshops and symposia for the medical fraternity to spread awareness about disability and updating their knowledge.

Foundation is going one step ahead by developing newer and innovative surgical techniques for correcting various deformities. Dr. Viraj has developed first successful surgery technique in the world for congenital Radio Ulnar Synostosis (Birth hand defect) which has given a quality of life to many children. He has also developed innovative technique for managing neglected club foot deformity. Foundation is engaged in spreading awareness about these techniques in society through National and International conferences.

Spreading awareness in medical Fraternity through workshop.

Identification of children with Disabilities

The childhood disabilities many times does not get noticed in early years and remain untreated, enhancing the severity and complication of the disability. Even if noticed in later years the disability remains unnamed unless it has been assessed by the related expert. The non availability of specialist in childhood disabilities in rural areas results in the disabled child being remain devoid of any kind of corrective measures.

Foundation understands the value of identification of the disabled child and his/her assessment through the specialist doctor. Foundation has organized several screening camps

in the remote areas of Central India to identify and assess the children with disabilities at their place. Through regular screening camps organized by the foundations more than 15000 children were assessed by the expert medical team including Pediatric Orthopedic Surgeon, Pediatric Neurologist, Pediatrician, Developmental Pediatrician, Plastic surgeon, Anesthesiologists, Physiotherapists, and Occupational Therapists till date.

It is observed that each screening camp receives huge response and is attended by more than 200 children on an average. The increasing no. of children attending the screening camp every year indicates the widespread nature of childhood disabilities and its incidence in the society.

Screening camps at taluka or village levels.

Corrective Surgery

The disabled children who can be benefitted by the corrective surgery are shortlisted from the screening camps. On an average 50% children are selected for corrective surgery. NNMF organizes free surgical camps for the shortlisted children at the Children Orthopedic care Institute located at Nagpur. Children reach to the hospital with their parents. All arrangements for accommodation and food for both the child and parent is made by the foundation. Primary laboratory tests are carried out for determining health parameters of the children prior to surgery. Corrective surgeries are performed under the expert medical team. Post- operative care is provided to the children until they are found fit to be discharged. Complete cost of surgical intervention is borne by the foundation. Many times parent and child are not able to reach the intervention centre at Nagpur as they don't have money for the travel. In such instances foundation even support their travel in addition to food, accommodation and cost of medical intervention.

Through Surgical interventions, foundation has helped more than 3500 children to overcome their disabilities. Foundation has thus facilitated several children to walk by their own without support, eat by their own hands and perform their daily routines independently. The medical intervention provided by the Nagai Narayanji Memorial Foundation has reduced the burden on many parents of caring for their child on continuous basis. The NNMF is a boon for the parents who can never dream of operating their child due to their financial constraints & lack of arrangements of staying in the city

Surgery camps.

Follow up Camps

Post-Surgery Follow Up

NNMF organizes the follow up camp for the operated children, where, plaster removal and other small minor surgeries like K wire removal are performed. All arrangements for accommodation and food is done by the foundation during camp duration. If necessary, investigations like X-Rays are performed during follow up camp. During follow up, Parents are trained for home exercise program by therapists to achieve maximum outcome of corrective measures. Customized Orthotic appliances and splints are distributed free of cost among the operated children during the follow up camps.

Subsequent Follow Up

Children are called at the interval of 3-6 months for assessment of their functional recovery and need for further intervention. Follow up of child goes for 5 years.

Comprehensive Therapy Support

The surgical intervention must be followed by the proper physiotherapy sessions at least for 15 days to establish the desired outcome of the corrective surgery. Many children residing in the remote areas miss these therapy sessions due to the inaccessible facilities and thus fail to achieve the intended benefits of the surgical intervention. In order to provide the best care to the operated children, post-operative therapy for 15 days is provided at Therapy centre

run by the Foundation. All the cost of therapy is borne by the foundation. Also, cost of accommodation and food for parent and child is taken care by the foundation.

Therapy Centre also caters to the needs of several other children who need therapy on regular basis. Many children with orthopedic abnormalities, Cerebral Palsy, Autism, Muscular dystrophy, Down syndrome etc. are getting therapy services at Centre without incurring any cost to the parents. Therapy Centre provides facility of Physiotherapy, Occupational therapy, Communication therapy, counselling and remedial education. Early intervention centre is also part of the therapy Centre.




Therapy Center

Orthotic Support

Customized orthotic devices are needed by the children who have undergone corrective surgery. Foundation also runs Orthotics manufacturing unit to fulfill the needs of these operated children. Free of cost Orthotic Appliances are provided to the children operated by the foundation.

Even those children who do not need any surgical intervention may need Orthotic devices for day to day activities. Orthotic unit also cater to the needs of such children. Orthotic devices are provided to these children at subsidized cost.

Foundation is trying to provide employment to the disabled persons in its Orthotics unit.

Manufacturing of customized splints

Outcome of Nagai Narayanji Memarial Foundation activity.

The childhood disability remains unidentified and thus untreated during the initial period of childhood due to the lack of expert medical practitioners related to the field in remote areas. The unavailability of the medical specialists and dedicated infrastructure compels many children to carry their disability to later age in an aggravated form. Many children can be relieved of their sufferings if they get suitable care at early age.

The disabled children residing in the urban slums and rural areas are the most affected ones compared with their counterparts in city areas. Owing to both the ignorance and poverty most of the disabled children in rural areas and slums are deprived of the medical intervention which can help them in overcoming their disability.

To provide opportunity to the neglected disabled children in the slums and rural area it is imperative to reach out to them and make them aware about the available surgical interventions which can help in reducing their disability. Due to the lack of information about the available medical advancements and inability to afford the cost of the treatment, many

of the children are burdened with disability which could have been corrected by the surgical intervention.

In the past, Nagai Narayanji Memorial Foundation has provided its services to many such children from remote areas and successfully relieved their burden of disability.