On an ordinary workday, 27-year-old Pramila Bariki hikes up steep slopes, across fields, through ankle-deep rivulets, often walking up to 14 km. She gets a ride until the road is motorable, from which point she has to walk.

Her job? She doles out healthcare advice to mothers and children in the remotest tribal hamlets in the Araku valley of Andhra Pradesh.

Now heavily pregnant, Pramila has had to slow down, delegating tasks to her colleagues, Duridi Champa, Pangi Padma, Neraj Sunita and others. It’s they who now walk through forests and up mountains visiting families to identify pregnant women and conduct basic tests for diabetes and anaemia, and connect them with a primary health centre (PHC) when necessary.

The Araku valley is home to several nomadic tribes who live in small clusters of 70 to 150 homes nestled in rugged and inaccessible terrain, often undocumented in government records. Until a few years ago, these communities were unaware of government healthcare policies. The death of a child or a woman during pregnancy or childbirth was common and they were resigned to it.

Today, 38 women like Pramila, drawn from these tribes, have broken social and cultural barriers to train as nurses and reach medical care to 1,179 hamlets across the Araku, Paderu and Chintapalli mandals. Since they are from these communities, the women have been able to forge trust in their families and neighbours about formal healthcare. As a result, these remote villages have now had the first childbirth in hospital, the first delivery by trained nurse, and the first mother to not lose a child.

The nurses advise women on hygiene and nutrition, and convince them to visit the nearest health centres for further check-ups.

The valley now has telemedicine centres with a medical officer for direct evaluation or a specialist for video conferencing. Malaria, dengue, anaemia and malnutrition are common, so these interventions become vital.

Common thread
Padma lives with her mother, a retired anganwadi teacher, and four brothers who are farmers. Her family doesn’t mind that she travels at odd hours or is in the company of male colleagues, which in her community was once taboo. They understand the value of her service, she says. One common thread among these young girls is that all their mothers have been auxiliary nurses, part of an experimental health project in Araku that aims to end preventable deaths during childbirth or infancy, run by Piramal Swasthya, a not-for-profit.

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The writer, a freelance journalist, is an enthusiast in all things positive.