

Transforming Maternal Health in Remote Tribal Communities

The Lok Biradari Prakalp (LBP) Experience



Organization: Lok Biradari Prakalp
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GADCHIROLI: FRAGILE HEALTH & DEVELOPMENT CONTEXT

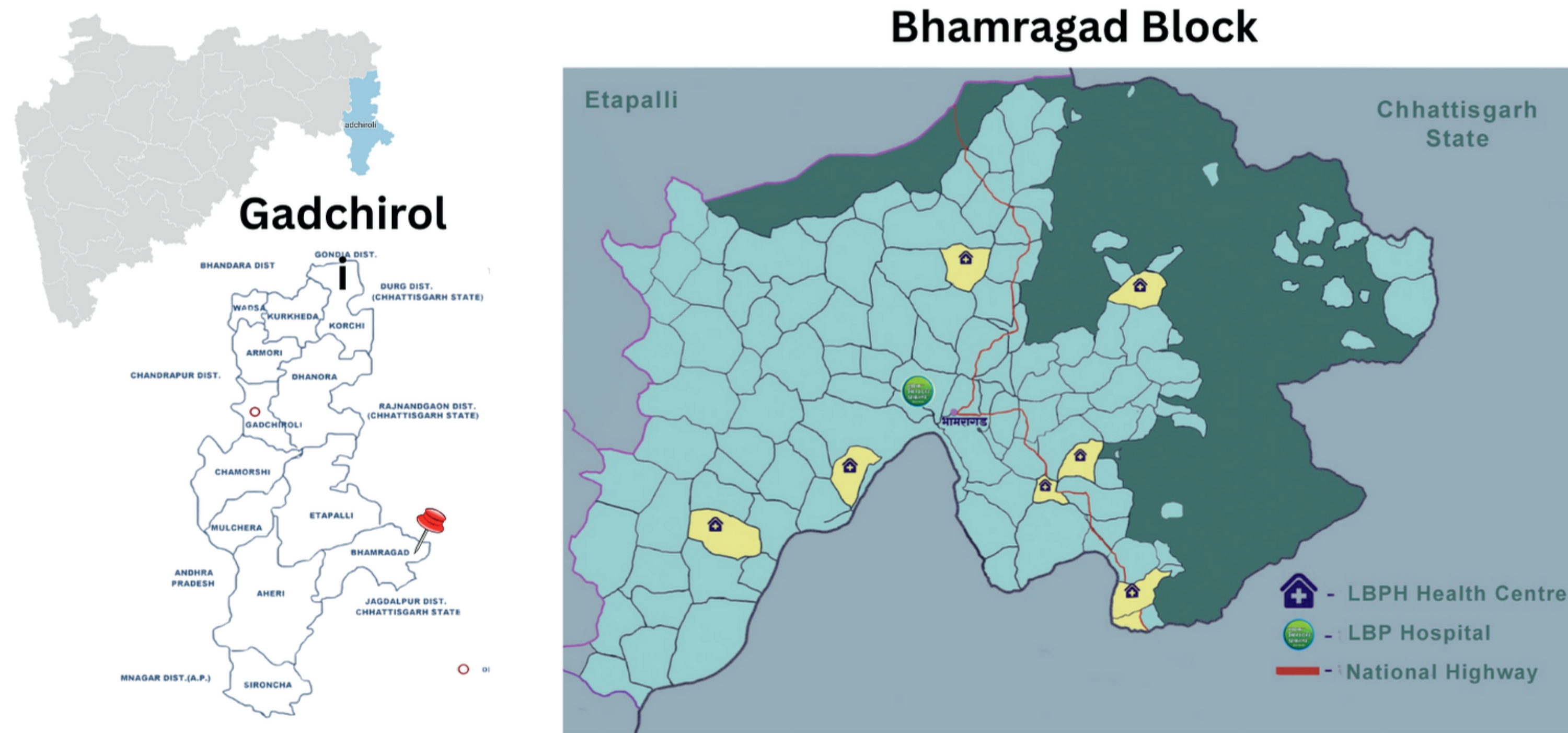
- 'Kala Pani' of Maharashtra – Marked by poverty, underdevelopment & exclusion
- HDI: 0.762 (2022) – Reflects low progress on human development indicators
- LWE-affected – Restricts access to services in remote regions

Health System Challenges

- Physician-to-population ratio: 1:5032 (vs. national average 1:1500)
- Understaffing, high vacancies, and absenteeism
- Poor transport | Low literacy | Reliance on traditional healers

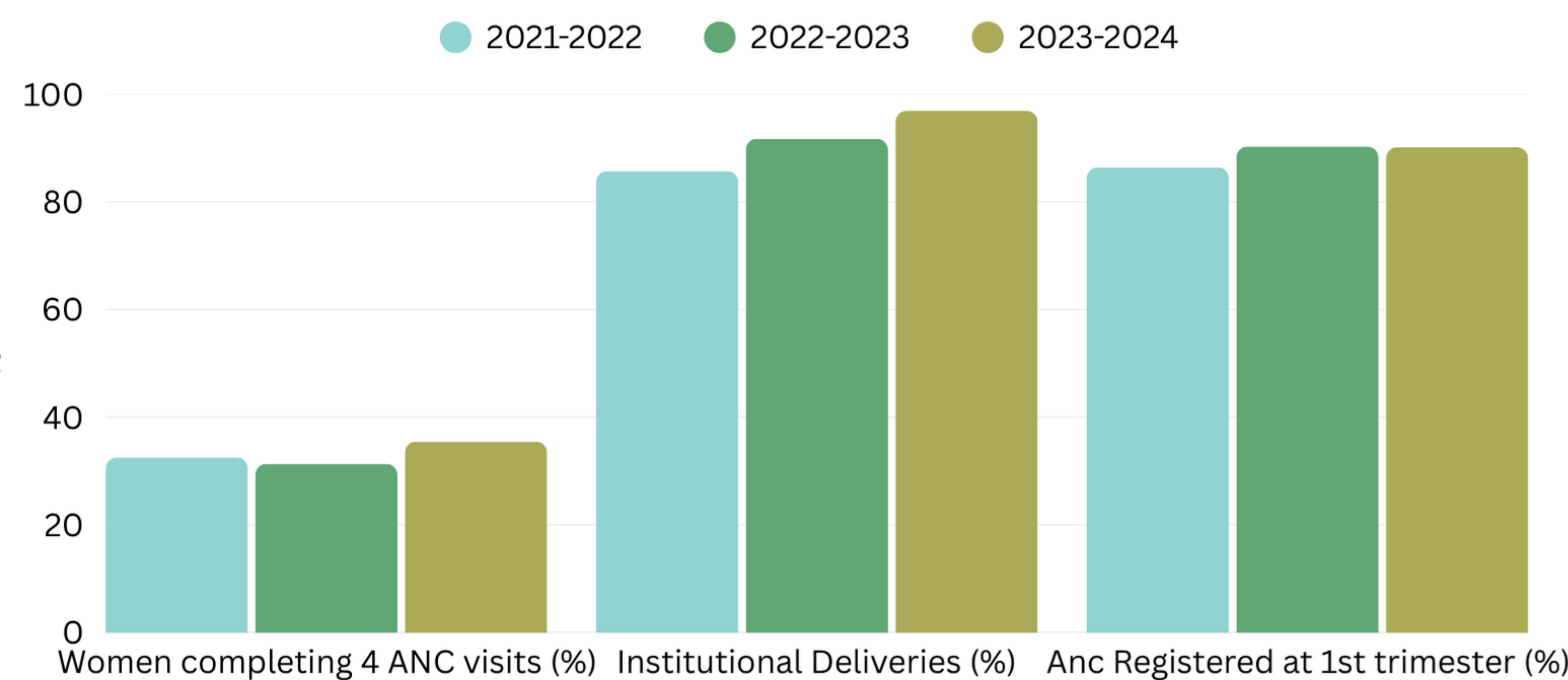
Health Outcomes of Concern

- High maternal & neonatal mortality
- Severe child undernutrition – Stunted: 35.7% | Wasted: 30.0% | Underweight: 39.4%
- (All above state and national averages)



RESULTS

Trends in Antenatal Care and Institutional Deliveries (2021–2024)-Bhamragad Block



METHODOLOGY - THREE DELAY MODEL

Rationale

- The region faces high maternal and neonatal mortality due to systemic, geographic, and cultural barriers.
- The Three Delays Model helps identify the root causes behind preventable pregnancy-related deaths.

Assessment Tools:

- Focus group discussions (FGDs) and key informant interviews-
 - Coverage: 90 villages in Bhamragad block.

ABOUT LOK BIDARI PRAKALP

- HealtLok Biradari Prakalp (LBP), founded by Baba Amte in 1973, serves the Madia-Gond tribals in Hemalkasa, Gadchiroli.
- Run by Dr. Prakash and Dr. Mandakini Amte since 1974, the project offers free healthcare, education, and agriculture support.
- The 50-bed hospital treats 40,000 OPD and 1,500 IPD cases annually.
- Patients come from 1500+ villages across Maharashtra, Telangana, and Chhattisgarh.

Three Delays Model in Maternal Health

Decision to Seek Care

Delay 1: Strengthening Decision making through Dialogue and awareness

Community Dialogue through FGDs

- 204 FGDs in 36 villages (2019–2023)
- 418 FGDs at hospital since Oct 2021



Visual Learning Tools

- Ultrasound Counselling
- Fetal image inclusion on health

Pregnancy App (Phase 1)

- Offline mobile app for women and husbands



Engaging Traditional Healers (Pujaris)

- 78 Pujaris oriented via workshop
- Discussed physiology, EDD importance, and first aid



Kangaroo Gown



Health Messaging in OPD

- Month-wise animated pregnancy videos in local dialect



ASHA Capacity Building

- 20 ASHAs trained in 2-day workshop



Testimonials

- “लोक बिरादरीच्या प्रशिक्षणामुळे मला समजलं की गरोदर महिलांशी संवाद कसा साधायचा. आता मी त्यांचं म्हणणं आधी ऐकते, त्यामुळे त्या माझंही ऐकतात.”
— राजनी पुंगारी, आशा, कोडपे
- “डिलीव्हरीच्या वेळी नर्सस माझ्याकडे लक्ष देत होत्या. दुखणं सुरू झाल्यावर त्यांनी माझा त्रास कमी करण्यासाठी खूप मदत केली.”
— योगिता अनिल दुर्गे, येचाली
- “इथल्या दवाखान्यावर आमचा पूर्ण भरोसा आहे. नर्सस चांगलं वागतात, म्हणून मी माझ्या मुलीला घराजवळच्या दवाखान्यात न नेता इथेच डिलीव्हरीसाठी आणलं.”
— तराबाई सुखदेव सेगम, मारिेपल्ली

Reaching the Health Facility

Delay 2: Bridging Accessibility Gap

– REACHING THE FACILITY

Mobile ANC Outreach

204 mobile ANC clinics conducted in 36 remote villages

Focused Group Discussions on pregnancy care held over shared nutritious meals

Monsoon Home Visits

Community Health Workers visit homes during monsoons

Emergency Transport Planning

Local volunteers mapped to support night-time transportation

Receiving Adequate Care

Delay 3: Quality and Respectful care



Daily Stock & Equipment Check

Respectful Care & Language Exchange

Pain Relief

Kangaroo Gown

Staff Drills

Charts on Walls

Nutrition Kits

Moong Nachani Dates

7-Day Postnatal Stay

Physiotherapy

CONCLUSION

Targeted interventions based on the **Three Delays Model** have improved maternal health outcomes, evidenced by rising institutional deliveries, early ANC registration, and slight gains in four-visit antenatal care completion.

Old Hospital Building



New Hospital Building

