

**Do Health Workers at the periphery Equipped
to Provide Primary Health Care in Tribal Areas?
Evidences from Tribal Andhra Pradesh**

T. S. Syamala

Associate Professor

Institute for Social and Economic Change, Nagarbhavi(PO), Bangalore 560 072,

E-mail: <syamala@isec.ac.in

ABSTRACT

Primary Health Care is now universally recognised as the most effective intervention to achieve significant improvement in the health status of population especially in respect of infant, children and maternal care. The progress of establishing three-tier system of Primary Health Care in terms of establishing sub centres and primary health centres and community health centres have expected to help in reaching the rural mass the required services in health. The sub centre is the most peripheral village based institution in the three-tier system of primary health care. It is the first contact point between the community and government health set-up; as such it has a pivotal role in providing primary health care to the population. It is manned by one Multipurpose Health Worker (Male) and one Multipurpose Health Worker (Female)/ANM as per national norms. These workers are auxiliaries and expected to have basic skills in health and family welfare with background of one and a half year and one-year basic training followed by continuous education and on the job training during service. These multipurpose health workers/ANMs have to take care of the basic health needs of the rural population and thus become back bone of the public health delivery system. An attempt has been made in this paper to study the knowledge, skills and performance of Multi purpose Health Worker (Female) (MPHW-F) working in tribal areas of Andhra Pradesh, their self perceived training needs in various areas of Maternal and Child Health in tribal areas. The study found that in general the MPHW (F) was ill equipped to provide MCH services in tribal areas. The knowledge of health worker female in areas of MCH was very poor, especially in areas of intra natal, post natal and treatment of minor ailments. The skills were also far below satisfactory. Majority of them could not perform accurately even the basic skills like taking height and weight of pregnant women, The other skills like hoemoglobin testing, urine testing for albumin etc were performed by gross error. Health worker over estimated their level of knowledge and skills and under estimated their need for training. The TBAs too were lagging behind in the correct knowledge and safe practices in conducting delivery. Hence there is an urgent need to redesign the basic training of health workers working in tribal areas so that they will be able to provide better pubic health services to masses.