RURAL HEALTH SERVICES IN HARYANA

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MEDICAL Services in Haryana have expanded since its inception on November 1, 1966. But, the community at large has not realized the significance of total health. Efforts, therefore, are being made to educate the community.

The fast developing State of Haryana has made phenomenal improvement in the delivery of medical care, especially in its rural and backward areas comprising desert and sub-mountanous regions. Hospital and other institutions have been so provided with the understanding that in a labour intensive society such as this only healthy individuals will effectively contribute to the development of the country.

During 1970, roughly 3.4 million patients attended government institutions. If every sick person loses one working day, 3.5 million work-days were lost and if more than one work-day was lost the total number will also increase. On an average, a patient is sick for about seven days. Hence, the work-days lost in Haryana due to sickness were roughly 21 million. This is a major loss to a society whose economy is labour-intensive.

Experience during the earlier Plan periods has shown that no developmental progress is possible without active involvement and participation of the community. Little importance has been previously given in all vertical programmes to get community involvement; consequently, the community could not comprehend a comprehensive idea about the role of health programmes to meet the overall objective of economic and social growth. The community at large has not yet fully realized the importance of total health. Therefore, it should be motivated not by propaganda by the State extension education alone.

The institutions, and the medical as well as para-medical staff, cannot function in isolation from the community. It is the duty of the profession to disseminate health information to the people in all its aspects. The community will participate in the health programmes provided the programmes are integrated with other developmental agencies that raise their economic status, employment opportunities and improve general welfare. Therefore, the training of para-medical personnel has been geared towards adequate extension methodology.

Comprehensive Health Care

The prospective plan of the State envisaged the provision of comprehensive health services in the State by 1984 by providing one referral hospital for one thousand of population, of one medical officer for 25,000 of rural population and one sub-centre employing two multi-purpose workers for 5,000 of population.

There was need to evaluate the earlier concept of providing basic health services through one primary health centre per community development block with one sub-centre for 10,000 population along with vertical programmes. It was obvious that this concept of basic health services was not functional as is evident by the re-appearance of malaria and lack of supervision of sub-centre by the medical officer. The latter was primarily due to rising cost of products as well as lack of training for the supervisors. Keeping this in view, the Government of Haryana started studying the concept of multipurpose worker—two for 5,000 population,—and creation of dispensaries with one qualified doctor for 25,000 population. Moreover, to reduce the gap between the governmental functionaries and the community, a social leader from among the community was encouraged. A trained dai or a local vaid or a member of Panchayat, can very well fit in this scheme.

Under this concept, provision has been made for two primary health centres for each block with about one lakh population, two to three other dispensraies and about 20 sub-centres. In Haryana, there are at present 89 primary health centres in 87 blocks, 186 dispensaries and one sub-centre for 10,000 population. By the end of the Sixth Plan, it is intended to have another 160 dispensaries and 1200 more sub-centres in the State by which total coverage of basic health services will be provided. This will be supported by referral services at the sub-divisional, district and regional level hospitals with specialist services. There will be a free flow of services from the referral hospital and of patients from primary health centre and sub-centre. Adequate communication facilities like telephones and road transport between the referral hospital and the block health centre will be provided. Records of patients will be kept primarily at the primary health centre in family folder system.

Naraingarh Project

Haryana has initiated the Naraingarh Project in collaboration with the Post-Graduate Institute, Chandigarh, to study in depth the efficacy of the concept of health team in providing 100 per cent medical care within the limited manpower and financial constraints. The study also aims at utilizing this medical care for propagating better health practices and eradicating communicable diseases.

With these concepts in view, the achievements of the State have been fairly spectacular. Twenty new hospitals have been constructed on futuristic pattern and equipped to provide highly specialized services. These hospitals have been manned by fully qualified post-graduate doctors; trained nurses in the ratio of one nurse to four hospital-beds have been provided so that efficient nursing care may be given to those in need. There are 89 PHCs in 87 Blocks. Apart from 17 PHCs all the rest are housed in proper buildings; 57 PHCs have been provided with water supply and sanitation. During the Fourth Plan due to inadequate buildings and equipments the resources were spent in consolidating the existing ones. Even then the increase in hospital bed was from 4584 in 1966 to 7345 in 1974. During the Fifth Plan, provision has been made to increase the coverage by qualified medical officers to ultimately provide one such doctor for 25,000 of rural population and one sub-centre for 8,000 of population.

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