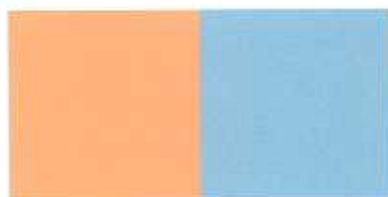
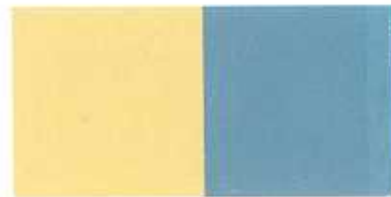


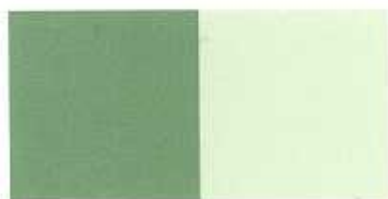
Effective



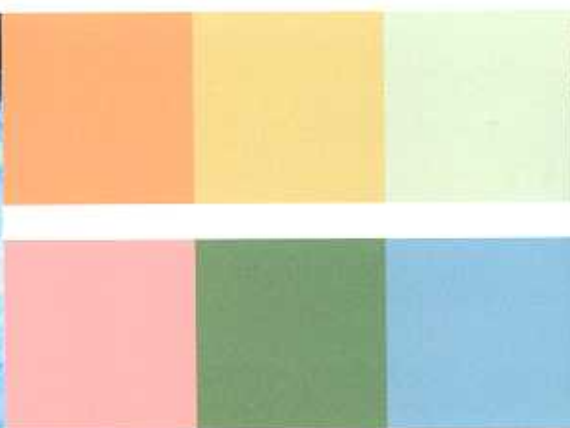
Affordable



Reliable &



Quality Health Care



Our Commitment. Your Right.



Department of Health, Haryana



**H**aryana is committed to outcomes envisaged in National Rural Health Mission while ensuring systems that can respond to the needs of community through an integrated, focussed, participatory approach with assured equitable and quality services.

The focus of the Health Department Haryana while ensuring the activities under various components of NRHM is to progress in the areas of Reproductive and Child Health & Population Stabilization through meeting the unmet needs of the target population.

Haryana aims to reduce the Total Fertility Rate of 2.7 (NFHS II, 1999) to 2.1, Infant Mortality Rate (IMR) from the present level of 59 per thousand live births to less than 30 per thousand live births and Maternal Mortality Ratio (MMR) from the present level of 300 per 100,000 mothers to below 100 by 2010.

The state is also committed not only to save all infants but also to prevent them from the diseases like Polio, TB, Diphtheria, Pertussis, Tetanus and Measles.

To achieve these, the State has adopted decentralized participatory approach in village health planning, budgeting and implementation.

Major schemes and the programs to provide affordable quality health care are:

### Delivery Huts

Presently the place of delivery for a woman in Haryana is home, where a Dai / Trained Birth Attendant facilitates the delivery without the aid of skilled person. The high rate of mortality in mothers has been attributed to three delays of referral, arranging transport and delay in care at the health institution. Not only this, 52 % of newborn deaths (deaths within 42 days) has been attributed to sepsis (infections) that most often occurs due to the unhygienic conditions at home.

The state is establishing delivery huts at a central place of the village where the ANM is available round the clock. This is to ensure the clean, safe and acceptable place of delivery. This scheme envisages the safe maternal and newborn care at the





doorsteps and is a step towards making health services more women friendly. Women and new born are under care of the skilled birth attendant and can immediately be shifted to the nearest First referral unit or the Community Health Centres having all the necessary equipments and specialist care. It is being further strengthened under Janani Suraksha Yojana.

### Janani Suraksha Yojana

This scheme essentially is for BPL families. This will ensure early registration of pregnant woman and early detection of complicated cases, deciding facilitating appropriate referral. Under JSY, the eligible pregnant mothers of the BPL families living in the rural areas will receive a cash assistance of Rs. 500 at the time of delivery. In case the mother delivers in a health institution (govt. as well as private), she will receive an additional amount of Rs. 200. If hospitalization is immediately followed by tubectomy/ laparoscopy compensation of Rs. 150 will be available through the Family Welfare Scheme to JSY beneficiary.

### Referral Care

State is having 68 ambulances placed at all the CHCs to provide round the clock referral services to the needy in the rural areas. The driver incharge will be maintaining the ambulance out of use.



### First Referral Units for 24 hr Emergency Health Care

These are the CHCs that can take care of all emergencies round the clock. Steps are being taken to upgrade nearly 40 Community Health Centers to the level of Indian Public Health Standards. These will be having round the clock specialist and emergency services especially for the mother and the child.

### Strengthening immunization

The State of Haryana is having immunization coverage of 63.7 (NFHS II, 1999). Children in the age group of 0-1 are vaccinated against the six major diseases. Keeping in mind the importance of vaccination and making it available to all, the State has increased the immunization days at the Sub-centers from one to two. Under the RCH II program, all ANMs have been asked to hold immunization days at their sub-centers on all Wednesdays and Fridays. To cover the un-reached populations the ANMs are being financially supported to hire local people for the delivery of vaccine at the camp sites.

### No Scalpel Vasectomy

The birth rate and the total fertility rate of Haryana is 26.7 and 2.6 respectively. There is 7 % unmet need of family planning. Most of the family planning needs are being met through tubectomies followed up by the spacing methods like IUD, Pills and OCPs.

No Scalpel Vasectomy is being promoted in the state to not only meet



the unmet needs of family planning but for population stabilization. Under this scheme the camp approach is followed to train the medical officers on the simplest and the safest technique of stopping births.

To make the vision a reality the state is empowering both the health institutions by utilizing user fee for infrastructural and other needs of the institutions and by mobilizing the community to utilize these health services. Govt. has already disbursed an amount of Rs. 10,000 to all sub centers for maintenance and meeting out the other needs under Untied Funds for Sub centers. It will be a revolving fund at the disposal of the ANM. All ANMs have opened a joint account with the PRI of their area under Untied Funds.

### Accredited Social Health Activist (ASHA)

ASHAs will be women from the village for 1000 population. A married, matriculate women who herself is an acceptor of family planning method and is sensitive to the health needs of people is eligible for becoming ASHA.

ASHA is to mobilize the pregnant mother for institutional delivery and accompany her to the health institution for delivery. She will arrange transport in case of emergency, motivate the eligible couples to use the appropriate contraceptive methods and be a depot holder for CC and OCPs. She will counsel the mothers for safe MTPs and on prevention and treatment of RTIs/STIs along with facilitating the needed care during the antenatal and postnatal period. She will be paid honorarium based on the services she has rendered to the client and will have no fixed payment.

Haryana has launched this scheme. 2061 ASHAs are identified and 1132 have signed the agreement. 4000 ASHAs will be trained in the year 2005-06 and subsequently 5000 each in the year 2006-07 and 2007-08.

### Mewat: Special Health Campaign

Mewat is a district with more under privileged population and therefore is of major concern of the State Government. The Government of Haryana has already reflected its commitment by launching special health campaigns for this District. The campaign was launched by the Chief Minister on 7 November 2005 at Nagina in a public function. To meet the health care needs of local population, the department has adopted a camp approach. Around 110 general and 15 multi specialty camps are being held on a scheduled publicly announced day. This campaign will complete its full circle of holding all these camps by March 2006.





### VIKALAP

To provide quality Primary Health Care Services and make them easily accessible to poor of the State of Haryana has launched Vikalap. This scheme is forging partnership with the private practitioners. Under this scheme well equipped and well managed private nursing homes and hospitals to be identified as private healthcare providers (PHPs) using agreed criteria, to provide primary health care services to 1000-1500 BPL families. It has been launched in four districts of Ambala, Hissar, Rohtak and Gurgaon.

The PHPs are located near to the area of their registered families and have all in-house facilities. These PHPs will be signing the agreement with DH&FW Societies. A committee has been constituted by the Chairman of DH&FW Society to select PHP on the fixed criteria.

The PHPs will provide out patient consultations, Ante-natal, natal care services including Basic/EmOC, neonatal and post natal services, Preventive and promotive healthcare of registered families, consultation, vaccination, vitamin A deficiency treatment, Population stabilisation related services - provision of terminal and spacing methods of contraception accompanied with counseling and facilitation of referral services for their registered members in designated secondary and tertiary hospitals will be provided by PHPs.

The PHPs will be paid charges as per GoI and GoH schemes in operation for provision of such services. Besides Arogya Kosh has been launched to make specialist services available to the BPL families of the State.

### Vector Borne / Malaria Control Program

To control Malaria, the state has introduced biological control mechanism. Gambousia and Gappi fishes are being reproduced to eradicate mosquito for controlling Malaria. This is an environmental friendly approach and is more sustainable to fogging.

### Blindness Control Program

Incidence of blindness in Haryana is 1.13%. To control blindness the blind population is registered and Eye screening camps for age group + 50 & children from 5th to 8th standard. Free cataract surgeries, free spectacles to post operative cases and poor school children are available under this program. The state is also promoting eye donation for corneal transplant surgery - available at PGIMS Rohtak.

### Revised National Tuberculosis Control Program (RNTCP)

Tuberculosis demand relatively greater attention as estimated 2 million people are co-infected with TB and HIV and 4.6% HIV is estimated in TB patients. The autopsy studies reflect that 53% of AIDS death are due to TB. This disease has received considerable attention of the State and Directly Observed Treatment Short (DOTS) course has been adopted for the entire State.

The State of Haryana has 19 functional District TB Centres with 45 TB units. There are 206 Microscopy Centres for carrying out diagnostic tests.

There are 5000 DOT Centres in the state to cater people of all age groups. Voluntary DOT providers could be individuals and community based organizations.

Three DOT providers, one female and two males, one of whom is a shoe maker are providing treatment to nearly 100 patients. Two Medical Colleges in the Rohtak & Agroha are actively involved in RNTCP. A State level Drug storage facility for the TB medicines is available at Ambala.

To make the positive thought a ground reality the govt. for the first time has increased the budget of health by 66%. This first ever increase reflects the commitment of the Government towards the health of its people.

For birth and death registration visit the nearest Health Institutions of your area.



Department of Health, Haryana