

## Disparities in Health in State of Haryana

**Dr. Tarun Bala**  
Panjab University, Chandigarh, India.

---

DOI: <http://dx.doi.org/10.21013/jmss.v3.n3.p7>

**How to cite this paper:**

**Bala, D.** (2016). Disparities in Health in State of Haryana. *IRA-International Journal of Management & Social Sciences* (ISSN 2455-2267), 3(3).  
doi:<http://dx.doi.org/10.21013/jmss.v3.n3.p7>

---

© Institute of Research Advances



This work is licensed under a [Creative Commons Attribution-Non Commercial 4.0 International License](https://creativecommons.org/licenses/by-nc/4.0/) subject to proper citation to the publication source of the work.

**Disclaimer:** The scholarly papers as reviewed and published by the Institute of Research Advances (IRA) are the views and opinions of their respective authors and are not the views or opinions of the IRA. The IRA disclaims of any harm or loss caused due to the published content to any party.

---

**ABSTRACT**

*Equitable health care is feasible through proper resource allocation and access to health care is resolute by health needs and utilization of public health services. Access to health care, as a determinant of health, may be unequally distributed if over a period of time proper policies and reforms are not introduced. Increasing urban-rural socio-economic disparities jeopardized the fairness in social welfare and particularly the equity of access to health care, which has been widely considered a key objective of health care policies, in turn putting the disadvantaged communities in especially vulnerable position by increasing their health risks. The present study is primarily concerned with the analyzing the progress/ availability of public health care facilities during the periods of development in the state of Haryana, India and differences in District level health indicators while discussing the provision, availability, accessibility and utilization of health care facilities in the study area i.e. shortlisted from the State of Haryana. This study concludes disparities in health indicators over a period of time as disparities among the Districts /regions in the availability of infrastructure and other health indicators. Though, the government has declared socially backwards Districts of Haryana, as high priority Districts yet, the situation seems as it is and has sans improved or marginally improved. Similarly the lack of proper awareness w.r.t. utilization of available health care facilities as provided by the Governments both Union and State also contributed to widening of disparities in some backward Districts of Haryana. There has been a dire need to motivate the people about the proper utilization of available health care services provided by the respective Governments and reconsideration and Redressal of the health issues is also required at both levels - consumption as well services providing provisions. Access issues is also essential for informing public decision- and policy-making aimed at providing better life to its citizen.*

**Keyword-** Health Indicators. Disparities in Health , Health Care Utilisation

**1. INTRODUCTION**

Disparities in Health sector can be determined through proper allocation of available resources and utilization as well as demand for health care needs. Equitable health care is possible through proper resource allocation and access to health care is determined by health needs. In any Nation, the health status of its populace is an important precondition that determines it's economic as well as social development. The socio-economic development of a country, among other things, largely depends on the overall quality of it's human resources. The quality of human resources can be visualized in terms of health of its population along with the educational and technological skills that it possesses. While, the state of health may be attributed to contribution of health care facilities in public vis-a-vis private sector along with the nutritional levels and levels of standard of living. The nature of services provided by public sector differs significantly from that provided by the private sector. Besides providing curative services, the public sector also provides a number of preventive services. It also aims at educating mass population towards environmental cleanliness and some preventive measures to combat certain diseases. The services provided by public sector may be subsidized, whereas the one provided by the private sector are not so cheap as its profit and business oriented and more so is concentrated amongst urban populace. In such a situation the paramount accountability for providing health care facilities and financing in the remotest area of any nation, lies mainly with the public sector as the State has a pivotal role in securing

and ensuring better health facilities as one of the Constitutional Directive Principles. Hence, the present study is primarily concerned with the analyzing the progress/availability of public health care facilities during the periods of development with main focus on the state of Haryana, India and differences in District level health indicators while discussing the provision, availability, accessibility and utilization of health care facilities in the study area i.e the state of Haryana, India. Since the time India attained independence, the government of India has tried it's level best to evolve administrative and institutional means to provide health care facilities to people living in urban as well as in rural areas within accessible limits or distance so that these may be utilized by all irrespective of their social and economic status. Unfortunately, to one's dismay, the provisions of health care facilities have largely got concentrated in few pockets and locations which are undoubtedly urban centers or the urban industrial enclaves<sup>1</sup>. The locational dimension effect the utilization of public health care facilities. Further, the recent studies have also shown that despite steady improvements in the overall health indices of Indian provinces, the rural area and minorities populace still experience a lower quality of health services and are less likely to receive routine medical procedures and have higher rates of morbidity and mortality than the non-minorities and the urban area<sup>2</sup>. Rural population disproportionately suffers from chronic diseases in comparison to the general public of living in urban agglomerations<sup>3</sup>. But lack of access to quality health care in rural areas is attributed to poor road infrastructure, illiteracy and shortage of health care workforce, thereby hindering the utilization of preventive health services and considerable compromising the implementation of wellness and healthy lifestyle programs. The general lack of routinely reported information on social and economic differences in health sector has certain implications. The ways that health disparities are patterned socially may help us understand their nature and how best to address them (Adler N, Boyce ,1993; Macintyre S. 1994). Differences in health that suggest a socioeconomic threshold at or near the poverty line (e.g., a high rate of a particular illness among the poor, contrasted with more favorable and similar rates for all other income groups) would support targeted policies to address aspects of deprivation. experienced by the most disadvantaged. Equity in social welfare has long played a major role in shaping national policies [Liu et al., 2002]. However, with the introduction of continued pursuit of the market-oriented reforms resulted in increasing urban-rural and intra and inter-regional socioeconomic disparities [Zhao, 2006].

### **Introduction about Haryana**

The State of Haryana, in Union of India, was created on November 1, 1966. The state of Haryana in republic of India is geographically a small State accounting for only 1.3 percent of the country's total area and 2.09 percent of the population. As per the 2011 census 65 percent of its population is rural and 35 percent lives in urban areas. The male literacy rate is 84 percent whereas the female literacy rate is 66 percent . In this State, the institutional delivery has gone a long way in protecting the mother as well as the infant child and in promoting better mother-hood practices. In the State of Haryana institutional deliveries have increased from **43.3% in 2005 to 85.9% in 2014 (CRS)**. Deliveries in the Government institutions/hospitals etc. have increased remarkably from **16.30% in 2006 to 49.20% in 2014**, out of total deliveries( NRHM website).

**1.1 Demographic, Socio-economic and Health profile of Haryana State as compared to rest of India figures**

The Socio-economic and health profile of the State of Haryana has been presented in form of table adapted from HMIS, Ministry Of Health & Family Welfare, govt. of India. It has been indicated from the table that decadal growth rate of population in Haryana is more than the average India’s population growth rate. Infant Mortality is slightly higher but maternal mortality is comparatively lower. Total fertility rate and Crude Birth rate are just reaching to national average. Crude deaths rates are below the national average thereby leading natural growth rate of population. In terms of literacy parameters, Haryana is doing better in comparison to rest of Indian States, while sex ratios depicts otherwise. This is the gray area where there has been a dire need to change the mind set of society and in this the health facilities can play a pivotal role by educating aspirating couples to have equal preference for both the sexes.

| <b>Indicator</b>                                   | <b>Haryana</b> | <b>India</b> |
|--|----------------|--------------|
| Total population (Census 2011) (in crores)         | 2.53           | 121.01       |
| Decadal Growth (Census 2011) (%)                   | 19.9           | 17.64        |
| Infant Mortality Rate (SRS 2013)                   | 41             | 40           |
| Maternal Mortality Rate (SRS 2010-12)              | 146            | 178          |
| Total Fertility Rate (SRS 2012)                    | 2.3            | 2.4          |
| Crude Birth Rate ( SRS 2013)                       | 21.3           | 21.4         |
| Crude Death Rate ( SRS 2013)                       | 6.3            | 7            |
| Natural growth rate (SRS 2013)                     | 15             | 14.4         |
| Sex Ratio (Census 2011)                            | 877            | 940          |
| Child Sex Ratio (Census 2011)                      | 830            | 914          |
| Schedule Caste population (in crore) (Census 2001) | 0.4            | 16.6         |
| Schedule Tribe population (in crore) (Census 2001) | Not Notified   | 8.43         |
| Total Literacy Rate (%) (Census 2011)              | 76.64          | 74.04        |
| Male Literacy Rate (%) (Census 2011)               | 85.38          | 82.14        |
| Female Literacy Rate (%) (Census 2011)             | 66.77          | 65.46        |

*Source: Adapted from HMIS Portal*

**1.3 Health Infrastructure in Haryana, India**

The position of health infrastructure in Haryana is not very good. It has been indicated from the table that health infrastructure is quite low as per the requirement as there is nearly 40percent shortage of Schedule Cast, 5 percent shortage of Population Health Centre(PHC) and more than one percent shortage of Community Health Centres(CHC).There is also shortage of medical officers at PHC,, shortage of Obstetricians,Gynecologists, Pediatricians and other health specialists. There is also shortage of about four percentof laboratory technicians at CHCs and PHCs, 20 percent shortage of male health workers, Female Health workers at PHCs are nearly 48 percent more than required, one percent more health assistants, 12 percent more nursing staff at PHCs and CHCs, 8 percent more pharmacists at PHCs and one percent more pharmacists at CHCs

| <b>Particulars</b>                                      | <b>Required</b> | <b>In position</b> | <b>Gaps %</b> |
|---|-----------------|--------------------|---------------|
| Sub-centre  | 4159            | 2520               | 39.4          |
| Primary Health Centre                                   | 657             | 447                | 5.0           |
| Community Health Centre                                 | 164             | 109                | 1.3           |
| Health worker (Female)/<br>ANM at Sub Centres &<br>PHCs | 2967            | 4973               | -48.2         |
| Health Worker (Male) at<br>SubCentres                   | 2520            | 1682               | 20.1          |
| Health Assistant<br>(Female)/LHV at PHCs                | 447             | 398                | 1.2           |
| Health Assistant (Male) at<br>PHCs                      | 447             | 503                | -1.3          |
| Doctor at PHCs  | 447             | 342                | 2.5           |
| Obstetricians &<br>Gynecologists at CHCs                | 109             | 11                 | 2.4           |
| Pediatricians at CHCs                                   | 109             | 10                 | 2.4           |
| Total specialists at CHCs                               | 436             | 29                 | 9.8           |
| Radiographers at CHCs                                   | 109             | 142                | -0.8          |
| Pharmacist at PHCs &<br>CHCs                            | 556             | 880                | -7.8          |
| Laboratory Technicians at<br>PHCs & CHCs                | 556             | 394                | 3.9           |
| Nursing Staff at PHCs &<br>CHCs                         | 1210            | 1698               | -11.7         |

*Source: RHS Bulletin, March 2012, Ministry Of Health & Family Welfare., Govt.Of India*

## 2. Objective of the Study

- 1) To study the spread of Public Health Services across the State of Haryana;
- 2) To examine the inter-District disparities in area of health indicators;

## 3. Data Base and Methodology

In this study data from secondary sources like statistical abstract of Haryana and Data from HMIS portal has been used and composite index for estimation of District wise disparities have been used. The composite index has been computed by taking average value of all the indicators may be called as deprivation indicators as:

$$I(ij) = (X(ij) - \text{Min}(ij)) / (\text{Max}(ij) - \text{Min}(ij))$$

Whereas, average value i.e. disparity index =  $\sum_{i=1}^n I(ij) / n$

**4. Limitations of Study**

Though the District wise disparities have been studied but identification of causes of these disparities require primary enquiries. Further studies are suggested in order to gauge the causes of disparities in some indicators like per lakh of population utilization of OPD and IPD public health services, causes of disparities in new born low birth babies etc. Moreover, secondary data has been used, so that there may be some data reporting errors. With this issue, present study may have somehow given an indication of District wise disparities in the state of health in state of Haryana, India.

**5. Results and Discussion**

**Section 1**

**5.1. Disparities in Availability of Facilities Over a Period of Time**

**5.1.1 Change in Facilities Per Lakh of Population**

Over a period of time there has been a net increase in health facilities but when we compare this change with the change in population and the change in facilities per lakh of population, there have been reported significant positive changes in number of health facilities till 1990-91 but after wards there has been decline in health facilities per lakh of population and drastic decline has been noticed in urban areas e.g. the year 1990-91 acted as dividing year. Development indicates “increase in quantity along with the quality”, but this pattern of per lakh population distribution health facilities depicts otherwise. During the year 1990-91, on per lakh of population nearly 22 health facilities were available but in 2010-11; this proportion declined to 18 despite huge investments in rural as well as urban health sector, thereby indicating the rapid increase in population (Table 1).

**Table 1: HEALTH FACILITIES PER LAKH OF POPULATION**

| Year    | Rural | Urban | Total | Per Lac of Population Rural | Per Lacs of Population Urban | Percentage increase/decrease |
|---------|-------|-------|-------|-----------------------------|------------------------------|------------------------------|
| 1970    | 709   | 131   | 840   | 8.70                        | 7.48                         | -                            |
| 1980    | 1286  | 194   | 1480  | 12.88                       | 6.93                         | 36.28                        |
| 1990-91 | 2703  | 334   | 3037  | 21.78                       | 8.24                         | 59.46                        |
| 2000-1  | 2734  | 338   | 3072  | 18.19                       | 5.53                         | -21.25                       |
| 2010-11 | 2953  | 291   | 3244  | 17.89                       | 3.29                         | -11.91                       |

*Source: Statistical Abstract of Haryana 2013-14*

**Table 2: Area Covered per institution and Beds Per Lakh of Population**

| Year   | 1970 | 1980 | 1990-91 | 2000-1 | 2010-11 |
|--|------|------|---------|--------|---------|
| Area covered per institution in square km      | 53   | 30   | 15      | 14     | 14      |
| Institution per lac population( Rural + Urban) | 8    | 10   | 15      | 14     | 14      |
| Beds per lac population                        | 64   | 69   | 65      | 52     | 40      |

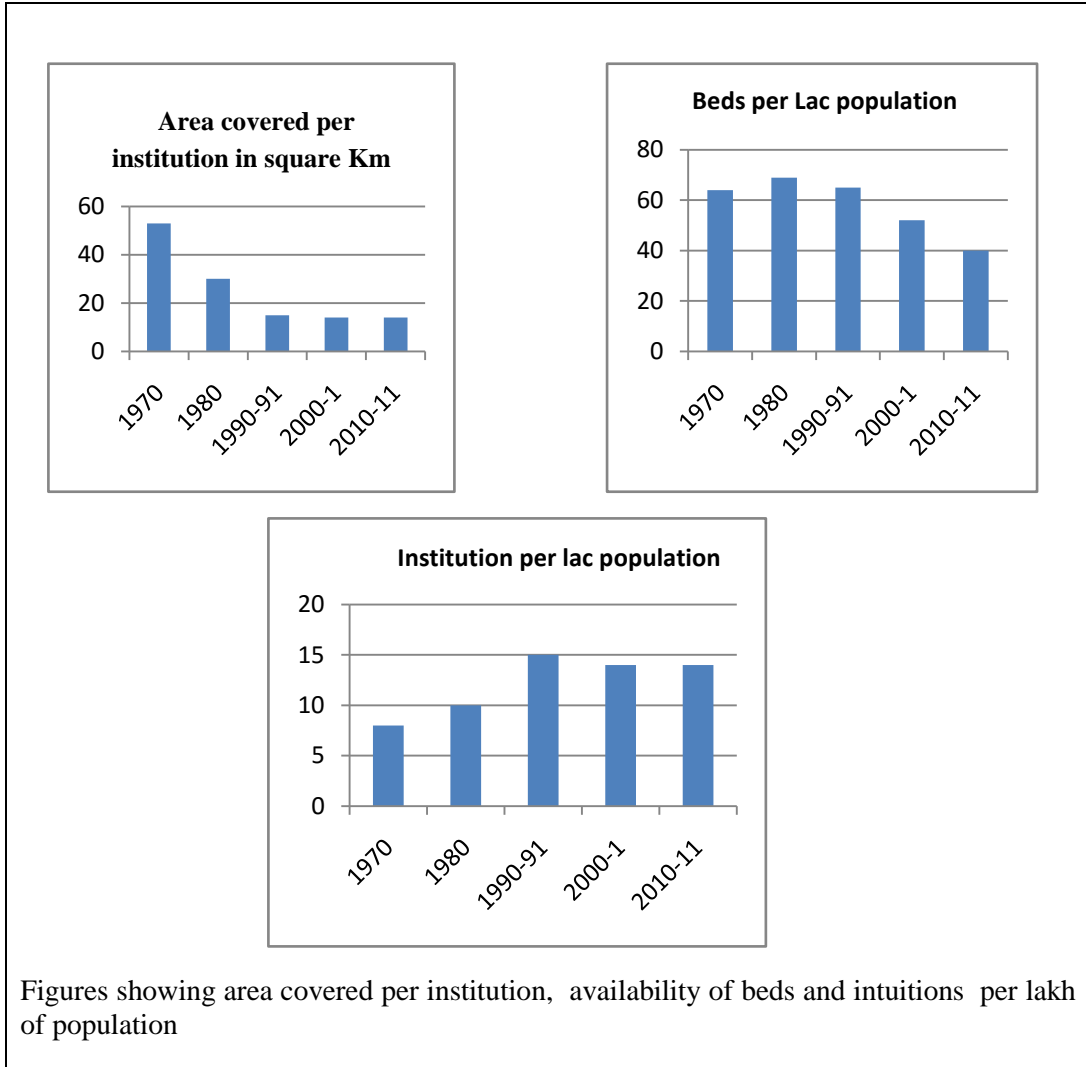
Source: Statistical Abstract of Haryana 2013-14

### **5.1.2 Area Covered Per Institution and Beds Per Lakh of Population**

Area covered per lakh of population has also decreased with the passage of time where as area covered under institution per lakh of population repeated the general trend of increasing up to the year 1990-91 and decelerating thereafter and remained constant during 2010-11( Table 2). There is decrease in area covered by the health facilities and counts of beds per lakh of population thereby indicating increasing population load despite huge expenditure in hospital infrastructure.

### **5. 1.3 Spread of AYUSH Institution**

Over the period time, there has been a net increase in the number of ayurvedic dispensaries and though the Unani dispensaries/ system of medicine was more in demand initially but latter on there was not much expansion. Homeopathic system of medicine was introduced in later 90's in public health facilities and over the period of time there was expansion in Homeopathic dispensaries / institutions. Overall there have been sizable increase in Ayurvedic, Unani and Homeopathic Institutions but the per lakh of population availability of Ayurvedic, Unani and Homeopathic Institution shows more or less consistent pattern( Table 3).



Figures showing area covered per institution, availability of beds and intuitions per lakh of population

**Table 3: Ayurvedic, Unani and Homeopathic Institution**

| Year    | Ayurvedic | Unani | Homeopathic | Total | Per Lacs of Population |
|---------|-----------|-------|-------------|-------|------------------------|
| 1970    | 183       | 17    | -           | 200   | 2.02                   |
| 1980    | 330       | 20    | -           | 350   | 2.74                   |
| 1990-91 | 389       | 19    | 9           | 417   | 2.53                   |
| 2000-1  | 433       | 21    | 20          | 474   | 2.24                   |
| 2010-11 | 462       | 17    | 20          | 499   | 1.97                   |

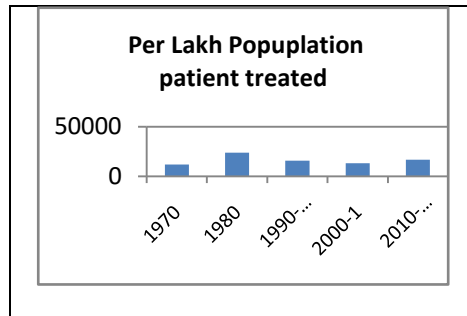
Source: Statistical Abstract of Haryana 2013-14.



**Table 4: Ayurvedic, Unani and Homeopathic staff and Patient Treated in Haryana**

| Year    | Medical Personnel (Vaidyas/Hakims/ Homeopathic) doctors | Dispenser/ Compounder | Patient Treated | Per Lacs of Population |
|---------|---|-----------------------|-----------------|------------------------|
| 1970    | 202   | 200                   | 1191527         | 12036.0                |
| 1980    | 350   | 350                   | 3036941         | 23749.3                |
| 1990-91 | 417   | 417                   | 1369987         | 15808.0                |
| 2000-1  | 416   | 365                   | 2762499         | 13064.8                |
| 2010-11 | 402   | 459                   | 4249473         | 16762.3                |

Source: Statistical Abstract of Haryana 2013-14.



**5.1.4 Staff Available and Patient Treated in Ayush Services**

An overview of staff available in Ayush services per lakh of population( Table 4) in Haryana shows more or less somewhat on an average equal distribution per lakh of population. More staff/ practitioners were available in Ayurvedic health services than in the Unani and Homeopathic pattern of medicine thereby signifying least importance of these services than Ayurvedic pattern of medicine. Over a period of time per lakh of population patient treated by Ayush public health facilities has increased from 1236 persons to 16762 persons.

**5.1.5 Staff Position in the State**

An overview of sanctioned and filled posts( Table 5) of medical and paramedical staff. There is little gap in group ‘A’ which included all medical staff including DGHS, AGHS, DHS, Training, Lab/ FW/ Malria/ Dental, CS/PMO,SMO, SDS, DD( M&E) MOs.,

group ‘B’ as assistant directors, physiotherapist, private secretary, biologist, district family welfare officer and Dental surgeon and ‘D’ which included sweeper, peon, ward servant, Dresser and Lab attendant but Group ‘C’ which included the staff like radiographer, Pharmacists, dietician, lab technician and attendants, health workers and clerks etc. witnessed wider gaps in staff in position and required staff.

Table 5: Staff Position in the State (As on 28.8.2015)

| Category of Regular Staff | Sanctioned Posts | Filled Posts | Vacant Posts |
|---------------------------|------------------|--------------|--------------|
| Group –A1*                | 3263             | 2599         | 664          |
| Group –B2*                | 789              | 628          | 161          |
| Group –C2*                | 14801            | 10049        | 4752         |
| Group –D2*                | 2304             | 1514         | 790          |
| Total                     | 21157            | 14790        | 6397         |

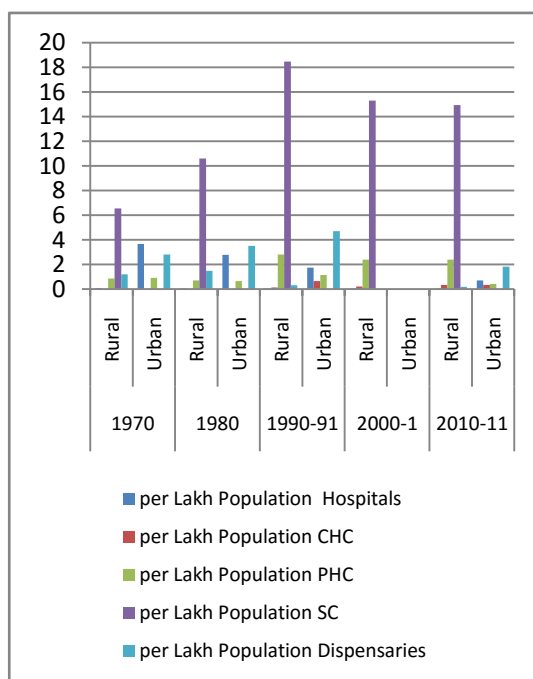
Source: Directorate of Health, Haryana

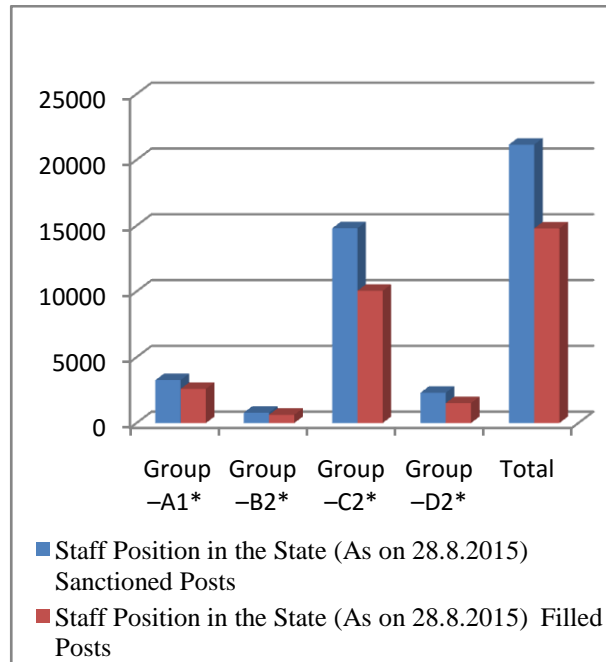
1\*- All medical staff including DGHS,AGHS,DHS,Tarining, Lab/ FW/ Malria/ Dental,CS/PMO,SMO, SDS, DD( M&E) MOs.

2\*- Assitant Directors, Physiotherapist , Private Sectary, Biologist, District Family welfare officer and Dental surgeon.

3\*- Includes Staff Nurses, Matron,

4\*- Sweeper, Peon, Ward servant, Dresser and Lab attendant (





**Area Specific – Rural and Urban Disparities:**

**5.2.1 Comparison of Availability of Hospitals, CHCs, PHCs, SCs and Dispensaries per lakh of Population in Rural – Urban areas in the State of Haryana Since 1970**

Maximum number of sub centre have been witnessed in Hisar, Sonapat and Jind followed by Sirsa and the number of sub centre is directly associated with the number of CHC in the district and PHCs. Each of the districts has one District Hospital(DH) while DH in Karnal is upgraded as Kalpana Chawla Medical college and Hospital, at present there is no DH.

Table 6: Type of facility i.e. availability of Hospitals, CHCs, PHCs, SCs and Dispensaries per lakh of Population in Rural - Urban the State of Haryana Since 1970

| Year                | 1970  |       | 1980  |       | 1990-91 |       | 2000-1 |       | 2010-11 |       |
|---------------------|-------|-------|-------|-------|---------|-------|--------|-------|---------|-------|
|                     | Rural | Urban | Rural | Urban | Rural   | Urban | Rural  | Urban | Rural   | Urban |
| Hospitals           | 6     | 64    | 6     | 78    | 8       | 71    | 7      |       | 6       | 63    |
| Per Lakh Population | 0.07  | 3.65  | 0.06  | 2.79  | 0.06    | 1.75  | 0.05   | 0.00  | 0.04    | 0.71  |
| CHCs                | -     | -     | -     | -     | 15      | 26    | 32     |       | 56      | 30    |
| Per Lakh Population | 0     | 0     | 0     | 0     | 0.12    | 0.64  | 0.21   | 0.00  | 0.34    | 0.34  |
| PHCs                | 71    | 16    | 71    | 18    | 348     | 46    | 361    |       | 393     | 36    |
| Per Lakh Population | 0.87  | 0.91  | 0.71  | 0.64  | 2.80    | 1.13  | 2.40   | 0.00  | 2.38    | 0.41  |
| SCs                 | 534   |       | 1060  |       | 2293    |       | 2299   |       | 2465    |       |
| Per Lakh Population | 6.55  | 0.00  | 10.61 | 0.00  | 18.48   | 0.00  | 15.30  | 0.00  | 14.93   | 0.00  |
| Dispensaries        | 98    | 49    | 149   | 98    | 39      | 191   |        |       | 31      | 162   |
| Per Lakh Population | 1.20  | 2.80  | 1.49  | 3.50  | 0.31    | 4.71  | 0.00   | 0.00  | 0.19    | 1.83  |
| Total               | 709   | 129   | 1286  | 194   | 2703    | 334   | 2699   | 0     | 2951    | 291   |

Source: Statistical Abstract of Haryana 2013-14.

**Section 2 District Wise Disparities in Haryana**

**6.2.2 Inter District Disparities in Health Facilities.**

**2.1 Comparison of Availability of Hospitals, CHCs, PHCs, SCs and Dispensaries per lakh of Population in Rural - Urban the State of Haryana Since 1970**

Maximum number of sub centre has been witnessed in Hisar, Sonipat and Jind followed by Sirsa and the number of sub centre is directly associated with the number of CHC in the district and PHCs. Each of the districts has one DH while DH in Karnal is upgraded as Kalpana Chawla Medical college and Hospital, at present there is no DH.

**Table 7: Inter District Disparities in Health Facilities**

| Districts    | District Wise Availability of Health Centers In Haryana ( As on 31 st, March,2014) |             |            |            |           |
|--------------|--|-------------|------------|------------|-----------|
|              | No. of Sub-Centre  | No. of PHCs | No. of CHC | No. of SDH | No. of DH |
| Ambala       | 18   | 4           | 2          | 1          |           |
| Bhiwani      | 42   | 9           | 4          | 1          |           |
| Faridabad    | 13   | 2           | 1          | 1          |           |
| Fatehabad    | 18   | 4           | 1          | 1          |           |
| Gurgaon      | 13   | 3           | 2          | 1          |           |
| Hisar        | 35   | 8           | 2          | 1          |           |
| Jhajjar      | 27   | 6           | 2          | 1          |           |
| Jind         | 28   | 7           | 1          | 1          |           |
| Kaithal      | 23   | 6           | 0          | 1          |           |
| Karnal       | 25   | 6           | 1          | 0          |           |
| Kurukshetra  | 21   | 5           | 0          | 1          |           |
| Mahendragarh | 24   | 7           | 1          | 1          |           |
| Mewat        | 13   | 3           | 0          | 1          |           |
| Palwal       | 13   | 4           | 0          | 1          |           |
| Panchkula    | 10   | 2           | 0          | 1          |           |
| Panipat      | 16   | 3           | 0          | 1          |           |
| Rewari       | 18   | 5           | 1          | 1          |           |
| Rohtak       | 22   | 5           | 0          | 1          |           |
| Sirsa        | 25   | 8           | 0          | 1          |           |
| Sonipat      | 32   | 6           | 1          | 1          |           |
| Yamunanagar  | 18   | 6           | 1          | 1          |           |
| Haryana      | 2542   | 454         | 109        |            | 20        |

Source: Rural Health Statistics

### 5.2.3 Inter District Disparities' In Distance Coverage of Health Facility

Table 8. Inter District Disparities' In Distance Coverage of Health Facility

| Distance coverage of Health Facility/ Availability of facility at Distance of KM |    |     |     |      |      |
|--|----|-----|-----|------|------|
| Districts  | SC | PHC | CHC | SDH  | DH   |
| Ambala   | 15 | 87  | 394 | 787  | 1574 |
| Bhiwani  | 22 | 114 | 531 | 1195 | 4778 |
| Faridabad  | 12 | 57  | 371 | 741  | 741  |
| Fatehabad  | 25 | 141 | 635 | 2538 | 2538 |
| Gurgaon  | 17 | 97  | 419 | 629  | 1258 |
| Hisar  | 20 | 114 | 498 | 1992 | 3983 |
| Jhajjar  | 15 | 68  | 306 | 1834 | 1834 |
| Jind   | 17 | 97  | 386 | 0    | 2702 |
| Kaithal  | 16 | 101 | 386 | 2317 | 2317 |
| Karnal   | 17 | 101 | 420 | 0    | 2520 |
| Kurukshetra  | 13 | 73  | 306 | 0    | 1530 |
| Mahendragarh   | 14 | 79  | 271 | 1899 | 1899 |
| Mewat  | 18 | 116 | 502 | 0    | 1507 |
| Palwal   | 15 | 105 | 340 | 0    | 1359 |
| Panchkula  | 20 | 90  | 449 | 0    | 898  |
| Panipat  | 14 | 79  | 423 | 0    | 1268 |
| Rewari   | 14 | 89  | 319 | 1594 | 1594 |
| Rohtak   | 15 | 79  | 349 | 0    | 1745 |
| Sirsa  | 28 | 171 | 535 | 0    | 4277 |
| Sonipat  | 13 | 66  | 354 | 2122 | 2122 |
| Yamunanagar  | 16 | 98  | 295 | 1768 | 1768 |
| Haryana  | 2  | 9   | 39  | 214  | 4277 |

Source: HMIS Data 2014-15(April -March) down loaded on 28<sup>th</sup> Aug, 2015

As per guidelines a SC should fall within the peripary of 15KM so here is in Haryana

### 5.2.4 Inter District Disparities in Institutional Deliveries, Non Institutional Deliveries and

#### 5.2.5 Proportion of Deliveries Conducted At Public Institutions

The highest proportion of deliveries taking place in Public Health Institution (PHI) is in Mewat( 100 percent ), Mahendergarh( nearly 81 percent), Panchkula(81) and Palwal (76) followed by a Jhajjar an indication of dependence of the population of these districts/ areas, more on public health facilities rather than the private health facilities. When we compare these districts with other districts in terms of best performing districts on HMIS 16 indicators (RMNCHA+ indicators), these districts witnessed comparatively lower performance and required attention under high focused districts. It is witnessed from the table- 9 that the bordering areas or districts have comparably lower share of institutional deliveries in public.

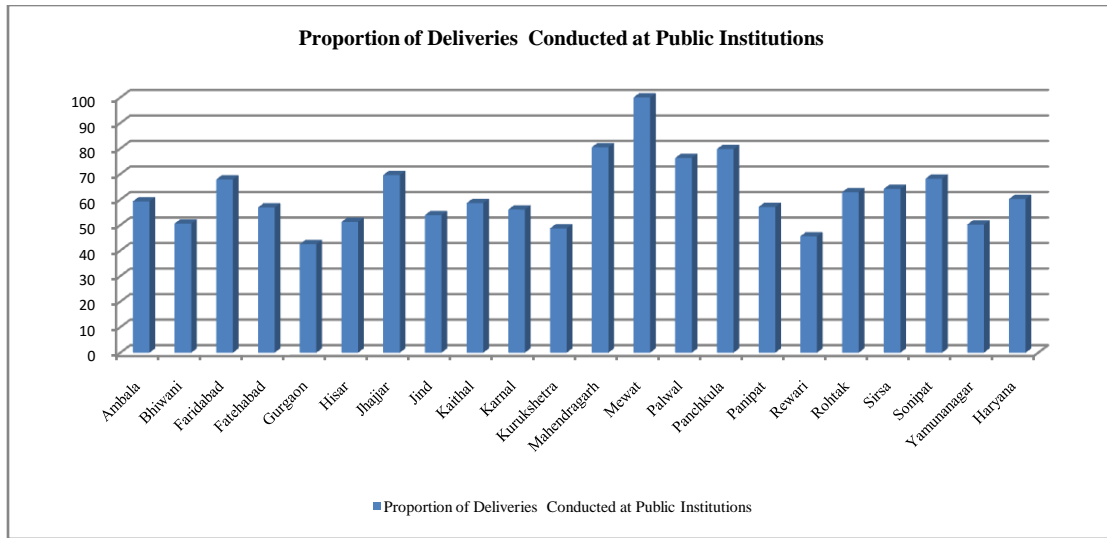


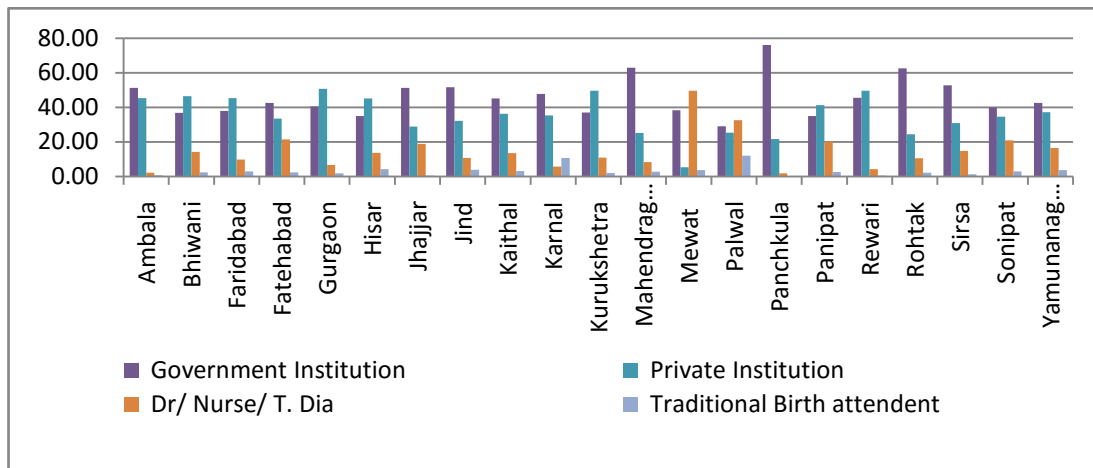
Table 9 Inter District Disparities in Institutional Deliveries, Non Institutional Deliveries And Proportion of Deliveries Conducted At Public Institutions

| Districts    | Percentage of Deliveries |                   |   |                      |
|--------------|--------------------------|-------------------|---|----------------------|
|              | Institutional Deliveries | Non Institutional | Proportion of Deliveries Conducted at Public Institutions | Rank( Composit Rank) |
| Ambala       | 96.4                     | 3.6               | 59.3  | 10                   |
| Bhiwani      | 83.7                     | 16.3              | 50.6  | 17                   |
| Faridabad    | 83                       | 17                | 67.9  | 7                    |
| Fatehabad    | 75                       | 25                | 56.9  | 13                   |
| Gurgaon      | 91.4                     | 8.6               | 42.5  | 21                   |
| Hisar        | 79.2                     | 20.8              | 51.2  | 16                   |
| Jhajjar      | 80.6                     | 19.4              | 69.6  | 5                    |
| Jind         | 83.3                     | 16.7              | 53.9  | 15                   |
| Kaithal      | 78.3                     | 21.7              | 58.6  | 11                   |
| Karnal       | 83.8                     | 16.2              | 56.1  | 14                   |
| Kurukshetra  | 87.2                     | 12.8              | 48.7  | 19                   |
| Mahendragarh | 88.5                     | 11.5              | 80.5  | 2                    |
| Mewat        | 35.5                     | 64.5              | 100   | 1                    |
| Palwal       | 59.3                     | 10.7              | 76.3  | 4                    |
| Panchkula    | 97                       | 3                 | 79.8  | 3                    |
| Panipat      | 78.8                     | 21.2              | 57.1  | 12                   |
| Rewari       | 95.3                     | 4.7               | 45.6  | 20                   |
| Rohtak       | 86.6                     | 13.4              | 62.9  | 9                    |
| Sirsa        | 83                       | 17                | 64.2  | 8                    |
| Sonapat      | 75.3                     | 24.7              | 68.2  | 6                    |
| Yamunanagar  | 85.4                     | 14.6              | 50.2  | 18                   |
| Haryana      | 79.3                     | 20.7              | 60.2  | -                    |

Source: HMIS Data 2014-15(April -March) down loaded on 28<sup>th</sup> Aug, 2015 and CRS 2013

**5.2.5 Type of Attention at Birth As Per Civil Registration System**

Mewat District has recorded highest number of births attended by DR/ Nurses/ trained Dia while Palwal and Karnal Districts followed by Mewat reported highest number of births attended by traditional births attendants and births attended by close relatives. Moreover this table gives an overview of total births that took place during the year 2014. The maximum births took place in government institution Faridabad(16842), Rohtak District(16726) followed by Karnal, Mewat and Gurgaon Districts. In addition Faridabad and Gurgaon Districts have maximum number of births that took place in private Institutions while on the other side health facilities as people might prefer to go for deliveries in other adjoining States. (TABLE 18)



**TABLE 18: TYPE OF ATTENTION AT BIRTH AS PER CIVIL REGISTRATION SYSTEM**

| Districts   | Government Institution | Private Institution | Dr/ Nurse/ T. Dia | Traditional Birth attendant | Relative or other | Total |
|-------------|------------------------|---------------------|-------------------|-----------------------------|-------------------|-------|
| Ambala      | 10642                  | 9400                | 448               | 166                         | 71                | 20727 |
| Bhiwani     | 11011                  | 13862               | 4245              | 718                         | 36                | 29872 |
| Faridabad   | 16842                  | 20096               | 4368              | 1347                        | 1670              | 44323 |
| Fatehabad   | 9755                   | 7706                | 4911              | 554                         | 3                 | 22929 |
| Gurgaon     | 15057                  | 18868               | 2504              | 692                         | 0                 | 37131 |
| Hisar       | 13941                  | 17961               | 5444              | 1678                        | 731               | 39755 |
| Jhajjar     | 8114                   | 4566                | 2982              | 74                          | 105               | 15841 |
| Jind        | 13370                  | 8329                | 2758              | 1009                        | 435               | 25901 |
| Kaithal     | 10568                  | 8466                | 3162              | 716                         | 450               | 23362 |
| Karnal      | 15474                  | 11435               | 1871              | 3497                        | 73                | 32350 |
| Kurukshetra | 7742                   | 10392               | 2300              | 437                         | 37                | 20908 |

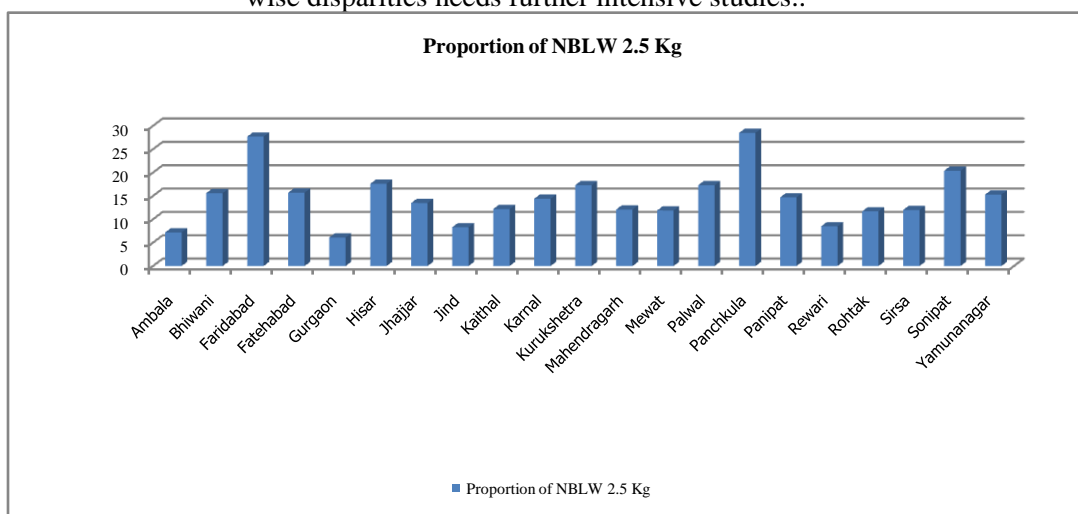


|              |        |        |       |       |      |        |
|--------------|--------|--------|-------|-------|------|--------|
| Mahendragarh | 10634  | 4237   | 1420  | 466   | 117  | 16874  |
| Mewat        | 15057  | 2095   | 19511 | 1489  | 1196 | 39338  |
| Palwal       | 8556   | 7477   | 9569  | 3539  | 290  | 29431  |
| Panchkula    | 10207  | 2908   | 253   | 24    | 17   | 13409  |
| Panipat      | 9487   | 11211  | 5473  | 682   | 301  | 27154  |
| Rewari       | 8681   | 9437   | 815   | 88    | 3    | 19024  |
| Rohtak       | 16726  | 6535   | 2812  | 599   | 50   | 26722  |
| Sirsa        | 13736  | 8042   | 3840  | 332   | 116  | 26066  |
| Sonipat      | 11615  | 10063  | 6051  | 874   | 436  | 29039  |
| Yamunanagar  | 10278  | 8987   | 3959  | 898   | 2    | 24124  |
| Haryana      | 247493 | 202073 | 88696 | 19879 | 6139 | 564280 |

Source: Civil Registration System

### 5.2.6 District wise proportion of newborn babies weighing less than 2 kg at the time of birth

District Panchkula and Faridabad recorded maximum proportion of newborn babies weighing less than 2 kg at the time of birth with the share of nearly 29 percent low weigh babies. Karnal, Palwal, Kaithal and Hisar Districts too have significantly higher share of low weight babies at birth time. Guragaon, Ambala, Sonipat and Kaithal have significantly lesser proportion of low weight born babies. Reasons behind these District wise disparities needs further intensive studies..



### 5.2.7 District wise utilization of IPD (Indoor Patients Departments) and OPD (Outdoor Patients Department) services per lakh of population in public health facilities

Table (14) presents the District wise utilization of IPD and OPD services per lakh of population in public health facilities in the state of Haryana and composite index of IPD as well OPD utilisation based on HMIS data. It has been witnessed that maximum utilization of public IPD services per lakh of population is reported in Pachkula District followed by Districts of Yamunangar, Sirsa, Ambala, Rohtak and Fatehabad. Here is need to mention that GH Panchukula is under the process of NABH accreditation and

providing the best IPD services to the public from bordering as well as far flung Districts. Palwal District followed by Mewat and Karnal Districts have lowest utilisation of IPD services per lakh population. As Karnal GH has been upgraded as KCMCH (Kalpana Chawala Medical college and Hospital), hence there may be some reporting errors or establishment issues regarding the data reporting levels. The situation of Panipat District is also not good. It is also having low per lakh population IPD utilization of IPD services in public health facility otherwise it may be indicating prosperity of the District and more utilization of private health facilities for the purpose of IPDs. The utilization of per lakh population of OPD services is lowest in Mewat and Palwal Districts followed by Jind, Rewari, Sirsa, Karnal, Sonipat and Rewari Districts.

**TABLE 14: INTER DISTRICT UTILIZATION OF IPD And OPD SERVICES PER LAKH OF POPULATION IN PUBLIC HEALTH FACILITIES IN THE STATE OF HARYANA**

| Districts    | IPD<br>(Number) | OPD<br>(Number) | 2014    | Per lakh<br>population<br>IPD<br>utilization<br>during 2014 | Per Lakh<br>Population<br>OPD<br>utilization<br>during<br>2014 | Rank<br>IPD | Rank<br>OPD | Composite<br>opd Index | Composite<br>ipd Index |
|--------------|-----------------|-----------------|---------|---|--|-------------|-------------|------------------------|------------------------|
| Ambala       | 48,081          | 13,77,434       | 1178551 | 4080  | 96354  | 5           | 6           | 0.493                  | 0.554                  |
| Bhiwani      | 51,624          | 13,58,452       | 1700002 | 3037  | 69115  | 11          | 7           | 0.548                  | 0.543                  |
| Faridabad    | 59,746          | 21,60,587       | 1975515 | 3024  | 90258  | 14          | 1           | 0.674                  | 1.000                  |
| Fatehabad    | 49,160          | 8,67,172        | 989777  | 4967  | 72054  | 7           | 1<br>6      | 0.509                  | 0.263                  |
| Gurgaon      | 43,140          | 11,71,891       | 1875174 | 2301  | 58568  | 15          | 1<br>3      | 0.416                  | 0.437                  |
| Hisar        | 74,344          | 18,52,473       | 1813819 | 4099  | 93719  | 8           | 2           | 0.902                  | 0.825                  |
| Jhajjar      | 27,027          | 13,97,656       | 982101  | 2752  | 126503   | 10          | 5           | 0.164                  | 0.566                  |
| Jind         | 42,038          | 11,84,301       | 1382483 | 3041  | 56730  | 16          | 1<br>1      | 0.398                  | 0.444                  |
| Kaithal      | 37,994          | 12,46,637       | 1116570 | 3403  | 90034  | 12          | 9           | 0.335                  | 0.480                  |
| Karnal       | 60,361          | 16,14,286       | 1590074 | 3796  | 63628  | 17          | 3           | 0.684                  | 0.689                  |
| Kurukshetra  | 35,421          | 12,78,949       | 1013649 | 3494  | 94981  | 9           | 8           | 0.295                  | 0.498                  |
| Mahendragarh | 38,683          | 8,15,448        | 959231  | 4033  | 80618  | 4           | 1<br>7      | 0.346                  | 0.234                  |
| Mewat        | 22,304          | 5,78,087        | 1218025 | 1831  | 33761  | 20          | 2<br>0      | 0.091                  | 0.099                  |
| Palwal       | 16,479          | 4,04,480        | 1122138 | 1469  | 36336  | 21          | 2<br>1      | 0.000                  | 0.000                  |
| Panchkula    | 39,766          | 14,33,974       | 591878  | 6719  | 222812   | 1           | 4           | 0.363                  | 0.586                  |
| Panipat      | 19,347          | 7,61,359        | 1292644 | 1497  | 54290  | 19          | 1<br>8      | 0.045                  | 0.203                  |
| Rewari       | 27,174          | 7,09,683        | 942891  | 2882  | 62502  | 13          | 1<br>9      | 0.167                  | 0.174                  |
| Rohtak       | 26,853          | 11,82,264       | 1099208 | 2443  | 88076  | 6           | 1<br>2      | 0.162                  | 0.443                  |

|             |          |            |          |      |       |    |        |       |       |
|-------------|----------|------------|----------|------|-------|----|--------|-------|-------|
| Sirsa       | 38,727   | 9,42,837   | 1358279  | 2851 | 62975 | 3  | 1<br>5 | 0.347 | 0.307 |
| Sonipat     | 34,802   | 12,18,642  | 1550892  | 2244 | 65648 | 18 | 1<br>0 | 0.286 | 0.464 |
| Yamunanagar | 80,638   | 11,52,013  | 1275637  | 6321 | 82880 | 2  | 1<br>4 | 1.000 | 0.426 |
| Haryana     | 8,73,709 | 247,08,625 | 26977435 |      | 76760 | -  |        | -     |       |

Source: HMIS Data 2014-15(April -March) down loaded on 28<sup>th</sup> Aug, 2015

### 5.2.7 District wise utilization of Ayush services per lakh of population in public health facilities

There is more inclination towards Ayush in the Districts like Hisar, Rohtak, Karnal and Ambala while Bhiwani and Palwal Districts have lowest inclination towards utilization of Ayush services reason being very clear that these Districts have proper Ayush set up at DH and CHCs while Districts like Bhiwani, Palwal and Rewari have in majority rural set up and lesser understanding of AYUSH services ( Table 16).

TABLE 16: INTER DISTRICT UTILIZATION OF AYUSH OPD SERVICES PER LAKH OF POPULATION IN PUBLIC HEALTH FACILITIES IN THE STATE OF HARYANA

| Districts | Ayush OPD (Number) | 2014    | Per Lakh Population utilization | Rank | Composite Index |
|-----------|--------------------|---------|---------------------------------|------|-----------------|
| Ambala    | 1,20,112           | 1178551 | 9659                            | 4    | 0.613           |
| Bhiwani   | 44,838             | 1700002 | 2587                            | 21   | 0.000           |
| Faridabad | 84,410             | 1975515 | 3277                            | 20   | 0.322           |
| Fatehabad | 72,426             | 989777  | 6463                            | 10   | 0.225           |
| Gurgaon   | 1,15,786           | 1875174 | 4966                            | 15   | 0.577           |

|              |           |              |       |    |       |
|--------------|-----------|--------------|-------|----|-------|
| Hisar        | 1,67,709  | 1813819      | 8815  | 5  | 1.000 |
| Jhajjar      | 84,859    | 982101       | 7267  | 8  | 0.326 |
| Jind         | 79,690    | 1382483      | 4071  | 19 | 0.284 |
| Kaithal      | 75,999    | 1116570      | 6366  | 12 | 0.254 |
| Karnal       | 1,20,258  | 1590074      | 5725  | 13 | 0.614 |
| Kurukshetra  | 91,029    | 1013649      | 7448  | 6  | 0.376 |
| Mahendragarh | 99,591    | 959231       | 10177 | 3  | 0.446 |
| Mewat        | 75,887    | 1218025      | 5037  | 14 | 0.253 |
| Palwal       | 51,015    | 1122138      | 4903  | 16 | 0.050 |
| Panchkula    | 77,783    | 591878       | 20119 | 1  | 0.268 |
| Panipat      | 57,585    | 1292644      | 4817  | 17 | 0.104 |
| Rewari       | 57,623    | 942891       | 7059  | 9  | 0.104 |
| Rohtak       | 1,44,585  | 1099208      | 11208 | 2  | 0.812 |
| Sirsa        | 77,598    | 1358279      | 7276  | 7  | 0.267 |
| Sonipat      | 1,14,925  | 1550892      | 4511  | 18 | 0.570 |
| Yamunanagar  | 1,09,760  | 1275637      | 6442  | 11 | 0.528 |
| Haryana      | 1,923,468 | 2697743<br>5 | 6453  | -  | -     |

Source: HMIS Data 2014-15(April-March) down loaded on Aug 28<sup>th</sup>, 2015

**5.2.8 Utilization of Dental Services In Public Health Facilities.**

The perusal of the above table reveals that the District Mewat has lowest index value in case of utilization of dental OPD services thus indicating either the gap in services providing or lesser utilization of dental services in public health facilities. Sirsa, Palwal, Rewari and Panipat have comparably lesser utilization of dental OPD services from public health facilities. District Bhiwani has the highest score in utilization of dental OPD services followed by Hisar, Karnal and Kurukshetra. Gaps in lesser utilization of dental services too represent the progressive and non progressive Districts requiring high focus on the developmental issues as like the Mewat and Palwal Districts which have been already declared as high focus Districts by GOI ( Government of India) but still there is need to educate the people of these area to become health conscious about the oral health and the maximum utilization of public health facilities as happened in case of availing the delivery services.

| Districts           | Dental OPD (Number) | 2014     | Per Lakh Population utilization of Dental Services | Ranks | Composite Index |
|---------------------|---------------------|----------|--|-------|-----------------|
| <b>Ambala</b>       | 53,622              | 1178551  | 4605   | 9     | 0.506           |
| <b>Bhiwani</b>      | 89,883              | 1700002  | 5363   | 1     | 1.000           |
| <b>Faridabad</b>    | 54,076              | 1975515  | 2824   | 8     | 0.512           |
| <b>Fatehabad</b>    | 38,246              | 989777   | 3929   | 14    | 0.297           |
| <b>Gurgaon</b>      | 43,672              | 1875174  | 2501   | 12    | 0.371           |
| <b>Hisar</b>        | 77,540              | 1813819  | 4332   | 2     | 0.832           |
| <b>Jhajjar</b>      | 56,410              | 982101   | 5794   | 6     | 0.544           |
| <b>Jind</b>         | 56,339              | 1382483  | 4130   | 7     | 0.543           |
| <b>Kaithal</b>      | 37,916              | 1116570  | 3441   | 15    | 0.292           |
| <b>Karnal</b>       | 70,761              | 1590074  | 4531   | 3     | 0.740           |
| <b>Kurukshetra</b>  | 65,352              | 1013649  | 6556   | 4     | 0.666           |
| <b>Mahendragarh</b> | 35,536              | 959231   | 3754   | 16    | 0.260           |
| <b>Mewat</b>        | 16,451              | 1218025  | 1402   | 21    | 0.000           |
| <b>Palwal</b>       | 31,799              | 1122138  | 2906   | 19    | 0.209           |
| <b>Panchkula</b>    | 40,447              | 591878   | 6966   | 13    | 0.327           |
| <b>Panipat</b>      | 34,254              | 1292644  | 2714   | 17    | 0.242           |
| <b>Rewari</b>       | 32,558              | 942891   | 3512   | 18    | 0.219           |
| <b>Rohtak</b>       | 45,971              | 1099208  | 4235   | 11    | 0.402           |
| <b>Sirsa</b>        | 25,127              | 1358279  | 1880   | 20    | 0.118           |
| <b>Sonapat</b>      | 64,880              | 1550892  | 4249   | 5     | 0.660           |
| <b>Yamunanagar</b>  | 47,818              | 1275637  | 4249   | 10    | 0.427           |
| <b>Haryana</b>      |                     | 26977435 |  | -     | -               |

**5.2.8 Type of Disease- Tuberculosis, Syphilis/ Gonorrhoea And Malaria And Typoid Ipd And Opd Patients**

An overview of IPD and OPD services in case of Diseases like TB, Syphilis/ Gonorrhoea and Malaria and Typoid. Majority of patient received treatment generally in by OPD services in cases of these type of diseases - are treated in OPD services. Rohtak and Ambala districts reported maximum number of cases of TB treated in OPD services followed by Hisar and Gurgaon districts while Rohatk again maximum cases of Malaria and Typoid cases treated in OPD services followed by Bhiwani and Karnal districts. District Rewari and Panipat reported lesser number of Malaria and Typoid treated patents while Panchkula had lesser number of TB cases. It has been envisaged from above table that indoor patients are comparatively more in case of TB and Malaria are more prevalent among the people of the state Haryana. Districts like Rohtak and Karnal and Panipat, Sirsa have comparatively higher Indoor Patients suffering from TB and Malaria. It has been envisaged from above table that indoor patients are comparatively more in case of TB and Malaria are more prevalent among the people of the state Haryana. Districts like Rohtak and Karnal and Panipat, Sirsa have comparatively higher Indoor Patients suffering from TB and Malaria.

**Table 17 : Type of Disease- Tuberculosis, Syphilis/ Gonorrhoea and Malaria and Typoid IPD AND OPD Patients**

| Districts    | Tuberculosis    |                  | Syphilis/ Gonorrhoea |                  | Malaria and Typoid |                  |
|--------------|-----------------|------------------|----------------------|------------------|--------------------|------------------|
|              | Indoor Patients | Outdoor Patients | Indoor Patients      | outdoor Patients | Indoor Patients    | Outdoor Patients |
| Ambala       | 379             | 10793            |                      | 16               | 244                | 1895             |
| Bhiwani      | 266             | 2559             |                      | 224              | 2904               | 10352            |
| Faridabad    | 317             | 7537             | 1                    | 627              | 229                | 1749             |
| Fatehabad    | 62              | 1219             |                      | 12               | 81                 | 5699             |
| Gurgaon      | 141             | 3728             |                      | 501              | 205                | 1472             |
| Hisar        | 245             | 3949             |                      | 319              | 273                | 8100             |
| Jhajjar      | 82              | 1901             |                      | 32               | 153                | 3090             |
| Jind         | 20              | 2936             |                      | 603              | 113                | 1388             |
| Kaithal      | 143             | 1370             |                      | 7                | 41                 | 3003             |
| Karnal       | 519             | 3136             |                      |                  | 311                | 6480             |
| Kurukshetra  | 99              | 2405             |                      | 157              | 135                | 1801             |
| Mahendragarh | 152             | 1859             |                      | 12               | 257                | 2727             |
| Mewat        | 31              | 2219             |                      |                  | 223                | 1493             |
| Palwal       | 29              | 1449             |                      | 90               | 80                 | 1812             |
| Panchkula    | 81              | 818              |                      | 216              | 350                | 2663             |
| Panipat      | 120             | 3898             |                      | 6                | 148                | 1104             |
| Rewari       | 246             | 1488             |                      | 9                | 60                 | 1010             |
| Rohtak       | 1767            | 17273            | 4                    | 2244             | 829                | 12024            |
| Sirsa        | 170             | 5225             |                      | 214              | 84                 | 2283             |
| Sonipat      | 79              | 3270             |                      |                  | 203                | 1449             |
| Yamunanagar  | 86              | 1779             |                      | 408              | 188                | 4134             |
| Haryana      | 5034            | 80811            | 5                    | 5697             | 7111               | 75728            |

Source: Statistical Abstract 2014

**TABLE 16: INTER DISTRICT UTILIZATION OF DENTAL OPD SERVICES PER LAKH OF POPULATION IN PUBLIC HEALTH FACILITIES IN THE STATE OF HARYANA**

| Districts    | Dental OPD (Number) | 2013     | Per Lakh Population | RANKS | Composite Index |
|--------------|---------------------|----------|---------------------|-------|-----------------|
| Ambala       | 53,622              | 1164461  | 9659                | 9     | 0.506           |
| Bhiwani      | 89,883              | 1676035  | 2587                | 1     | 1.000           |
| Faridabad    | 54,076              | 1914815  | 3277                | 8     | 0.512           |
| Fatehabad    | 38,246              | 973423   | 6463                | 14    | 0.297           |
| Gurgaon      | 43,672              | 1746135  | 4966                | 12    | 0.371           |
| Hisar        | 77,540              | 1789835  | 8815                | 2     | 0.832           |
| Jhajjar      | 56,410              | 973630   | 7267                | 6     | 0.544           |
| Jind         | 56,339              | 1364203  | 4071                | 7     | 0.543           |
| Kaithal      | 37,916              | 1101806  | 6366                | 15    | 0.292           |
| Karnal       | 70,761              | 1561652  | 5725                | 3     | 0.740           |
| Kurukshetra  | 65,352              | 996901   | 7448                | 4     | 0.666           |
| Mahendragarh | 35,536              | 946547   | 10177               | 16    | 0.260           |
| Mewat        | 16,451              | 1173548  | 5037                | 21    | 0.000           |
| Palwal       | 31,799              | 1094235  | 4903                | 19    | 0.209           |
| Panchkula    | 40,447              | 580671   | 20119               | 13    | 0.327           |
| Panipat      | 34,254              | 1261978  | 4817                | 17    | 0.242           |
| Rewari       | 32,558              | 927039   | 7059                | 18    | 0.219           |
| Rohtak       | 45,971              | 1085530  | 11208               | 11    | 0.402           |
| Sirsa        | 25,127              | 1336889  | 7276                | 20    | 0.118           |
| Sonipat      | 64,880              | 1526919  | 4511                | 5     | 0.660           |
| Yamunanagar  | 47,818              | 1254807  | 6442                | 10    | 0.427           |
| Haryana      |                     | 26451059 | 6453                | -     | -               |

Source: HMIS Data 2014-15(April-March) down loaded on Aug 28<sup>th</sup>, 2015

### 5.2.9 Infant Deaths Maternal Deaths and Still Births

Maternal mortality remains major challenge to health system worldwide and so in India as well in state of Haryana. An overview of infants and maternal deaths along with the number of still birth during the year 2013 revealed highest number of infant deaths in district of rural Mewat while district Hisar and Rohtak have highest number of maternal deaths. District Rohtak again reported highest number of infant death followed by Mewat district. This district i.e. Mewat too reported quite large number of infant deaths. Though the number of deaths whether its maternal or infant may not be a true indicator of poor health conditions in these districts but still there is need to look into causes of reported these high figures. There may be data reporting errors in other districts and may be the causes behind lesser number of infant and maternal deaths. Infant deaths and maternal mortality rates may be the true indicator of maternal as well child health but still possibility of data reporting errors may not be ruled out.



| Districts    | Infant Deaths (2013) |       |       | Maternal Deaths (2013) |       |       | Still Births (2013) |       |       |
|--------------|----------------------|-------|-------|------------------------|-------|-------|---------------------|-------|-------|
|              | Rural                | Urban | Total | Rural                  | Urban | Total | Rural               | Urban | Total |
| Ambala       | 120                  | 12    | 132   | 4                      | 0     | 4     | 40                  | 8     | 48    |
| Bhiwani      | 216                  | 46    | 262   | 6                      | 2     | 8     | 87                  | 67    | 154   |
| Faridabad    | 138                  | 375   | 513   | 4                      | 6     | 10    | 10<br>7             | 34    | 141   |
| Fatehabad    | 222                  | 15    | 237   | 2                      | 0     | 2     | 48                  | 4     | 52    |
| Gurgaon      | 50                   | 280   | 330   | 3                      | 1     | 4     | 19                  | 57    | 76    |
| Hisar        | 207                  | 312   | 519   | 4                      | 29    | 33    | 86                  | 93    | 179   |
| Jhajjar      | 68                   | 22    | 90    | 7                      | 1     | 8     | 34                  | 1     | 35    |
| Jind         | 245                  | 16    | 261   | 3                      | 3     | 6     | 69                  | 5     | 74    |
| Kaithal      | 179                  | 127   | 306   | 1                      | 2     | 3     | 39                  | 2     | 41    |
| Karnal       | 224                  | 77    | 301   | 6                      | 11    | 17    | 68                  | 197   | 265   |
| Kurukshetra  | 97                   | 60    | 157   | 7                      | 0     | 7     | 27                  | 32    | 59    |
| Mahendragarh | 98                   | 58    | 156   | 2                      | 0     | 2     | 22                  | 8     | 30    |
| Mewat        | 465                  | 7     | 472   | 15                     | 2     | 17    | 16<br>8             | 0     | 168   |
| Palwal       | 276                  | 16    | 292   | 10                     | 1     | 11    | 26                  | 81    | 107   |
| Panchkula    | 53                   | 45    | 98    | 0                      | 6     | 6     | 6                   | 159   | 165   |
| Panipat      | 173                  | 61    | 234   | 2                      | 0     | 2     | 34                  | 10    | 44    |
| Rewari       | 83                   | 64    | 147   | 2                      | 6     | 8     | 11                  | 147   | 158   |
| Rohtak       | 73                   | 868   | 941   | 1                      | 40    | 41    | 5                   | 351   | 356   |
| Sirsa        | 173                  | 117   | 290   | 6                      | 7     | 13    | 46                  | 61    | 107   |
| Sonipat      | 224                  | 53    | 277   | 11                     | 0     | 11    | 42                  | 5     | 47    |
| Yamunanagar  | 95                   | 92    | 187   | 2                      | 0     | 2     | 23                  | 7     | 30    |

Source: Statistical Abstract 2014

### **3. India's Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCH+A) Strategy Approach**

The 12th Five Year Plan has defined the National Health outcomes and the 3 goals that are relevant to RMNCH +A strategies approach as follows: Reduction of Infant Mortality Rate to 25/1000 live birth by 2017, Reduction in Maternal Mortality Ratio to 100/100000 live birth by 2017, Reduction in Total Fertility Rate to 2.1 by 2017. The RMNCH+A appropriately directs the States to focus their efforts on the most vulnerable population and disadvantaged groups in the country. It also emphasizes on the need to reinforce efforts in those poor performing districts that have already been identified as the high focus districts. Improving mother and child survival require interventions at various critical stages of life. These include adolescence, pre pregnancy period, pregnancy, delivery, neo-natal phase and childhood. In order to address this, a lifecycle approach referred to as RMNCH+A (Reproductive, Maternal, Newborn, Child health and

Adolescent) has been adopted under the National Rural Health Mission (NRHM). This strategy addresses both preventive and curative health intervention and services across various life stages, which when delivered to scale, can provide maximum gains in terms of saving lives and improving overall health status of the community. The HMIS composite index analysis of RMNCHA+ indicators reveals that Districts like Rohtak, Kurukshetra, Karnal and Ambala are doing well in overall indicators 16 indicators of Health based on a lifecycle approach was related to pregnancy care, childbirth, post-natal maternal and newborn care, and people of reproductive age while districts like Panchkula, Yamunagar, Gurgaon, Mahendergarh and Kaithal are promising districts. Rewari, Sonipat, Sirsa, Hisar and Jind are among the low per low performing districts while Fatehabad, Bhiwani, Faridabad, Palwal, Panipat and Mewat are least performing districts and needs a great attention. Composite analysis of pregnancy care indicators reveals that Kurukshetra, Panchkula, Rohatak, Karnal and Jhajjar are doing better in pregnancy care whereas, Yamunagar, Sonipat, Hisar, Mahendergarh and Kaithal are among the promising districts that is these districts are on the way to improvement. Fatehabad, Sirsa, Ambala, Jind and Rewari are low performing in pregnancy care while Bhiwani, Palwal, Gurgaon, Mewat, Panipat are the least performing districts. Further, composite index of child health care indicator reveals that Rohtak, Rewari, Mahendergarh, Kurukshetra and Ambala. While Gurgaon, Yamunagar, Panchkula, Fatehabad and Jhajjar are the promising districts in child health care. Sirsa, Kaithal, Hisar, Bhiwani and Jind are low performing districts and Faridabad, Fatehabad, Sonipat, Karnal, Palwal, Mewat and Panipat are least performing districts. In case of Post natal care, district Gurgaon, Ambala, Rohtak, Kaithal and Jhajjar are good performing districts. While Karnal, Hisar, Jind, Sirsa and Mahendergarh are the among the Promising Districts. Rewari, Kurukshetra, Sonipat, Bhiwani and Fatehabad and least performing districts are the Palwal, Yamunagar, Panchkula, Faridabad, Panipat and Mewat. In the reproductive health indicators Jind, Hisar and Faridabad are low performing districts. The interdependence of various components of continuum of care is well recognized very well i.e. reproductive, maternal, newborn, child, or adolescent health can be ensured only if all the life stages are healthy. RMNCH+A initiative aims to focus equally on all life stages across the continuum of care.”

**Table18 : Haryana District Wise Health Score Card (Based On 16 Monitoring Indicators of HMIS-April- March, 2015)**

| S<br>r.<br>No | Districts    | Over ALL Index<br>Value | PREGANANCY<br>CARE | CHILD<br>BIRTH | POST<br>NATAL<br>CARE | REPRODUC<br>TIVE AGE |
|---------------|--------------|-------------------------|--------------------|----------------|-----------------------|----------------------|
| 1             | Ambala       | 0.5858                  | 0.4473             | 0.5717         | 0.741                 | 0.5722               |
| 2             | Bhiwani      | 0.4053                  | 0.3766             | 0.3459         | 0.5725                | 0.2337               |
| 3             | Faridabad    | 0.3707                  | 0.1977             | 0.3205         | 0.4531                | 0.5721               |
| 4             | Fatehabad    | 0.4358                  | 0.474              | 0.4856         | 0.5362                | 0.155                |
| 5             | Gurgaon      | 0.5333                  | 0.3063             | 0.5478         | 0.7666                | 0.5083               |
| 6             | Hisar        | 0.4573                  | 0.54               | 0.3741         | 0.6268                | 0.1205               |
| 7             | Jhajjar      | 0.5557                  | 0.5892             | 0.4644         | 0.6728                | 0.3959               |
| 8             | Jind         | 0.4493                  | 0.4453             | 0.3393         | 0.6136                | 0.2921               |
| 9             | Kaithal      | 0.5288                  | 0.5053             | 0.3832         | 0.6831                | 0.4565               |
| 10            | Karnal       | 0.612                   | 0.6351             | 0.2999         | 0.6383                | 0.8418               |
| 11            | Kurukshetra  | 0.6324                  | 0.7003             | 0.5751         | 0.5852                | 0.6552               |
| 12            | Mahendragarh | 0.5291                  | 0.5345             | 0.6278         | 0.5958                | 0.3103               |

|  |             |        |                |        |                               |        |
|--|-------------|--------|----------------|--------|-------------------------------|--------|
| 13   | Mewat       | 0.2747 | 0.2504         | 0.0216 | 0.3134                        | 0.5041 |
| 14   | Palwal      | 0.3499 | 0.3505         | 0.253  | 0.5243                        | 0.1548 |
| 15   | Panchkula   | 0.5508 | 0.6828         | 0.4967 | 0.4557                        | 0.5433 |
| 16   | Panipat     | 0.2997 | 0.1366         | 0.3193 | 0.3512                        | 0.4661 |
| 17   | Rewari      | 0.5144 | 0.4316         | 0.7599 | 0.5887                        | 0.283  |
| 18   | Rohtak      | 0.6596 | 0.6492         | 0.9035 | 0.6909                        | 0.3807 |
| 19   | Sirsa       | 0.4596 | 0.4561         | 0.4525 | 0.5971                        | 0.2433 |
| 20   | Sonipat     | 0.4655 | 0.5477         | 0.3087 | 0.5815                        | 0.2916 |
| 21   | Yamunanagar | 0.5415 | 0.5697         | 0.5056 | 0.4657                        | 0.6567 |
| ** Quartile Values are used to determine the range |             |        |                |        |                               |        |
| Range based on Final Index Value                   |             |        | .000-0.4358    |        | Very Low Performing Districts |        |
|  |             |        | 0.4359 -0.5144 |        | Low Performing Districts      |        |
|  |             |        | 0.5145-0.5508  |        | Promising Districts           |        |
|  |             |        | 0.5509-0.6596  |        | Good Performing Districts     |        |

## 6 Policy Implications

It is envisaged that the findings of this report will be used to address policy and programmatic aspects of **ensuring** equity health services in state of Haryana .This will also help the State to ultimately improve the health indicators especially with reference to MMR and IMR. Though the locational dimension effect the utilization of public health care facilities. Present analysis helped to gauge and understand the current service accessibility and availability .The assessment of the available resources including, infrastructure, human resources, equipment needed to deliver key RMNCH+A interventions in the health facilities and communities will facilitate focused action planning to strengthen health systems and programmer at the district and block levels and aid in addressing state specific needs.

## 7. Conclusions

It has been witness from the data analysis of health infrastructure over a period of time and other indicators of health that despite the steady improvements in the overall health and HMIS indicators of the Haryana State, there is wide disparities among the few of the district. These districts experience a lower quality of health services and are less likely to receive routine medical procedures and have higher rates of morbidity and mortality than non-minorities. Disparities there are some high focused districts and special budgeting is provided to these districts but district wise disparities still exist in health sector. District Faridabad is the best performing district in case of utilization of dental OPD services. But per lakh of population utilization of OPD services depicts otherwise. Same happens in case of availing the delivery services. The effectiveness of RMNCH+A interventions depends on availability, acceptability, and utilization of services and the quality of services delivered. Analysis at various levels is necessary to identify gaps in the delivery of a particular intervention or set of interventions. To facilitate this analysis, GOI conceptualized a district-level gap analysis and facility assessment approach and developed standardized tools. Results provide evidence for the

district RMNCH+A implementation plan, which should address the key gaps through short- and mid-term actions. “India has made considerable progress over the last two decades in the sector of health, which was further accelerated under NRHM. True to its vision, NRHM improved the availability of and access to quality health care by people, especially for those residing in rural areas, the poor, women and children. However, latest data and trends emerging from the national surveys demand a cohesive approach to manage child and maternal health care. Clear articulation of the strategic approach to reproductive, maternal, newborn, child, and adolescent health (RMNCH+A) is an effort in this direction.”

**Reference:**

Adler N, Boyce T, Chesney MA, Folkman S, Syme SL. Socioeconomic inequalities in health. No easy solution. *JAMA*. 1993;269(24):3140–3145 [[PubMed](#)]

*Bennett, K., Olatosi, B. and Probst, J. Health Disparities: A Rural- Urban Chartbook South Carolina Rural Research Center. June 2008*

*Government of Haryana, Annual Report (2013) on working of The Registration of Births & Deaths Act, 1969. Chief Registrar (Births & Deaths), Haryana Civil Dispensary, Sector-4, Panchkula*

*LIU G.G., ZHAO Z., CAI R., YAMADA T., & YAMADA T. (2002), Equity in health care access to : Assessing the urban health insurance reform in China, Social Science and Medicine, vol. 55, n° 10, pp. 1779-1794. DOI : [10.1016/S0277-9536\(01\)00306-9](#)*

*Macintyre S. Understanding the social patterning of health: the role of the social sciences. J Public Health Med. 1994;16(1):53–59 [[PubMed](#)]*

*ZHAO Z. (2006), Income inequality, unequal health care access, and mortality in China, Population and Development Review, vol. 32, n° 3, pp. 461-483. DOI : [10.1111/j.1728-4457.2006.00133.x](#)*