CHAPTER-V
HEALTH INFRASTRUCTURE IN HARYANA AND IN ROHTAK DISTRICT

Field of the Study:

Haryana state came into existence on November 1, 1966. It lies in close proximity to Delhi and is one of the smallest states of India both in its size and population. It has an area of 44,222 sq.km. and with an estimated population of 12,850,902. Out of which 6,845,153 are male and 6,004,749 are females. The total population living in urban areas is 2,821,829 and in rural areas 10,029,073 in 1981.1 The state is geographically divided into twelve districts, namely, Ambala, Bhiwani, Faridabad, Gurgaon, Hissar, Jind, Karnal, Kurukshetra, Mahendragarh, Rohtak, Sirsa and Sonepat.

Health Structure of Haryana and Rohtak:

Before the advent of British, two systems of medicine i.e., Ayurvedic and Unani flourished side by side. The Allopathic system of medicine was introduced during the British rule. It expanded in the state and resulted in the increase of a number of hospitals, dispensaries and doctors. These facilities were, however, not adequate to meet the needs of the whole population, the rural masses, in particular. Therefore they continued to depend on the services of Ayurvedic practitioners who, apart from being more readily available, charged less fees. Realising that

the indigenous system of medicine had been favoured by the masses for a long time, the Panjab government established the Directorate of Ayurveda in November 1956, for its revival. The present chapter deals with the health services existing in the state, district and at the sample villages.

At the state level, the health services are planned by the Director of Health Services who has under him Deputy Director (Health), Deputy Director (malaria) and Deputy Director (family planning). Deputy Director (health) has under him assistant directors (A.D.) (training), (planning) assistant director (nutrition), and assistant director (epidemiology). Similarly, under Deputy Director (family planning), there are four programme officers, viz., mass media officer, A.D. (demography), A.D. (family welfare), and A.D. (maternity and child welfare). The main function of the state directorate is to draw policy decisions and plans for implementation. It also attempts to evaluate the functioning of various programme activities in the districts.

The Medical College at Rohtak and the Department of Health Services, Haryana are the main sources which impart Allopathic and dental education in the state. The Department of Health Services, Haryana gives instructions through the General Hospitals at District Headquarters. The Ayurvedic system of education is controlled by the Director of Ayurveda, Haryana.
At the time of the formation of Haryana state, there was only one medical college at Rohtak with an intake capacity of 50 students. It was increased to 127 in the year 1983-84. In the state there were seven institutions imparting training for Multipurpose Health Workers (Female) course in the year 1979-80 with an intake capacity of 136 students. The three year nursing course in the state is provided by four institutions with an intake capacity of 215. The Lady Health Visitors' course of six months duration is being provided by the General Hospital at Bhiwani with an intake capacity of 120 students. Laboratory Technician Assistant course is being provided by the bacteriological Institute, Karnal with capacity of 30 students. The Medical College, Rohtak is the lone institute which provides instructions in Radiography, Multipurpose Health Workers (male) and Ophthalmic Assistant course with an intake capacity of 10, 50 and 60 students respectively. At present the Medical college and Government Polytechnic for women, Ambala city are the two institutions in the public sector with an intake capacity of 60 and 30 respectively giving instructions in Pharmacy.

Before the beginning of the Sixth Five Year Plan, the Ayurvedic system of education was an affair of the private sector alone. The government has taken over the control of the Shri Krishna Ayurvedic college, Kurukshetra, which at present admits 50 students only. Apart from this, there are three Ayurvedic Colleges in the private sector with an intake capacity of 200
students.

At the time of the formation of this state, the existing facilities in the field of health were not adequate in terms of quality and quantity. In 1966, there was only one modern hospital at district headquarters apart from the one medical college hospital. Though there is one primary health centre in each block, nearly 50 per cent of the posts of all categories of workers are vacant and there is no programme of their in-service training in Haryana. In the state there are 88 hospitals out of which eight hospitals are located in the rural area and the remaining in the urban area. These hospitals are of different kind like state public, state special, zila parishad and municipal, private aided and private non-aided. All the private hospitals are located in the urban areas. In the year 1985, the number of Primary Health Centre (PHC) was 95. 76 PHCs are located in the rural area and rest are in the urban area. Regarding the subsidiary health centre the number rose from 51 (1984) to 87 in year 1985. The distribution of dispensaries in rural and urban areas varies according to the nature of dispensary. There are in total 134 state dispensaries out of which 96 are in the rural area, the remaining being in the urban area. The State special dispensaries are 80 in number out of which 17 are located in rural area and 63 in urban area. There are only three municipal

dispensaries located in the urban area. Four subsidized dispensaries are located in the rural area. There is only one private-aided dispensary in Haryana state which is located in the urban area. Thus, in total there were 222 dispensaries in year 1985 located in rural and urban area. There were 1597 sub-centres in the rural Haryana in the year 1985.1

Regarding the number of Ayurvedic/medical institutions in the state, there are only two hospitals each in the rural and urban area. The number of dispensaries in the rural area is 379 and in the urban area three only. If we compare the development in the field of Ayurvedic hospitals and dispensaries the progress in the opening of new hospitals is nil as in the year 1966-67 the number of hospital was also two. Regarding the dispensaries also the development from 1966-67 was also very low as in year 1966-67 it was 141 and now it is 379. It means the increase of 37 per cent only.

With a view to provide health services to the people nearer their homes, there has been continuous expansion in the medical and health services in the curative, preventive, promotive and rehabilitative fields. Under the Allopathic systems of medicine the number of hospitals and dispensaries, public health centres rose from 44 to 68 (an annual increase of 3.2 per cent), 135 to 242 (per annum increase of 4.7 per cent); 88 to 93 (per annum

increase of 0.3 per cent) respectively during the period 1967 to 1984. The subsidiary health centres which started functioning in the year 1984, depicting an increase of 235 per cent annum. In the year 1969, 510 sub-centres were opened in the state which increased to 1190 at the beginning of the year 1984, an increase of 133.3 per cent (annual increase of 8.9 per cent).\(^1\)

Under the Ayurvedic and Unani system of medicine, the two hospitals and 141 dispensaries in year 1966-67 have been expanded to 5 and 381 in the year 1983-84, showing an annual increase of 5.9 per cent and 10.1 per cent respectively.\(^2\) Regarding the doctor-population ratio in the year 1971-72 it was 1:10369 which came down to 1:5591 during the year 1983-84. This ratio towards the close of the Sixth Five Year Plan is likely to be 1:5499. The Mudaliar Committee had recommended a doctor-population ratio 1:3000/3500 by the end of the year 1970-71. This shows that the state of Haryana is still facing a shortage of doctors. The doctor population ratio is 1:2044 in urban area, whereas in rural area it is 1:27159 in year 1984. The number of doctors in the state of Haryana in public sector was 270 (1979-80), while in 1984 it has increased to 861. The total number of Ayurvedic doctors in year 1970-80 was 605 which has increased to 1463 in year 1984-85.


2. Ibid.
Another norm set up by the government of India is one bed for every thousand of population, whereas in the state of Haryana, the hospital beds per thousand of population works out to 0.7 in the public sector. If the number of beds available in the private hospitals managed by individuals is also taken into consideration, it can safely be stated that the state had attended the norm fixed by the government of India. There were 4584 beds available in the public sector at the beginning of the year 1967 out of which 976 beds were in the rural areas. The bed strength in the public sector at the beginning of the year 1984 increased to 9156 (99.7 per cent). Out of which 1746 were in the rural areas. Similarly, there is, at present one medical institution (which is either hospital or PHC or dispensary) in area of 122.16 sq.km. for a population of 30,249 persons as against the recommended norm of one college for a population of 50 lakhs.1

Looking at the incidence of diseases in Haryana, Rs.81.94 lakh were spent for the control of communicable diseases and in the Sixth Five Year Plan Rs.671.60 lakh were proposed for the same. It was found that most of the patients (68 per cent) suffered from communicable diseases, that is why Rs.105 lakh for tuberculosis prevention of trachoma and blindness Rs.48 lakh, leprosy Rs.0.25 lakh have been provided in the Sixth Five Year Plan. A sum of Rs.200 lakh has been earmarked for the purchase

1. Ibid.
of medicines and equipment for the medical institution. Drug control organisation has been strengthened at the state level and an independent drug laboratory has been set up to prevent drug adulteration. Expenditure on medicine in 1967 was 0.18 per paisa per capita, whereas it has increased to 0.69 paisa per capita in 1980.1

The state is committed to the achievement of goal of "Health for All" by 2000 A.D. Accordingly, greater health facilities and increased accessibility of health services to rural areas and vulnerable sections of the society are being provided. To facilitate the expansion of health services, the budget allocation over successive plan periods has been correspondingly increased. The fifth plan provision for health programmes was Rs.12.35 crores and provision for the annual plan (1979-80) was 4.77 crores. Against these allocations a sum of Rs.11.40 crores and Rs.3.47 crores was spent during 1974-79 and during 1979-80, respectively. A provision of Rs.293.60 crores representing 15 per cent of total outlay is proposed for various sub-heads of social service sector in which Rs.49 crores (sixth plan, 1980-85) proposed for the medical and health and Rs.850 lakh for social welfare and nutrition. For providing medical education and health care during the Sixth plan, an outlay of Rs.49 crore is provided. Rs.9 crore is proposed for the removal of deficiencies in staff, building and equipment in the Medical

1. Ibid.
Hospital, Rohtak.

The per capita expenditure on health has made considerable progress in the state of Haryana. The per capita revenue expenditure on health services in the state rose from Rs.1.92 in 1966-67 to Rs.6.56 in 1969-70 and from Rs.10.03 in 1974-75 to Rs.18.10 in 1979-80. It has further increased to Rs.41.81 by the end of the Sixth Five Year Plan.

Health Facilities in Rohtak District:

The present study has been conducted in Rohtak district of the State of Haryana. According to 1981 census, the population of Rohtak district was 1,326,343. The district is the biggest in its size which has an area of 3,841.00 sq.km. The Rohtak town is the headquarter of the district whose population is 1,66,631. The whole district is divided into five tehsils, namely, Rohtak, Jhajjar, Beri, Bahadurgarh, Meham and Kalanaur. At the district level, the health department is conventionally headed by a Chief Medical Officer who in turn is responsible as the policy-maker, implementor and evaluator of health and family welfare projects and programmes in different blocks of the district. He also has a number of programme officers to assist him in his work. There are eleven hospitals, one medical college hospital, ten primary health centre (PHC), 10 rural dispensaries, 8 urban dispensaries,

92 sub-centres, one district tuberculosis clinic, one mobile optical clinic, and two private charitable hospitals in the year 1987. Besides this, there is one Ayurvedic college cum hospital in Ashtal Bohar, 33 dispensaries and also 2 Unani dispensaries.

The bed-wise distribution shows that Rohtak district has 673 beds in addition to 2100 beds at the teaching hospital. The total in-door patient facility was utilized by 54,067 patients and outdoor facility by 8,04,106 patients in year 1984. 1,29,165 patients availed the treatment facility through ayurvedic and unani institutions. Regarding the availability of medical personnel in the district, there were 220 doctors of allopathic system in various centres in 1984 and 35 doctors of ayurvedic system in year 1984.

Birth and death rate is a significant variable for judging the progress of health and medical facilities in a particular place. The birth-rate, which was 26.87, but again it went up to 32.87 in 1977. Interestingly again in 1982, the birth rate has drastically gone down from 32.87 to 23.13. Death rate again reflects the efficacy of health services, which has remarkably come down from 13.35 in 1977 to 6.80 in 1982. The infant mortality rate has also shown a decreasing trend from 174 per

2. Ibid.
thousand in year 1941 to 101 in 1984. However, Rohtak district stand at an advantage of having the only research-cum-teaching hospital in the district and also a sizeable number of hospitals available to the population. The area covered by health institution in Rohtak district is 79 sq. km. On every 1,00,000 population, there were three institutions and 123 beds for 1,00,000 population in the year 1982.

With the expansion of health services, improvement, controlling and eradication of diseases has also been carried out. Tuberculosis is a deadly disease which is the major problem in the district. In order to control it, various programmes are implemented. In Rohtak, alone 865 in-patients were treated for the cause of tuberculosis. Incidence of malaria have also been brought down. The incidences of other diseases like diarrhoea, diptheria, biomyylits, tetanus, leprosy, and syphilis have also been checked to a great extent.

Medical College Hospital, Rohtak:

The hospital was established in the year 1962 as the teaching hospital attached to the medical college, Rohtak. It is the premier medical institution of the state which provides

1. Based on the estimates of population given in the table No.3.23 (col.3), Director of Health Services, Haryana.
2. Ibid.
referral and specialised services. It is headed by a medical superintendent who is under the overall administrative control of the principal of medical college. At the time of formation of Haryana state, there was only one medical college at Rohtak with an intake capacity of 50 students. The intake capacity was increased to 150 students in the year 1975-76. In the first year of the Sixth Five Year Plan, the seating capacity was again increased to 150 students. During the year 1983-84, only 127 students were admitted. The medical college has also facility for providing post-graduate degree in medicine and surgery in 19 courses with seating capacity of 70 students and post-graduate diploma in 9 courses with seating capacity of 45 students. Under a centrally sponsored scheme, Ophthalmic Assistant course was started during the academic session 1980-81 with an intake capacity of 60 students. The medical college, Rohtak is the one institute which provides instructions in Radiography, and Multipurpose Health Worker Scheme (male). At present there are 16 departments in the clinical side and six basic departments located in the medical college building, namely, physiology and biochemistry, pathology and microbiology, social and preventive medicine and pharmacology, multi-purpose health worker, pharmacy and school of forensic medicine alongwith library facility. There is a separate animal house alongwith the college building.

The 192 beded wing with some of the specialities like

1. Ibid.
paediatrics, paediatric surgery, chest and tuberculosis, coronary
care unit, cardiology, neurology, nephrology and burns and
urology unit have also been started. There is a full fledged
dental school building. According to 1987 records, there are 183
doctors in the different departments out of which 18 are
Professors, 15 Associate Professors, 30 Readers, 39 Lecturers and
81 Registrars. There are 2100 beds for the indoor patients in the
hospital. In the year 1986, 28,946 patients were treated as in-
patients and another 3,23,314 as out-patients.¹

District Tuberculosis Clinic, Rohtak:

Changing concepts in the treatment of tuberculosis have
brought the clinical/domiciliary services to forefront. The
district T.B. Association, Rohtak is running a Tuberculosis clinic
in Rohtak town. It was started in 1945 in a very small building
in the premises of the civil hospital. In August, 1960 the clinic
shifted to its own building on the Gohana road. The clinic
provides diagnostic and treatment facilities for cases of
pulmonary tuberculosis. It is catering to the needs of all
tubercular cases in the district. Every year about 3,000 new
cases are examined out of which approximately 25 per cent are
detected as T.B. cases. The clinic affords domiciliary treatment
to the T.B. cases in rural areas through medical officers,
incharge of the primary health centre/units/dispensaries. At

¹. Records of Chief Medical Office (1986), Rohtak: Medical
College Hospital, Rohtak.
present it has two doctors. It also provides facility of indoor ward with a capacity of two beds. 865 in-patients and 17,834 out-patients were treated for tuberculosis in 1984.\(^1\)

Baba Masthnath Ayurvedic College and Hospital Asthal Bohar:

Baba Masthnath Ayurvedic college was constructed in the memory of the late Mahant Purannath. It was completed and equipped at a cost of Rs.3,08,000 and opened as a free hospital on September, 10, 1951. It has 366 beds divided in two sections, namely, eye and general section. The staff of the eye section consists of one eye specialist, one house surgeon, three compounders, five ward servants besides class IV employees. The medical side of the general section is under a house surgeon. The other staff in the general section consists of three compounders, one ward servant and other class IV employees. The general section of the hospital is also attached to the Ayurvedic college, Asthal Bohar, for imparting practical training to the students. The number of patients treated in the year 1984 was 6422.\(^2\) At present there are twelve doctors in clinical side and 17 in the teaching side. The total number of beds in the hospital are 250 (125 for males and 125 for females).


Civil Hospital Rohtak:

It is a general hospital situated at Gohana Road, in Rohtak city. It has 9 doctors appointed by Haryana civil medical service. The hospital is divided in three sections namely: Post-mortem centre, General hospital and casualty section. It attracts people from city as well as nearby villages. The number of total beds in this hospital is 85 in 1987. Out of these beds, 50 beds are provided to the males, and 35 to female wards. In 1985, 59,581 patients were given treatment as out-patients while 6362 were treated as in-patients.

Dispensaries:

There are four dispensaries in Rohtak town, namely: Infirmary Mahila Ashram, Shivaji, Mud hut and Employee State Insurance (E.S.I) dispensary. Infirmary Mahila Ashram is situated near Gandhi Nagar and has two doctors and 10 beded wing. 6 beds are provided to the male side and 4 to the female side. The Shivaji dispensary is situated in Shivaji colony having a 4 bed capacity, 2 for male and 2 for female. It has only one doctor. The Mud Hut dispensary is located near Liberty theater which has only one doctor without having in-patient facility. The E.S.I. dispensary is also located near Liberty theatre, which provides facilities to the employees of the state government service. It has two doctors and two clerks without having any capacity.

1. Records of the Civil Hospital, Rohtak, (1987), Rohtak.
2. Ibid.
School Health Services:

Under the programme started during the Second Five Year Plan, a school health clinic was established at Rohtak in 1958-59. It provides medical inspection, treatment and follow-up of school-going children in consultation with their parents. The staff of the clinic includes two doctors, one in-charge of the general clinic and the other of the eye and E.N.T. (Ear, Nose, Throat). There is also a dental Surgeon who treats the dental cases. The school health services are also provided by the Medical officers in-charge of the Primary Health Centres/Units. At present (1987), there are two doctors to look after the service.

Health Education:

The Medical Officer who is in-charge of the primary health centres/units and their staff also carries out health education and propaganda. The district family planning education officer also utilises his staff to disseminate health education. The programme creates health consciousness in the younger and older members of the community.

Family Planning:

As elsewhere so also the expectation of life in the Rohtak

1. Ibid.
2. Ibid.
district has risen to 50 years which is nearly double the pre-Independence figure. This has increased as a consequence of health education, prevention of disease and medical relief. In order to carry out Government Policy and Family Planning Programme was introduced in the district in the year 1959 with the opening of two family planning clinics, one at Rohtak (urban) and the other at Ganaur (rural-Sonepat tehsil). The third was opened at Madina (Gohana tehsil). With the help of grants-in-aid from the Government of India, the District Red Cross society has also opened eight Family Planning Clinics. In addition, family planning clinics are functioning at all the primary health centre/units, except Health centre, Sampla. Vasectomy I.U.C.D. (popularly known as loop) camps were organised at all conventional contraceptives such as condoms, foam tablets, jellies, were made available freely.

Efforts were made to make the people deeply conscious of the need for family planning through intensive health education/propaganda. Family planning seminars and camps were organised under the supervision of medical officer in a Berry block where vasectomy operations were performed. Family Planning procedures were explained and highlighted. At that time loop/insetion, started in 1965 has become very popular. In the year 1987, there are eight family planning clinics which function in the Rohtak

1. Records of Chief Medical Office, Rohtak (1987), Rohtak : Medical College Hospital, Rohtak.
district. Out of 8 clinics, 7 are run by Red Cross Society and remaining one by Haryana government.

Maternity and Child Welfare Centres:

There were 8 maternity and child welfare centres in the district. Out of these, 5 were maintained by the Red Cross Society, Rohtak, and three by the Municipal committees of Rohtak and Sonepat. All the Lady Health Visitors posted at these centres belong to the provincial cadre. In addition, the maternity and child welfare work is done in all the primary health centres/units and their subcentres. With the separation from Sonepat, it now independently have 7 maternity and child welfare centres.

Primary Health Centres:

There are 10 PHCs in the Rohtak district. These PHCs are provided with one or more doctors. They are provided with the facilities for curative/preventive side and also for health education. All the institutions are equipped with microscopes and clinical side-rooms. Investigation facilities are also available. These are self-sufficient institutions and provide facilities for maternity and child welfare, family planning, T.B. control, malaria eradication, etc., to every person living even in a remote corner of the district. Medical officer supervises and

guides the work of other institutions viz., maternity and child welfare centres, rural dispensaries and ayurvedic dispensaries in the capacity of Block medical officer.

Rural Dispensaries:

The working group on health (Planning Commission) had advised that the rural dispensaries existing in the state should be converted into subsidiary staff needed for rendering preventive and promotive services. There were 10 rural dispensaries in district Rohtak in the year 1987.1

Sub-Centres:

In order to fulfil the requirements of rural population, these centres are opened. The centres are supervised by (Auxilliary Nurse and Mid-wife (A.N.M.) with some basic facilities. According to Sixth Five Year Plan, the government is trying to provide one sub-centre for the population of 5,000. In 1987, there were 94 sub-centres to cater the needs of villagers.2

Community Health Workers Scheme:

The scheme envisages provision of one community health workers for rural population of 1,000. It indicates health consciousness among the ruralities and provides them with P.H.C. care facilities. Community health worker is selected by the village panchayat and provided with a medicine box which is

replenished after three months.

Multi-purpose Workers Scheme:

The scheme envisages integration of vertical structures for the control/eradication of communicable diseases. The uni-purpose workers engaged under different communicable diseases control programme is required under the scheme to be trained as multi-purpose workers are covered in the Rohtak district.

Diseases common to the District:

The common diseases that occur in the district are typhoid group of fevers, tuberculosis, dysentery and diarrhoea, trachoma and chest infection (other than tuberculosis). Epidemic diseases, viz., cholera, plague and small pox are the three notifiable under the Epidemic Diseases Act, 1897.

Cholera:

It is not endemic in Rohtak district. The number of cases has not been large in recent years because of the strict vigilance and other anti-cholera measures like medical inspection posts and mass inoculation in hospitals and dispensaries. With the development and expansion of public health activities relating to pure water supply, pavement and drainage of streets, removal of manure heaps, anti-fly and general sanitation measures, the incidence of the outbreak has been reduced. During 1950, cholera appeared in the district and 76 cases were reported; of these 46 proved fatal. Again, infection was imported
in 1960 from Mathura and Vrindaban in Uttar Pradesh, where some inhabitants of this district had gone on a pilgrimage. This led to 82 cases with 24 deaths. Barring these two occasions, the intervening years have been completely free from Cholera. In the year 1984, 527 patients have utilised the indoor facility for the treatment of diarrhoea/cholera/gastro-enterites and 3457 patients have availed the outdoor opportunity in Rohtak district.

Plague:

At one time, it was one of the most dreaded pestilences. Eversince its appearance in 1897, plague had entirely eradicated form the province till 1937. It first appeared in the Jhajjar tehsil in March, 1903 and within a year spread to the adjoing tehsils. The mortality which had been slight in the first year, rose to 4282 and in 1905 reached the alarming figure of 31964 the northern part of the district being most severely attacked. Plague ravaged the district again in 1907, 1924 and 1926 when the mortality in the respective years was 34966, 33639 and 21203. After 1937, the district has fortunately remained free from this epidemic. The factors determining its disappearance include the development of natural immunity to the disease in the rat


population, spraying of houses with DDT to kill rat fleas and de-rating measure.¹

Small pox:

The district has never been free from small pox throughout its history. The disease has been characterized by waves of increased incidence separated by varying periods of quiescence. Though the increased facilities and public awareness for vaccination and re-vaccination have resulted in a remarkable reduction in the outbreak of the disease, yet its complete eradication is still a long way off. Many factors operated adversely. The cases are concealed and not reported to the authorities by the villagers on account of their belief that it is a visitation of goddess mata. New born children are not vaccinated and grown-ups are not re-vaccinated. Above all, the vaccination staff is insufficient and not always very effective. Vaccination is a potent weapon for eradicating it. The district was covered for mass-vaccination under small-pox eradication programme. The entire population was vaccinated between May 21, 1962 and July 31, 1963. This measure supported the epidemic from 1963 to 1965, but it spurted up again in 1966 as a part of country-wide epidemic. No small pox case has been observed from the year 1979 to till now.²

Malaria:

The epidemic develops during years of excessive wet monsoon associated with overflow of rivers resulting in a large number of stagnant pools. Due to heavy rains in 1952, as many as 100 villages were flooded. The extensive measures had, therefore, to be taken to prevent the outbreak of the disease in the affected areas. Anti-malaria work was carried out in 115 localities of Rohtak, Sonepat and Gohana tehsils in 1953 and 1954. Malaria control measures were undertaken during 1953-58 and resulted in a marked decline in the annual incidence of the disease. The child spleen rate diminished and, similarly, the child parasite rate decreased. With this success National Malaria Control Programme was switched over to National Malaria Eradication Programme during 1958. Under this programme, anti-malaria operations were carried out regularly in the district by the malaria unit, Rohtak. In the state of Haryana, incidences of malaria has been brought down from 4,36,420 cases in 1979 to 2,93,590 in 1980. Malaria centres in the districts are providing chloroquin tablets and have facilities to have blood slides in suspected cases in the rural and urban areas. Laboratory facilities are available in PHCs and sub-centres. Workers of the health departments makes home to home visit, to detect fever cases and to provide treatment.¹

¹. Govt. of Haryana (1981), Prosperity with social justice: Haryana's commitment to 20-point programme, Chandigarh: Public Relation Department.
Tuberculosis:

It has been a major problem in the district. In order to control the disease emphasis has been put on the preventive side. BCG vaccination campaign is well in progress. It was launched under the T.B. control programme in 1950 by one Mobile Team responsible for mass inoculation in the whole of the state. An independent team for the district consisting of technicians under the supervision of the Deputy Chief Medical Officer (health) came into existence in 1960 and has since been carrying on B.C.G. work in a planned manner visiting house to house. The situation is well under control. The treatment of tuberculosis cases is also extended through the medical offices in primary health centres/units. The total cases reported for tuberculosis in 1984 were 18699. Out of 18699, 865 cases were treated in indoor centres and 17,834 were in outdoor clinics.¹

Leprosy:

One leprosy centre is functioning in the city to detect and care the cases of leprosy. In the year 1984, 13 cases were provided indoor facility for their treatment from leprosy. Outdoor facility was availed by 91 patients in the Rohtak district.²

Trachoma:

Trachoma is prevalent amongst the rural masses. The primary health centres are playing a major role in the control of the disease.

Respiratory diseases:

It includes the disease bronchitis, pneumonia, influenza, asthma, tonsils and pleurisy. In the year 1984, 1414 patients died of different respiratory diseases.\textsuperscript{1}

Injuries:

357 persons were found dead who suffered from different injuries in 1984.\textsuperscript{2}

\begin{itemize}
\item \textsuperscript{1} Ibid.
\item \textsuperscript{2} Ibid.
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