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ORGANISATIONAL STRUCTURE OF HEALTH AND FAMILY WELFARE; A CASE STUDY OF HARYANA

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ABSTRACT

The Indian Health Service (IHS) is a bureau of the Health Resources and Services Administration, an agency of the Public Health Service. It was formed in 1955 by a transfer of health services from the Bureau of Indian Affairs, Department of the Interior. Since that time, IHS has grown larger and more complicated and has become a truly complex national organization that is responsible for direct and contract health care services to approximately 1 million Indian people. Health has been declared as the right of every human being. The World Health Organization has laid down in its constitution that health is a critical factor in the development of any country for two reasons. The first reason is that the health status which denotes lower mortality rates and higher life expectancy is the key indicator of a population's welfare. The second reason is that it leads to greater economic productivity. It has also declared that enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being irrespective of his race, religion, political, economic and social conditions.



INTRODUCTION

India is a land of villages..Poverty is the real context of India. Three fourths of the populations live below or at subsistence levels. This means 70-90 per cent of their incomes go towards food and related consumption. In such a context social security support for health, education, housing etc. becomes critical. Ironically, India has one of the largest private health sectors in the world with over 80 per cent of ambulatory care being supported through out-of-pocket expenses India is the 2nd most populated country in the world. Being blessed with highly fertile lands and life-pro conditions, life flourished plentifully in India. Good sport is growing many ways in modern India. Milk Revolution and Green Revolution of the 1970 as a result of the new economic policy of 1991, developed the country's growing economic industries. Revolution in Information Technology and the multinational companies has become India's growing step leading to the developing signs. On the one hand, urban India is developing very fast. On the other, problems of poverty, health, illiteracy, unemployment, malnutrition etc. are serious threats.

Health is common theme in the elements of culture. In fact all communities have their own concept of health as a part of culture, yet health continues to be a neglected area. However, during the past few decades there has been a reawakening that health is a fundamental human right and a worldwide social goal. It is essential to the satisfaction of basic human needs and to an improved quality of life an

MEANING AND DEFINITION OF HEALTH:

Health is a primary factor in the development of a country. Most of the India lives in villages where services related to health are needed most. "Health is ironically meant by mere absence of diseases. Many scholars define 'health' as a good relation between man and his atmosphere. Many socialists view that health is not influenced only by biological factors but also by social, cultural and psychological factors. Hence, for proper health a study of biological as well as other factors is also needed. Therefore the development of a country depends on the health of its residents. Man's every work depends on his good health. So awareness of the villagers about health is must.¹

Health is defined as a state of complete physical, mental spiritual and social well-being and not merely the absence of disease or infirmity. A sound mind in a sound body has recognized as a social ideal for many centuries. The Indian sages and seers had paid particular attention to the unconscious, wherein lay the suppressed unfulfilled desires and compulsions or several kinds which led the individual astray by mastering their minds they attained the highest level of emotional equilibrium.²

S.C. SEAL, in his presidential address, defined health as;

"flexible state of body and mind which may be described in terms of a range within he is at the peak of enjoyment of physical , mental and emotional experiences, having regard to environment , age , sex and other biological characteristics due to the operation of internal or external stimuli and can regain that without outside aid."³

We recognized health as an inalienable human right that every individual can justly Claim. So long as wide health inequalities exist in our country and access to essential health care is not universally assured, we would fall short in both economic planning and in our moral obligation to all citizens.

CONCPET OF HEALTH

World health organization (Who-1946) defined health as a "state of complete physical,mental, and social well-being and not merely the absence of disease or infirmity". Thus it is a basic human right .Providing conducive condition for achieving normal health is the duty of state and society. In fact, the deepest urge of humanity is to be healthy. Health is one of the essentials of life without which nothing can be achieved. The sick and hungry child can't learn and the sick and hungry adult cannot produce. In another word, we can say that health is a condition of equilibrium between physical fitness; mental balance and social adjustment of human begin.⁴

Family:

May 15 is celebrated as the international day of the family. Family constitutes the basic unit of society. The biological, emotional and economic needs are the foundation of a family. Family plays an important role in

1. Park, J.E. and K, 1989 "Text book of Preventive and Social Medicine, Banarasi Das Bhanot, Jabalpur, P.G. 12-13

2 A.k Bhatia , d.k singh 2009,social policy in India, new royal book co. Lucknow p.g 11

3 Seal S.C. (1963),Presidential address, Seth science congress, Delhi

4 Prakash Anand 2013 social welfare and administration ,RBSA publishers JAIPUR pg 238

transmission of the cultural traditions from one generation to another. It acts as an educative unit and a socio-cultural agency.⁵

According to Oxford Dictionary. "Living together as a unit, a group consisting of parents and their children."⁶

HEALTH AND FAMILY WELFARE ORGANIZATION IN INDIA

Health planning in India is an integral part of national socio economic planning. The Alma-Ata declaration on primary health care and the National Health Policy of the Government gave a new direction to health planning in India, making primary health cares the central function and main focus of its national health system. India was one of the pioneers in health service planning with a focus on primary healthcare. The guidelines for national health planning were provided by a number of committees dating back to the Bhore Committee.

Under the Indian constitution, the states are independent in matters related to the delivery of health care to its people. The central responsibility mainly includes policy making, planning, guiding, assisting, evaluating and coordinating the work of the state Health Ministries. The Health system in India has three main links (i.e.) Central, State and Local or peripheral. The National Health Planning policies were provided by a number of committees dating back to the Bhore Committee. They were Bhore Committee in 1946, Mudaliar Committee in 1961, Chadha Committee in 1963, Mukherjee Committee in 1965, Jungalwala Committee in 1967, Kartar Singh Committee in 1973, Srivastav Committee in 1975, and Bajaj Committee in 1986. The three tier system of Health Care Delivery was introduced on the recommendation of Srivastav Committee report of 1975. The Alma Ata declaration on Primary Health Care and the National Health Policy (1983) of the Government gave new direction to the health planning in India, making primary health care the central function and main focus of its national health system.

HEALTH AND FAMILY WELFARE INFRASTRUCTURE

Health Centre Norms⁷

Population Norms		
Centre	Plain Area	Hilly/Tribal/Difficult Area
Sub Centre	5000	3000
Primary Health Centre	30,000	20,000
Community Health	1,20,000	80,000 ⁸

ORGANISATION AND ADMINISTRATIVE STRUCTURE OF MINISTRY OF HEALTH AND FAMILY WELFARE AT UNION GOVERNMENTS:

The government of India has shown its concern for public health, both during British and in post-independence era. The health of the nation reviewed by Bhore committee under the chairmanship of Sir Joseph Bhore (Goi, 1946), observed that no individual shall fail to secure adequate medical care because of

⁵In phyclopedia of Britianka.

⁶.New Oxford Advanced Learners, Dictionary

⁷Laveesh Bhandari and Siddhartha Dutta 2007 HEALTH INFRASTRUCTURE IN RURAL INDIA pg 277

⁸Source: MHFW (20016), Population Norms (Census 2011), <http://www.mohfw.nic.in>

inability to pay for it. After independence a number of research studies were carried out to meet the growing challenges of public health under the state. Prominent among the specialized studies are the reports of health survey and planning committee chairman laxman swami mudaliar (Goi,1962), Group of medical education and support manpower-chairman, J.B.Srivastava(Goi,1975)five year plan documents, central council of health reports etc. The relevant plan documents have alsoindicated emerging issues and reviews of the prevailing health system in the union and state government.⁹

The 42nd amendment to the constitution has made “Population control and family planning” a concurrent subject and this provision has been made effective from January 1977.¹⁰In the twilight period between the sixth and seventh plan. It was realized that country pn health policy. This shortcoming was removed by the approval of health policy by the rajya Sabah on august 4,1983 and the lok Sabah on December 22, 1983 which reflected philosophy, approach, strategies and targets to achieve the objectives of Alma-Ata declaration-health for all by 2000 AD. Since the genesis, evolution, growth and diversification of primary healthcare system in India is the outcome these expert committees, It would be quite useful and fruitful to analyses the recommendations of these committees.

“The central health ministry is the pivot round which all the major schemes for improving the standards of health of the nation revolve. At major schemes have necessarily to be sponsored and encouraged by the central ministry.”

-Pt. Jawaharlal Nehru

The ministry of health & family welfare at the central level in India. The ministry of health & family welfare comprises the following four departments, each of which is headed by a secretary of the government of India-

- Department of health & family welfare
- Department of ayush
- Department of health research
- Department of Aids control

Dirieortate general of health services (DGHS) is an attached office of the department of health and family welfare and has subordinate officers spread all over the country. The DGUS renders technical advice on all medical and public health matters and is involved in the implementation of various health schemes (services).

On august 7, 2014 vide extraordinary gazette notification part-II section-3, sub-section, department of AIDS control has been merged with department of health & family welfare and now be known as national AIDS control organization (NACO). As per the amendment, allocation of business rules vide cabinet secretariat’s notification no 1/21/35/201-cab dated December 8, 2014; department of ayush has been made ministry of Ayurveda, yoga & naturopathy, umami, siddha and homeopathy (Ayush) ministry of health & family welfare now comprises the following two departments each of which is headed by a secretary to the government of India ¹¹-

1. Department of health & family welfare
2. Department of health research (DHR)

⁹ S.L.Goel`Rural health education` Deep & deep publications pvt ltd. P.g.-7-8

¹⁰ S.L Goel ‘Public health policy and administration’Deep & deep publications pvt ltd.2005, p.g 320-322

¹¹ Annual report 2015-16, p.g 1-2

ADMINISTRATION –

The department has taken new initiatives and steps to ensure that the government policies and programs are implemented in a time-pound and efficient manner, as part of government's commitment to provide better health care facilities. It has enforced discipline and accountability amongst its officers and staff. Director(Administration) attends to service related grievances of the staff in the departments of health and family welfare secretary (Health & family welfare) also gives personal hearing to staff grievances.

Director (welfare & PG) in the department is functioning as nodal officer for reprisal of public grievances undersecretary (welfare & PG) assists him in the matter.¹²

It was headed by a cabinet minister and his supported by two deputy ministers. They are members of central minister council. The departments have been two divided into parts the ministry. These are department are health departments and family welfare departments. There is single secretariat of these departments, how main officer is secretary for whose help these is joint secretary, deputy secretary, additional secretary of health & family welfare programme who is an Indian administrative officer for whose help there are 2

STATE HEALTH AND FAMILY WELFARE DEPARTMENT ORGANISATIONAL STRUCTURE:

The present study refers to the organization of health and family welfare department in Haryana state Haryana is situated between 27039 north and 30055 north latitude and 74027 east longitude, and it one of the north-western states of India adjoin the national capital territory of Delhi. It is a land locked state bounded by Uttar parades and Delhi in the east, Himachal Pradesh in the north, Rajasthan in the south and Punjab in the west. The present state of Haryana was carved out from erstwhile Punjab state on 1st November 1966.¹³

STATE ADMINISTRATION

Constitutional guarantees and provisions, Union and State laws as well as policies and programs for economic and social development are relevant to the daily lives of the people only to the extent they are implemented honestly and efficiently. The Constitution of India gives a special role and responsibility to the State Governments for preserving public order and ensuring the welfare of citizens. The Seventh Schedule which clearly demarcates the legislative and functional domain of the Union and the States highlights the critical role envisaged for State Governments in fulfilling the aspirations set out in the Directive Principles of State Policy.¹⁴

The constitution of India aims at the elimination of poverty, unawareness and ill-health and directs the state to regard the raising of the level of nutrition and the standard of living of its people and the improvement of public health and strength of workers, men and women, specially ensuring that children are given opportunities and facilities to develop in a healthy manner. Health, according to the constitution of India, is a state subject. State health department with the assistance of local health organizations wherever these exist, e.g., corporations, municipalities, panchayati raj ad-hoc statutory bodies like the mines board of health, employees state insurance corporation and soon¹⁵. The executive machinery of the government at the state level is headed by Governor. Article 163 of the constitution provides for a council of ministers with the chief ministers as its head to aid and advice the Governor. The business of the government of the state (viz., law and order administration, the developmental functions like general administration, local government, public works, irrigation, health, education, cooperation, etc.) is allocated by the governor amongst the ministers in

¹² Annual report 2010-11 pg. 5-6

¹³ Annual report, govt of Haryana 2012, working of the registration of births & deaths Act-1969 pg.-2

¹⁴ GOVERNMENT OF INDIA, SECOND ADMINISTRATIVE REFORMS COMMISSION, STATE AND DISTRICT ADMINISTRATION, FIFTEENTH REPORT, APRIL 2009

¹⁵ Dr .D.R. Sachdeva social welfare administration in India, published by kitab mahal 2013 pg-8

accordance with the provisions contained in article 166(3) of the constitution. Constitutional guarantees and provisions, union and state laws as well as policies and programs for economic and social development are relevant to the daily lives of the people only to the extent they implemented honestly and efficiently. The constitution of India gives a special role and responsibility to the state governments for preserving public order and Ensuring the welfare of citizens. The seventh schedule which clearly demarcates the legislative and functional domain of the union and the state's highlights the critical role envisaged for state government in fulfilling the aspirations set out in the directive principles of state policy.¹⁶

According to Simon "In its broadest sense administration can be defined as the activities of groups cooperating to accomplish common goals".¹⁷

ORGANISATIONAL SET-UP

(A) Political head

In the state of Haryana, a Minister of a cabinet rank is the political head of the health department. Minister is entrusted upon with the political as well as administrative responsibilities regarding health in the state. These can be broadly discussed as follows:

- (1) He is custodian of the interests of the people in general and of his constituency in particular.
- (2) To present bill before the legislative assembly for its approval being a member of it.
- (3) To support and safeguard the total policies of the government because of the collective responsibility of the cabinet.
- (4) As a member of the legislative, he performs ceremonial duties..

As far as the administrative functions of the minister are concerned, for a number of reasons these activities do not receive the time and attention they deserve. Benign busy with political activities, the minister does not find enough time for administrative works. Lack of professional knowledge and lack of aptitude are other contributory factors. It was pointed out by the ARC that there was a growing feeling among the people that most of the ministers lacked in efficient discharge of their administrative duties and did not possess required aptitude for these duties.

The ARC its report on state administration recommended that the head of council of minister (the chief minister) should, in selecting his colleagues, give special attention to considerations of political stature, personal integrity, intellectual ability and capacity for taking decisions and sustained application to work. Further, in assigning a portfolio, due regard should be paid to the aptitude and capacities of an incumbent.¹⁸

ORGANISATION AND ADMINISTRATIVE HEAD OF HEALTH DEPARTMENT HARYANA

Health department, Haryana is headed by the director, general health services, Haryana and is assisted by one additional director general health services, s director health services, one additional director of administration, one joint director of administration, at the head office. There are 56 hospitals, 114 community health centers and 485 primary health centers in the state. The head of health services at the district is civil surgeon while the civil hospitals are headed by principal medical officers/medical superintendents / senior medical officers' community health centers and primary health centers are headed by senior medical officers and medical officer in charge respectively.

¹⁶ Govt of India, second administrative reforms commission, state and district, april-2009

¹⁷ Simon H. etat public administration pg-2

¹⁸ Report of administrative , reforms commission govt of india, new delhi ,1969, 9

In every state there is a health & family welfare department to conduct the administration of the works of health and family welfare. The head of this department is the health minister who is a member of the state ministry. The health & family welfare department is divided at three levels, secretariat, and directorate and family welfare services. The head of the secretariat of this department is a chief secretary who is an officer of Indian administrative services for his assistance there a deputy secretary, two additional secretaries and a clerk staff the secretary to the department gives his suggestions to the concerned minister. The head of the directorate is a director. He is responsible for the development of the development of the health and family welfare services in a state. Under his supervision the government health & family welfare policies and programme are implemented. He is usually a technical person. He sends the information about the problems of the family welfare programme to the secretariat.

The secretariat organization responsibilities of health the following duties:

- (A) To assist the minister of health and family welfare in policy making modifying and discharge of his legislative responsibilities.
- (B) To maintain contact with union government, state government and other agencies.
- (C) Drafting legislation and rules regulations.
- (D) To co-ordinate of policy, supervise and control over their execution and review of results.
- (E) To overseeing the smooth and efficient running of administrative machinery.

HEALTH & FAMILY WELFARE HARYANA

Director General Health services,

The director of the health & family welfare is an important joint between the secretary and the regional organizations. The post of director general health services is a department post. The DGHS work as head of the department and looking after the work of all officers of the department. The officer in addition to administrative and financial powers is responsible for implementing all the schemes of the health department. The officers of the works under the supervision, direction and control of ther additional chief secretary, government to Haryana for the health department. The DGHS is assisted by one additional director general, 5 directors, health services, one additional director (administration) and one joint director (administration).

ADDITIONAL DIRECTOR GENERAL HEALTH SERVICES:

This is department post. The officer deals with the policy medical branch, medical reimbursement, medical boards, grant in aid, cancer control programme, Bio medical waste programme, Trauma centers , Regional diagnostic centers, National human right commission, Human organ action human anatomy act, radiation protection act, medical council of India, Pharmacy council, centrally sponsored schemes, medical internship, coordination establishment of laboratory technician and laboratory staff, Vidhan Sabah assurances, public accounts committee all audits, Integrated IEC activities.

DIRECTOR HEALTH SERVICES (FAMILY WELFARE) :

This is a departmental post. The officer deals with the family welfare branch family welfare programme. Establishment of multipurpose health works (Female), All accounts matters related to family welfare programme, MCH branch-maternal and child health programme, mass media branch Information education communication, Establishment of mass media education staff, nursing branch-establishment of nursing staff.

DIRECTOR HEALTH SERVICES (LABORATORY):

This post is departmental post. The officer deals with the public private partnership projects, mukhyamantri muft idol yojana, Outsourcing of support services.

DIRTECTOR HEALTH SERVICES TRAINING:

This is a departmental post. The officer deals with the health education branch, Mental health programme, Drug de-addiction programme, In service short term training, National & international conferences permission, Budget speech, Governor address, Health education and nutrition.

DIRECTOR HEALTH SERVICES (MALARIA) :

This is departmental post. The officer deals with the national malaria control programme establishment of multipurpose health works and malaria laboratory technician, ESI scheme.

DIRECTOR HEALTH SERVICES (DENTAL) ;

This is a departmental post. The officer deals with the dental programme establishment of dental surgeons and Para-dental staff presently.

ADDITIONAL DIRECTOR (ADMINISTRATION) :

This post is filled from the HCS cadre and its current nomenclature is that of additional director (administration). The officer deals with administrative branch-establishment of all ministerial staff & class IV staff the directorate. Establishment II branch- establishment of HCMS-I & HCMS-II doctors, disciplinary actions against HCMS-II doctors all kind of leaves of doctors. RTI and ADA also report to him.

CIVIL SURGEON:

Civil surgeon is the head of the health services of the health services of the district and is answerable to director general, Health services. He looks after the administration of staff of all categories working under his control and to carry out various health schemes and provide preventive, primitive and curative services to the general public within his district.

PRINCIPAL MEDICAL OFFICER/MEDICAL SUPERINTENDENT:

Principal medical officer/medical superintendent is the charge of the civil hospitals and is concerned with day to day activities of the hospital. The pmo/ms reports to the civil surgeon for further necessary action.

SENIOR MEDICAL OFFICER

Senior medical officer is the charge of the community health center and is concerned with day to day activities of the community. The senior medical officer reports to the civil surgeon for further necessary action.

MEDICAL OFFICER

Medical officer is the change of the primary health center sub health center under respective PHC's and is concerned with day to day activities of the primary health center and sub health center under those PHC's. The medical officer reports to the senior medical officer in charge of their respective community centers.

JOINT DIRECTOR MASS MEDIA :

The officer deals with the mass media branch intimation education communication (IEC) establishment of mass media education staff.

STATE DRUG CONTROLLER:

The officer deals with the issuing of license to drug manufactures chemist shop etc.

DEPUTY DIRECTOR FAMILY WELFARE :

The officer deals with family welfare programme, Devi Ropak scheme.

DEPUTY DIRECTOR, NUTRITION:

This is a department post. The officer deals with policy medical branch medical reimbursement , medical boards , grant in aid , cancer control programme ,Bio medical waste programme , Trauma centers , Regional diagnostics centers, National human rights commission , Human organ Act, Human Anatomy act, Radiation protection act, Pharmacy council , Centrally sponsored schemes, Cm announcements, Medical internship, Coordination establishment of laboratory technician and laboratory staff.

DEPUTY DIRECTOR, TB:

This is a department post. The officer deals with TB branch TB control programme, Leprosy control programme MSD branch- All kind of purchase of medicines, machinery & equipment.

DEPUTY DIRECTOR HEALTH EDUCATION:

The officer deals with the health education branch , National school health branch , Mental health programme in service short term training , National programme in service short term training, National & International , Pharmacy internship , Laboratory technician , Training school , Budget speech , Governor address, Health education and nutrition , Multipurpose workers branch multipurpose workers training schools , Multipurpose works promotional training schools , Multipurpose workers promotional training.

DEPUTY DIRECTOR, NURSING:

The officer deals with nursing branch – nursing establishment, GNM & MPW (F) training.

DEPUTY DIRECTOR, MONITORING AND EVALUATION:

This is a departmental post. The officers deal with statistical branch- registration of birth and death, Statistical data of health department, Monitoring and evaluation it plan and IDSP MIS.

FUNCTIONS OF HEALTH AND FAMILY WELFARE AT THE STATE LEVEL:

Health department, Haryana is constantly guided by the WHO definition of health which states that “Health is a state of complete physical mental and social well-being and not merely an absence disease or infirmity.

Government of Haryana is committed to provide quality health care to all its citizens. Health department has been constantly upgrading itself in terms of infrastructure, human resource, drugs, equipment etc. Haryana health and family welfare department is responding to the health needs of all categories of population including, infants, children, adolescents, mothers, eligible couples and the elderly in addition to the sick and trauma

victims also there is a constant endeavor to keep communicable and non-communicable and disease in check and to have strong systems of recording, reporting, evaluating and planning.¹⁹

- 1 Provide health and family welfare service through minimum needs programme
2. National Aids control programme
3. National malaria eradication programme and national filarial control programme
4. M.C.H family welfare and immunization programme
5. Provision of maternal and child care services
6. Enforcement of PNDT act to prevent sex determination
7. Health education and training programme
8. Provide curative services through major hospitals
9. Provide school health programme
10. Provide in service orientation training to the medical and paramedical personnel's to update their knowledge and spar pen their skills.
11. Provide birth registration through civil registration system.
12. Provide national aids control programme
13. Drug control and control of food adulteration
14. It takes many steps for population stabilization.²⁰
15. Provide treatment for common disease and injuries including emergency medical case.
16. Provide Devi Ropak scheme.

Health infrastructure of Haryana

PARTICULARS	REQUIRED	INPOSITION	SHORTFALL
SUB CENTER	4159	2520	1639
PRIMARY HEALTH CENTER	659	445	212
COMMUNITY HEALTH CENTER	164	115	49

(Source: Directorate of health department, Panchkula Haryana 2016)

APPRAISAL:

The study of the organizational and administrative structure of health and family welfare department in Haryana , it was observed that the organization of health and family welfare services in Haryana was urban oriented. Health facilities in Haryana face many operational difficulties; these include inadequate funding for drugs, supplies and other consumable's, shortages of diagnostic facilities and laboratory equipment, and a general deterioration of physical infrastructure.

These major constraints lead to a low quality of care and inefficient functioning of the system at first referral units in the district health system. Some innovations have been initiated based on the concept of community participation. There is a need of bold attempt and innovations to set the whole structure in order to sub serve the needs of the society. Let us now help in the improvement of the functioning of this ministry. The design of administrative system was a basic aid to the achievement of its primary objectives if the design was

¹⁹ Health department haryana

²⁰ S.I Goel , public health policy and administration, deep 7 deep publications pvt ltd 2005

unsound the achievement of objectives was likely short of expectations. The development health and family welfare medical services had been promoted greatly by advances which had been made in the professional skills and technical proficiencies, but it seemed apparent that the parallel advance has not to be made in the art and science of public health administration.

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