**A STUDY OF SOCIAL CONDITION OF DALIT WOMEN ,HEALTHCARE , RURAL AND URBAN AREAS OF HARYANA**

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**Subject-public administration political science.**

**Abstract**

Dalit women face direct impediments right from the time of filing nominations right up to announcement of the election results, including caste and sexual-based verbal abuse; harassment, threats or physical assaults; property destruction; restrictions on freedom of movement; and illegal and fraudulent voting practice, Health is defined as any policy that relates to or influences the attainment of health. Health ,as defined by the determinants-of-health framework, is legislation that can influence, directly or indirectly, social and physical environments, behavior, socioeconomic status, and the availability and accessibility of medical care services. Health have an impact on specific groups or classes of people, such as physicians, the poor, the elderly, and children. They can also have an impact on specific types of organizations, such as medical schools, HMOs, nursing homes, medical technology manufacturers, and employers. According to this broad definition, virtually all major policies, such as Social Security mandates, national defense–related guidelines, labour policies, and immigration policies, can have a negative impact on health. Policies, Rural and Urban Areas, Haryana, socioeconomic status, The National Health Service, Haryana Government

**INTRODUCTION**

STATUS OF DALIT WOMEN IN HARYANA Haryana, a developed state, presents the anomaly of development. On one hand, it has sustained high per capita income, whereas on the other hand, it falters on social development indicators like unfavourable sex ratio and low female literacy. Caste-based and gender-based violence, honor killings and female feticide are regular and common occurrences here. As atrocities against Dalit women in Haryana continue unceasingly, there is a demand to review crimes committed against them and declare atrocity-prone areas in the State under the Scheduled Castes and Scheduled Tribes (Prevention of Atrocities) Act. Extraordinary and terrifying explosion of sexual violence against Dalit girls in contemporary Haryana must be analyzed against the backdrop of the complex changes in social relations across groups and communities in the wake of the neo-liberal economic boom of the last decade. Dalit/Scheduled caste (SC) women, in India’s highly patriarchal and caste-based society, bear the triple burden of caste, class and gender. Being positioned at the lowest social order of Indian society, SC women suffer from many forms of discrimination, including lack of education, economic disadvantages, social disempowerment, domestic violence, political invisibility and sexual oppression. In contravention of both national laws and international human rights standards that prohibit any physical, sexual or psychological violence against women, varying forms of violent acts specifically targeting SC women are occurring on a large scale across India today. The convergence of these conditions leads to the wide-ranging and multiple layers of violence that pervade Dalit women’s lives, characterized by enduring violence in both the general community and in the family, from state and non-state actors of different genders, castes and socioeconomic groupings The health p of a country generally provides a broad framework of decisions for guiding the health interventions, which are helpful in improving health status, reducing the gap between health statuses of different classes in the society and positively contribute to the quality of life. It aims at making sure that health services are integrated, accessible and affordable to all people and are carried out with active involvement of the population. “The main aim of health policy is to protected health status of people to help smash the circle of poverty surrounding the masses in the developing world and release the population to secure the change as they have chosen and participate. Health also covers medical policy decisions, health benefits, clinical care, medical science and even the availability of care programmers, etc. Under line with the Directive Principles of State Policy laid down and in Constitution, raising the quality of diet, living conditions or enhancing the health status of citizens has become one of the main action areas for both the country's social developmental activities. India is a signatory to the 1978 Alma Ata Declaration and has been committing to achieving the aim to "Health for 1 Everyone by 2000 A.D."through the compulsory availability of primary health care facilities (Government of India, 1983). Below, we will address the different health services administered either by Haryana government.

health is now considered a human right, and the government is working hard to ensure that health services are available to all citizens. Health without accountability is a difficult endeavor, and state governments recently produced a measure aimed at strengthening the public health system's accountability mechanism. Accountability refers to the characteristic or state of being accountable and it is a key component in India's health-care reforms. This article offers a more comprehensive understanding of accountability, including its definition, conceptual

framework pros perceive ways for how accountability is seen today in India, with reference to the Central, State, District, and other stakeholders. It looks at the importance of accountability in creating responsible health plans, as well as the link between governance/ownership structures and health-care reforms, since greater accountability is a fundamental component of improving health-care performance.

Health policy establishes a vision for the future, which in turn aids in the establishment of short- and medium-term goals and benchmarks. It establishes priorities and the anticipated duties of various groups, as well as bringing people together and informing them. The government has formulated and released the National Health Policy, 2017, which aims to achieve the highest possible level of good health and well-being by incorporating a preventive and primitive health care orientation into all developmental policies and ensuring universal access to high-quality health care services without causing financial hardship to anyone.

India adopted a multi-pronged community-based approach known as the National Rural Health Mission (NRHM) to reduce maternal and child health (MCH) inequities between poor and affluent, rural and urban regions, and boys and girls. The goal of this study was to see how well NRHM's MCH strategies were executed, and if they improved MCH outcomes and reduced inequities. Methods: In the quantitative study, an explanatory sequential mixed methods study was conducted, first to assess the degree of implementation of MCH plans by estimating the budget utilization rates of each MCH plan, and then to assess the effectiveness of these plans by comparing demographic health survey data collected after (2012-13), during (2007- 08), and before (2002-04) NRHM implementation. health care system in Haryana: In the Indian healthcare system, some problems are face at present. India needs the pragmatic implementation of current policies for education and preparation of medical professionals, including health staff, and, therefore, a radical transformation of both the healthcare system to attain the objectives of health to everybody. The most significant focus should be on people's welfare. Haryana's government would be committed to delivering its whole residents with quality 5 medical care. Already initiated Many groundbreaking policies already introduced to make healthcare fair to everyone, including innovative projects in Haryana. Health facilities, including PGIMS Rothay, Community Health Centers, Primary Health Centers, Sub-Centers, or Trauma Centers, T.B. District, are provided by a network of several hospitals. Centers/facilities, RCH or Cholas de Repartee urban centers, etc. But there has been a rise in MBBS 6 positions to health education in Haryana medical schools. For successful growth interventions again at the human and national levels, health is now a distinct concern. It is crucial to guarantee sustainability and efficiency. The Haryana government remains committed to delivering the country's 7 citizens with standard, available, and affordable health care. To maintain the quality of medical treatment or take account of both the rise mostly in a total load of patients, the graduation of health facilities, and the advent of emerging technology, the desire to outsource essential services and support throughout medical centers have been widely felt. The building of 23 CHC, 79 PHC & 286 SHC obtained 330 crores administrative authorization through NRHM and the current health care institutions in the state. Construction 8 already did on 6 CHC, 41 PHC, and 152 SHC.Funds of Rs 200 million also improved health facilities while part of the funding from either the 13th Finance Committee (2010-15). The works were approved by the State budget for 75 hospital 9 buildings within the 7th district, including "Kharkhi-Dadri,Panipat, Rewari, Panchkula, Narnaul, Samalkha, and Jind, but also by the 13th Finance Committee". However, for health education, raised MBBS seats at PGIMS Rohtak were increased from 100 to 200, and PG seats raised between 92 to 221. The new food and drugs Directorate (Haryana 10 Economic Survey Report) have been established. Rural Health Scenario In Haryana Haryana focuses on providing but strengthening its residents' welfare with better health services, particularly those who live in rural parts of the state, launched the National Rural Health operation. That state of Haryana was continuously advancing toward reaching the interests and 11objectives shared throughout the NRHM, The national demographic strategy, and also the growth goals of the Millennium. A significant factor in assessing the economic circumstances of both the state is rural health in Haryana. Since Haryana is indeed an agricultural state, where even the portion of the electorate becomes involved with both the primary sector and the bulk of the public lives in rural areas, health is a significant feature of human life. And for the state of Haryana, an emphasis on rural health is indeed critical. By opening APS, CHC throughout villages & offering emergency treatment to people through today's perspective, Haryana was progressing towards offering decent

Conclusion The Haryana Government is committed to providing the best possible healthcare to its employees, pensioners, and their dependents; and in order to broaden the scope of services, particularly tertiary level healthcare, the government has included private medical colleges and hospitals on its panel of providers. Employees, pensioners, and their dependents of the Haryana government may take advantage of the services provided by such empanelled private health facilities under the policies of reimbursement, cashless, and empanelment. Health literacy efforts should be integrated into all aspects of health care, including preventive, curative, and rehabilitative care. Several initiatives have been taken and innovative schemes have been launched in Haryana with the goal of making healthcare more affordable for all citizens. Some of the state's initiatives have gotten people's attention and received positive feedback. Haryana is the first state in the country to provide free medicines to patients who come to the emergency department of state hospitals. In addition to attracting the attention of other states, the free Referral Transport Service for expectant mothers for delivery, patients from BPL families, accident victims and freedom fighters has also received additional funding. It was necessary to make fundamental changes in the approach to the entire health care delivery system in general, and rural health care in particular, in order to make rural health care services more significant to the rural community.

**Suggestions**

Haryana's healthcare programmers should anticipate competent and specialized healthcare management professionals with a breadth of knowledge to handle administrative and management needs well. This is primarily due to the need for role classification in administration and management areas as a result of the promising growth. Given the rapid expansion of Haryana's Indian healthcare programmers, the demand for professional healthcare administrators will increase in order to improve administrative functioning and provide superior quality healthcare services. The industry's continuous growth is expected to accelerate at a rate of 22.87 percent in the coming years. This will eventually broaden the scope of healthcare services in India, paving the way for a plethora of new job opportunities in both the medical and non-medical fields of education. However, public sector healthcare organizations

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