

Annual Activity Report



2016-17



HEALTH & FAMILY WELFARE DEPARTMENT
GOVERNMENT OF ODISHA

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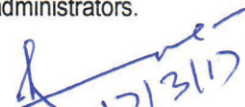
Our Government have made continuous efforts in providing quality health care services to the people of Odisha the results of which can be seen in the latest National Family Health Survey (NFHS-4), 2015-16 wherein Odisha has improved in many critical health indicators, especially in areas of **institutional delivery, utilization of public health facilities for pre-natal and post-natal care, full immunization coverage, reduction in anaemia and reduction in IMR and U5 Mortality rate**. These encouraging achievements may be attributed to enabling policies, programmes and sustained efforts made by the State Government over last one decade. The State Government under Health and Family Welfare Department have taken revolutionary steps like providing free medicine and diagnostics through NIRAMAYA scheme, special campaigns for universal immunization and implementation of State specific strategy for reduction of IMR and MMR. The focus has been for prevention and control of both communicable and non-communicable diseases and improving quality of care at facility and community level.

Major steps have been taken for improving the health care services in tribal and hard to reach areas through rational deployment of trained human resources, improving facility level infrastructure carrying out special VHND and immunization in difficult areas, setting up of maternity waiting homes, extensive IEC/BCC campaigns in media dark areas, management of health facilities in difficult pockets through PPP mode, detection, treatment and referrals through Mobile Health Units and other activities, the success of which is evident in different study reports.

The State Government is setting up 9 new Medical Colleges , out of which two Medical Colleges will be functional this year. "Mukhya Mantri Swasthya Seva Mission" has been launched for Public Health Response , Health Investment Promotion Policy , Development of Infrastructure of existing Medical Colleges and Peripheral Health care .

However, we have miles to go & still a lot to achieve. I sincerely, believe that all of us must, as a team, participate in thinking, planning & executing health care activities.

I take this opportunity to congratulate the Department for successfully bringing out the publication of the Annual Activity Report-2016-17 ,which will be an eye opener for health professionals and administrators.


(Pradip Kumar Amat)

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Foreword

Department of Health & Family Welfare endeavours to provide adequate, accessible, equitable and affordable health care services to the people of Odisha. With this objective, the department has formulated and executed wide range of initiatives especially in the areas of maternal health, child health, quality of care, IT enabled interventions, HR reform, creation of health infrastructure, preventing communicable and non-communicable diseases, encouraging community participation and many more. Recently published NFHS-4 survey report indicates that, in Odisha fewer children are dying in infancy and early childhood, as substantial improvement has been observed in reduction of IMR and U5 Mortality Rate. Making a quantum leap in key health indicators, Odisha has registered sharpest decline in Infant Mortality Rate (IMR) among major States in the country from 96 per thousand live births in the year 2000 to 40 in 2015-16. The State's IMR has fallen below the National average of 41 for the 1st time with the decline of 56 points being the highest among the major States in the country.

This quantum jump is due to effective implementation of Janani Surakshya Yojana(JSY), Janani Sishu Surakshya Karyakram(JSSK), "Niramaya (free drugs schemes)", 108/102 free ambulance services, and establishment of maternity waiting homes, operationalization 24x7 delivery points and First Referral Units(FRUs), establishment of Blood Storage Units at CHC level, establishment of Newborn Care Corners, Newborn Stabilization Units and Sick Newborn Care Units (SNCU), Nutrition Rehabilitation Centers, and capacity building of service providers and overall improvement in quality of care at public health facilities. Moreover, active participation of ASHAs in every village has really bridged the gaps between community and service providers for optimal utilization of public health facilities and increased institutional deliveries.

Finally, on the eve of this publication, I would like to thank all the Health Directorates, field functionaries & National Health Mission team for bringing out a very useful and comprehensive Annual Activity Report for the year 2016-17.

(Dr. Pramod Meherda)

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Abbreviations

ABER	Annual Blood examination Rate	CHC	Community Health Center
ACT	Artemisinin-Combination Therapy	CoE	Centre of excellence
AEFI	Adverse Events Following Immunization	CPR	Contraceptive Prevalence Rate
AFHC	Adolescent Friendly Health Clinics	DANIDA	Danish International Development Agency
AHD	Adolescent Health Day	DBT	Direct Beneficiary Transfer
AHRCC	Acharya Harihar Regional Cancer Centre	DDT	Dichlorodiphenyltrichloroethane
AHS	Annual Health Survey	DEIC	District Early Intervention Centre
ALS	Advance Life Support	DHH	District Headquarter Hospital
ANC	Antenatal Care	DLHS	District Level Household Survey
ANCDR	Annual New Case Detection Rate	DMET	Directorate of Medical Education
ANM	Auxiliary Nurse Midwife	DOTS	Direct Observe Treatment Short course
API	Annual Parasitic Incidence	DPM	District Programme Manager
ART	Anti Retro-viral Therapy	DPMR	Disability Prevention and Medical Rehabilitation
ASHA	Accredited Social Health Activist	DQAC	District Quality Assurance Committee
AWC	Anganwadi Centre	DRTB	Drug-Resistant Tuberculosis
AWW	Anganwadi Worker	EAG	Empowered Action Group
BCC	Behaviour Change Communication	EDCT	Early Diagnostic and Complete Treatment
BeMOC	Basic Emergency Management of Obstetric Care	EMOC	Emergency Obstetric Care
BKKY	Biju Krushak Kalyan Yojana	FBNC	Facility Based Newborn Care
BLS	Basic Life Support	FIMNCI	Facility based Integrated Management of Neonatal and Childhood Illness
BMI	Body Mass Index	FP	Family Planning
BMW	Bio Medical Waste	FRU	First Referral Unit
BPL	Below Poverty Line	GFATM	The Global Fund to Fight AIDS, Tuberculosis and Malaria
BPM	Block Programme Manager	GKS	Gaon Kalyan Samiti
CAC	Comprehensive Abortion Care	GNM	General Nursing Midwives
CDMO	Chief District Medical Officer	GOI	Government of India
CDR	Child Death Review	HBNC	Home Based Newborn Care
CeMOC	Comprehensive Emergency Management of Obstetric Care		

HIV	Human Immunodeficiency Virus	MCH	Maternal and Child Health
HMIS	Health Management Information System	MCIS	Multi Cluster Indicator Survey
HPD	High Priority District	MCTS	Mother and Child Tracking System
HR	Human Resource	MDA	Mass Drug Administration
HRG	High Risk Group	MDR	Maternal Death Review
HW	Health Worker	MDRTB	Multi Drug Resistant Tuberculosis
ICDD	Intensive Case Detection Drive	MHS	Menstrual Hygiene Scheme
ICDS	Integrated Child Development Services Scheme	MHU	Mobile Health Unit
IDSP	Integrated Disease Surveillance Project	MMR	Maternal Mortality Rate
IEC	Information Education and Communication	MMU	Mobile Medical Unit
IFA	Iron folic Acid	MO	Medical Officer
IMA	Indian Medical Association	MPHS	Multi Purpose Health Supervisor
IMNCI	Integrated Management of Neonatal and Childhood Illnesses	MTP	Medical Termination of Pregnancy
IMR	Infant Mortality Rate	MWH	Maternity Waiting Home
IPC	Inter Personal Communication	NACP	National AIDS Control Programme
IPHS	Indian Public Health Standards	NBSU	New Born Stabilisation Unit
IRS	Indoor Residual Spray	NCD	Non Communicable Diseases
IUCD	Intra Uterine Contraceptive Device	NFHS	National Family Health Survey
IYCF	Infant and Young child Feeding Practices	NHM	National Health Mission
JE	Japanese Encephalitis	NIDDCP	National Iodine Deficiency Disorders Control Programme
JSSK	Janani Sishu Suraksha Karyakram	NIPi	National Iron Plus Initiative
JSY	Janani Suraksha Yojana	NPCB	National Programme for control of Blindness
KMC	Kangaroo Mother Care	NRC	Nutrition Rehabilitation Center
LAMA	Leave Against Medical Advice	NRHM	National Rural Health Mission
LBW	Low Birth Weight	NSP	New Sputum Positive
LHV	Lady Health Visitor	NSSK	Navjaat Shishu Suraksha Karyakram
LLIN	Long Lasting Insecticidal Nets	NTCP	National Tuberculosis Programme
LSAS	Life Saving Anaesthesia Skills	NUHM	National Urban Health Mission
		NVBDP	National Vector Borne Disease Control Programme

OCP	Oral Contraceptive Pills	RNTCP	Revised National Tuberculosis Control Programme
OPD	Out Patient Department	RSBY	Rastriya Swasthya Bima Yojana
ORS	Oral Rehydration Solution	RTI	Reproductive Tract Infection
OSACS	Odisha State Aids Control Society	SAM	Severely Acute Malnutrition
OSTF	Odisha State Treatment Fund	SBA	Skilled Birth Attendant
OT	Operation Theatre	SC	Sub Centre
PCPNDT	Pre-Conception and Pre-Natal Diagnostic Techniques	SNCU	Special Newborn Care Unit
PE	Peer Education	SRS	Sample Registration System
PHC	Primary Health Centre	SSNY	Swastya Sebika Nijukti Yojana
PHN	Public Health Nurse	STI	Sexually Transmitted Infection
PPIUCD	Post Partum Intra Uterine Contraceptive Device	SVPPGIP	Sardar Vallabh Bhai Patel Post Graduate Institute of Pediatrics
PPP	Public Private Partnership	TB	Tuberculosis
PPS	Post-Partum Sterilisation	TFR	Total Fertility Rate
PPTCT	Prevention of Parent to Child Transmission	TI	Targeted Interventions
PRI	Panchayat Raj Institution	U5M	Under Five Mortality
QA	Quality Assurance	ULB	Urban Local Bodies
QI	Quality Improvement	UNFPA	United Nation Population Fund
RBSK	Rashtriya Bal Swasthya Karyakram	UNICEF	United Nation Children's Fund
RCH	Reproductive Child Health	UPHC	Urban Public Health Center
RDC	Revenue Divisional Commissioner	VBD	Vector Borne Disease
RDT	Rapid Diagnostic Test	VHNC	Village Health Sanitation Committee
RGH	Rourkela Government Hospital	VHND	Village Health and Nutrition Day
RGI	Registrar General of India	WCD	Women and Child Development
RKS	Rogi Kalyan Samiti	WHO	World Health Organisation
RKSK	Rashtriya Kishore Swasthya Karyakram	WIFS	Weekly Iron Folic Acid Supplementation
RMNCH+A	Reproductive, Maternal, Newborn, Child Health plus Adolescents		

chapter-1

Health and Family Welfare Department : Overall Activities 2016-17

Health and Family Welfare Department : Overall Activities 2016-17

Introduction

Health & Family Welfare Department, Government of Odisha is committed to provide (in conformity with National Health Policy, Govt. of India) affordable, accessible, equitable and quality health care services to its people with special focus on under served and hard to reach areas of the State. To achieve this objective the department has been endeavoring to expedite infrastructure development of the health facilities across the State in addition to addressing Human Resource Management, procurement of equipment & instrument, free supply of essential drugs and other logistics in all the Govt. Health facilities of the State.

Budgetary allocation for the health sector has been augmented to fill up the vacancies of doctors and for infrastructure to deal with health care service delivery in the State.

Objectives

- To ensure adequate, qualitative, preventive & curative health care to people of the State.
- To ensure health care services to all particularly to the disadvantaged groups like scheduled tribes, scheduled castes & back ward classes.
- To provide affordable quality healthcare to the people of the State, not only through the Allopathic system of medicine but also through the Homeopathic & Ayurvedic systems.
- To ensure greater access to primary health care by bringing medical institutions as close to the people as possible or through mobile medical health units, particularly, in the underserved & backward districts.
- To improve health care in the KBK districts of the State
- To eliminate diseases like polio & leprosy from the state & prevent as well as control other communicable diseases
- To reduce maternal, infant & neo-natal mortality rates
- To guarantee to the people of Odisha free treatment(including free medicines) for certain major communicable diseases
- To improve hospital services at the primary, secondary & tertiary levels in terms of infrastructure, drugs & personnel

- To impart training to doctors, nurses & other paramedical staff to upgrade their skills & knowledge to improve quality health care in the state and improve medical education in the State.
- To ensure that all children under the age of 2 years and pregnant women are fully immunized against seven preventable diseases under Mission Indradhanush.
- To ensure vaccination of all children against rotavirus as part of Universal Immunization programme.

Health care Infrastructure in the State

Table 1-Health Infrastructure in the State

Health Facility	Numbers
Medical College and Hospitals	3
District Hospitals (in 30 districts + Capital Hospital, BBSR & R.G.H RKL)	32
Sub-Divisional Hospitals	27
Community Health Centres	377
Other Hospitals	79
Infectious Disease Hospitals	5
Cancer Institute	1
Training Centres	5
Primary Health Centres (N)	1226
Sub-Centres	6688
A.N.M. Training Schools	19
G.N.M. Training School	8
M.P.H.W.(Male) Training School	3
Ayurvedic Hospitals (not attached to College)	2
Ayurvedic College & Hospitals	3
Ayurvedic Dispensaries	619
Homoeopathic College & Hospitals	4
Homoeopathic Dispensaries	561
Unani Dispensaries	9

(Source : SHRMU, 2015)

Resources and Budgetary Allocation for the Year 2016-17

For the financial year 2016-17 (B.E), an amount of Rs. 477186.78 Lakh Lakhs had been made in the Health & Family Welfare Budget as detailed below:

Table -Resource and Budgetary allocation

SI No	Budget Head	B.E (in Lakh)
1	Non-Plan	194156.80
2	Plan	283029.98
	Total	477186.78

(Source: Budget Document-Health & Family Welfare Department)

An Amount of Rs 569033.10 (BE) Lakh has been proposed in the Budget Estimate for the financial year 2017-18 as per the table below:

SI No	Budget Head	B.E. (Rs in Lakhs)
1	Administrative Expenditure (earlier Non-Plan)	203817.39
2	Programme Expenditure (earlier Plan)	365215.71
	TOTAL	569033.10

*** N.B: The above Budget includes two major initiatives of State Government, i.e.**

- | | | |
|----|--|-------------------|
| 1. | Mukhya Mantri Swasthya Seva Mission (MMSSM): | (Amount in Lakhs) |
| | Infrastructure Development of Health Institutions | - 76000.00 |
| | Public Health Response | - 500.00 |
| | Odisha State Treatment Fund (OSTF) | - 6000.00 |
| | Health Investment Promotion Policy (token) | - 0.01 |
| | | 82500.01 |
| 2. | Sishu Abang Matru Mrutyuhara Purna Nirakaran Abhiyan (SAMMPurNA) : | 4500.00 |

Major Activities undertaken during 2016-17

System Strengthening

- Equipment procurement guidelines issued
- Drug management policy notified
- Establishment of Odisha State Medical Corporation
- Contingency increased + untied funds guidelines made for DHHs, CHC and PHCs

Service delivery

- Help desks made functional at all FRUs for helping patients with better information and care.
- Diet menu prepared for health institutions for ensuring better diet to patients.
- **Niramaya:** Free drug distribution scheme launched on 28.04.2015
 - 275 types of essential drugs, 82 anti cancer drugs, 31 special category drugs for mental health & 63 types consumables being provided under "Niramaya" and Facility-wise EDL is in place
 - Provision of Rs. 222 Crs towards drugs & consumables has been made under State budget for the year 2016-17. Rs.173.60 Cr. Fund provided till date.
 - In year 2016-17, 370 types of drugs and consumables worth Rs. 84.5 Crs procured /order placed till Dec.2016 against 108.49 Cr. Provided till date.
 - 495 computerized Drug Distribution Centers (DDCs) are functioning. Drugs are also distributed at non computerized center up to PHC level.
 - 49 dedicated GPS enabled transport vehicles for door step delivery of drugs up to PHC level.
 - 61.55 lakh patients have benefited under Niramaya scheme in year 2016-17 till Nov. 2016 at Medical colleges, district hospitals and SDHs.
- 104 call Center : toll- free call centre providing information and counselling
 - Information on schemes.
 - Provide expert advice on selective days (O&G, Paediatric).
 - Share Information for accessing to the details of various facilities in their area like hospitals, pharmacies, independent practitioners, diagnostic services etc.
 - Follow up of sample beneficiaries registered under MCTS for verifying service provisions.
- Ensuring free referral transport services to all pregnant women and sick infants of State, those are seeking health care services at Government health facilities, "102 ambulance services" is being operational in the State. Under this scheme, 472 out of 500 ambulances are operational in addition to 420 emergency ambulance services under "108 ambulance service". More than 13 lakhs patients in distress have been benefited till now under "108 ambulance service" and more than 6.6 lakhs pregnant women & sick infants benefited under "102 ambulance services" till now, being extended with induction of 92 ambulances in deficit districts from State plan.
- Integrated Lab: Public health labs set up in all districts. CHC integrated labs set up.
- JSY-direct benefit through e- transfers implemented in all districts.
- Maternal and Child death review strengthened via monthly reviews at State and district level.
- Dashboard indicators & CHC Star gradation : based on HMIS data set, districts are being graded in a performance index and shared with districts for corrective action. Again all 377 CHCs performance is being closely monitored and feedbacks shared with districts for improving their rating with suggestive action points. More than 50% CHCs graded 3 and above.

Legislation

- Five Recruitment Rules passed/amended for Staff Nurse, MPH/M/F, Radiographer&Lab Technician, Clinical Establishment Act modified and implemented, VIMSAR Act, Health University Act, Transplantation of Human Organs Act passed

Preventive Health Care

- Disease outbreak management for Jaundice, Dengue, Swine flu, Malaria (Tata Trust, Daman, GFTAM)
- SOPs made for line departments and Collectors for disease outbreak management
- Strengthened review (fixed day monthly meeting) being held at State & District level
- IDSP review done by Collectors

Tertiary care

- 5 new Medical Colleges started
- MoUs signed with GoI for Burns Unit, Trauma Care
- Guidelines on strengthening teaching in Medical Colleges
- Approvals given for Shishu Bhavan upgradation, Capital Hospital as Post Graduate Institute (PGI), and AHRCC as Center of Excellence for Cancer Care.

New schemes from state plan

- IMR, MMR reduction strategy rolled out in 15 districts having poor health indicators in relation to IMR and MMR. An Action Plan along with budgetary allocation of about 50 crores per annum has been prepared to reduce Infant Mortality and Maternal Mortality & to accelerate the rate of reduction so as to be faster than the national rate of reduction.
 - 15 Guidelines/SOPs developed and distributed
 - Hard to reach areas identified - 7746 villages
 - Training completed at all levels
 - Labour Room Standardization in process
 - Monthly Integrated VHND & RI Sessions organized since September, 2016
 - Screening of High risk PW & follow up of high risk children initiated (Red Card)
 - Procurement of equipment in process
- Emergency fund
- Blood services Comprehensive multiyear action plan in place: Government has prepared a detailed road map along with budgetary allocation to strengthen Blood Bank services in the State and to provide safe Blood to the patients. The major features include Quality Assurance measures with the support of National Institute of Biologicals in Blood Services, Ensure supply of blood & blood products to multiple transfused patients like Thalassemia, Sickle cell, hemophilia & immune deficiency disorders, Promotion of Voluntary Blood Donation Camps
 - 82 Blood Banks and 69 Blood Storage Units operational.

- Refreshment cost for blood donors has been increased from Rs. 25 to Rs. 50 and separated fund provision of Rs. 10 per donor for VBD camps.
- 9 Mobile Blood Collection Vans and 11 Blood Component Separation units are under procurement.
- Rs. 14.66 Crores under NHM & Rs. 12.54 Crores under state budget have been allocated in last 2 years.
- Bio medical waste management : 1157 / 1751 Health care Facilities under Authorisation Administration of Odisha State Pollution Control Board (OSPCB). DHH Capital hospital got Pollution Control Excellence award in 2015 and CHC, Junagarh, Kalahandi got Pollution Control Appreciation Award for the Year 2016.
- Mental Health: National Mental Health Programme is implemented in 14 districts & State Govt. support for rest 16 districts. Free psychotropic drugs made available through 'Niramaya'.
- Food safety programme strengthened across the state.
- RNTCP Interventions Scaled Up :Cartridge Based Nucleic Acid Amplification Test (CBNAAT) made operational at 25 Units - 11 added this year. Till 2016 2,383 cases tested in CBNAAT, 451 have been diagnosed with TB and 45 with drug resistant TB
- NVBDCP Interventions Scaled Up : Establishment of Sentinel site laboratories for diagnosis
 - For JE 3 existing (RMRC, Bhubaneswar, DHH, Koraput & DHH, Keonjhar) and 1 functional (DHH, Malkangiri)
 - For Dengue 13 existing and 24 new Sentinel Sites with ELISA based test functional in the current year
 - Diagnosis & treatment is provided free of cost
- Telemedicine and telemedicine strategy for state expanded to 30 districts.
- Cancer screening and day care chemotherapy initiated in selected DHHs.
- Construction of NCD Complex at 5 District HQ Hospitals (Koraput, Malkangiri, Bolangir, Nuapada and Nabarangpur) recognized as best Practice in the country by Gol.
- ICUs have been established in 10 DHHs/Capital Hospital
- Integrated NCD clinics at 20 DHH and 62 CHC established
- Physiotherapy units have been established at 15 DHH & 39 CHC Level
- 102 ambulance services being extended with induction of 92 more ambulances in deficit districts from State plan
- BKKY : More than 25 lakh farmers benefited

Strengthening Human Resources

- **Enhancement of MBBS & Post-Graduation seats:** a total of 64 numbers of PG seats and 8 super-specialities have been increased in different subjects during the year in all three Govt. Medical College. The proposal for enhancement of MBBS seats from 150 to 250 at VIMSAR, Burla is

underway. In SCB MCH& MKCG, Medical College BerhampurUG seats have been enhanced to 250 seats.

- **Place Based Incentive:** The State Govt. has implemented place based incentive to Doctors who are serving in rural and remote areas with specific focus on KBK and KBK and regions. All the 1751 Health institutions like 32 District hospitals, 27 SDHs, 377 CHCs, 1226 PHCs etc. are categorized or mapped as V 0 to V 4 based on vulnerability parameters. The entire scheme has been scientifically devised to make it more objective as well as attractive. The state Government is funding the entire expenditure of about Rs. 42.00 crore on this account out of its own resources.
- **Corpus Fund:** Rs. 1 crore of corpus fund has been allotted to each KBK & KBK and districts for human resources management.
- **Contractual doctors remuneration increased:** The State Govt. has increased the consolidated monthly remuneration of doctors engaged on contractual basis against the vacant posts of Asst. Surgeons/Specialists in different health institutions of the State. Hike of Rs. 15000 to Rs. 20000 over and above the existing remuneration made.
- **Manpower strengthening :** 103 Asst. Professors & 334 Asst. Surgeons after being recruited through OPSC have joined. 408nos. of doctors were removed for their long unauthorized absence. Additional 1330 posts of doctors have been created after restructuring of OMHS cadre 2016. OPSC has already started the process of recruitment of 808 doctors who will be joining very soon. In order to make the posting & transfer more transparent and option based the department has undertaken a system of computerized counselling and posting of doctors. 151 dental surgeons were posted following the due procedure.
- **Paramedics:** 6826 nos. of paramedics posts created.
- **AYUSH:** Requisition has been sent to OSSC for recruitment of 800 Ayush Asst. Recruitment process is underway by OPSC for filling up 179 posts of AMO and 263 nos. of HMOs post. Besides, amendment has been made in Odisha Ayurvedic Medical education Service Rules 2013 pertaining to age limit for the post of Lecturers. A new rule i.e. Odisha Ayush Ministerial Service for the offices, subordinate to Directorate of Ayush is to be placed before the Cabinet for approval. Unani Medical officers rules is under process.

Others

- **First Referral Unit:** 82 hospitals are functioning as FRU (L3) institutions out of 95 for providing Comprehensive Emergency Obstetric care including C-Section. Specialist manpower with Blood Banks (82) and Blood Storage Units (69) are also operational
- **Janani Suraksha Yojana (JSY):** Total **5390174** number of beneficiaries benefitted under JSY (from 2005-06 till Feb 2017). Due to JSY the institutional delivery has increased to 85.4%. (NFHS 4-2015-16).
- **Janani Shisu Suraksha Karyakram (JSSK)** - Free services which include free drug, blood, diagnosis, diet & referral services are provided to all pregnant women and sick newborn and infants
- **Training:** In Life saving anesthesia skill (LSAS) 158 doctors were trained, Emergency obstetrics care (EmOC) training was given to 38, & Basic Emergency obstetrics care (BEmOC) training given 959

nos. of Medical Officer for operationalisation of L3, L2 & L1 institutions, during the year 2016-17, 9 doctors trained on LSAS and 113 doctors trained on BEmOC.

- Maternity Waiting Homes (MWH) have been established forencouraging Institutional Deliveries (IDs)in the difficult & most difficult blocks.These homes serve as safe shelter for the expectant mothers who come for safe confinement prior to their deliveries. So far 52 MWH are operational out of 62 targeted.
- Nursing education strengthened:Started computerized counseling for admissions into all ANM and GNM colleges, establishment of Skill Labs, Computer Labs, Library ,Model ANMTC & GNMTC ,Scholarship for ST & SC Students.
- 30 Special Newborn Care Units (Target: 41) and 44 New Born Stabilization Units are operational. 6 new SNCU are under process to function at new MCH centres and bed capacity is being increased in 10 existing SNCUs. For preventing mortality and brain damage immediately after birth, 681/1190 Newborn Care Corners are functional at Delivery Points.
- 802029 malnourished children treated through Pustikar Diwas from 2009 to 2015-16.Till Feb'2017, 53 Nutrition Rehabilitation Centers are being established in district and sub district levels to take care of the malnourished children (Target-61).
- Routine immunization strengthened with introduction of IPV and Rotavirus and Mission Indradhanush introduced in 8 High Priority districts along with vulnerable pockets in urban areas of Cuttack and Bhubaneswar for better immunization coverage in left out/ difficult pockets.
- MHU: 114 Mobile Health Units are operational under State budget to provide primary health care services at the community level in 4682 most difficult villages every month. In addition, funds are also allocated for operationalisation of 22 additional Mobile Health Units in most difficult and LWE affected areas under "Swasthya Sanjog", through PPP mode.
- RBSK: 640 Mobile Health Teams formed for screening, treatment and referral of children identified with defects, deformity, development delay and diseases at schools and AWCs.
- RKSK:148 AFHC (Adolescent Friendly Health Centers) clinics has been established to provide services for adolescent girls & Boys. Integrated counseling centers up to CHC DPs. 4 One Stop Crisis Centres on pilot basis (Puri DHH, Sambalpur DHH, Capital Hospital & MKCG Medical College) integrated with SHRADDHA clinic. Menstrual Hygiene Scheme (MHS)extended to 30 districts under NHM.
- National Urban Health Mission has been expanded from 18 cities to 36 cities to ensure availability of primary health care services through public health networks and provision of outreach health care services with focus on urban slums through ANMs, ASHAs, Mahila Arogya Samiti (MAS).

Construction monitoring

- Periphery
 - 5 new DHH being established at Jharsuguda, Dhenkanal, Malkangiri and Kendrapada, Deogarh.
 - New MCH : Establishment of 46 nos. of Maternal & Child Health Complex in District / Sub-district & Block Level of various bed strength; ranging from 125 bedded complexes to 30 bedded complexes are in progress(15 completed)

- Tertiary care-
 - 3 medical colleges, Mental Health, 3 medical colleges upgradation

Major Activities Proposed for 2017-18

Transparency and efficiency

- Online registration of food licensing and registration
- Online registration of Clinical Establishments
- Online drug licensing to be implemented
- Strengthening e-aushadhi
- Computerization of all DDCs
- Procurement of Ayush drugs through OSMCL.

Service expansion

- Expand Niramaya to all PHCs
- Introduce free diagnostics
- Comprehensive Equipment maintenance contracts
- Casualty management -posts
- IMR/ MMR strategy full roll out
- Establishment of 50 bedded AYUSH integrated hospital at Dhenkanal.
- Strengthening of State Drug Testing Laboratory (ISM), Bhubaneswar
- Mainstreaming of AYUSH Drug Regulatory mechanism.
- Referrals
 - Bring out referral protocols
 - 92 new ambulances to be rolled out
 - 22 new MHUs/Arogya Plus on PPP mode (20 already implemented 2 to be implemented)
 - 41 MHUs for tribal blocks (23 already made functional)
 - New PICU and NICUs in tertiary and secondary level to be made operational
- Insurance
 - Implementation and monitoring of insurance schemes like RSBY, BKKY.
 - Restructuring of OSTF in line with CMRF
- Human Resource strengthening
 - Implement computerized counseling and other decisions as per approved HR policy
 - New recruitment of paramedical posts (6828)
- State Public Health Laboratory to be strengthened
- State Drug Testing Laboratory to be strengthened
- State Food testing Laboratory to be strengthened
- Disease reduction measures to be strengthened

- Malaria strategy - DAMAN for hard to reach areas
- Lifestyle diseases screening
- Cancer day care expansion

Strengthening Tertiary Care

- **5 new medical colleges** at Bolangir, Baripada (Mayurbhanj), Balasore, Puri & Koraput under the centrally sponsored scheme “Establishment of new Medical Colleges attached with the existing district / referral hospitals
- Low cost private hospitals on PPP mode
- Private /PSU medical colleges progress
- Strengthening capacity from 150 to 250 MBBS seats in existing 3 medical colleges as per MCI norms
- Capital Hospital to be upgraded as Post Graduate Institute.
- AHRCC bed capacity- 500, new OTs, ICU etc. with technical tie ups
- Shishu Bhavan streamlining
- Mental Health Center of Excellence
- Super speciality cardiac care centre at Jharsuguda
- Rolling out of Health Investment policy in priority districts to attract private hospital operators
- Rolling out of Health Investment policy in priority districts to attract private hospital operators
- Digital hospital in Nawarangpur district

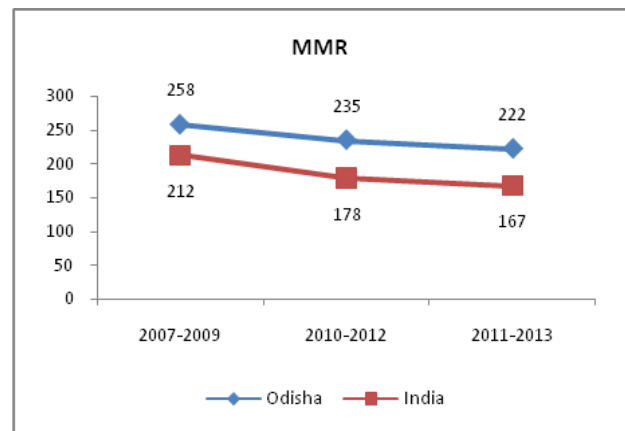
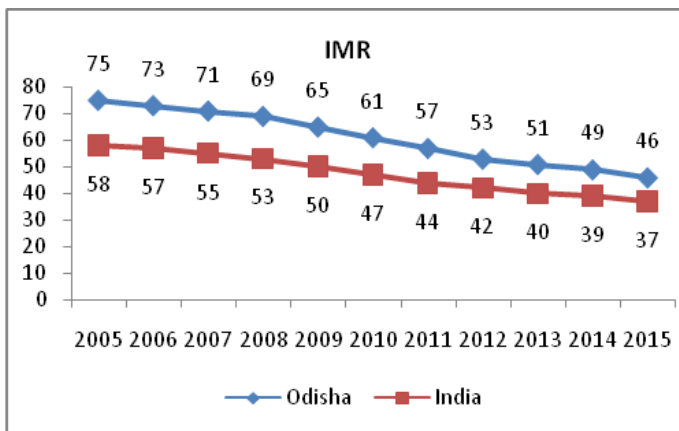
Impact of Health Interventions in Odisha

- Odisha recorded 81 points reduction in MMR in 7 years from 303 (SRS 2006) to 222 (SRS 2013). Before NRHM from 1998 till 2006 there was only 64 point decline in 8 years time period.
- There is a remarkable reduction in Infant Mortality Rate (IMR) by 29 points from 75 in 2005 to 46 in 2015 as per SRS, which is highest in the country. As per NFHS-4,2015-16 the IMR has further declined to 40 and is better than all India IMR of 41.
- The Under 5 Mortality of State has also declined from 91.6 in 2005-06 to 49 in 2015-16 (NFHS-4) which is better than all India point decline from 74 to 50 during the said period.
- Neonatal Mortality Rate (NMR) has been reduced from 53 (SRS 2005) to 36 (SRS 2014) which has kept pace with decline in IMR.
- State has already achieved the 12th Five year Plan goal w.r.t the Total Fertility Rate i.e 2.1, as per SRS 2012, which is a great achievement towards population stabilization measure.
- The birth rate has declined from 23.8 in 2005 to 19.2 in 2015 whereas the death rate has declined from 9.5 to 7.6 in 2015 (SRS).
- Percentage of institutional delivery increased from 35.6 % in 2005-06 to 85.4%2015-16,(NFHS). Due to effective service delivery mechanism, substantial improvement has been noticed in

utilization of public health facilities by the people.

- As per NFHS-4 (2015-16), Odisha recorded 47.1 point increase in Institutional Births in Public Facility from 28.8% in 2005-16 to 75.9% in 2015-16 and is better than all India average of 52.1 % and 3rd highest in the country
- As per NFHS-4 (2015-16), Odisha recorded 26.8 point increase in Children aged 12-23 months fully immunized from 51.8% in 2005-16 to 78.6% in 2015-16 and is better than all India average of 62 %.
- As per NFHS-4 (2015-16), Odisha recorded 20.5 point decrease in Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) (%) from 68.1 % in 2005-16 to 47.6 % in 2015-16 and is better than all India average of 50.3%.
- There is a noticeable reduction achieved in morbidity and mortality due to Malaria.
- The success rate of TB control programme is also at desirable level (85%) as per Gol norm.
- Morbidity and mortality due to diarrhea has been remarkably reduced in past few years, due to effective preventive measures, in spite of regular natural disasters.
- No new polio case has been detected since last 5 years, due to effective immunization and surveillance activities.

These improvements in the health sector have been the result of concerted and continued efforts of the Department of Health and Family Welfare towards establishing more efficient systems through effective planning, financing, human resource management, infrastructure, supply chain management and e-governance. Though many initiatives have been taken earlier, it was with the introduction of the National Rural Health Mission that many of the innovations and change initiatives were mainstreamed; as well as new ones initiated.



Source : SRS Bulletin

chapter-2

National Health Mission

National Health Mission

Introduction

The National Rural Health Mission has been in operation since June 2005 in Odisha and has been renamed as National Health Mission (NHM) after widening its service coverage to urban areas. Odisha, has shown a steady and sustained improvement in most of the key impact level indicators of health sector performance since the launch of NRHM in 2005. Odisha recorded highest IMR decline of 29 points in the country by reducing IMR from 75 in 2005 to 46 in 2015. Maternal mortality has also declined from 303 in 2006 (SRS) to 222 in 2013(SRS). The latest NFHS data shows wide improvement in all major process indicators such as ANC coverage, institutional delivery, immunization, nutritional status as against all India average. The state has shown reduction in deaths due to communicable diseases, particularly malaria though the Annual Parasite Incidence of malaria has increased from 6.16 in 2013 to 9.6 in 2014 due to improved detection at field level through supply of RDK kits to ASHA.

Objective

The following are the major objectives of the National Health Mission:

- Reduction in child and maternal mortality,
- Universal access to public services for food and nutrition, sanitation and hygiene and universal access to public health care services with emphasis on services addressing women's and children's health and universal immunization,
- Prevention and control of communicable and non-communicable diseases, including locally endemic diseases,
- Access to integrated comprehensive primary health care,
- Population stabilization, gender and demographic balance,
- Revitalize local health traditions & mainstream AYUSH,
- Promotion of healthy life styles.

Major activities Undertaken:

2.1 Reproductive Health

Major Achievement

- 2038785 sterilization (35206-Male + 1820136- Female) have been done from 2005 to 2016-17 (up to Dec'16).
- 473 Health facilities are providing family planning services through FDS mode.
- Family Planning Commodity Security ensured through state specific Innovation RHCLMIS up to Sub Centre level.
- Non-clinical Contraceptives (Condom, Oral Pills & EC Pills) being provided to the Eligible Clients through 48,000 ASHAs at the community level
- 2255 service providers trained in PPIUCD
- 25 RMNCHA Councillors appointed out of 35 planned.
- All 43,530 ASHAs trained through a well crafted module
- Intensive IEC intervention' in selected districts undertaken
- Instituted 'awards & felicitation' for best performing surgeons & districts
- Observation of 'world vasectomy week-2016'
- Tracking of providers & beneficiaries of IUCD services through EAISI web based application in 118 high case load sub district level facilities.

2.2 Maternal Health

- First Referral Unit: 82 hospitals are functioning as FRU (L3) institutions out of 95 for providing Comprehensive Emergency Obstetric care including C-Section. Specialist manpower with Blood Banks (82) and Blood Storage Units (69) are also operational.
- Delivery points : State has target of 1190 delivery points of which 580 institutions are functional at present and 610 are promising. So far 624 Delivery Points are functional to provide quality delivery services.
- Janani Suraksha Yojana (JSY): Total 5390174 number of beneficiaries benefitted under JSY (from 2005-06 till Dec 2017). Due to JSY the institutional delivery has increased from 28.8 % in 2005-06 to 75.9 % in 2015-16 as per NFHS-4.
- Janani Shisu Surakshya Karyakram (JSSK) - Free services which include free drug, blood,



diagnosis, diet & referral services are provided to all pregnant women and sick newborn and infants (upto 1 year) through implementation of, Janani Sishu Surakhya Karyakrama and other compensation schemes for availing institutional care at public health facilities. More than 6.6 lakh pregnant women and sick infants have availed free referral transport service through 102 ambulance service (472 vehicles). About 1.35 lakhs pregnant women provided free blood annually.

- Skilled Attendant at Birth (SAB) training was given to the Paramedics and AYUSH doctors to augment the institutional delivery. These SAB trained staffs are posted in the identified delivery points in priority basis. During the year 142 HW(F) & LHV, 190 Staff Nurses and 30 AYUSH doctors were trained in SAB and 86 HW(F) & LHV, 175 Staff Nurses and 142 AYUSH doctors number of previously trained staff were provided SAB refresher training.
- In Life saving anesthesia skill (LSAS) 158 doctors were trained, Emergency obstetrics care (EmOC) training was given to 38, & Basic Emergency obstetrics care (BEmOC) training given 959 nos. of Medical Officer for operationalisation of L3, L2 & L1 institutions, during the year 2016-17, 9 doctors trained on LSAS and 113 doctors trained on BEmOC.
- ANM Mentoring: To increase the skill of the ANMs for quality service at VHND session, State has taken specific steps to improve skill through on job training by identified supervisors and AYUSH doctors who are designated as trained mentor. These mentors will provide hand holding support to poor performing HW (F) in a specific time frame. Till date 14 batches of training completed at State Level and 186 nos of mentors are in position to provide hand holding support to HW(F). Mentoring activities have been started in 10 High Priority Districts.
- Maternal death review (MDR) committees are formed at State and district level to review the maternal death. During 2016-17, 784 nos. of maternal death are reported by December 2016 and out of that 395 nos. of death are reviewed by Collector cum DM and 664 nos of death reviewed by CDMOs of the district. State has conducted 164 nos of maternal death reviews through Vedio conference and taken steps for improvement of quality of review of deaths.
- Safe abortion care services: Out of 439 targeted institutions, 315 facilities are in readiness for providing CAC service in the state. During 2016-17 Till Dec.2016 :
 - 12 days certification training given to 30 doctors and 30 staff nurses.
 - 3 days refresher training given to 48 doctors and 48 staff nurses.
 - 3 days TOT (master trainer) given to 4 doctors and 3 staff nurses.
- Village Health & Nutrition Day: Fixed day health & Nutrition day (VHND) is being organized every Tuesday / Friday at village Anganwadi centers. So far 381030 VHND sessions held out of 389269 planned (98%) during 2016-17 (Up to Dec 2016).
- Standardization of labour room . State is taking steps for standardizing Labour room as per MNH tool kit. Further under DAKSHATA programme 18 districts are given focused attention for improving infrastructure and practice in labour



room. Jhpiego is the state technical lead partner on Dakshata and directly supports rollout in 10 districts, while UNICEF supports in 3 districts. After Dakshata initiative it is observed that the skill and knowledge of doctors have improved.

- Maternity Waiting Homes (Maa Gruha) These Maa Gruha are established near to delivery points to accommodate the expected delivery cases from difficult geographical pockets at least before 7 -10 days of Expected Date of Delivery for having safe institutional delivery. Maa Gruha not only provides facilities of temporary rest shed but also a home with counseling services to mothers on personal hygiene, family planning measures and new born care etc. So far 54 MWH are operational out of 66 targeted.
- Initiatives for Anaemia Control: IFA & Calcium Supplementation - About 9 Lakhs Pregnant women covered annually .Inj. Iron sucrose & Blood transfusion services- made available at Institution level for Pregnant women with severe anemia. One time de-worming of all pregnant woman ensured during pregnancy in second trimester.

2.3 Child Health & Adolescent Health

As per SRS 2014, Odisha is the 3rd highest state in IMR in the country. However, the rate of reduction of IMR in Odisha is the highest in the country. Currently, the IMR of Odisha is 40/1000 live birth and under-five mortality is 46/1000 live birth as per NFHS-4 which is better than all India average of 41 IMR and 50 under five mortality rate. Major interventions undertaken through NHM for reduction of infant and under-five deaths in the State include:

- New Born Care Corner: For preventing mortality and brain damage immediately after birth, 580 Newborn Care Corners are functional (Progressive Target: 1190) at delivery points (at Labor rooms & OT) to provide essential newborn care & resuscitation immediately after birth. Around 8% babies are resuscitated and 5% babies are referred for further treatment at SNCUs.
- Special Newborn Care Units (SNCU) & Newborn Stabilization Unit (NBSU): For treatment of sick & low birth weight newborns, 30 Special Newborn Care Units (Target: 41) and 44 New Born Stabilization Units are operational. 6 new SNCU are under process to function at new MCH centres and bed capacity is being increased in 10 existing SNCUs. Besides, 5 NBSUs have been planned to upgrade into SNCUs in 2016-17. During 2016-17 till Nov. '16, 31,647 nos of children admitted in SNCU and 22399 (71%) new borns are discharged after due treatment.
- 53 Nutrition Rehabilitation Centers have been established in district and sub district levels to take care of the malnourished children (Target-61 by 2017). During 2016-17 till Dec. 16, 6849 children were admitted in NRC and 5000 (73%) children are discharged with 15% weight gain.



- At community level to identify malnutrition among children, Village Health & Nutrition Day (VHND) is functioning once a month in each AWC in convergence with W&CD Deptt. throughout the State. Identified underweight children are referred to higher facility in case of complication for further treatment. 123738 malnourished children identified at VHND sessions and provided treatment either at CHC level or at NRC during 2016-17 till Dec. '16.
- Trainings and capacity buildings: In view of effective and efficient services the trainings are being provided to concerned personnel at various levels.
- Skill Based training-
- State level Training on INAP/IAPPD completed & District level training completed in 10 districts.
- State, District & Sub District level NDD training completed and implementation started.
- Facility based IMNCI training conducted at State level for Staff Nurses and Medical Officers.
- NSSK training of Medical Officers conducted at State level.
 - Knowledge based training
- Knowledge based CME through VC and telemedicine hub is organized time to time.
- Training on Child Death Review (CDR) completed & implementation started in all districts.
- Training of AYUSH MOs on Community Based CDR for conducting verbal autopsy completed at State level.
- Home based new born care (HBNC): Training is provided to all ASHAs for early identification and referral of newborns with danger signs and counseling care givers on home based newborn care. During 2016-17 till Nov. '16, about 12% of LBW babies were reported during HBNC visits and 4% of sick newborns were referred for appropriate treatment.
- Child Health Review (CDR): Child death review has been implemented in the state during 2015-16 under which committees have been formed at state and district level for detailed review and analysis of each under five child death and taking necessary corrective actions. During 2016-17, till Dec. '16, 13437 child deaths were reported and reviewed at district level for taking corrective actions.
- Infant & Young child feeding: ANMs and staff nurses are trained on IYCF practices for counseling parents / care givers at community and facility level respectively. Further to strengthen IYCF, MAA programme was launched under which trainings are planned in the upcoming year.
- National Iron Plus Initiative: For reduction of Anaemia in children and adolescent, weekly Iron folic acid supplementation is provided at all schools and AWC.



- **Supplementation of Vitamin A bundling with Albendazole:** Biannual supplementation of Vitamin A programme for children in the age group of 9 months to 5 years along with deworming. During this year 94.3% of children were administered Vitamin A. This year National campaign for deworming the entire population of 1-19 years was conducted half-yearly on February & August, 2016.
- **Kangaroo Mother Care (KMC):** KMC units have been established in 15 districts adjoining SNCUs for providing KMC to all newborns with special focus on preterm, LBW and sick newborns.
- **Rashtriya Bal Swasthya Karyakram:** 640 number of Mobile Health Teams formed under RBSK for screening, treatment and referral of children identified with defects, deformity or diseases. More than 75 Lakh School children (73%) covered under the scheme along with 0-6 years children at AWCs. Currently 22 District Early Intervention centres are operational in the State.



Screening by MHTs & DEIC



Beneficiaries treated under RBSK

Linkages with Private institutions for treatment:

- LVPEI
- Smile train empanelled hospitals Cure International
- AYJNIHH
- Narayana Hrudayalaya, Bangalore and AIIMS, Bhubaneswar

Besides, for accelerated reduction of infant mortality, the State Govt. has devised a special strategy for five years focusing on quality service delivery in hard to reach areas through identification & management of high risk cases.

2.4 Rashtriya Kishor Swasthya Karyakram (RKSK)

- 178 AFHC (Adolescent Friendly Health Centers) clinics has been established to provide services for adolescent girls & Boys. The adolescent friendly health clinics are designated as SHRADDHA clinic in Odisha and were renovated during 2015-2017. Average patient load of the clinics: 22 per month.
- Peer Education Programme: It is a Community based component of RKSK. It has been planned to select Peer Educators, form peer groups, conduct weekly & monthly peer health sessions, quarterly Adolescent Health Days (AHD) at Village level and monthly Adolescent Health Club Meetings at Sub Centre level to take care of all health needs at community level in 79 blocks (2 sectors of 50% blocks of the 15 districts). Peer Educator Identified till October 2016: 18197 out of 23588 planned. However the programme will be focused on 2 districts i.e Dhenkanal and Bolangir.
- Menstrual Hygiene Scheme (MHS): Implemented in 4 districts (Jagatsinghpur, Dhenkanal, Kendrapada & Bhadrak) has now extended to 30 districts. About 19 Lakh Adolescent Girls are planned to be covered under MHS. The Procurement process has been completed supply under process.

Other Initiatives under NHM

2.5 Human Resource

1291 AYUSH doctors in collocation unit (Out of 1485), 1250 Staff Nurses (out of 3244), 1014 Addl. ANMs (Out of 1394) & 104 Lab Technicians (Out of 216) are engaged under NHM to ensure quality of health care services at public health institutions.

2.6 Free transportation Services

420 (108 Ambulances) & 472 (102 Ambulances) are operational to provide free transport services for all types of medical emergency (108 Target - 420 & 102 Target-500).

Achievement

- Average response time of 108 ambulances is 28.52 mins. and of 102 vehicle is 34.78 mins.

- 4,13,563 cases under 102 services and 2,55,310 cases under 108 services have availed services during the year 2016-17

Plan

- Additional 92 BLS Ambulances to augment the existing fleet of 108 Ambulance Service
- Introduction 6 Boat Ambulance for the cut off areas due to water bodies

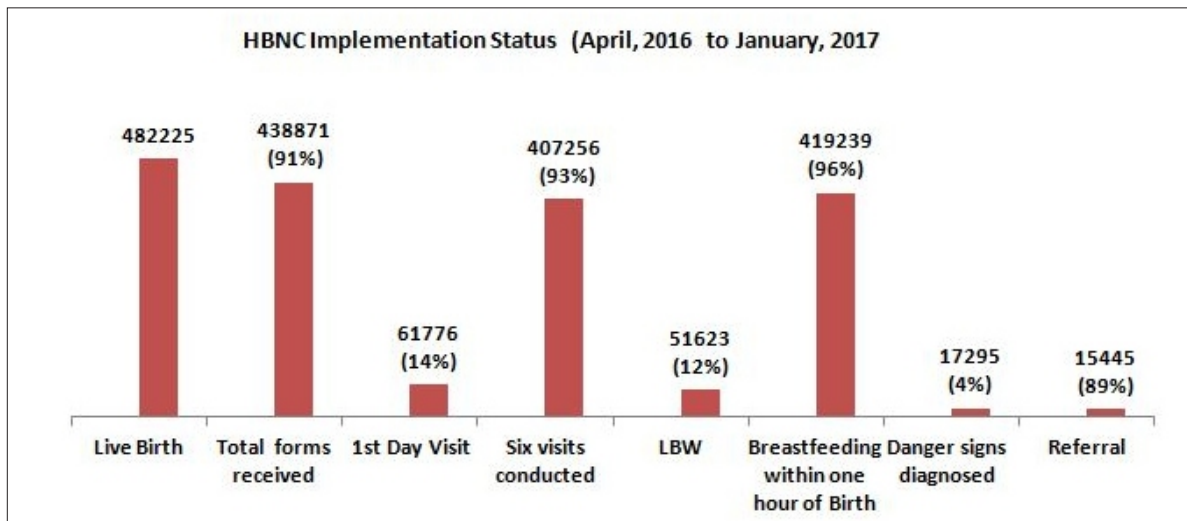
Creation of reserve pool (10 Ambulances under 108 services) as substitute in the event of off-road of 108 Ambulances for prolonged period due to accident/mob violence.



2.7 Community Process

- 46391 nos. of ASHAs are in place to facilitate and promote health care delivery at community level. (Target -47147). The selection of ASHA is co-terminus with AWW in High Priority Districts
- 142 ASHA Gruhas made functional in major health institutions for the stay of ASHAs at institutions while they accompany pregnant women for delivery (Target-145).
- Incentive payment: As an effort to maximize incentive payment of ASHA, the total number of Incentive provisions has gone up to 41 during the year 2016-17.
- ASHA SATHI (ASHA Facilitator): The provision of field level support to maximize functional effectiveness of each ASHA is being facilitated by ASHA SATHI at the field. The best performing ASHA are selected as ASHA SATHI who acts as the companion, supporter, facilitator and mentor to other ASHAs in their assigned areas. 1696 ASHA SATHI are functioning in the State
- 1032 ASHAs awarded for better performance.
- Compensation package of ASHA for death and permanent disability while at work is in place.
- 469 ASHAs have been enrolled under ASHA Education Empowerment programme for higher studies.
- ASHA HBNC Programme : provides the continuum of care to the newborn and post natal mothers as envisaged under RMNCH+A strategy.





- 45407 Goan Kalyan Samiti (GKS) are functional at revenue village level.
- 180 GKS have been awarded Sustha Gaon Puraskar for their best performance in health, nutrition, sanitation and other activities as per need of the village.
- 110 GPs have been rewarded Sustha Panchayat Puraskara for achieving indicators related to Health, Nutrition and Sanitation and others.
- Village Health Plan of GKS is being discussed in GP level meeting and GP Health Plan is also prepared at the GP level with consolidation of Village Health Plan.
- Activities of GKS are integrated with PR system with review of GKS activities at GP level by Sarapanch.
- Sector level Mini Convention has been organized in the 1225 sectors to sensitize GKS office bearers and other GKS members for effective functioning of GKS.
- Exemplary activities are taken up by the GKS in their respective villages.



2.8 NGO Collaboration Projects

- 34 PHC (N)s are being managed through NGO collaboration for providing services in remote and difficult areas out of target 40. These PHC(N)s have registered remarkable improvement in terms of major indicators like OPD, IPD, Institutional delivery and Laboratory test since taken over for management by NGOs. Following improvement has been made in compare to the last year. The Gadigaon PHC(N) in Mayurbhanj district managed by one NGO IMTS has conducted NSV camps since last four years where total 281 NSV has been conducted. During the year 2016-17 total 30 cases and in the year 2015-16 total 78 cases gone for NSV.

Indicators	2015-16 (in Avg.)	2016-17 (in Avg.)
General OPD	30 per day	37 per day
AYUSH OPD	9 per day	14 per day
Patho Lab	5 per day	7 per day
Inst. Delivery	4 per month	6 per month

- Arogya Plus (MHU): one of the strategic intervention for delivery of public health services for the marginalized sections of the society residing inaccessible and conflict areas. Out of total 22 sanctioned projects, 20 projects have been operationalised in the year 2016-17.

The performance of the MHU including Arogya Plus during the period is given below:

- Total targeted treatment points - 50376, Covered - 48724 (97%)
- Total cases treated at Village Health Clinics - 14,81,124
- Total cases treated at School Health Clinics - 1,25,827
- Total cases referred to higher facility - 15,596
- Number of days the MHU deployed during epidemic - 800
- Total malaria positive cases detected - 1845
- Total leprosy cases detected - 290
- Total suspected TB cases detected - 1956

Number of special immunization sessions conducted in difficult villages - 1375.



Arogya Plus team at camp site in Sorada block of Ganjam district

2.9 Mainstreaming of AYUSH

Activities under taken during the Year 2016-17

- Integration and Mainstreaming of AYUSH in health care delivery system including National Programmes.
- Integration of AYUSH service in 314 CHC & 1162 PHC New.
- Strengthening AYUSH units with supply of Equipments, Instruments and Furniture (EIF) & Reference Books to all the Co-located AYUSH Clinics.
- Construction of rooms for exclusive AYUSH OPD in CHCs.
- Providing AYUSH Drugs at all levels.
- Ayush Specialist Clinic (Panchakarma) is functional at DHH Kendrapara.
- Training of AYUSH doctors on Primary Health Care & Disease Control
- Training imparted during FY 2016-17(till Dec2017)



Sl. No.	Name of the Training	Total Trained till December 2016
1	21 days SBA training for AYUSH doctor at district level including refresher training	1557
2	7 days additional hands on SAB training at district level	430
3	6 days IUCD training at district level	390
4	2 days NSSK training at district level	391
5	6 days Induction training at State level	1239

• OPD Achievement

Year	2016-17 (till dec'16)	2015-16	2014-15	2013-14
Patients Treated	4283525	5607250	5778922	5244035

Opportunities Created Under NHM for mainstreaming of AYUSH

- Managing AYUSH OPD and supporting in IPD
- Conducting skill based RCH services viz. Delivery, IUCD insertion, New Born Care
- Filed Monitoring
- Involved in National Programmes
- Screening & services under RBSK
- Reaching unreached for preventive, promotive & curative services through Mobile Health teams

2.10 Infrastructure development

- 5 new DHH being established at Jharsuguda, Dhenkanal, Malkangiri and Kendrapada, Deogarh
- New MCH : Establishment of 46 nos. of Maternal & Child Health Complex in District / Sub-district & Block Level of various bed strength; ranging from 125 bedded complexes to 30 bedded complexes is in progress (15 completed).
- 49 Operation Theaters and 187 Labour Rooms constructed in Delivery Points.
- Construction/Up-gradation works in different PHC/CHC are in progress/completed. Details as below:

PHYSICAL & FINANCIAL ABSTRACT 2005-2017 (NHM)

Rs. In lakh

Sl No	Category	No. of work	New Const.	Upgradation	Completed	In progress	Not started	Funds sanctioned	Expenditure
1	DHH	800	375	425	716	41	43	28192.32	24175.17
2	SDH	437	260	177	290	134	13	7899.05	6703.49
3	CHC	3981	2335	1646	3649	226	114	30295.95	27061.11
4	PHC N	1025	411	582	716	190	104	4965.61	3393.83
5	SC	2372	1124	1248	1706	499	34	26099.11	15256.15
	Total	7306	3753	3553	6381	657	268	78325.04	66287.75

- Construction of Drug Ware House including Racking

Sl. No.	Categor	No. of Institution	Completed	In progress	Not started	Completed including racking
1	OSMCL	3	3			3
2	Medical College & Hospital	3	2	1		2
3	AHRCC, Cuttack	1	1			1
4	SVPPGIP, Cuttack	1	1			1
5	DHH	32	32			32
6	SDH	27	14		13	14
7	CHC	314	235	53	26	200
	Total	381	288	54	39	253



NEW DHH AT JHARSUGUDA



MCH DHARMASALA, JAIPUR



RACKING SYSTEM AT DHH MALKANGIRI



SUB-CENTRE AT DAMARPUR, KENDRAPADA



MCH building DHH Khurda



DEIC Capital Hospital

2.11 Hospital Development activities

This year focus was given on strengthening Maternal & Child Health services i.e Labour Room, Maternity ward, Pediatrics ward, SNCU, Operation Theatre & General Administration. NQAS Accreditation activities were taken up in all DHHs, SDH and FRU CHCs simultaneously. In the process of NQAS accreditations following activities were under taken.

A: NQAS Implementation Status

- Quality Assurance Committee constituted at State and District level. Quality Team constituted at DHH, SDH & FRU CHC level.
- One day Orientation/ Awareness workshop on NQAS conducted.
- 3 batches of Internal Assessors Training for DHH & SDH and 2 batches of Internal Assessors Training for FRU CHC were completed. 108 Internal Assessors are trained for DHH & SDH and 74 Internal Assessors are trained for FRU CHC.
- 4 batches of Service Providers Training Completed.
- Customization of NQAS Checklist was done as per State need
- Baseline Assessment of all DHH, SDH & FRU CHC using NQAS checklist completed.
- Action planning for traversing the observed gaps was made and corrective action continued for closing the identified gaps, which is the only way in having a viable quality assurance programme in Public Health.
- External assessment of DHH koraput was conducted by team of external assessors on 8th to 10th March 2016 for NQAS Certification. The institutions secure more than 90% score in external assessment and will get NQAS Certification. Conditional NQAS Certification received for DHH Korapur. Incentives on Achievement & Sustenance: Rs.5000/bed/year will be provided to the DHH.

B. ISO 9001:2008 Certification of District Headquarter Hospital: 9 DHHs namely Angul, Balasore, Baripada, Jajpur, Kandhmal, Keonjhar, Koraput, Puri & Capital Hospital Bhubaneswar have got ISO 9001:2008 Certification in the year 2013-14. Re Certification Audit conducted for 8 DHHs and the status maintained.

C. Kayakalp: To promote cleanliness, hygiene promotion and Infection Control Practices in public Health Care Facilities and to create a sustainable practices Kayakalp Award was given to best performing Public Health facilities. In this year all DHH, SDH and CHCs have been taken up for the award scheme. In adherence to Kayakalapa Guideline, Internal Assessment of all 32 DHHs, 27 SDH and 377 CHC was conducted by trained Internal Assessors in prescribed check list. Peer Assessment of all 32 DHHs, 27 SDH and 377 CHC was conducted by trained Assessors of the other facility of the same level in prescribed check list. As per Peer Assessment score, 13 DHHs, 9 SDH & 55 CHC have secured more than 70% marks and qualified for External Assessment. Accordingly, External Assessment was conducted for those selected facilities by team of trained external assessors. As per the guideline, a Team of External Assessors comprising of one Govt. Official, one representative of development partner and one representative from public health institute of the State have conducted the External Assessment of above eligible hospitals. Finally, State Quality Assurance Committee-cum- State level Award Nomination Committee meeting for Kayakalpa held on

28.1.2017 under the Chairmanship of Commissioner cum Secretary H & FW Deptt. ranked the hospitals according to the score obtained in the External Assessment. The list of Kayakalp Award winner and Runners up based on the assessment was finalized as follows:

- In the DHH category, 1st prize/Winner for Kayakalp will be awarded to DHH Sambalpur which secured highest marks. 2nd prize/Runners up for Kayakalp will be awarded to City Hospital Berhampur (DHH Ganjam) which secured 2nd highest marks. The Commendation Award for Kayakalp will be given to the 6 DHHs namely DHH Kalahandi, Capital Hospital, Bhubaneswar, Koraput, Mayurbhanj, Nabarangpur, Balasore secured more than 70% marks.



In the CHC category, 1st prize/Winner for Kayakalp will be awarded to CHC Ghatagaon, Keonjhar which secured highest marks. 2nd prize/Runners up for Kayakalp will be awarded to CHC Mandasahi, Jagatsinghpur which secured 2nd highest marks. The Commendation Award for Kayakalp will be given to 10 SDH/CHCs namely CHC Kesinga, SDH Rairangpur, SDH Baliguda, SDH Karanjia, CHC Jashipur, CHC Soro, CHC Gudari, CHC Bahalda, SDH Nilagiri, CHC Mahanga secured more than 70% marks. The winner and runners up DHHs and winner of SDH/CHC category were felicitated at national level on 15.2.2017. The Best District Head Quarter Hospitals in the State gets 50 lakh, runners up DHH gets 20 lakhs and Commendation Award for DHH scoring more than 70% gets 3 lakh. Similarly The Best SDH/CHC in the State gets 15 lakh, runners up SDH/CHC gets 10 lakhs and Commendation Award for SDH/CHC scoring more than 70% gets 1 lakh

2.12 National Urban Health Mission (NUHM)

Policy, guidelines & notification

The institutional arrangement has been made. (State Health Mission/State Health Society reconstituted, District Health Mission / Society reconstituted, City Health Mission/Society formed, Additional Mission Director, NHM declared as state Nodal officer of NUHM, ADMO-PH declared as District/City Nodal Officer of NUHM, CPMU established

- The City Health Society (CHS) formed and MOU signed with 5 cities.
- City Programme Management Units established in five cities.
- Asst. Programme Manager placed for non-Corporation towns to look after NUHM and Public Health Managers positioned UPHC wise.
- The Urban Health Structure is approved by the Govt. and implemented
- State specific 17 operational guidelines have been developed.
- 32 nos. of notifications /Govt. orders have been issued.
- **Community process** : 3087 nos. of MAS has been formed. Out of that account has opened for 3006, and 2750 nos. of MAS have started utilizing the fund. 1413 ASHA are selected & 838 WKS formed.

- **Capacity Building:** Members of WKS (601) received orientation out of 838. 2768 MAS trained & 1314 ASHAs received training.
- **Outreach:** UHND has been started in all 36 cities/towns and an average 2614 sessions held per month. 22256 UHND sessions were held during 2016-17. 141 outreach camp were organized out of 192.8 Mobile Health Units are operational out of 9.
- **Training:** Eight training modules have been developed for training of ADMO (PH), Medical Officer, ANM, Pharmacist, PMU staff, MAS, WKS, and RKS. Training programs have been conducted for ADMO-PH & Municipal Health Officer, Medical officer, Pharmacist, PMU personnel at state level. Besides these 36 ULBs representatives/city/district officials are sensitized on NUHM. Training on quality standard imparted to clinical staff and program officials. City program Manager, Program assistant and Asst. Program Manager are trained on planning and mapping.
- **Strengthening of health institutions:**
 - Revised OPD scheduling (Morning 8-11am and 5-8 pm) implemented
 - Site selection is completed for 41 UPHCs & 4 UCHCs. Notification has been issued for 4 UCHCs and 39 UPHCs.
 - Renovation work has completed at 19 UPHCs & remaining is in progress.
 - Construction work for 38 new UPHC is started.
 - 25 UPHCs are operational at the key focus area in rented building in respect of which new institutions are being constructed.
 - RKS has been formed at all functional UPHC and 4 UCHC.
- **Human resources**
 - 5 manpower in position at SPMU out of 6, 23 at DPMU out of 23 and 16 at CPMU out of 21.
 - 287 ANMs, 91 staff nurses, 43 LTs, 30 pharmacists, 122 part-time specialists, 43 data assistant-cum-accountants and 42 public health managers are in position under NUHM.
- **IEC/BCC:** Prototype of IEC materials communicated and implemented in all cities/towns. Meeting is organized in 2318 slum, 3179 swasthya kantha put in place and branding of 51 existing UPHC and 2507 UHND site is completed in cities/towns.
- **Finance :** The budget provision including committed liability for F.Y. 2016-17 is Rs. 65.56 crs. The expenditure till Jan'2017 is Rs. 40.39 crs. (i.e. 62% against budget)



Folk show



Outreach Camp

Chapter-3

Directorate of Health Services

Directorate of Health Services

3.1. National Vector Borne Disease Control Programme (NVBDCP)

Programmes/Schemes:

There are six diseases addressed under National Vector Borne Disease Control Programme (NVBDCP): Malaria, Filariasis, Dengue, Chikungunya, Japanese Encephalitis and Kala-azar. NVBDCP is one of the major National Disease Control Programme, as well as an integral part of the National Health Mission (NHM).

In Odisha under NVBDCP, following vector borne diseases i.e. Malaria, Filariasis, Chikungunya and Dengue are creating public health problem. Among these malaria poses major public health concern followed by Filariasis, Dengue and Chikungunya.

MALARIA:

Epidemiological status of Odisha from 2009 to 2016

Year	Total Tested	Positive	Pf	Death	ABER	TPR	Pf%	API
2009	5015489	380587	335730	198	12.00	7.59	88.21	9.12
2010	5240458	395651	350428	247	12.30	7.55	88.57	9.29
2011	4712337	303235	277237	100	11.04	6.43	91.43	7.13
2012	4616440	262842	244503	79	10.83	5.69	93.02	6.17
2013	4997333	217309	197850	66	11.62	4.35	91.05	5.05
2014	6352249	395004	342249	89	14.60	6.22	86.64	9.08
2015	6573868	433021	365549	80	15.14	6.59	84.42	9.97
2016	7188885	449697	389332	77	16.37	6.26	86.58	10.24

Note: All positive patients are treated with appropriate anti-malaria drugs

Major Anti malaria activities

1. Early Diagnosis and Complete Treatment:

- More than 45230 ASHAs and community volunteers have been trained as Fever Treatment Depot (FTD) holders to provide malaria diagnosis and treatment services at community level. 2000 Community Volunteers in Six Districts are deployed as FTD in remote inaccessible villages by Caritas Consortium (NGO)
- Rapid Diagnostic Test (RDT) kits and Anti-malaria drugs i.e. Artemisinin Combination Therapy (ACT), Chloroquin and Primaquine have been provided to ASHAs and other FTDs for diagnosis and treatment of Malaria.
- 65 Sentinel site laboratories are functioning at DHH/SDH/CHC level, where malaria burden is high. This is to monitor the trend of complicated malaria along with drug efficacy.
- Around 400 Microscopy centres are being functional for malaria blood slide examination
- Facilities for treatment of severe and complicated malaria are being available at CHC, SDH, Dist. Hqr. Hospitals and Medical college Hospital



2. Integrated Vector Management (IVM):

- Indoor Residual Spray (IRS) operation conducted in 21 high endemic districts, twice in a year i.e. in the month of May and September. Around 65 Lakhs population are protected through IRS in 2016
- Impregnation of 6 Lakhs community owned bed nets is done during MDD campaign through GKS.



3. IEC, BCC & Social Mobilization:

- Observance of World Malaria Anti Malaria month in June and Anti Dengue Month in July, 2016
- 30 days mass media campaign through Electronics and print Media.
- 300 school sensitization programme, 300 infotainment programme 600 Miking are conducted in high risk pockets and 1500 NCC Cadets sensitised in their summer camps
- Sensitization programme for Para medical staff at all blocks.
- Sensitisation of community volunteers and GKS members in more than 3000 subcenters
- Malaria, Dengue & Diarrhea (MDD) Campaign (Aug - Oct) across the state.

4. Training:

- Capacity building of Doctors(150), ASHAs, MTS(20), LT(40), SSMTTC(75), Spray workers(4600), Ayush Doctor(150), Paramedics(Filaria)-375, Drug Administrator-14330, FLA(30), DAM(30) & Dealing Asst(30) and NGO/CBO Community volunteers(2617)
- Three Govt. Medical Colleges at Cuttack, Berhampur & Sambalpur RMRC and corporate Hospital- IGH at Rourkela and ROH&FW, GOI are being involved in the training programme of NVBDCP.

DENGUE: Status 2012-2016

Year	Total dengue suspected samples tested	Total positive (detected by both NS1 & IgM ELISA)	Death due to Dengue
2012	5639	2255	6
2013	23453	7132	6
2014	20794	6433	9
2015	12632	2447	2
2016	44531	8380	11

The case upsurge is noted especially in the urban and industrial areas of the state which further expands to the rural areas. Effective control of the vector mosquitoes with the help of community support and increased awareness is very important to control the transmission of these diseases. The role of both private and public sector healthcare providers in these areas is very important to increase the awareness in the community and motivating the people for reducing the breeding sources of the vector mosquito.

Major activities undertaken

- Intersectoral convergence meeting under the chairpersonship of Chief Secretary, Odisha to ensure involvement of other Govt. Private and industrial sectors in dengue prevention and control
- Facility for diagnosis and treatment of dengue available in all three Govt. medical colleges of the state, Capital Hospital, Bhubaneswar ,AIIMS, BBSR, and all district Hqr, hospitals at free of cost
- Reduction of mosquito breeding sources by deploying 1355 trained community volunteers and GKS members
- Massive awareness campaign (MDD campaign) from Aug-Oct, 2016 across the state

Chikungunya : In 2016, a total of 51 blood samples were tested , 15 positive cases were found in which most of the cases are found positive from Kandhamal & Jagatsinghpur

JE: This year there were 242 positive cases reported in Baleswar, Baragrh ,Puri ,Mayurbhanj, Ganjam Malkangiri , Koraput, Rayagarh,Khurda ,Sonapur ,Sundergarh ,Cuttack,Dhenkanal ,Jajpur, Keonjhar and Nayagarh districts. All cases are confirmed by JE sentinel site

- 4 JE Sentinel Site are functional at RMRC, Bhubaneswar, DHH, Koraput & DHH, Keonjhar & DHH, Malkangiri

Special action plan has been prepared for control and prevention of JE in coming years

Other VBDs Situation:

Year	Malaria cases	Malaria Deaths	Dengue cases	Dengue deaths	Chk cases	AES/JE cases	AES/JE deaths	MF rate (%)
2012	262842	79	2255	6	129	53	38	0.43
2013	228858	67	7132	6	35	15	5	0.34
2014	395004	89	6433	9	10	0	11	0.82
2015	436792	80	2447	2	46	35	2	0.68
2016	449697	77	8380	11	15	242	42	0.71

Elimination of Lymphatic Filariasis (ELF)

- In 2016 Mass Drug Administration (MDA) conducted in 6 districts
- Eight districts passed in transmission Assessment Survey (TAS) i.e, Malkangiri, Koraput, Gajapati, Nuapada, Nawrangpur , puri, Balasore and Kendrapara. MDA has not been conducted in these districts
- Functioning of morbidity management clinic at District Hqr hospital , and block CHCs of 10 endemic districts

NVBDCP: State Initiative

DAMaN (Malaria Eradication in Inaccessible Areas)

- DAMaN is the supplement to the routine malaria control programme in the inaccessible villages/hamlets of high endemic districts
- Asymptomatic cases are more in these areas -a real challenge
- DAMaN will address both Symptomatic and Asymptomatic Malaria cases along with intensified vector control measure (LLIN + IRS) and will monitor Nutritional status and Hb level among under five children and pregnant & lactating mothers
- Will be conducted in camp approach 2 times: Pre-monsoon and post monsoon
- Target group - entire population in pre-monsoon period and PW & U5 children in post-monsoon
- Bridge the gaps of EDCT through mass screening for malaria through camp approach that includes screening of pregnant women, lactating mothers (till 6 months of exclusive breast feeding) for anaemia , blood pressure and screening of under five children for anaemia & growth retardation.
- Originally envisaged to be implemented in eight southern districts: Koraput, Malkangiri, Nawarangpur, Kalahandi, Rayagada, Gajapati, Nuapada & Kandhamal
 - will be extended to inaccessible villages /hamlets of other 15 high endemic districts (Angul, Balasore, Jajpur, Keonjhar, Sambalpur, Sundargarh, Mayurbhanj, Bolangir, Deogarh, Dhenkanal, Boudh, Ganjam, Nayagrah, Sundargarh and Jharsuguda) with same mode of operation in the next year i.e. 2017-18
- Two rounds of EDCT camp will be undertaken through DAMaN approach
- Funds(Rs. 10 Crores) for the Financial Year 2016-2017 approved

LLIN

Readiness for smooth distribution of LLIN (1.13 crs. LLIN expected)

- 5 Regional Stores (Koraput, Rayagada, Keonjhar, Sambalpur & Bhubaneswar) have been identified
- Plan for Supply chain management system finalised:
- From Regional Store, OSMCL will supply LLIN directly to the CHC - outsourced agency selected for transportation.
- CHC to distribution point (Village) to be done by the district administration.
- Micro-plan is ready for all 17 high burden districts - High endemic southern districts like Rayagada, Malkangiri, Koraput & Nawarangpur will be saturated in first phase followed by Kalahandi, Nuapada, Kandhamal & Gajapati
- IEC strategy developed (three tier approach i.e. pre, during & post distribution)
- LLIN distribution guideline prepared & approved

3.2 REVISED NATIONAL TUBERCULOSIS CONTROL PROGRAMME; ODISHA

Background

The programme is implemented through 31 implementing units, 159 TB Units and 549 Microscopy centers. In addition a total of 48993 DOT Centres are functioning under the programme. The Anti TB Demonstration & Training Centre (ATD&TC) Cuttack is functioning as a training center of RNTCP and conducts External Quality Assessment (EQA) to maintain good quality sputum microscopy.

Objective

The objective of RNTCP is to detect 70% of infectious sputum positive TB cases and cure at least 85% of them and provide free and domiciliary treatment to the patients detected under DOTS (Directly Observed Treatment Short Course Chemotherapy) strategy.

Achievements

- The DOTS (Directly Observed Treatment Short Course Chemotherapy) strategy and implemented in our State in the year 1997 with the objective to detect 90% of infectious sputum positive TB cases and cure at least 90% of them.
- The programme is implemented through 31 implementing units, 314 block aligned TB Units and 584 Designated Microscopy Centers (DMC). In addition a total of 50204 DOT Centres are functioning under the programme.
- The RNTCP, since its implementation in our State in the year 1997 has revised its Technical & Operational Guidelines in the year 2016 with introduction of newer concepts like implementation of daily drug regimen for all TB patients in a phased manner and emphasis on active case finding activity to detect and treat maximum number of TB patients so as to eliminate TB from India by 2025. In our State, daily drug regimen for vulnerable TB-HIV co-infected patients has been launched by the Hon'ble Minister Health & FW Odisha on 1st March 2017. All necessary training of trainers in revised

TOG is complete. The MOs at district level have also been trained in daily drug regimen as per revised TOG.

- The Anti TB Demonstration & Training Centre (ATD&TC) Cuttack is functioning as a training center of RNTCP and conducts External Quality Assessment (EQA) to maintain good quality sputum microscopy.
- The Intermediate Reference Laboratory (IRL) has been established at ATD&TC, Cuttack and accredited by National TB Institute, Bangalore in August 2009 for Culture & Drug Susceptibility Test (C&DST) to diagnose Multi Drug Resistant TB Patients (MDR-TB) under Programmatic Management of Drug Resistance TB (PMDT).
- National Reference Laboratory (NRL) for the eastern & north-eastern region of our country has been established at the Regional Medical Research Centre (RMRC), Bhubaneswar for C&DST to diagnose MDR-TB cases.
- The Rapid diagnostic Cartridge Based Nucleic Acid Amplification Test (CBNAAT) Gene Xpert machines have been installed at 25 sites mostly at the district level to provide early diagnosis of TB in Pediatric, PLHIV, Extra Pulmonary and Sputum negative cases and to provide invaluable support to the Programme.
- Drug Resistant TB (DR TB) Centre has also been established at SCB Medical College, Cuttack, VSS Medical College, Burla and MKCG Medical College, Berhampur to provide indoor treatment to the diagnosed MDR-TB patients of the State.
- Since inception of RNTCP in 1997 till 2016, a total of 6,95,650 TB cases have been detected and treated and out of them a total of 5,50,958 cases have been cured & successfully completed treatment. During the year 2016 a total of 46733 TB patients have been detected and put under treatment with treatment success of 89%.
- Programmatic Management of Drug Resistant TB Cases (PMDT) rolled out in the entire state since the year 2009. So far till December 2016, a total of 21874 suspects of Multi Drug Resistant TB (MDR-TB) have been tested and out of them 1255 MDR TB cases detected and 1097 patients put under treatment. In addition 19 nos. of XDR TB patients are under treatment under RNTCP. All drugs and diagnostics are provided free of cost.
- TB and HIV collaborative services have been strengthened in all districts with the state progressively increasing the proportion of TB patients tested for HIV up to 93% in the year 2016.
- All TB cases are screened at the DMC level to know their Diabetic status.
- To further improve TB surveillance in both Private and Public sectors in India, NIKSHAY - a real time, online notification, recording and reporting system has been implemented in the state with most of the districts entering data for all the patients registered since 2013. Till December 2016 a total of 1,96,765 patients from Govt. Sector have been entered in the Nikshay portal. Block level MIS-



Coordinators along with STS play an important role to ensure 100% entry in this portal.

- TB Notification which has been made mandatory as per Gol notification has been initiated and reporting of TB patients from private Sector started. Our partner Indian Medical Association (IMA), Odisha and Lepra Society fully supporting our efforts. Till January 2017 a total of 3994 TB patients had been notified and registered from Private sector in NIKSHAY.
- Other Sectors like ESI hospitals, Railway hospitals, CGHS hospitals, Prison, Corporate hospitals & PSU hospitals are implementing RNTCP.
- The Lepra-India, an international NGO, is also providing support under "Axshaya" project to IEC-BCC activities in 12 districts of Orissa (Angul, Bhubaneswar, Cuttack, Gajapati, Ganjam, Koraput, Kandhamal, Malkangiri, Mayurbhanj, Puri, Sambalpur and Sundargarh) and also providing support to TB HIV coordination in selected districts under project "VIHAAN".
- "REACH", an International NGO, has also been involved to improve the ACSM activities to create awareness and improve the case finding activities throughout the State through their project "TB Call to Action".
- For active involvement of Medical colleges in RNTCP, State Task Force mechanism is operational in four Govt. Medical Colleges and three Private Medical Colleges.
- Our State has optimally rolled out Tribal action plan in 11 notified tribal districts catering to 22.47% of tribal population of the State.
- School awareness programmes, Patient Provider interaction meeting, PRI Sensitization, Street Play & Folk Dance are conducted at district level to create awareness for early diagnosis and treatment of TB. In addition Swasthya Kantha in all villages and Print & Electronic media are being utilized to disseminate TB messages to the community.



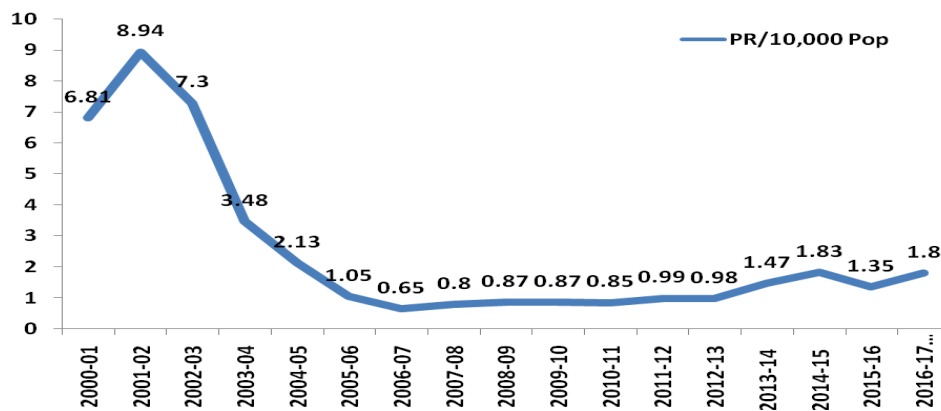
3.3 National Leprosy Elimination Program (NLEP), Odisha

Background:

The National Leprosy Eradication Programme (NLEP) was started in the year 1983 with the objective of achieving eradication of the disease from the country. Elimination has been achieved against this dreaded disease in 2005 when the leprosy recorded cases load had come down to less than 1 case for 10,000 Population at National level. Although the country has achieved elimination of leprosy as a public health problem, yet new case detection has remained about 1.3 lacks annually. These newly detected cases have to be provided quality leprosy through the General Health Care system so that they are diagnosed and treated early with MDT.

Prior to introduction of Multi Drug Therapy in 1982, Odisha was one of the very high endemic states of the country with prevalence rate (PR) 121.4 per 10,000 population and Annual New Case Detection Rate (ANCDR) was 210 per 100,000 population. With introduction and successful implementation of Multi Drug Therapy (MDT) programme in the State since March, 1983, the PR as well as ANCDR of leprosy has drastically declined. Odisha achieved elimination in 2006-2007 and continued up to 2012-13, with 12 districts have never been achieved the status of elimination. Rather in 2013-14 some of the districts lost the elimination status and accordingly the elimination status of state became more than 1/10000 population. Now 21 districts are high endemic. The ANCDR is constantly increasing since 2006 from 12.6 to 19.1 in 2013-14 and now reaching up to 28.8.

ODISHA STATE YEAR WISE PREVALENCE FROM 2000 to 2017 (January 17)



Objectives of NLEP:

- Elimination of leprosy i.e. Prevalence Rate (PR) < 1 case/ 10,000 population in all districts of the country
- Strengthening of Disability Prevention & Medical Rehabilitation (DPMR) of persons affected by leprosy
- Reduction in the level of stigma associated with leprosy

Major activities & Achievements of NLEP for 2016-17:

Improved Early Case Detection:

- 9009 new cases detected, ANCDR 26.92/100000 population
- Cases on Record 8081, PR 1.80/10000 population
- Child cases 8.03%
- Grade II disability 4.96%

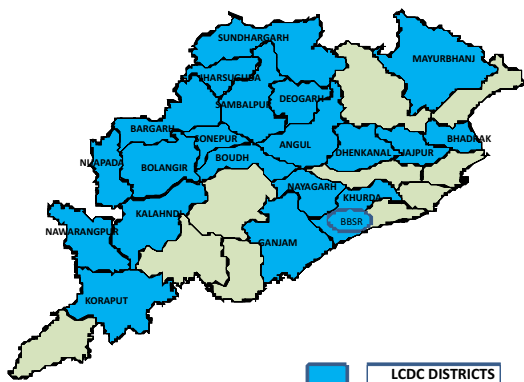
Special Activities in High Endemic Districts:

During this year the Leprosy Case Detection Campaign (LCDC) has been conducted in 20 high endemic districts including 200 blocks and 44 urban areas from 14th to 27th September 2016. In this campaign-

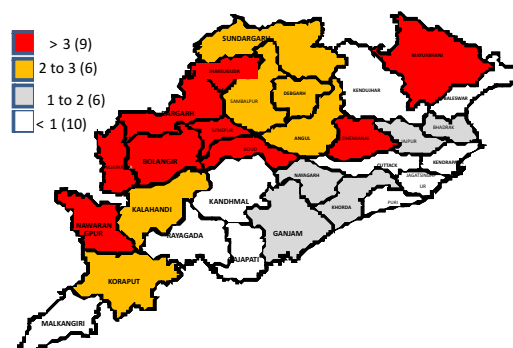
- 2,39,70,868 persons were physically examined along with IPC by ASHA & Male field worker

- 4498 new cases, 174 Grade II disability cases, 352 Child cases were detected

LCDC CONDUCTED DISTRICTS - 2016-17



Prevalence Rate/10,000 Pop



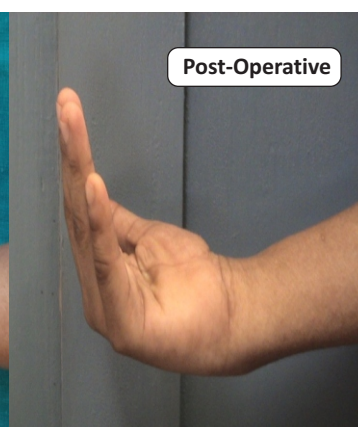
Disability Prevention and Medical Rehabilitation (DPMR):

358 DPMR clinics have been established at Block CHCs, SDH and DHH level to provide disability care services in this clinics-

- 1496 Reaction cases managed
- 4406 MCR foot-wears distributed
- 5739 ulcer kits were distributed

Reconstructive Surgery (RCS):

- 258 RCS done in 14 Govt. Hospitals and One NGO and till 5231 RCS done till 2017 (Feb.)



Capacity Building of GHC staff:

- 241 MOs have been trained
- 166 AYUSH MOs have been trained
- 143 MPHWS have been trained

IEC/BCC Activities

- Advertisement published in Newspapers, TV & Radio channels during LCDC Programme and Gandhi Jayanti.
- Anti leprosy day is being observed on 30th January is martyrdom day of Mahatmagandhi at all districts and State.



3.4 STATE HUMAN RESOURCE MANAGEMENT UNIT

Background

Successful management of any health delivery system requires availability of required manpower. Health & F.W Dept. Government of Odisha has established State Human Resource Management Unit (SHRMU) in order to streamline the human resource management system:

Objective

1. Formulation of human resource policy.
2. Assessment of manpower requirement.
3. Planning, management, monitoring and evaluation ensuring adequate supply of required skills to meet present and future needs of human resources in the health sector.
4. Conducting research on skills and competencies of health workforce for policy recommendation & successful implementation of various health programmes.
5. Capacity building of Human Resource working in Health & F.W Department.

Key Activities Undertaken

1. Posting of doctors: As a result of removal of long absentee doctors, 372 clear vacancies were created at base level. Recruitment of doctors was done through OPSC. On recommendation of OPSC, 363 new doctors were posted through counseling. Out of 363 doctors posted, 334 doctors have joined. CDMOs have been authorized to post doctors on contractual basis as per the need of the districts. At present 506 adhoc doctors and 554 contractual doctors are working in the state. In near future 808 more regular doctors shall be posted through OPSC.

2. Transparent policy for posting of doctors: To maintain transparency in posting, doctors are posted through counseling. As a result more and more doctors are attracted to join in KBK and KBK + districts in the places of their choice. A transparent exit policy is being implemented. A transfer committee is in place to ensure ratioanalised posting.
3. Regular recruitment of dental surgeon through OPSC: 151 dental surgeons were appointed through counseling. Dental Surgeon posts have been created up to CHC level.
4. Place based Incentive: To attract and retain doctors in inaccessible and remote areas, place based incentives is given to doctors. It is given to the Medical Officers working in different difficult / remote areas in the state as per vulnerability status of the places taking into consideration certain key parameters such as difficult and backwardness of the location, tribal dominance, left wing extremism, train communication, road and transport facilities, social infrastructure and distance from state head quarter etc. All the 1751 peripheral Government Health Institutions of the State are classified into five different categories and declared as V-0 to V-4. This incentive is to be given along with the salary. It is applicable to contractual, adhoc and regular doctors. General (MBBS) doctors working in V4 CHCs and PHCs get Rs 40,000/- as incentive whereas a specialist working in V4 CHC gets Rs 80000/- as incentive.
5. Hike in remuneration of contractual doctors: The remuneration of contractual doctors and specialists have been increased by Rs. 15000/- to Rs. 20000/-. As a result more number of doctors are attracted to join on contractual basis. Now 554 contractual doctors are working in the state.
6. Additional mark in PG entrance exam: Doctors working in V1 to V4 institutions are entitled for additional mark in PG entrance examination. As a result, young doctors are interested to join remote and inaccessible areas to get additional marks for selection for PG courses.
7. Corpus fund: Corpus fund has been created in KBK and KBK plus districts for optimal utilization of human resources in inaccessible areas of these districts. This fund is being utilized for filling up the gaps in the districts in transportation, communication, accommodation for human resources. General Doctors & nurses can be hired with higher remuneration as decided by the ZSS. Gap filling needs of short term duration will be met from this fund. ZSS will be made accountable for service delivery. Rs.1 crore has been allotted to each KBK and KBK+ district in 2016-2017.
8. OHWIS: In collaboration with NIC, Bhubaneswar, software "Odisha Health Workforce Information System "(OHWIS) has been developed.
9. Creation of 5120 number of posts of Paramedics:
Creation of 5120 posts of paramedics vides Govt. Order No. 6555/ H&FW Dt. 01.04. 2016 in the category of MPHWH (F), MPHWH (M), Radiographer, Laboratory Technicians and Staff Nurse as detailed below:
 - MPHWH(F)- 862, MPHWH(M)- 371, Radiographer- 194, Lab Technician- 253, Staff Nurses- 3440
Recruitment is going on
10. Cadre Rule: Cadre rule has been formulated for MPHWH (M), MPHWH (F), MPHS (M), MPHS (F), Staff Nurse, Radiographer, Laboratory Technician & Dental surgeon.
12. Updation of information in Health Directorate Web-site: Web site for Health Directorate Odisha has been developed with support of NIC, Bhubaneswar. Various useful information related to Health Directorate has been provided in the website for general public. Information is being updated in the website from time to time.

3.5 State Drug Management Unit (SDMU)

Introduction:

The State Drug Management Unit (SDMU) was managing pooled procurement of drugs and medical consumables to ensure the rational use of drugs in all Govt. health facilities of the State. But at present, Odisha State Medical Corporation Limited (OSMCL), Bhubaneswar has taken over the activities of SDMU relating to procurement, distribution and quality control of drugs.

Activities:

- **Compilation of requirements for instruments, equipments & furniture (EIF) from the districts and medical colleges:** * The requirements of EIF are being compiled at SDMU for finalisation by the State Level Equipment Management Committee (SEMC) and procurement of EIF by OSMCL.
- **Essential Drug List (7th revised edition):** Essential Drug List 6th Edition which contains 359 drug molecules and 570 drug formulations in generic names has been updated and revised in consultation with all specialists of Medical Colleges and peripheral health institutions and WHO EDL model list - 2013. The publication of 7th revised edition of Essential Drug List is in process.
- **Standard Treatment Guidelines (STG) (the 1st edition):** Treatment protocol of 78 most common diseases to be followed by doctors have been distributed to all prescribing doctors' of the State. At present the 2nd edition of the STG is under process of preparation.
- **Clearance of pending dues:** The pending dues towards performance security, EMD, Not of Standard Quality (NSQ) dues etc. are being released to the firms for their supplies prior to functioning of OSMCL.
- **Monitoring of Not of Standard Quality (NSQ) drugs:** The quality control section of SDMU is monitoring the drugs declared as Not of Standard Quality (NSQ) by the Statutory Laboratory of the State (relating to drugs procured prior to the functioning of OSMCL).
- **Legal complications:** Legal complications arising out of Not of Standard Quality (NSQ) related drugs or firm disclaiming to comply to tender terms & conditions or any other matter relating to the functioning of SDMU prior to the functioning of OSMCL are being dealt by SDMU.
- **Compilation relating to vigilance enquiries:** Enquiries are being done relating to vigilance matters, Human Rights Commission matters etc. and compilation is being prepared.
- **RTI and Assembly Question :** Reports and information are being compiled.
- **Audit queries / paras:** Compliance of A.G Audit queries / paras.
- **Prescription audit is being done to avoid irrational use of drugs in health facilities.**

3.6 Health Insurance Schemes

3.6.1 RASHTRIYA SWASTHYA BIMA YOJANA (RSBY)

The existing guideline:

- BPL and MNREGA families have only been enrolled under RSBY.
- Family size limited to 5 members per family
- Enrollment of beneficiaries annually/every year after completion of the policy one period.

- **Financing for the Scheme;**

- (a) Contribution by Government of India: 75% of the estimated annual premium of Rs.750, subject to a maximum of Rs.565 per family per annum. Additionally, the cost of the smart cards will also be borne by the Central Government @ Rs.60/- per card.
- (b) Contribution by the respective State Governments: 25% of the annual premium, as well as any additional premium in cases where the total premium exceeds Rs.750.
- (c) The beneficiary pays Rs.30 per annum as registration/renewal fee.
- (d) Any administrative and other related cost of administering the scheme in each State, not otherwise included in the premium cost, is to be borne by the State Governments.

- Splitting of the Smart card (In case some members of a family stays in different place)
- In the supplementary agreement of RSBY issued by the Ministry of Health & Family Welfare, Insurance Companies have to disburse 70 % of the total premium towards settlement of Claims raised by the empanelled hospitals.
- Annual Insurance coverage is Rs. 30,000/- per family on floater basis.

Coverage:

Category	Target	Achievement
BPL	52 lakhs families	36 Lakhs families
MNREGA	12 lakhs families	8 lakhs families
TOTAL	64 lakh families	44 lakh families

Achievement and Claim:

Year	Total No. of Claims	Total Amount of Claims
1st Phase (Oct'2011 to Oct'2013)	2,76,361	83.51 Crores
2nd Phase (Aug '2013 to Feb '2017)	6,74,324	239.09 Crores

Empanelled Health Institutions as on dated 31.03.2017:

No. of Public hospitals empanelled: **423**, No. of Private hospitals empanelled: **162**

3.6.2 BIJU KRUSHAK KALYAN YOJANA (BKKY):

The Government of Odisha has announced the "Biju Krushak Kalyan Yojana (BKKY)". The scheme provides coverage up to Rs. 1 lakhs (Rs.30, 000+ Rs.70, 000) per annum for a family of five.

The existing guideline:

- Farmer families have been enrolled under BKKY.
- Family size limited to 5 members per family
- Enrollment of beneficiaries every 3 year and auto renewal of smart cards every year.
- Financing for the Scheme;
 - (a) State Government financing the scheme completely.
 - (b) The beneficiary pays Rs.30 per annum as registration fee once in 3 years.

- Refund clause of 80 percent as claim against the total premium paid to the Insurance Companies.
- Benefit Package:

The Benefits within this scheme will be provided in two separate streams called BKKY Stream I and BKKY Stream II. These benefits, to be provided on a cashless basis to the Beneficiaries up to the limit of their annual coverage, package charges on specific procedures and subject to other terms and conditions outlined herein, are the following:

- a. Under BKKY Stream I: Coverage for meeting expenses of hospitalization for medical and/or surgical procedures including maternity benefit and new born care, to the enrolled families for up to ₹.30,000/- per family per year subject to limits, in any of the empanelled Health Care Providers across Odisha for those procedures listed in RSBY. The benefit to the family will be on floater basis, i.e., the total reimbursement of ₹.30,000/- can be availed individually or collectively by the enrolled members of the family per year; and

Coverage for meeting expenses of hospitalization for medical and/or surgical procedures to the enrolled families for up to ₹.70,000/- per family per year on a floater basis, subject to limits, in any of the empanelled Critical Care Providers across Odisha and outside, for specific procedures. Those Families who are eligible to be enrolled under RSBY are not eligible for coverage under BKKY Stream-I.

- b. Under BKKY Stream II: Coverage for meeting expenses of hospitalization for medical and/or surgical procedures to the enrolled families for up to ₹.70,000/- per family per year on a floater basis, subject to limits, in any of the empanelled Critical Care Providers across Odisha and outside, for specific procedures. All the RSBY eligible beneficiary families are eligible for coverage under BKKY Stream-II.

Coverage:

Category	Target (S-1) (families)	Achievement	Target (S-2) (Families)	Achievement
Farmer families	25 lakhs	25 lakhs	35.27 lakhs	28.62 lakhs

Achievement and Claim:

Year	Total No. of Claims	Total Amount of Claims
1st Phase (Dec'2013 to Nov'2014)	66452	33.48 Crores
2nd Phase (Dec'2014 to 30/11/2015)	139288	74.98 Crores
3rd Phase (Dec'2015 to Nov'16)	142055	66.36 Crores
Extension phase (Dec'16 to 23.02.2017)	17091	8.36 Crores

Empanelled Health Institutions in the State as on 28.02.2017:

No. of Public hospitals : 423

No. of Private hospitals : 134

3.6.3 ODISHA STATE TREATMENT FUND SOCIETY

Odisha State Treatment Fund has been created by Government of Odisha under Odisha State Treatment Fund Society which has been registered under the Societies Registration Act, 1860 (Act XXI of 1860). Patients belonging to BPL category, AAY category, having income up to Rs.50,000/- in rural areas and Rs.60,000/- in urban areas, referred cases from registered Mental Asylum / Destitute Home / Orphanage and unknown accident victims are entitled to cashless treatment in 30 District Headquarter Hospitals in the State, RGH Rourkela, Capital Hospital, Bhubaneswar, Sishu Bhawan, Cuttack, AHRCC, Cuttack, SCB Medical College & Hospital, Cuttack, VIMSAR, Burla, MKCG MCH, Berhampur and 24 private empanelled hospital under OSTF (16 hospitals within the State, 3 in Raipur (Chatisgarh) and 4 hospitals in Vishakhapatnam (Andhra Pradesh). These include four cancer hospitals.

Treatment under OSTF is cashless. The entire expenditure for treatment of the patients under OSTF is borne by the Government.

Treatment expenditure upto Rs. 3 lakhs is sanctioned by Member Secretary, OSTF -cum- Director Medical Education & Training, Odisha. Above Rs. 3 lakhs is sanctioned by the Hon'ble Chief Minister.

During the period from 01.04.2016 to 31.12.2016, 9588 patients have got cashless treatment in Government Hospital and 605 patients in private empanelled hospitals. Rs.11.34 crores has been utilized by Government hospitals whereas Rs.9.97 crores has been reimbursed to private empanelled hospitals.

chapter-4

Directorate of Public Health

Directorate of Public Health

4.1 Integrated Disease Surveillance Programme (IDSP), Odisha

Integrated Disease Surveillance Programme (IDSP) implemented in Odisha in 2005-06. It is intended to detect Early Warning Signals of impending outbreaks and help to initiate an effective response in a timely manner. Daily scanning of print & electronic media is being done by SSU & DSU. In 2016, 416 rumors were received, all of which were investigated by Block/ District/State RRT. In the year 2016, 380 outbreaks have been reported, Acute Diarrhoeal diseases (36%) Food poisoning (19%) Viral hepatitis (13%), Measles (9%), Chickenpox (12%) and Anthrax (11%) were reported. all the outbreaks have been investigated by state, district & block RRT and contain in time



State Surveillance Unit has been functioning as state Health Control Room during natural calamities like flood, cyclone & Heat waves. Public Health Laboratories have been functionalized at all district head quarter hospital & Capital hospital for diagnosis of communicable diseases.

4.2 National Iodine Deficiency Disorders Control Programme (NIDDCP)

Background: The National Iodine Deficiency Disorders Control Programme (NIDDCP) started in our state since December-1989. It is a 100% Central Plan Scheme. As per the Survey, 17 no. of districts found endemic having goiter prevalence more than 10%.

Policy: Complete Ban on sale & manufacture of non-iodised salt for human consumption in Orissa vide Notification No.12544/dt.18.10.2001.

Major Activities:

- Printing of IECs - Poster for Aanganwadi centres (72,000) and Handout for ASHAs (48000) for the entire state.
- Procurement and distribution of 7 STK (Salt Testing Kit) per ASHA for determining iodine levels in household salt samples in 17 endemic districts. Incentive (Rs 18,75,000) for ASHAs for salt test and counseling also provided to districts. Total 167250 kits procured for 24358 ASHAs.
- District level 'Global IDD prevention Day' observed as per PIP plan.
- State level bi-annual convergence meeting conducted with various Departments and stakeholders for 'Universal Salt Iodisation'.

4.3 National Mental Health Programme

National Mental Health Programme is implemented in 14 districts such as Puri, Kordha, Dhenkanal, Keonjhar, Mayurbhanj, Koraput, Kandhamal, Bolangir, Rayagada, Gajapati, Kalahandi, Balasore, Ganjam & Sundargarh with technical support of COE, MHI, SCBMCH, Cuttack.



- 14 DMHP Units with seven categories of staffs (51/98) are providing OPD/ IPD services, conducting IEC/BCC activities, capacity building targeted Interventions activities (District Crisis Intervention Centre (DCC), Life Skill Education (LSE)) at DHH.
- Free psychotropic drugs through 'NiramayaYojana' are made available for the psychiatric patients in the above mentioned districts.
- COE, MHI, Cuttack is responsible for capacity building for MOs and M&S
- During 2015-16, Funds are being provided by GOI through NHM for 14 districts (6.03 Cr) and State Govt. for other 16 districts (Rs. 1 Cr.) to implement mental health activities.
- Training Module for MOs (Three months course and three days course curriculum), PMs, LSE, SOPs for DCC, prototypes for Haording, poster, MHT card, FAQ developed by State in coordination with MHI, Cuttack.
- JT Secy. Health, DPH(O), MD NHM, DHS(O), Director MHI, SCBMCH, Cuttack & Jt DHS(WM&MH) monitor & supervise the programme.
- During 2015-16, 13548 new cases provided treatment, 15022 numbers were followed up by DMHP unit staff, 2612 cases provided indoor facility treatment, 256 cases referred to tertiary care; 55 nos of screening camps held with 3439 nos of persons screened with PWMI, 466 MOs & 1838 PMs were trained on DMHP, 27 MOs trained on 3 months course and 6566 ASHAs trained for case detection.

4.4 National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular diseases and Stroke (NPCDCS)

Background:

NPCDCS was launched in the State in the f.y. 2010-11, 1st from Nuapada district and now expanded to all 30 districts.

Activities undertaken

- National Programme for Cancer, diabetes, CVD and Stroke are included in NCD and all 30 districts are covered under the programme. 19 districts have established NCD cell and clinic. ICUs functional in 10 districts. 35.52 lakh people were screened, 2.36 lakh Diabetes Mellitus and 1.37 lakh Hypertension were detected. 1.24 lakh Diabetes Mellitus and 0.99 lakh Hypertension were treated. ICUs are functional in 10 districts with 642 CVDs and 218 stroke cases treated in ICUs.
- Cancer Chemotherapy started in districts (Koraput, Nabarangpur, Sundergarh, Phulbani, Baragarh, Mayurbhanj and Balasore). Cancer consultancy camps held in Koraput, Nabarangpur, Sundergarh, Baragarh and 230 cancer cases counselled and referred to higher centre.



4.5 National Programme for Health Care of Elderly (NPHCE)

National programme for Health care of Elderly started in 8 districts and all 30 districts will be covered this year. 10 bedded Geriatric ward functional in Koraput, Nabarangpur, Nuapada, Malkangiri and Bolangir. Integrated Geriatric OPD and separate elderly friendly counter and Physiotherapy units are functional in the above district.



4.6 National Tobacco Control Programme (NTCP)

National Tobacco control programme is functional in 13 districts and all 30 will be covered under this year. Various training, capacity building and awareness programme including school health programme are conducted in the 13 districts. 10 Tobacco Cessation centre are functional in District head quater Hospital. Around 48 lakhs fine were collected for Violation against COTPA.

4.7 NATIONAL PROGRAMME FOR PREVENTION AND CONTROL OF DEAFNESS (NPPCD)

National programme for prevention and control of Deafness launched in Khurda, Ganjam, Phulbani, Kalahandi, Koraput, Sambalpur, Mayurbhanj., 0-18 years children screening is going on under RBSK in DEIC centers.

4.8 NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS (NPCB)

Brief about the programme

National Programme for Control of Blindness (NPCB) was launched in 1976 with an objective of preventing blindness from all preventable causes. It focuses on eradication of blindness due to cataract, refractive errors, corneal blindness, diabetic retinopathy and other causes. It is a 100% centrally sponsored scheme. The goal is to reduce prevalence of blindness from 1% (2006-07 Survey) to 0.3% of population. The scheme is implemented by both Government and NGOs.

Coverage area

- Cataract Surgery
- Spectacles to school children
- Treatment/management of other eye diseases
- Cornea collection for transplantation
- Presbyopic correction (new component)

Activities:

1) Cataract Surgery:

- Cataract surgeries have been done in Govt. & NGO sector by trained Eye Surgeons out of which more than 99% are micro surgery with IOL implantation.
- Free corrective glasses have been provided to the operated patients as per need.

Year	Annual Target	Achievement
2016-17(upto Qtr.3)	157300	89453

2) School Eye Screening

School Eye Screening programme is carried out by PMOAs posted in blocks and also by Eye Specialists at SDH/DHH level. Also children having defective vision detected by basic health workers in biannual screening programme are examined by Ophth. Assts. and referred to Eye Specialist in SDH/DHH whenever needed for better treatment.

Year	No. of school children to be screened	Free spectacles provided to school students	
		Target	Achievement
2016-17(upto Qtr.3)	805630	34610	31565

3) Eye Donation

Eye Donation activities is gradually improving in our state due to extensive community awareness activities done at state / district level and also due to good co-ordination and remuneration to NGOs.

Year	Target	No. of Eyes Collected	No. of Eyes transplanted
2016-17(upto Qtr.3)	1100	994	768

4) Presbyopic correction (spectacles for near vision)

Year	Annual Target	Achievement
2016-17(upto Qtr.2)	116104	51016

5) Capacity building:

Institutions:

- 133 nos. of Vision Centres have been functioning at CHCs level in the state for providing eye care services to rural people.
- OneTele-Ophthalmology Network is functioning at MKCG, Berhampur, Ganjam to provide specialist and super specialist eye care service at door step in remote areas.
- One Retina Centre is functioning at Capital Hospital, Bhubaneswar.
- One Mobile Ophthalmic Unit is functioning at DHH, Sundargarh
- Six nos. of Eye Banks are functioning in the state
- Five nos. of Eye Donation Centres are functioning in the state



Manpower:

- 03 nos. of contractual Eye Surgeons are engaged.
- 53 nos. of contractual Ophthalmic Assistants have been posted in established vision centres at CHCs.
- 9 nos. of Eye Donation Counselors have been posted in Eye Donation Centres established at Cuttack, Ganjam, Khurda & Sambalpur for carrying out Eye Donation activities.
- 24 no. of Data Entry Operator are engaged in the district level

Training:

- Ophthalmic Surgeons have been sent inside and out side the state for training in sub-specialty in micro surgery like Phaco, Glaucoma, SICS, ECCE, Oculoplasty surgery and Retina etc.
- Refresher training is being imparted at zonal level to the Ophthalmic Assistants for providing better service.
- MIS training to all DPMs(NPCB), DEO and district staffs is completed in coordination with NPCB division, Govt. of India.

Civil Work:

- One 20beded Eye Ward/OT functioning at DHH, Ganjam
- Two nos. of 10 beded Eye Ward/OT (SDH, Biramaharajpur, Sonepur & SDH, Rairakhole, Sambalpur) are in process.

Other activities:

- Strengthening of one NGO eye care unit in semi-urban/rural area is in process

6) IEC:

- Every year Eye Donation Fortnight (from 25th August to 8th September) is being organised in the districts having eye banks to enhance eye donation activity and public awareness in the community.
- World Sight Day (2nd Thursday of October and the full month) is being done at state and district level.
- World Glaucoma Day (12th March) is being observed every year.
- The above three event are being observed to aware the general public regarding various eye problem, its eradication and Govt. free services available.

4.9 Bio- Medical Waste Management

Biomedical Waste (M&H) Rules 1998 of GOI was implemented in Odisha since the year 2000. In March 2016, New BMW (Management) Rules, 2016 was notified by GOI for implementation across 1751 Hospitals.

- Since the Year 2000, BMWM was implemented across 30 DHHs, CHBBSR, RGH RKL and three Medical College & Hospitals. It was further expanded to 27 SDHs, 5 IDHs, 377 CHCs, 1226 PHC(N) and DP points during 2015-16.
- State BMW Cell is functioning to monitor & supervise all Govt. HCFs.
- The Odisha State Pollution Control Board is the regulatory body prescribed by MOF & Env., GoI in the state of Odisha.
- Guidelines of BMW(M&H) Rules, Protocols of segregation, collection, transportation, treatment and disposal, accidental exposure, guidelines for procurement of logistics and consumables, M&S formats, shared with districts.
- Capacity building health staffs that include MOs, PMs, SNs, Group D staffs at DHH, SDH, IDHs, CHCs undertaken.
- 51 destinations (21 DHHs, 27 SDH, 3 TB Hospitals) have been provided with BMW equipments for treatment and disposal of BMWM as per protocols of SPCB.
- Annual Report 2015 and Hand Book for Training of MOs, PMs, SNs, SOPs for BMWM developed and shared with different stakeholders of state & districts.



Pollution Control Appreciation Award to the CHC, Junagarh, Kalahandi for the Year 2016



- Funds from state Plan Budget 2015-16 (Rs.12 Cr.), 2016-17, State Non Plan Budget 2016 (Rs.1.84 Cr) and NHM Rs.2.3 Cr) provided to districts, IDHS, CH BBSR, RGH RKL for program me components like capacity building, BMW logistics and consumables, liquid waste management, immunization, Outsourcing charges of DHH/SDH/CHC and an additional HR at SDH and CHC level, repair/renovation of containment area, contingency etc.
- 1869 staffs trained on BMWM,32 DHH have completed tender process for OS of BMWs;13 districts have dedicated HR at SDH/CHC; 24 districts dedicated BMWM committee; 18 districts have Consent to Operate LWM at their Hospital.
- Till January 2017, Out Of total 1751 HCFs; 1157 HCFs are under Authorization Administration of State Pollution Control board in comparison to 549 in 2015-16.
- STTFC, Jt. Secretary Health, DPH(O), MD NHM, Jt.DHS(WM&MH) and other State Nodal Officer conduct monitoring & supervision of all districts for proper Management of Biomedical waste according to the Biomedical Waste Management 2016.

4.10 National Programme for Prevention and Control of Fluorosis (NPPCF)

- National Programme for prevention and control of fluorosis(NPPCF) has been implemented in a phased manner in three districts namely Nayagarh, Angul&Nuapada since 2008-09.
- 1 Consultant (Nayagarh) & 1 LT (Angul) are in place.
- Surveys for detection of dental and skeletal fluorosis cases conducted in different selected villages. Free Drugs and treatment are being given for these identified cases.
- Lab services made available at district level to detect the flouride content of water and urine. IEC/BCC activities conducted in the villages/blocks of the district to upscale awareness in the community.
- Inter-sectoral convergence done with related departments like RD, H & UD & PRI etc.

4.11 Food Safety:

Background

The FSS Act 2006 and Rules-2011 & Regulations thereunder has come into operation from 5th August 2011 all over India including in Odisha State with retrospective effect from 5.8.2011 vide Govt. in Health & F.W. Deptt. Notification No.19346H Dt.25.07.2012.

Human Resource

- Under Commissioner Food Safety 30(thirty) districts & 6(six) Urban Local bodies are implementing Food Safety activities.
- One Commissioner Food Safety post has been created by the Govt.
- Out of 38(thirty eight) sanctioned post of Food Safety Officer 26(Twenty six) are in position in different districts & Urban local bodies .Govt & Staff Selection Commission has been moved to fill up the vacant posts .

- All the ADMO(Public Health) of thirty (30) districts & City Health Officers of Six(6) Urban Local Bodies have been declared as Designated Officers in addition to their own duties. Proposal have been submitted to Govt. to have dedicated D.O from Odisha Medical Service Cadre till alternate arrangements are made.

4.12 State Public Health Laboratory

- The State Public Health Laboratory (SPHL) is the approved statutory Lab under Govt.of Odisha, Health & FW Dept for test and analysis of all types of foods.
- Out of 27 sanctioned posts Group'C' , 18 are in position.

Achievements

- The Registration & State Licenses are issued by the Food Safety Officers & Designated Officers in the districts & ULB.
- The online FLRS (Food Licensing & Registration System)has started in Odisha from 22nd Dec,2016 after launching by Hon'ble Minister Health & FW on 21st Dec,2016.
- Total number of Manual Registration issued till 21.12.2016 -20996.
- Total number of Manual Licenses issued till 21.12.2016 -14,482.
- Total number of online registration issued till 31.1.2017 -524
- Total number of online License issued till 31.1.2017-287
- Total amount of Revenue collected till 31.3.2016-Rs 5.81 Crores.
- Total No.of food samples received by SPHL 2016-2017=5,553
- Total No.of Food samples tested by SPHL 2016-17=2806.
- Total No.of adjudicating cases filed in case of misbranding & Sub standard food items(2016-2017)=52
- Total No.of Prosecution sanctioned for unsafe food items(2016- 2017)=12

Wayforward:

- One Programme Management Unit (PMU) will be set up to
 - have all data/information relating to Food Buisness Operators.
 - To monitor the legal cases & food items not conforming to the standards.
 - To create awareness amongst public & FBO relating to safe and wholesome food.
- To open one website for food safety activities for easy accessibility by public to all rules / acts / information.
- Proposal has been submitted to Govt. to create Additional 67(Sixty Seven) posts of FSO (Food Safety Officers) taking the total to 105, so that more number of FSO can be posted in Urban Local Bodies & districts having more FBO(Food Buisness Operators).All Food safety offices will be strengthened with mobility & support staff for effective implementation of Food Safety activities.
- The State Public Health Laboratory is being upgraded with more technical manpower & equipments so that all types of quality testing of Food Items can be carried out in fixed time period.

4.13 Vital Statistics

Odisha is having 314 Rural Registration Units & 103 Urban Registration Units where Medical Officer I/C of 314 Rural CHCs are declared as registrar Birth & Death and Executive Officer & Health Officer are declared as Registrar of 103 Urban Registration Units. Medical Officers of PHCs, Area Hospitals, SDMOs, ADMO(Medical) and Associate Professors of 3 medical colleges are declared as Sub- Registrar of Birth and Death.

Current Status:

Civil registration is system where Birth, Death, Still birth and infant death registered at their place of occurrence. Our State is having 314 Rural Registration Units and 102 Urban Registration units. Out of which online Registration System is going on in 314 Rural CHC & 44 Urban Local Bodies in the State. During the year 2016, the number of Birth & Death Registration is 7,47,735 & 336080 respectively. The issuance of Birth Certificate is 7,00824 and Death Certificate is 200902.

chapter-5

Directorate of Family Welfare

Directorate of Family Welfare

5.1 FAMILY PLANNING

Background:

Reproductive Health (RH) is an integral part of the RMNCH+A (Reproductive, Maternal, Newborn, Child Health and Adolescent) programme currently being implemented all across the country including Odisha. RH/FP plays an important role in influencing the outcomes of maternal and child health programmes.

Family planning as part of the reproductive health programme intends to promote informed choices and voluntary decision making among eligible couples both for spacing the births and limiting the family after its completion by providing safe and effective spacing as well as limiting contraceptive services.

Department of Health and Family Welfare (DoHFW) has been very consistent in its approach to family planning programme. A number of interventions have been undertaken during last several years to increase the family planning service uptake through expanding the reach and range of family planning services. It's really heartening to note that, NFHS-4 has come out with very positive results in family planning indicators for Odisha. Total Fertility Rate (TFR) for Odisha has been sustained at 2.1 (NFHS-4), at replacement level which is lower than the national average, i.e 2.3 (SRS-2014). Unmet Need for family planning is down to 13.6% which is quite less than the national average of 20.5% (DLHS-3). Among others IUCD, OCP and Condom use has shown significant increase which is an indication of the encouraging progress our family planning programme has been able to make during last few years.

Family Planning 2020 - Odisha Commitment:

As part of the global initiative to refocus on family planning, India is committed to achieve 40% family planning users by 2020. Considering that, Odisha contributes to around 4% of the total unmet need in family planning of the country, our state is committed to achieve client coverage of around 19 lakhs new users of family planning by the year 2020 along with sustaining the existing coverage of 32 lakhs women protected by contraceptive methods from unwanted pregnancies.

State Priorities in Family Planning programme:

Based on our commitment to achieve the goals of FP2020, following activities have been taken on priority for strengthening family planning programme in the state:

1. Strengthening Fixed Day Static Service Delivery (FDS)
2. Focus on PP and PA Contraception (PPIUCD, PAIUCD & Post Partum Sterilization)
3. Ensuring Commodity Security through State Innovation RHCLMIS
4. Home Delivery of Contraceptives & Ensuring Spacing at Birth by ASHA
5. Promoting Quality of Care in FP Service Delivery
6. Promoting Male engagement in Reproductive Health
7. Rolling out New Contraceptives (Injectables, PoP and Centchroman) as part of expanding the basket of choices in family planning

Activities undertaken in 2016-17:

1. State level review-cum-planning workshop of FP2020 roadmap for 30 districts:

2020 aims not only to reach the target in numbers by 2020 but also to provide a platform where the reproductive rights can be maintained. One of the challenges for the state is to fulfill FP2020 commitment of reaching an additional 1.9 million women by 2020 with family planning services. Given the current scenario of the state and as a response to the Government of India mandate, activities have been provisioned in AWP-2016 a State level review cum planning workshop of FP 2020 roadmap for 30 districts. A one day workshop was organized for ADMOs (FW), DDM and DMRCH.



2. State level Technical Orientation-cum-Planning Workshop of ADMO (FW) and Operating Surgeons to Promote NSV:

A systematic review of studies on men's beliefs and attitudes toward contraception identified the main reasons men did not want to use contraception. These reasons included concerns from men as partners, "fear of losing authority within the family context; fear of presumed collateral effects of contraceptive use, e.g., infidelity; association between withdrawal and the reduction in spontaneous sexual intercourse", as well as concerns from men as family planning clients, "an association between vasectomy and castration; a mistrust of the effectiveness of condoms; and a perceived decline in virility and sexual pleasure after vasectomy".

Given the backdrop of very low acceptance of contraceptive services by male partner in Odisha and emphasis on male engagement in family planning by hon'ble Supreme Court, provisions were made in the annual work plan supported by UNFPA to promote male participation in reproductive health programme.

Participants in the workshop included the ADMO



(FW), the nodal officer of family planning and the empanelled NSV surgeons from all the 30 districts. The aim was to provide technical orientation on NSV to the participants and to develop a district specific plan for promoting male sterilisation in the districts.

Facilitators both from state and national levels facilitated the day long workshop transacting various sessions on both clinical and programmatic aspects. National Technical Expert, Dr. Alok Banerjee, who has been credited with bringing in NSV services to India in 80s addressed the queries from the participants and provided key inputs to revitalise NSV service delivery in their health facilities.

As part of the follow up measures to this workshop efforts were made with the support of larger family planning programme to address the issues such as retraining the operating surgeons, providing clinical handholding support to the empanelled service providers, intensifying the community mobilisation process to motivate clients for NSV services and building capacities of the frontline workers to facilitate demand in the community for accepting male sterilisation services.

The intervention paid off good dividends and efforts were intensified and expedited under the larger programme to promote NSV services in the districts, as a result of which Odisha was able to achieve 680 cases of NSV during vasectomy fortnight campaign in 2016 in comparison to 552 cases in 2015.

3. Orientation of HW (M) on family planning methods with focus on improving male engagement in Gajapati, Keonjhar, Dhenkanal and Khurda districts:

State has undertaken measures in making them accountable for facilitating implementation and strengthening HDCA and ESB schemes along with promoting male engagement in reproductive health programme. Under this intervention participants were oriented on a well crafted module containing RH and application of Gender in RH in selected districts such as Keonjhar, Gajapati, Khurda and Angul in order to utilise the opportunity for expanding reach of family planning services in the community. The same intervention was planned in NHM PIP in rest of the 26 districts utilising NHM funds as part of scaling up exercise under larger programme.

4. Orientation of HW (F) under NUHM of Bhubaneswar Municipal Corporation on Reproductive Health and FP programme:

Health Workers - Female from urban health facilities of Bhubaneswar Municipal Corporation area were oriented on reproductive health including family planning. The technical contents covered in the training are various contraceptive methods, merits and demerits of specific contraceptive methods, myths and misconceptions, availability of services, EC survey, Family Planning Indemnity Scheme and counselling techniques.

5. Capacity building Urban ASHAs of Bhubaneswar and Cuttack Municipal Corporation on EC Survey, family planning methods and counseling:

Acknowledging the importance of community process initiative in the family planning programme, it was appropriately provisioned in the AWP-2016 for undertaking orientation of ASHAs working in urban slums engaged by NUHM, Odisha. One day orientation of urban ASHAs of both Bhubaneswar and Cuttack Municipality was undertaken and participants were oriented on family planning programmes.



6. Orientation workshop for block data managers, system in charge and DVLMs of 5 poor performing districts on RHCLMIS:

During 2016, UNFPA supported reviewing the status of implementation of RHCLMIS of 5 poor performing districts and re-orient the DVLM and BDMS of these District on RHCLMIs at state level for strengthening the programme implementation. A total of 65 participants were given handholding support during the orientation.

7. State level review –cum-reorientation workshop for DVLMs and District Store Pharmacists on RHCLMIS:

As part of the UNFPA support to strengthen the RHCLMIS implementation in the state state level review-cum-reorientation workshop was organized for the Store Pharmacists and District Vaccine Logistics Managers of all 30 districts' central warehouses to review the family planning supply chain management and implementation of RHCLMIS.

Centre for Innovations in Public System (CIPS) is working with State Govts., Union Territories, GoI organisations and Not for Profit organisations for promoting an innovative culture for transforming creative ideas into sustainable practices. CIPS has organised one video conference for RHCLMIS and around 40 participants from 18 States/UTs had participated in the Video Conference.

8. Half yearly review of FP Activities of 10 low performing districts:

Now a days we are focusing more on performance overall performance of the State depends on the performance of each unit (districts). Taking this in view ten poor performing districts were taken in view of the 2015-16 financial year as per the HMIS. A State level review of the following districts Jagatsinghpur, Kendrapara, Boudh, kandhamal, Jajpur, Cuttack, Deogarh, Balasore, Sonapur and Sundergarh were taken.

The workshop was facilitated by different Technical Experts from the State like DFW, ADMO (FW), JD (FW), including the State Team Leader, UNFPA.



9. Orientation of DQAC members on quality in family planning services at district level meeting.

As quality is still an issue in Family Planning service and there is always a gap in almost all districts related to quality. DQAC members were oriented on latest MoHFW, Govt. of India guidelines on standards and quality in family planning services. Quality assessment was carried out by medical college covering various levels of health facilities across 18 districts. Findings were shared at the state level and directives were issued to districts and health facilities for improvement and corrective actions. Efforts were made to strengthen quality assurance processes by facilitating conduct of audits of health facilities using prescribed checklists by District Quality Assurance Committees (DQAC). After reviewing the HMIS four districts were taken into consideration where there are maximum deaths and failure .The districts selected were Balasore, Mayurbhanj, Cuttack and Puri. The following districts DQAC members, Hospital Managers, all PHEOs, DMRCH, and DPM, one empanelled surgeon from each private accredited institute, MOIC from each block and four performing surgeons were selected. The orientation was called with following objectives in mind:

10. One day dissemination of FP quality assessment study findings:

The increase in complications, failures, and deaths due to sterilizations has also resulted in increased litigation being faced by the providers, which is a barrier in scaling up the sterilization services. Improving the quality of services provided in contraception is a major element that would enhance the acceptance of services. In Odisha as it is a transition phase from camp approach to fixed day approach has drawn attention towards quality. With an engagement of an external agency Sum Hospital quality was assessed in 18 districts of Odisha not only to assess the quality of family planning service but also to give hand holding support to the districts. A state level orientation workshop was arranged for each district ADMO (FW) and two performing surgeons. Apart from quality dissemination (facility assessment findings), IMEP practice, GoI guidelines and protocols for FP were also emphasized.

FP Methods	Achievements (From April to March)	
	2015-16	2016-17 (April to January)
Vasectomy	2377	2181
Tubectomy	114604	81734
Sterilisation	116981	83915
IUCD	194884	167031
Oral Pill	163360	128084
Condom	103683	98104

5.2 Maternal Health

- **First Referral Unit:** 82 hospitals are functioning as FRU (L3) institutions out of 95 for providing Comprehensive Emergency Obstetric care including C-Section. Specialist manpower with Blood Banks (51) and Blood Storage Units (66) are also operational.
- **Delivery points:** State has target of 1190 delivery points of which 580 institutions are functional at present and 610 are promising. So far 624 Delivery Points are functional to provide quality delivery services.
- **Janani Suraksha Yojana (JSY):** Total 5390174 number of beneficiaries benefitted under JSY (from 2005-06 till Dec 2017). Due to JSY the institutional delivery has increased to 85.4%.(NFHS-4, 2015-16).
- **Janani Shisu Surakshya Karyakram(JSSK) -** Free services which include free drug, blood, diagnosis, diet & referral services are provided to all pregnant women and sick newborn and infants (upto 1 year) through implementation of, Janani Shisu Surakshya Karyakrama and other compensation schemes for availing institutional care at public health facilities. More than 6.6 lakh pregnant women and sick infants have availed free referral transport service through 102 ambulance service



(472 vehicles). About 1.35 lakhs pregnant women provided free blood annually.

- Skilled Attendant at Birth (SAB) training was given to the Paramedics and AYUSH doctors to augment the institutional delivery. These SAB trained staffs are posted in the identified delivery points in priority basis. During the year 142 HW(F) & LHV, 190 Staff Nurses and 30 AYUSH doctors were trained in SAB and 86 HW(F) & LHV, 175 Staff Nurses and 142 AYUSH doctors number of previously trained staff were provided SAB refresher training.
- In Life saving anesthesia skill (LSAS) 158 doctors were trained, Emergency obstetrics care (EmOC) training was given to 38, & Basic Emergency obstetrics care (BEmOC) training given 959 nos. of Medical Officer for operationalization of L3, L2 & L1 institutions, during the year 2016-17, 9 doctors trained on LSAS and 113 doctors trained on BEmOC.
- ANM Mentoring: To increase the skill of the ANMs for quality service at VHND session, State has taken specific steps to improve skill through on job training by identified supervisors and AYUSH doctors who are designated as trained mentor. These mentors will provide hand holding support to poor performing HW (F) in a specific time frame. Till date 14 batches of training completed at State Level and 186 nos. of mentors are in position to provide hand holding support to HW(F). Mentoring activities have been started in 10 High Priority Districts.
- Maternal death review (MDR) committees are formed at State and district level to review the maternal death. During 2016-17, 784 nos. of maternal death are reported by December 2016 and out of that 395 nos. of death are reviewed by Collector cum DM and 664 nos of death reviewed by CDMOs of the district. State has conducted 164 nos of maternal death reviews through Video conference and taken steps for improvement of quality of review of deaths.
- Safe abortion care services: Out of 439 targeted institutions, 315 facilities are in readiness for providing CAC service in the state. During 2016-17 Till Dec.2016 :
 - 12 days certification training given to 30 doctors and 30 staff nurses.
 - 3 days refresher training given to 48 doctors and 48 staff nurses.
 - 3 days TOT (master trainer) given to 4 doctors and 3 staff nurses.
- Village Health & Nutrition Day: Fixed day health & Nutrition day (VHND) is being organized every Tuesday / Friday at village Anganwadi centers. So far 381030 VHND sessions held out of 389269 planned (98%) during 2016-17 (Up to Dec 2016).
- Standardization of labour room . State is taking steps for standardizing Labour room as per MNH tool kit. Further under DAKSHATA programme 18 districts are given focused attention for improving infrastructure and practice in labour room. Jhpiego is the state technical lead partner on Dakshata and directly supports rollout in 10 districts, while UNICEF supports in 3 districts. After Dakshata initiative it is observed that the skill and knowledge of doctors have improved.
- Maternity Waiting Homes (Maa Gruha) These Maa Gruha are established near to delivery points to

Village Health & Nutrition days



accommodate the expected delivery cases from difficult geographical pockets at least before 7 -10 days of Expected Date of Delivery for having safe institutional delivery. Maa Gruha not only provides facilities of temporary rest shed but also a home with counseling services to mothers on personal hygiene, family planning measures and new born care etc. So far 54 MWH are operational out of 66 targeted.

- Initiatives for Anaemia Control: IFA & Calcium Supplementation - About 9 Lakhs Pregnant women covered annually .Inj. Iron sucrose & Blood transfusion services- made available at Institution level for Pregnant women with severe anemia. One time de-worming of all pregnant woman ensured during pregnancy in second trimester.

5.3 Child Health

As per SRS 2014, Odisha is the 3rd highest state in IMR in the country. However, the rate of reduction of IMR in Odisha is the highest in the country. Currently, the IMR of Odisha is 40/1000 live birth and under-five mortality is 49/1000 live birth as per NFHS-4. Major interventions undertaken through NHM for reduction of infant and under-five deaths in the State include:

- New Born Care Corner: For preventing mortality and brain damage immediately after birth, 580 Newborn Care Corners are functional (Progressive Target: 1190) at delivery points (Labor rooms & OT) to provide essential newborn care & resuscitation immediately after birth. Around 8% babies are resuscitated and 5% babies are referred for further treatment at SNCUs.
- Sick Newborn Care Units (SNCU): For treatment of sick & low birth weight newborns, 30 nos. of Sick Newborn Care Units (Target: 41) and 45 New Born Stabilization Units are operational. 6 new SNCU are under process to function at new MCH centres and bed capacity is being increased in 10 existing SNCUs. During 2016-17 till Nov. '16, 31,647 nos of children admitted in SNCU and 22399 (71%) new borns are discharged after due treatment.



SNCU Koraput



SNCU Bargarh

- Kangaroo Mother Care (KMC): KMC units have been established in 15 districts adjoining SNCUs for providing KMC to all newborns with special focus on preterm, LBW and sick newborns.
- Trainings and capacity buildings: In view of effective and efficient services the trainings are being provided to concerned personnel at various levels.

- Skill Based training-
 - State level Training on INAP/IAPPD completed & District level training completed in 10 districts.
 - State, District & Sub District level NDD training completed and implementation started.
 - Facility based IMNCI training conducted at State level for Staff Nurses and Medical Officers.
 - NSSK training of Medical Officers conducted at State level.
- Knowledge based training
 - Knowledge based CME through VC and telemedicine hub is organized from time to time.
 - Training on Child Death Review (CDR) completed & implementation started in all districts.
 - Training of AYUSH MOs on Community Based CDR for conducting verbal autopsy completed at State level.
- **Home based new born care (HBNC):** Training is provided to all ASHAs for early identification and referral of newborns with danger signs and counseling care givers on home based newborn care. During 2016-17 till Nov. '16, about 12% of LBW babies were reported during HBNC visits and 4% of sick newborns were referred for appropriate treatment.
- **Intensified Diarrhoea Control Fortnight (IDCF):** An intensified diarrhea control fortnight is held every year from 2015 during the monsoons, where prophylactic dose of ORS is distributed to each under five child in order to prevent any death due to childhood diarrhoea. During the fortnight, ASHA makes home visit to each under five child in her area and counsels the mother on preparation of ORS with demonstration, danger signs and when to seek help in case of an incidence of Diarrhoea. Besides, ORS corners are established at all facility level to address any diarrhoeal case as well as counsel parents/ caregivers on ORS preparation and treatment.
- **Child Health Review (CDR):** Child death review has been implemented in the state during 2015-16 under which committees have been formed at state and district level for detailed review and analysis of each under five child death and taking necessary corrective actions. During 2016-17, till Dec. '16, 13437 child deaths were reported and reviewed at district level for taking corrective actions.
- At community level to identify malnutrition among children, Village Health & Nutrition Day (VHND) is functioning once a month in each AWC in convergence with W&CD Deptt. throughout the State. Identified underweight children are referred to higher facility in case of complication for further treatment. 123738 malnourished children identified at VHND sessions and provided treatment either at CHC level or at NRC during 2016-17 till Dec. '16.
- **Rashtriya Bal Swasthya Karyakram (RBSK):**
640 Mobile Health Teams formed under RBSK for screening, treatment and referral of children identified with defects, deformity or diseases. More than 75 Lakh children (73%) covered under the



scheme from school and AWCs. 24 District Early Intervention Centres have been established for providing referral services at district level. During the year 2016-17, convergence have been established with specialized institutions like Smile Trained Empanelled Hospitals for cleft lip & palate surgery, L.V. Prasad Eye Institute for congenital cataract surgery, AYJNIHH, Bhubaneswar for treatment of hearing impairment, Cure International for club foot management. Besides, tertiary level referral support is routinely provided at institutions such as the three medical colleges, SVNIRTAR, AIIMS, Bhubaneswar & Capital Hospital.



5.4 Nutrition

Under nutrition is a leading contributor to infant, child and maternal mortality and morbidity. More than 50% of child deaths are attributed to undernutrition. Despite all efforts of the government, the overall nutritional status of our country and the state not showing very improved status. As such, 35 lakh death and 35% of disease burden occur due to the underlying cause of Maternal and Child (under 5 years) under nutrition (Lancet series).

As per Secondary data reference, 34.4 percent children in Odisha under five years are reported to be underweight, 20.4 are wasted and 34.1 percent are stunted (NFHS-4, 2015-16). In Odisha, an estimated 6.4 per cent children are severely wasted and suffering from SAM. The rate of Initiation of Breast Feeding in Odisha is 68.6% and exclusive breast feeding is 65.6% (NFHS-4). And complementary feeding rate is only 55%.

Women and children are more vulnerable to micronutrient deficiencies because of their added requirements for reproduction and growth, respectively (Calloway, 1995). NFHS 4 report shows the prevalence of anemia is as high as 44.6 per cent among under 5 years children, more than 47.6 per cent among pregnant women and among all women more than 51% in Odisha. IFA supplementation has been proved as efficient intervention in reducing anaemia burden in society. In Odisha 30.4% of pregnant among women and 14.9 % of children aged 6 to 59 months consume IFA. As per NFHS-4 only 93 percent people are consuming iodised salt in Odisha. As per recent data 59 percent households (ISCS 2010) are consuming adequately iodised salt.

Also, Vitamin A deficiency in the state has long been recognized as an important public health problem. A study conducted in the year of 2000 showed that 64 percent of children under 5 has low serum retinol, a biochemical sign of Vit A deficiency. NFHS-4 data states that the coverage of children for Vit A in the last six months is 69.1% in Odisha.

Worm infections are also associated with a significant loss of micronutrients. The constant and life-long immune activation due to worm infections reduces the body's capacity to resist other infections. As per RSOC 2014 India data, 27.2% of the children in the age group of 6-59 months had received

deworming in the last 6 months. In Odisha the coverage of deworming is 57.8%. Govt. of Odisha decided to bundle deworming (1-5 years) with Vitamin-A supplementation biannual round.

The immediate consequences of poor nutrition is morbidity and mortality and in the long run it has implications on intellectual performance, work capacity, reproductive outcome and overall health during adolescent and adulthood .

In order to address these public health/nutrition problems interventions are carried out in Odisha:

1. Infant and Young Child Feeding Practices which recommends
2. Management of Severe Acute Malnutrition children at Nutrition Rehabilitation Centres. In Odisha we have 53 functional NRCs .
3. Bi-annual supplementation of Vit-A to children(9 months to 5 yr children) with deworming.
4. National Iron Plus Initiative
 - 53 Nutrition Rehabilitation Centers have been established in district and sub district levels to take care of the malnourished children (Target-61 by 2017). During 2016-17 till Dec. 16, 6849 children were admitted in NRC and 5000 (73%) children are discharged with 15% weight gain.
 - Infant & Young child feeding: ANMs and staff nurses are trained on IYCF practices for counseling parents/ care givers at community and facility level respectively. Further to strengthen IYCF, MAA programme was launched under which trainings are planned in the upcoming year.
 - National Iron Plus Initiative: For reduction of Anaemia in children and adolescent, weekly Iron folic acid supplementation is provided at all schools and AWC.
 - Supplementation of Vitamin A bundling with Albendazole: Biannual supplementation of Vitamin A programme for children in the age group of 9 months to 5 years along with deworming. During this year 94.3% of children were administered Vitamin A. This year National campaign for deworming the entire population of 1-19 years was conducted half-yearly on February & August, 2016.



5.5 Immunization Programme:

Brief about the program:

The state is providing immunization service to children & pregnant women to prevent 9 preventable diseases i.e. as per immunization schedule GoI, through fixed immunization day approach (In Wednesday) not only during VHND but also by conducting special immunization week in campaign mode in very hard to reach areas, urban peri urban slums, migratory population and low coverage areas.

Major Achievements

- No polio cases since 2008
- Maternal & neonatal tetanus eliminated in 2014

- Full Immunization coverage is increasing every year as per AHS 2011 to 2013 from 55% to 68.8% within 2 years. As per NFHS-IV (2015-16), the Full Immunization data is 78.9%, while as per INCHIS (2016-17) it is 83.8%
- Pentavalent, IPV, JE and Rotavirus introduced in the State.
- Serious AEFI cases have been investigated at site by State and district authorities.
- No stock out of vaccines & logistics at any time due to vaccine & logistics management information system (OVLMS+/eVIN) maintained by Regional/ District vaccine logistics managers
- Uniform vaccine and logistics registers has been supplied across the state and have been implemented.
- Cold chain equipment sickness rate 1.6 % (source-NCCMIS) below 2 % (standard) due to quick response time & down time maintained by cold chain technicians
- Mission indradhanush 1st phase was successfully implemented in 10 HPDs, 1.5 lakh children were vaccinated, 29638 children were fully immunized, 36218 children were completely immunized during 4 rounds of activities.
- Mission indradhanush 2nd phase in 13 medium priority districts 1.2 Lakh children were vaccinated, & 33662 children are fully immunized, 43681 children are completely immunized
- Mission indradhanush 3rd phase in 3 districts of 1st Phase 37254 children were vaccinated, & 6784 children are fully immunized, 8937 children are completely immunized.



Under the Immunisation Programme the following achievements have been registered during 2016-17 (Apr-16 to Jan 17) as follows:

Japanese Encephalitis (JE)

JE vaccination campaign was conducted in four endemic districts i.e. Jajpur, Keonjhar, Malkangiri, Mayurbhanj and the achievement are as follows:

Items	Achievements
T.T. (P.W)	69.2 %
Pentavalent 3	76.0 %
POLIO-3	75.8 %
BCG	75.3 %
Measles-1	76.8 %
Rota Virus Vaccine	55.6 %
IPV	24.8 %
Full Immunization	76.7 %

District Name	Vaccinated					
	Day Target	1Y-5Y	5Y-10Y	10Y-15Y	Total	% of achievement
Jajpur	498043	124202	143170	125378	392596	78.8
Keonjhar	565951	164661	192176	156661	513498	90.7
Malkangiri	230943	64377	86835	70347	221559	95.9
Mayurbhanj	726077	190582	241784	225864	658230	90.7
Total	2021014	543822	663965	578250	1786037	88.4

IPPI PROGRAMME

In the January, 2016 IPPI Programme total- 4296170 (0-5 Yr) were immunized and February, 2016 IPPI Programme - 4302333 children were immunized and 517767 vials of Polio Vaccines were utilized.

Electronic Vaccine Intelligence Network (eVIN): State is implementing eVIN to improve the efficiency of vaccination system with an objective of ensuring vaccine & logistics availability, reduce the stockouts & excess stocks at all cold chain point level. This innovation has started in May 2016 and currently it has been rolled out in all 1114 cold chain points, 8 RVS, 32 DVS & State Vaccine Store. One smartphone has been provided to each cold chain handler for digitization of data on vaccine & syringes for real time record of vaccine & logistics. Also, in each cold chain equipment a remote temperature logger has been planned to be installed to track the real time temperature of equipment for ensuring the vaccine quality.



5.6 Rashtriya Kishor Swasthya Karyakram (RKSK)

- 178 AFHC (Adolescent Friendly Health Centers) clinics have been established to provide services for adolescent girls & Boys. The adolescent friendly health clinics are designated as SHRADDHA clinic in Odisha and were renovated during 2015-2017. Average patient load of the clinics: 22 per month.
- Peer Education Programme: It is a Community based component of RKSK. It has been planned to select Peer Educators, form peer groups, conduct weekly & monthly peer health sessions, quarterly Adolescent Health Days (AHD) at Village level and monthly Adolescent Health Club Meetings at Sub Centre level to take care of all health needs at community level in 79 blocks (2 sectors of 50% blocks of the 15 districts). Peer Educator Identified till October 2016: 18197 out of 23588 planned. However the programme will be focused on 2 districts i.e Dhenkanal and Bolangir.
- Menstrual Hygiene Scheme (MHS): Implemented in 4 districts (Jagatsinghpur, Dhenkanal, Kendrapada & Bhadrak) has now extended to 30 districts. About 19 Lakh Adolescent Girls are planned to be covered under MHS. The Procurement process has been completed supply under process.

5.7 Equity & Advocacy

SAKHI - One Stop Centre

Smt. Usha Devi, Hon'ble Minister, Women & Child Development Department, Government of Odisha inaugurating SAKHI - One Stop Centre at Capital Hospital, Bhubaneswar.



Geographical area of coverage:

SAKHI - One Stop Centre is functional at Capital Hospital, Bhubaneswar for Khurda district from 1st October 2015 for girls and women affected by gender based violence.

Objectives:

- To provide 24 X 7 support and assistance to girls and women affected by violence, both in private and public spaces.
- To provide services to girls below 18 years in coordination with authorities /institutions established under the Juvenile Justice (Care and Protection of Children) Act, 2015 and Protection of Children from Sexual Offences Act, 2012.

Services:

Medical Services: immediate health care including referral to higher health institutions and ambulance services.

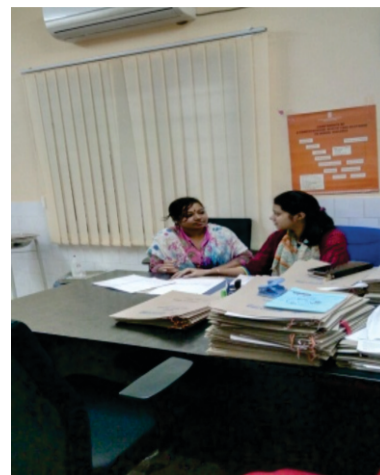
Police (in plain clothes) Assistance: Facilitate /assistance to file First Information Report

Psycho-social support/Counseling: Counseling and psycho-social support.

Legal Aid/Counseling: Legal support through empanelled lawyers of the District Legal Services Authority.

Shelter: Short stay with food and clothing at the OSC and referral to other Shelter Homes for prolonged stay.

International Visitor: Anna Leena Lohiniva (handicap International) and Annie Patra (handicap International) visited the centre for an exposure.



Stakeholders:

The One Stop Centre is managed by an implementing agency responsible for the day to day functioning of the Centre. The Women & Child Development Department is responsible for its overall implementation and monitoring. The Health & Family Welfare Department is providing space for establishing the OSC and immediate health care and referral services including ambulance services. The Home Department is providing assistance to file the FIR and facilitating proper collection of evidence. The District Legal Services Authority is providing legal aid and compensation to the survivors of violence.



Outcome:

In the first year, total 212 cases of violence were registered against girls and women in the One Stop Centre out of which 32 % (71 number) of the cases reported were of girls below 18 years i.e. 2 cases of Domestic Violence, 44 cases of rape, 20 cases of sexual offence/harassment, 4 cases of missing/abduction/ kidnapping and 1 case of dowry harassment/ death and 37% (81 number) of the cases reported were of women above 18 years i.e. 48 cases of Domestic Violence, 21 cases of rape, 10

cases of sexual offence/harassment and 2 cases of missing/abduction/kidnapping. Apart from the above, the Centre has also dealt with 67 other cases of gender based violence.

5.8 Addressing Declining Sex Ratio and Implementation of PC & PNDT Act

Background

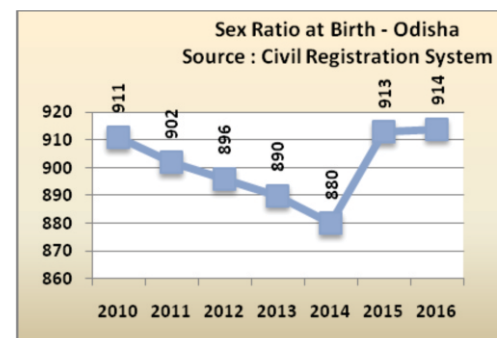
The 2011 census reported a child sex ratio (CSR) of 941 girls per 1000 boys. This stood at 953 in the 2001 census and at 967 in 1991 census. Skewed sex ratios are already exerting their effect on gender relations. Districts with disturbing ratios have also been facing situations of violence against women, rising crimes against women and trafficking. Stringent control over choices available to women and adherence to patriarchal norms are also enforced on women. It is evident that a paucity of girls does not enhance their value in a society where they already suffer from a subordinate status. Sex-selective abortion or female foeticide has led to a sharp drop in the ratio of girls born in contrast to male child in some districts in Odisha. Ultrasound technology has made it possible for pregnant women and their families to learn the gender of a foetus early in a pregnancy. Discrimination against female child, for several reasons, has combined with the technology resulted in a rise in abortions of fetuses identified as female during ultrasound testing. The practice of gender biased sex selection has manifested in high skewed sex ratio over past few decades. It has increased with a decline in fertility (TFR) and preference for at least one son and the misuse of modern technology, mostly the ultrasound machines.

Institutional Mechanism and Strategy

- Institutional mechanisms for act implementation are being strengthened through statutory bodies. State Supervisory Board that was constituted on 13.06.03 consecutively reconstituted on 16.08.07, 06.05.2011 and on 17.9.14. State Advisory Committee was constituted 22.12.01, and consecutively reconstituted on 16.08.07, dated 01.12.14. District Advisory Committee has been reconstituted in all districts. State Appropriate Authority have been notified vide notification no.21019 dated 16.08.2007. Collectors have been declared as District Appropriate Authorities vide notification no.19077 dated 27.07.2007. Sub Collectors have been designated as Sub- District Appropriate Authorities. The last State Advisory Committee meeting was held 19.11.16.
- The state government has been taking initiatives to address declining child sex ratio by focusing on changing social norms and culture while fighting for policies that promote gender equity with a three pronged strategy (a) addressing supply side through strengthening monitoring of PCPNDT Act implementation, (b) addressing demand side through initiating community action to address gender discrimination and gender biased sex selection, and (c) advocacy with other departments for convergence efforts on the issue..
- Executive Magistrates have been designated as Authorized Officers of District Appropriate Authorities

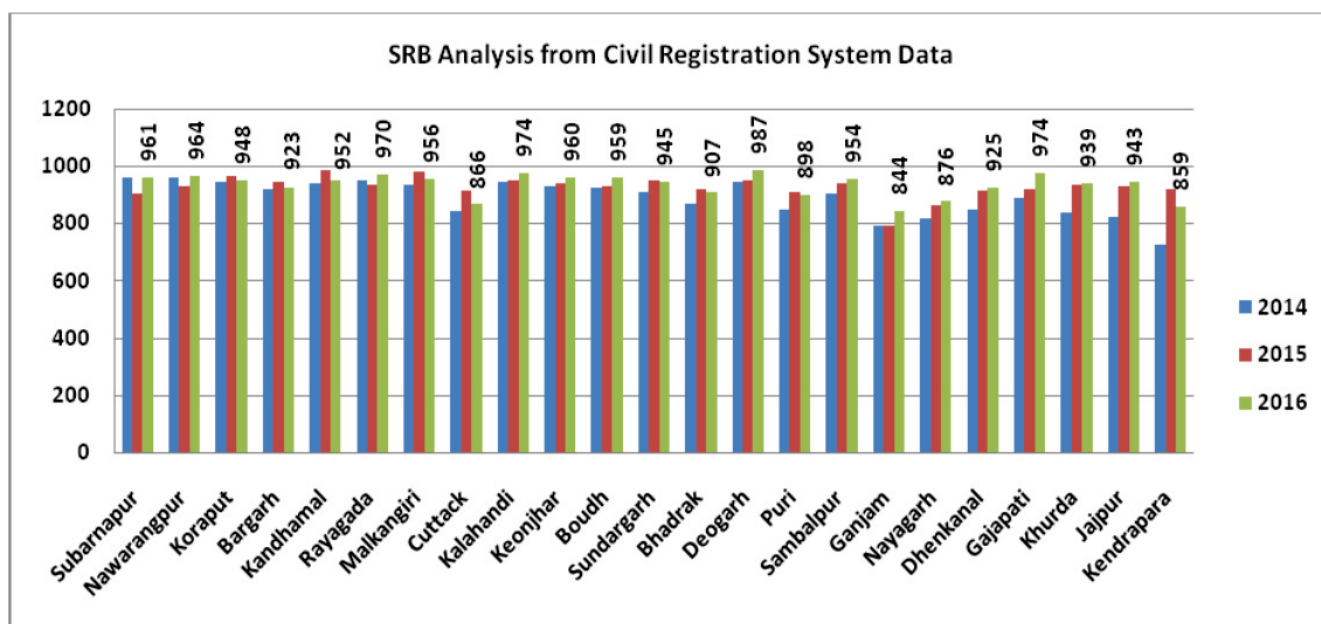
Activities and Achievements during 16-17

- Improving Sex Ratio at Birth: The sex ratio at birth (SRB) that is an important demographic indicator reflected at Graph 1



shows that the state figure had been declining until 2014. Most districts marked a decline in sex ratio at birth below 950 during the previous years. The sex composition of a population is determined, in part, by the number of male births relative to the number of female births. The sex ratio at birth also affects critical demographic measures. For example, the "doubling-time" of a population (the number of years required for the population to double its size given a rate of population growth) rises as the ratio of males to females at birth increases.

- Strategic interventions were undertaken at village level 2014 onwards choosing lowest 500 villages below 900. Rounds of discourse with these villages were undertaken involving key service providers at village level to self assess the status of girls and orient on the measures to be taken. Simultaneously district level interventions including multi pronged approach were also undertaken. The marked difference can be gauged from the state figures during 2015 and 2016 and the district wise figure at Graph 2. NFHS 4 also validates the improving sex ratio at birth in the context of Odisha, showing its mark at 936.



- Registration and Renewal: 907 facilities have been registered in Odisha since the inception of the Act as on 31.12.2016. 78 Registrations and 53 renewals have been provided during 2016-17 until 31.12.16. 11 application for registration has been rejected, 22 regn. suspended & cancelled by District Appropriate Authorities,
- Case Status: 63 cases filed since the inception of the Act. 19 appeals have been received U/s. 19 of the PC PNDT Rules. 17 appeals disposed u/s 19 of the Act. 4 proposals are submitted to the State Medical Council for action. 3 doctors have been convicted. Departmental proceedings initiated against 7 government doctors
- Policy Measures: State Girl Child Task Force has been constituted under the Chairpersonship of Chief Secretary. The last meeting of the Task Force was held on 15.4.15. Nayagarh district has been chosen for the Beti bachao and Beto padhao campaign. Biju Kanya Ratna Yojana is being implemented in Dhenkanal, Angul and Ganjam District

- Monitoring and Inspection: In 2016 -17, 346 monitoring visits by have been undertaken by district teams and 09 Inspections by State Inspection and Monitoring Committee (SIMC)
- Accreditation of Institution: SCB MCH - Cuttack, VSS MCH - Burla, MKCG MCH - Berhampur & IGH, Rourkela , the MCI recognized institutes have been notified as accredited institutions for six months training on Ultrasonography and Comptency Based Evaluation.
- Community level action: Intervention in communities has been initiated to address Gender Biased Sex Selection in all 30 districts. NGOs have been selected to conduct intervention in 8 lower SRB performing districts of the state.
- Resource and communication material: FAQ, leaflet, poster, banner, doctors kit, legal kits etc. in both Odia and English language have been developed and disseminated across the state. Form H registers to ensure uniformity in records have been printed and shared with all districts
- Trainings and Capacity Building: During 2016 - 17, capacity building of 170 prosecuting officers of cognizance taking court has been conducted in collaboration with Directorate of Public Prosecution at Biju Patnaik State Police Academy. Similarly capacity building of 60 judicial magistrates of cognizance taking court has been conducted at Odisha Judicial Academy. Sensitization Training of Medical College Students and Faculties on Declining Sex Ratio and PC PNDT Act is on the anvil at VSS, Burla, MKCG MCH, Berhampur and SCB MCH, Cuttack.



Capacity Building of Judicial Officers of cognizance taking court at OJA (Left) and Prosecuting Officers of cognizance taking courts Right) at BPSPA

chapter-6

Directorate of Medical Education and Training

Directorate of Medical Education and Training

Activities undertaken so far

- In order to meet the demands of Doctors in the State the number of MBBS seats in SCB Medical College, Cuttack, has been renewed from 150 to 250 during the academic session 2016-17. Besides that in the process of enhancement of U.G seats from 150 to 250 in VSS Medical College, Burla & MKCG Medical College, Berhampur. Letter of Permission has been received for enhancement of seats from 150 to 250 in MKCG Medical College, Berhampur during 2016-17.
- Steps have been taken for strengthening of all 3 Govt. Medical Colleges & enhancement of P.G seats in different disciplines.
- Steps have been taken for opening & enhancement of Super Specialty course in 3 Govt. Medical Colleges during 2016-17 & in the process 2 Nos. of Super Specialty course in the discipline of Cardiology have been opened in MKCG Medical College & Hospital, Berhampur.
- Online Registration of Clinical Establishment is under process.
- Improvement and renovation of water supply, sewerage and sanitation works of Medical College & Hospitals, SVPPGIP, Cuttack & AHRCC, Cuttack has been made.
- Construction work of 2 new Govt. Medical Colleges at Mayurbhanj & Koraput is in completion and Construction work of other 3 new Govt. Medical Colleges at Balasore, Bolangir & Puri is under process.
- Land has been earmarked for upgradation of Capital Hospital, Bhubaneswar into a Post Graduate Medical Institution. Steps have been taken to finalize the drawing of the Institution, so as to start the constructional work.
- Steps are being taken to establish tertiary Cancer unit at MKCG MCH, Berhampur & VSS MCH, Burla.
- Steps are being taken for functionalisation of Liver Transplantation Unit at SCB Medical College & Hospital, Cuttack.
- 19 Nos. of Bone Marrow Transplantation has been conducted at SCB Medical College & Medical, Cuttack during 2016-17.
- 28 Nos. of Kidney transplantation has already been conducted at SCB Medical College & Medical, Cuttack during 2016-17.

- More than 100 nos. of Open Heart Surgery have already been conducted at SCB Medical College & Medical, Cuttack during 2016-17.
- Psychiatric Nursing & M.Phil in Clinical Psychology courses are being imparted in Mental Health Institute, Cuttack during the academic session 2016-17 & M.Phil in Psychiatric Social Work course has started during 2016-17.
- Massive infrastructure development work are under way in Three (3) Medical Colleges & Hospitals, SVPPGIP, Cuttack & AHRCC, Cuttack.
- High- End instruments & Equipments are being procured in accordance with the requirements of the patients & Medical Students.
- During 2016-17 (up to 31.12.2016) Rs. 212976677/- has been sanctioned in favour of 8433 Nos. of beneficiaries from OSTF.
- Free Cancer Drugs are being distributed in AHRCC, Cuttack under Niramaya Scheme.
- Steps have been taken for opening of new P.G & Super Specialty courses in AHRCC, Cuttack.
- 129 nos. of Teaching posts & 84 nos. of Non-Teaching posts of different categories have been created for each new Medical College & Hospital i.e. Mayurbhanj, Koraput Balasore, Bolangir & Puri during 2016-17.
- Books & Journals to the tune of Rs.2,60,74,608/- (Rupees Two Crore Sixty Lakh Seventy four Thousand Six Hundred Eight) only are to be purchased for 3 Govt. Medical Colleges of the state, SCB Dental College & Hospital, Cuttack & SVPPGIP, Cuttack during 2016-17.
- Multi Disciplinary Research Unit work in 3 Govt. Medical Colleges of the state has started.
- Strengthening of the Super Specialty Department under PMSSY Phase-IV in 3 Govt. Medical Colleges of the state are under process.

chapter-7

**State Institute of
Health & Family Welfare**

State Institute of Health & Family Welfare

Background

The State Institute of Health & Family Welfare (SIH&FW), Odisha aims to bring behaviour change and generate demand among the Community regarding health care service and strengthen the capacity of health service providers by providing qualitative training.

Basically two pronged approach was adopted for implementation of communication activities during this fiscal. 96 communication high focused media dark blocks from 15 Districts were identified and special communication plans were designed and executed along with the usual activities.

State Institute of Health & Family Welfare (SIHFW), Odisha started in 1984 as Centre for Information, Education and Communication under Directorate of Family Welfare. However, in 1994 it was converted to a full-fledged directorate of "State Institute of Health and Family Welfare". Three major components like Training, Communication & operational research are mandate of the institution. In April'1998 it got the status of Collaborative Training Institute (CTI) of NIHFW.

Activities undertaken in 2016-17

The CoE (Centre of Excellence for Communication) works on issues related to communication, capacity building communication research and inter-sectoral convergence, either wholly or separately as indicated by the needs of the particular assignment. CoE, SIH&FW leads almost all the communication activities conducted by the Department of Health & Family Welfare, Government of Odisha. Program strategy designing and all communication creatives are prepared by the CoE, SIH&FW.

Major Communication Campaigns conducted this year

1. Population Mobilization Campaign (27th June to 10th July 2016)

This campaign was observed with a purpose to disseminate benefits of having a small family with special focus on various family planning methods available to keep family size small. Theme of the Campaign was "Small family: Happy Family". 30 District level & 314 Block level Function were organized to mark the World Population Day on 11th July 2016. IEC vans were engaged in disseminating the FP Messages across the State during this campaign period.

GKS sensitisation Meetings & folk shows were organized at different Villages of the State. Hoardings, standees and Banners were also displayed at different locations of the State during this campaign.

2. Intensified Diarrhoea control fortnight(IDCF) & Malaria Dengue Diarrhoea SBCC Campaign -(05 July to 15th September 2016)

In Order to create awareness Prevention, On this occasion the "Nidhi Rath"; Mobile IEC van was flagged off in almost all the Districts & 314 Blocks of the State. Mobile IEC van "Nidhi Rath" ,1. Equipped with Audio-Visual Equipment & Health Worker male were present in the Rath to works as a peer counselor. This van moved every pocket of the identified areas to create awareness during this phase. In addition to this hand washing demonstrations exhibition at CHC level were conducted and proper hand washing practices & preparation of ORS were demonstrated by Health Workers at these corners.

Sensitization programe in residential Schools in Tribal dominated areas, Hand washing demonstration at different Schools, quiz competitions, Rallies,

- 3. National Deworming Day observation & Campaign:-**Different IEC/BCC activities were conducted for promotion & demand generation among the community during National Deworming Day (NDD) from 31st Aug to 8th September 2016. Hoardings & Banners were displayed at various locations, also odia handouts were disseminated at different schools and posters were pasted at different location to ceate awareness during this phase.
- 4. Save the Girl Child Campaign:** Observation of Save the Girl Child Campaign was held from 18th to 24th January 2017 in different Districts. Message Addressing Declining of Sex Ratio & Value of a girl child has been promoted through different activities such as folk programs, wall writings, Hoarding, mobile van, Rally, Stakeholders meeting during this period in different districts.
- 5. Pulse Polio Campaign:**Pulse Polio campaign has been carried out intensively. Pulse Polio campaign was launched in two phases. The campaign included Newspaper advertisements, Airing of TV spots and Radio jingles through different electronics Media, miking and display of message through mobile IEC van "Polio SachetanataRath" was inaugurated to create mass awareness.
- 6. Heat Stroke management Campaign:** This Campaign was observed from April to June -2016 across the State to create awareness on prevention & management of Heat Stroke across the State. During this campaign sensitization to the service provider was conducted, leaflets were distributed and posters were used extensively to create awareness and management of Heat stroke. Anshughata Sachetanata Rath were moving across all the districts to sensitize the community on the issues. Different Banners & hoardings were displayed at strategic locations.
- 7. Social Mobilization Drive Campaign:** In 96 Blocks (Identified as per the 16 dashboard indicator) of the State and in the media dark areas social drives are being organized to sensitize the community. During this communication campaign- period more than 96 lakh unreached population were covered and need based priority behaviour of that particular region was addressed. Health Exhibition was conducted in 96 blocks, Around 113 Mobile Health Units were engaged in delivering both preventive and curative care to the target population. Folk media groups were extensively engaged to cover the target population with a standardized script and messages. NGOs/CBOs were involved to motivate the community for better participation.
- 8. Observation of Designated Health Days** Various Activities across the state were observed during designated health Days and weeks. World Health Day on 7th April, World Safe Motherhood Day on 11th April, World Breast Feeding Week from 1st to 7th of August and Newborn Care week from 15th

to 21st November were observed at State, District & Block level. Various awareness activities such as sensitization meeting with potential stake holders, community mobilization meetings, rally, quiz competition, healthy baby show and signature campaign were also organized at different places of the State.

Mass Media Activities

Electronic Media: Awareness activity has been conducted across different TV, Radio, FM channels. Total 5925 numbers of TV spots and radio spots/jingles were telecasted and broadcasted in the year to create mass awareness.

News Papers: The themes covered under this mass media activities are Heat Stroke, No tobacco day, Population mobilization Fortnight, National deworming Day, Malaria Dengue & Diarrhoea -IDCF campaign, NSV, World Diabetic Day, IPPI two round, water borne diseases, Jaundice & Cancer Awareness.

Mid Media Activities:

Exhibitions at State Level:

Adivasi Mela: State level Exhibition on different schemes & programs was conducted during Adivasi Mela at from 26th Jan' to 9th Feb' 2017 at Adivasi exhibition ground, Unit 3, Bhubaneswar. The fortnight long Adibasimela was organized every year & people belong to 62 tribes including 13 Primitive Tribal Groups come over to the exhibition, also attracted huge mass from Bhubaneswar and outskirts.

Display of Health Exhibition during different Mela & Fairs at District Level

Now a day's in Odisha, District Level Fairs/ Melas /Festivals are organized in a big way and attracts huge congregation from surroundings. These Fairs are utilized as the best platform for Mass Awareness on Different Programs/Schemes implemented by Department of H&FW. Health Exhibition during Car Festival, Puri, Health Exhibition during Bali Yatra, Cuttack, Mini Health Exhibition (Kalinga & Rajdhani Book Fair) were organized to disseminate different behaviour change message and to promote entitlements & Schemes. Apart from that Fund also provided to Mayurbhanj, Puri (Konark festival & Chandrabhaga Mela), Dhenkanal, Kalahandi, Nawarangpur, Baragarh, Khordha, Nayagarh & Malkangiri districts to conduct district level Health Exhibition at there level.



Branding of VHND points

State has adopted a new strategy to achieve accelerated reduction of maternal death & infant death under Accelerated Reduction of Infant & Maternal Mortality program. Under this program different mid media activities were conducted in 15 Identified districts of the State. Hoarding were displayed at Strategic locations, all the sub centers of these district has been branded and services available at the point has been displayed. Also identification of danger signs among pregnant mothers & new born babies its management at community level and advertisement of different schemes to ensure health mother & child were displayed at each VHND point.

Capacity Building of Communication Cadres:

Implementation of RMNACH+A communication activities: State Level Capacity Building training of Programme managers on implementation of different communication activities under RMNCH+A program was organized by CoE, SIH&FW in partnership with UNICEF. Total 376 Officers were trained till date which includes 14 ADMO (FW)s , 13 DPHCO, 19 ADPHCO, 299 PHEOs, 31 Asst.Managers ASHA & GKS and DMRCHs during this program.

SBCC TARANGA: Four days State level Training of Trainers on SBCC "Taranga" at Puri, in partnership with UNICEF Odisha was organized where 32 Numbers of program managers were trained. The training has been rolled out across the State in Phase wise manner under the Guidance of these Master trainers. More than 794 numbers of FLWs were already trained.

Refresher Training: Refresher training to 85 Public Health Communication Officers at SIH&FW, Odisha in three batches was conducted & Computer training has given to 108 numbers of existing PHEOs/ADPHCOs.

Training Activities undertaken by SIHFW

- Nodal Centre for conducting all RCH Trainings under NHM(O) Financial Management trainings for both govt. & NHM staff, trainings on M&E, ARSH, Induction training, refresher trainings, IEC/BCC training, Immunization training etc.
- Trainings assigned by OSACS, Training assigned by NPCB, Trainings assigned by NIHFW, Trainings of Information Commission(RTI), Trainings for jail doctors of Odisha

National level Training programmes conducted at SIHFW:

- Professional Development Course for the states of Jharkhand, Chhatisgarh, Odisha, A & Islands.
- Sensitization of Medical College Teachers on NHM for the states of Odisha, Chhatisgarh, Bihar & Jharkhand.
- Trainings of Sanitation Mission.

Partnership with other agencies on Training:

- NIHFW, Govt. Medical Colleges of Odisha, Capital Hospital Bhubaneswar, Odisha, All Pvt. Medical Colleges of Odisha, AIPH, IIMR, Jaipur, XIM, Bhubaneswar, Different deptts. of Govt. of Odisha, IIPH, Bhubaneswar, All SIHFWs of the country, UNICEF, UNFPA, DFID, Madhusudan Academy of Financial Management, Gopabandhu Academy of Administration, Odisha Computer Application Centre (OCAC) Bhubaneswar, HLFPT, JHAPIEGO, IPAS

Different Training innovations done by SIHFW:

- Multi-skilling of LTs (Previously for a week now envisaged for a 3 weeks training programme).
- Multi-skilling of doctors.
- Designed modules for Block Programme Organizers (BPOs), Block Accountant-cum-Data Assistant, AYUSH Doctors.
- SBA training for AYUSH Doctors.
- Involving ANMTCs in ToTs of IUCD.
- A dedicated training software "ITEMS".
- Creating & strengthening 30 district training units.
- Exposure visit to outside Odisha
- Training Management Information System(TMIS)
- Telemedicine
- Making of a Training Policy for the State

New Training Programmes taken up by SIHFW:

- Trainings on Non-Communicable Diseases.
- 1 Yrs PG Diploma in Health Promotion.
- Trainings on Skill lab.
- Trainings on PPIUCD.
- Refresher Training to already trained MBBS doctors in CAC.
- Training to O&G spl. in CAC.
- E-learning PDC Court
- E-learning PMSU
- Training on RBSK
- Training of Jail doctors

Module Preparation :

- Induction Training of Newly Appointed of Medical Officers (MBBS) - III Volumes
- Induction Training of AYUSH Doctors
- Orientation Training of MPHW(Male)
- Induction Training of MPHW (Male)
- Induction Training of MPHW (Female)
- Training Modules for Jail Doctors.

chapter-8

Directorate of AYUSH

Directorate of AYUSH

Background

Government of Odisha have recognized Ayurveda, Unani & Homoeopathy systems of medicine and included in the health care services of the state. These systems have the heritage of community acceptance, gained popularity & continues to cater health care services to a larger number of people both in rural and urban sector of the state. Mainstreaming of AYUSH is one of the strategic intervention in main health care delivery system under National Health Mission. Government of Odisha have been taking effective measures for promotion of these systems of medicine.

ON-GOING ACTIVITIES:

- **AYUSH Education:** Providing quality education in 03 Govt. Ayurvedic medical colleges and 04 Govt. Homoeopathic medical colleges of the state.
- **AYUSH health care facilities:** There are 05 Govt. Ayurveda hospitals, 04 Homoeopathy hospitals, 619 Ayurvedic dispensaries, 561 Homoeopathic dispensaries and 09 Unani dispensaries of the State. Apart from above, 796 AYUSH Clinics(Ay), 680 AYUSH Clinics(Hom) and 09 AYUSH Clinics (Unani) has been co-located at CHCs/PHCs/DHs of the State
- **AYUSH Pharmacies:** Managing 03 Ayurvedic & 01 Homoeopathic Pharmacy for manufacturing & supply of medicines to Govt. hospitals & dispensaries of the State.
- **Medicinal plants garden :** Medicinal plants garden has been established at Harisankar of Bolangir district and Sirsa of Mayurbhanj district. Besides, demonstration gardens have been set up at 3 Govt. Ayurveda & 4 Homoeopathy Colleges and Govt. Ayurveda hospital, Bhubaneswar.
- **Licensing authority:** Drug control administration for ASU drugs has been established in the Directorate of AYUSH. One Drug Inspector has been posted under this Directorate for implementation of Drugs & Cosmetics Act & Rules for ASU drugs. As per Schedule T (GMP) norm, 78 licensed Ayurvedic pharmacies have been issued G.M.P certificates.
- **Drug Testing Laboratory:** D.T.L, Bhubaneswar is the only Govt. laboratory functioning in the state for testing/analysis of Ayurveda, Siddha and Unani drugs.
- **Specialized Panchakarma:** Panchakarma treatment of Ayurveda have been provided in Govt. Ayurvedic hospital, Bhubaneswar, GAM, Puri and KATS Ayurvedic College, Ankushpur.

- AYUSH wings in District Hq. hospitals.: AYUSH wings i.e. Pachakarma unit has been set up at DHH, Kendrapara for providing AYUSH health care services.

ACHIEVEMENTS FOR THE YEAR 2016-17:

i) AYUSH Health care Services:

- Recruitment Rule for AYUSH Assistant has been notified by the Govt.
- Essential Homoeopathic Drugs have been supplied to 401 GHDs and 03 Govt. Homoeopathic Hospitals of the State.
- Essential Ayurvedic Drugs have been supplied to 474 GADs, 670 AYUSH Clinics and 04 Govt. Ayurvedic Hospitals of the State.

ii) AYUSH Educational Institutions:

a. Homoeopathic Colleges:

- The intake capacity of Dr Abhin Chandra Homoeopathic Medical Colleges has been enhanced from 25 to 50 during the academic session 2016-17.
- 22 lecturers have been promoted to the post of Reader.
- 12 Readers have been promoted to the post of Professor.
- 8 Readers have been engaged on contractual basis.
- 12 lectures have been appointed in Govt. Homoeopathic Medical Colleges through OPSC Cuttack during the year 2017

b. Ayurvedic Colleges:

- 11 lectures have been appointed in Govt. Ayurvedic Medical Colleges through OPSC Cuttack during the year 2016.
- One lecture has been promoted to the post of reader through D.P.C in Ayurvedic discipline.
- 05 Readers have been engaged as contractual basis in Govt. Ayurvedic Medical Colleges of the State

iii) Quality Control of AYUSH drugs:

- Two days training programme on documentation, publication and dissemination of quality control materials has been organized at Hotel Kalinga Ashok on 29th & 30th January 2015 and 04.10.2016 & 05.10.2016.

iii) I.E.C activities:

- Integrated AYUSH health camp at RathaYatra, Adibasi mela and Rahagiri day has been organized.
- Organization of International Yoga Day: International Yoga Day has been organized on 21st June 2016 at Jaydev Bhawan Bhubaneswar

ACTION PLAN FOR THE YEAR 2017-18:

- Public Health Outreach activities will be delivered soon in Khurda block and under Urban health delivery system through urban PHC/CHC as per guide line of NAM.

- Essential AYUSH Drugs and Equipments, Instrument & Furniture(EIF) are being procured through Odisha State Medical Corporation Ltd.
- **Establishment of Yoga Wellness Centre at AYUSH educational institutions :** All the system of medicines at their best aim at curing the disease where as Yoga aims at preventing the disease and promoting the health by reconditioning the psycho-physiological mechanism of the individual. It has been decided to established Yoga Wellness Centre in our AYUSH educational institutions. The programme will be started soon after engagement of Yoga instructor and Yoga demonstrator for the said purpose.
- **Involvement of AYUSH doctors in Public health.**
Non Communicable Diseases(NCD) pose some of the difficult challenge for the mankind.10 AMOs and HMOs has been sent for training on public health to I.I.P.H. Bhubaneswar.
- **Adoption of AYUSH Gram:**
Two villages of two blocks of Khordha and Ganjam district shall be adopted as “AYUSH Grama” for promotion of AYUSH based dietary habits and life styles of the people through BCC, training of village workers and use of local medicinal herbs as described in AYUSH system of medicines. The programme will be launched soon.
- **Establishment of integrated AYUSH Hospitals in the State.:**
Proposal has been sent to R &B, Bhubaneswar for preparation of plan & estimate for 50 bedded integrated AYUSH Hospital funded under National AYUSH Mission during the year 2016-17.
- **Establishment of SPMU for National AYUSH Mission (NAM):**
For implementation of the programme under NAM, one State Programme management Unit will be set up soon.

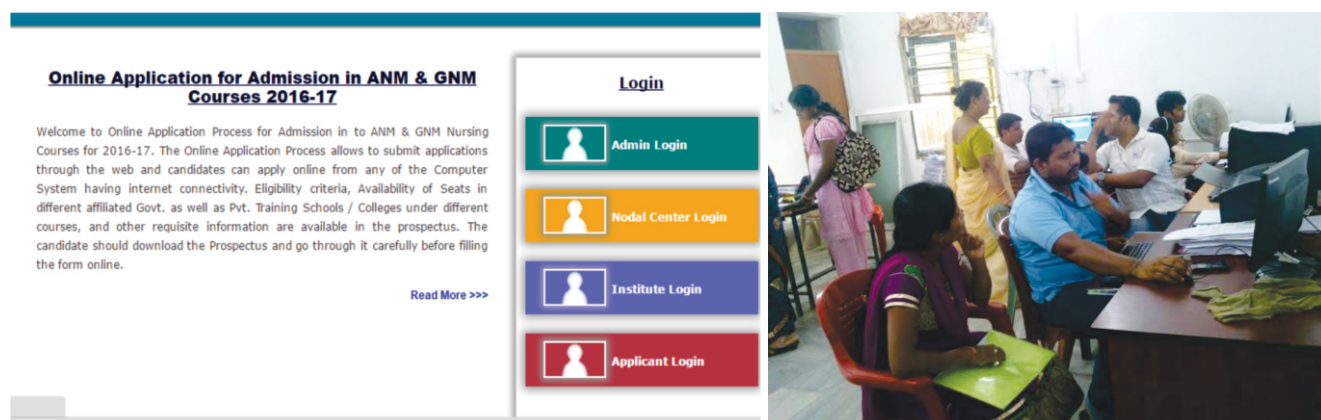
chapter-9

Directorate of Nursing, Odisha

Directorate of Nursing, Odisha

Major Activities

- The Directorate of Nursing successfully completed on-line counseling for admission of ANM & GNM students in 8 (Govt.), 3 (Govt. undertaking) institutions, 64 (Private) GNM Institutions and 19 (Govt.) institution and 109 (Private) ANM Institutions for the academic session 2016-17



- GNM and ANM examination were conducted by Odisha Nurses and Midwifery Examination Board (ONME&B) and the results published in time.

Nursing result details (Annual & Supplementary) GNM

Year	No of student appeared	No of student passed
1st year	3079	2521
2nd year	2375	2147
3rd year	1941	1772

Nursing result details (Annual and Supplementary) ANM

Year	No of student appeared	No of student passed
1st year	4098	3229
2nd year	3259	3048

- MOU signed with Government of India for establishment of four new GNM training Institutions at Keonjhar, Balasore, Koraput & Mayurbhanja.
- Site selection for establishment of 3 ANM Nursing institutions i.e Gajapati, Malakangiri and Raygada have been completed and necessary fund for construction of building have been placed with the concerned CDMOs.
- 4 numbers of Nursing Sisters promoted to the post of Assistant Matrons, 7 numbers of Assistant Matron promoted to the post of Matrons.
- 3 numbers of Tutors promoted to the post of Principal Tutors.
- New website " www.onmc.nic.in" have been launched for ONMC.
- Steps are being taken for on-line registration of Nurses.
- To develop leadership and management quality , a Management Development training Programme was organized and 37 participants i.e. DPHNs, Matrons, Principal Tutors participated.
- 5 newly recruited Nurse trainers have undergone 6 days DAKSH training at New Delhi.
- The college of Nursing was declared as State Nodal Centre on 18th April 2016 by Govt. of India for conducting 6 weeks & 6 days trainings of Nurses and faculties of Nursing Institutions.
- To upgrade the knowledge of Nursing faculties, 6 weeks training have been conducted at state Nodal Centre Berhampur. Already completed 3 batches (40 nos trained).
- Completed the selection process for bridge course training of staff nurses. Number of Nurses applied -124 , eligible applicants -54, examination appeared -38, selected -33 and agreed to persue the course -22.
- The Skill Labs are completed in 7 GNM Govt training institutions and 17 ANM Govt. training institutions and 1 (one) College of Nursing Berhampur .
- IT/Computer labs established at 8 GNMTCs, 18 ANMTCs & 1 College of Nursing.
- Libraries are strengthened & library books supplied to all Govt. GNMTCs, ANMTCs & College of Nursing.
- MoU signed with JHPIEGO for scaling up Pre-Service Education and up-gradation of skill in Private Nursing Institutions.
- Technical Advisory Group (TAG) meetings under the Chairperson of Mission Directorate, NHM Odisha and members being Senior Representatives from Different Departments of Health and Family Welfare, Technical Partners and other stakeholders held on 2.12.2016 for better implementation.

chapter-10

Odisha State Medical Corporation Limited

Odisha State Medical Corporation Limited

The "Odisha State Medical Corporation Limited"(OSMCL) has been established under the companies ACT, 1956 as a wholly owned Government of Odisha undertaking vide Govt. resolution No - 8844-Sch-I-Med.-264/2013(Pt.), dated 26th June 2013.

OSMCL shall be the nodal agency of the Department of Health & Family welfare, Govt. of Odisha for procurement of (a) Drugs, Surgical & Medical Consumables (b) Equipment, Instrument & Furniture (c) Services.



Objective of the Corporation

The Corporation shall play an important role in successful implementation of "Free Medicine Distribution Scheme" in the State. The objective of the corporation shall includes

- a. Timely central drug warehouse situated at different location including checking, receipt, sample collection, safe storage and equitable distribution using a centralised online inventory management system.
- c. Provide framework for online monitoring of Drug Distribution Counter (DDCs) set up across health facilities and facilitate performance analysis of drug distribution by institutions as well as individual DDCs.
- d. Uphold quality as an essential attribute of the corporation through strengthening the system of quality control at each stage including procurement, receipt, storage and distribution.

The Corporation building has been inaugurated on Dt. 28.04.2015 by Hon'ble CM Odisha. On the same day the branding of Free Drug Distribution Scheme NIRAMAYA has been inaugurated by Hon'ble CM also.



DDC, Capital Hospital

Status of operationalisation of Free Medicine Distribution Scheme, 'NIRAMAYA': The Free Drug Distribution Scheme, NIRAMAYA has been operationalised since 1st May 2015. In the first phase it was inaugurated at all District Head quarter Hospitals and Medical colleges by the District Board Chairpersons after being inaugurated at Capital Hospital Bhubaneswar by Hon'ble Chief Minister Odisha and at SCB Medical college Cuttack by Hon'ble Health Minister Odisha.



DDC, Gajapati



DDC, Nabarangpur



DWH, Jagatsinghpur

Total 495 Drug Distribution Counters have been operational at 32 DHHs, 3 Medical Colleges, 4 Tertiary hospitals, 27 SDHs and 377 CHCs. By end of January 2017. Out of these 495 DDCs, 62 DDCs are being functional as 24 X 7 in 32 DHHs, 3 Medical colleges, 3 tertiary hospitals and 24 SDH to serve the need of public round the clock. Monitoring of the DDCs is being done regularly by the logistics cell for computerized functioning. Since May 2015 till December 2016 around 1,33,82,992 patients have been benefited through DDCs up to SDH level.

Manpower for DDCs and training : For smooth functionalisation of DDCs under Niramaya, Govt. of Odisha has created 598 posts of pharmacist. Till date 353 nos. of Pharmacists have been recruited. Training on DDC, arehouse management, sensitization regarding e-ausadhi have been completed by February, 2016 at all districts.

Manpower Recruitment OSMC : OSMC has recruited its own manpower in different divisions like Logistics and Supply Chain Management, Quality Assurance Division, HR Management and Finance. There are 69 nos. of Sr. and Jr. Pharmacists posted in different Warehouses in the state. The selection of other functionaries of the Corporation are in the process.

Procurement Status:

(a) Procurement of drugs:

During the year 2016-17, procurement process had been initiated for 430 drugs (352 nos. under Essential Drugs List and 59 nos. out of EDL) including EPM rate contract items by the Corporation out of which, tender has been finalised for 346 items and procurement has been made. The Corporation has also supplied 53 types of drugs worth 4.76 crores anti-cancer drugs at the AHRCC Cuttack.

(b) Procurement of surgical, suture, syringe and other items : Tender was floated for 76 items and the evaluation is going on and will be completed by the end of March-2017. Re-tender of 65 items under Drugs & medical consumables is under evaluation stage and will be finalized by end of March-2017. Against funds of Rs. 176.00 crores received for procurement, the total commitment made by the Corporation during the year is Rs. 108.47 crores till February 2017.

(c) Procurement of equipments : The Corporation has received fund of Rs. 152.32 crores towards procurement of equipments out of which equipments worth Rs. 32.1 crores have been purchased. Purchase orders have been placed for 30 items relating to ICU for Rs. 12.52 crores, for blood bank, 12 items, Rs. 2.73 crores and for SNCU, MCH and IMR, MMR head 101 items. And at present tenders for Dental, OT, Neurology, PH Laboratory, Radiology and Ophthalmology with approximate cost of Rs. 76 Crores are under process.

Quality Control : The drugs received at various Drug Ware Houses are kept in quarantine first before they are released for consumption. The Quality Assurance cell of the Corporation sends samples to 11 nos. of empanelled NABL Laboratories. Total 11 drugs have been found to be Not of Standard Quality covering 40 Nos. of batches during the test by the empanelled laboratories. Till date based on quality test reports, 398 items have been released for consumption excluding 54 no. of items under exempted categories. Keeping with the policy of stringent quality control measures, the Corporation has blacklisted four firms covering 06 items.

Implementation of the transportation services with material handlers: For smooth management of the logistics system among the health institutions, a GPS enabled transportation fleet with uniform branding has been launched since 1st March 2016. Total 49 vehicles with 105 material handlers have been provided to all District warehouses based on the number of health institutions, number of sub divisions and area of operation. Drugs, Surgicals and Consumables shall be transported to the institutions upto the PHC level. It is planned to supply the Drugs & Surgicals once in every month to CHCs and SDH and once in two months to every PHC as per their requirement.

chapter-11

Directorate of Drugs Control, Odisha

Directorate of Drugs Control, Odisha

The Directorate of Drugs Control, Odisha is responsible to regulate manufacture, distribute and sale of Allopathic and Homoeopathic drugs and to ensure availability of quality drugs to the consumers of our State at a fair price as well as to prevent the circulation of objectionable advertisements making false claims about the drug to misguide the consumers.

The organization is functioning with 44 Drugs Inspectors, 4 Assistant Drugs Controllers, 4 Deputy Drugs Controllers under the Drugs Controller, Odisha. Out of which one Asst. Drugs Controller has been deputed to OSMCL, Bhubaneswar as General Manager Quality Control. There are 40 Range offices of Drugs Inspectors, 2 Zonal Offices of Deputy Drugs Controller based at Sambalpur and Berhampur and the Directorate at Bhubaneswar. Two Deputy Drugs Controllers have been notified by the State Govt. as Licensing Authorities and one Deputy Drugs Controller has been delegated with such powers of Licensing Authority to issue and renew sale licenses for specific area jurisdiction. The Drugs Inspectors undertake inspections towards enforcement of different provisions under the Drugs and Cosmetics Act and Rules there under, Drugs (Price Control) Order 2013, Drugs Magic remedies (Objectionable Advertisement) Act, condition of licenses under the NDPS Rules for manufactured drugs and their formulations, etc.

Raids are being undertaken by the Drugs Inspectors with other officers of the Drugs Control Administration as well as with the officials of Police, Excise and District Administration regularly to combat the illegal movement of drugs and to check the un-licensed activities towards manufacture, sale and distribution of drugs.

- Strengthening Blood Services in the State

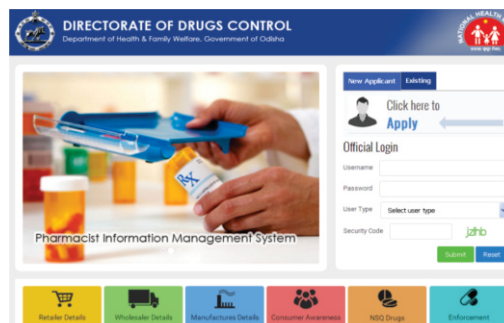
1. A special drive for licensing of Blood Banks was under taken in last one year, after which

- 27 nos. of Blood Bank licence were obtained.
- Renewal application for 11 nos. of Blood Banks have been recommended to DCG (I).
- Inspection of remaining Blood Banks have been completed and their renewal is under process.

2. Blood Storage Unit

- 39 nos. of Blood Storage units have updated licences.
- 17 nos. of Blood Storage Units under process for renewal

- Major activities undertaken during 2016-17 under 12th Five Year Plan of Central Govt. on basis of Center State sharing 60:40.



- a. Proposal for setting up laboratory at Sambalpur to increase the testing capacity of Drug Sample.
 - b. Construction of building for office of Drugs Control Administration.
 - c. Recruitment of manpower for newly proposed laboratory to be set up at Sambalpur.
- Proposal for set up Central Drug and Cosmetic Laboratory in Khurda District under Central Govt. sponsorship programme by Central Govt. for which Consent has been given for providing land to Central Govt. The Govt. of India has sanctioned for an amount of Rs. 10 Lakh in favour of CPWD, Bhubaneswar in connection with construction of Central Drug and Cosmetic Testing Laboratory building on behalf of CDSCO.
 - Administrative approval has been given for Construction Office-cum-Residence building of Drugs Inspector, Jagatsinghpur, Puri and Deogarh.
 - The Ministry of Chemical and Fertilizers have proposed for setting up Price Monitoring and Resource Unit (PMRU) in the Directorate of Drugs Control under Central Govt. sponsorship programme (100%). After receipt of due consent from Govt. of Odisha, Govt. of India has placed the Odisha State as category-I along with other 10 Nos. of State to start the P.M.R.U. in first phase with 100% share of Govt. of India for Two years to facilitate proper implementation & reporting on D.P.C.O. 2013. Govt. of India has sanctioned Rs. 6.3 Lakhs for recurring expenditure and Govt. of Health & F.W constituted a committee for recruitment of staff vide order No. 19506 dt. 15.09.2016. Accordingly committee prepared a draft advertisement for selection of service provider to provide manpower and send to Govt. for approval.
 - M/s. Oddissi Medicine Store, Puri vide letter No. 01 dt. 05.01.2017 and New Cure Aids, Bhubaneswar vide letter No. 2600 dt. 28.10.2016 drug licence has been cancelled.

ACTIVITIES OF THE DIRECTORATE OF DRUGS CONTROL, ODISHA FOR THE LAST FOUR (4) YEAR.

	Enforcement work (including revenue collected)	2014-15	2015-16	2016-17 (upto Dec.)
1	No. of inspections conducted to verify compliance of condition of manufacturing and sale drugs licences and to check movement of Spurious / Not of Standard Quality drugs.	10636	9409	6478
2	No. of raids conducted to check the manufacture and sale of drug without valid drug licence and towards compliance of condition of licence and movement of spurious drug.	1056	882	600
3	No. of drug samples drawn for test and analysis.	3878	4105	2906
4	No. of drug samples declared not of Standard Quality and action taken for the same.	90	103	86
5	No. of samples declared Spurious and action taken for the same.	Nil	1	Nil
6	No. of seizures made for violation under Drugs & Cosmetics Act and Rules there under.	73	53	40
7	No. of prosecutions submitted in different courts after approval for violation under Drugs & Cosmetics Act and Rules thereunder.	103	56	9
9	(a) No. of drug samples tested and test report received. (b) No. of Excise samples tested.	3915 4500	4091 3732	3020 2585
10	Amount of revenue collected from licence fees & fines etc.	TRS 8151	TRS 12477	TRS 15528

chapter-12

Odisha State AIDS Control Society (OSACS)

Odisha State AIDS Control Society (OSACS)

Major achievements for FY 2016-17:

Sl. No	Activities	Annual Target	Achievements (Apr– Jan 2017)
1	HIV testing in ICTC (General Client)	441000	342329 (77%)
2	HIV testing in ICTC (ANC/PW women)	800000	425314(54%)
3	HIV-TB Referral (ICTC – RNTCP)	44100	26316 (60%)
4	HIV-TB Referral (RNTCP - ICTC)	49049	33394 (71%)
5	Pre-ART registration till date (cumulative)	28000	29366
6	On-ART registration till date (cumulative)	14000	19670
7	Blood Collection	3.8 lakhs	282214 (76%)
8	Voluntary Blood Collection	90% of total collection	74%
9	Voluntary Donation Camp	2570	2100 (82%)
10	STI/RTI treatment through Syndromic management reported through SIMS	249974	181984 (73%)
11	Targeted Intervention	53 existing TI with extra population	53 existing TI with extra population

Sl. No	Activities	Annual Target	Achievements (Apr– Jan 2017)
12	HRG population Coverage	18300 core HRG & 150000 bridge population	17096 core HRG & 102000 bridge population (FSW – 11061 , MSM – 2754, TS/TG – 2051 IDU – 2456) & (Migrant – 100939 , Trucker – 9964) 6 district (12 lakhs
13	Link Worker Scheme	6 districts	6 district (12 lakhs population)
14	Employer led model for involvement of industries	11	17
15	Health Camp for Returnee Migrant	100	
16	Mass Media(Radio & TV)	212	
17	Outdoor Hoarding	82	
18	Outdoor display message & Wall paintings	1082	
19	Advt. of HIV/AIDS in digital cinema halls	100 slots for period of 3 months	
20	Red Ribbon Clubs	700	700 functional
21	Social Benefit scheme	Nil	<ul style="list-style-type: none"> • 22942 PLHIV has been registered under Madhubabu Pension Yojana. • 263 PLHIV have been sanctioned houses under Mo Kudia Yojna. • 422 have been receiving free ration.

Chapter-13

Strengthening of Blood Services in the State

Strengthening of Blood Services in the State

1. In line with the National Blood Policy, a three years Prospective State Action Plan for Strengthening of Blood Services has been approved by Government.
2. A 'State Task Force Committee' under the Chairpersonship of Mission Director, NHM has been constituted for successful planning, implementation, monitoring & review of the activities relating to Blood Services in the State. Five rounds of meeting of the State Task Force Committee have been organized.
3. M/s. Odisha State Medical Corporation Ltd. has been entrusted for procurement of 9 Mobile Blood Collection Vans (3 from NHM funding support & 6 from State budget support) and 11 nos. of Blood Component Separation Units (7 from State budget and 4 from NHM budget).
4. Calibration of major equipments/instruments of all 57 Blood Banks has been completed by M/s. HLL through M/s. Odisha State Medical Corporation Ltd.
5. Out of 69 contractual Lab Technicians for Blood Banks with NHM support, 45 positions have been filled up.
6. For functionalisation of the State Blood Cell under NHM, two manpower support i.e one Consultant- Blood Service and one Programme Associate has been sanctioned.
7. For smooth functionlisation of e-blood bank system in 57 blood banks, 70 DEOs have been engaged by third party NICSI out of NHM support.
8. To reduce window period in diagnosis, Nucleic Acid Amplification Polyomeraise Chain Reaction (NATPCR) technology has been installed in three Govt. Medical College & Hospitals and Capital Hospital by an Agency.
9. Automation in grouping & cross matching of patient samples at blood banks in partnership mode shall be taken up.
10. All Blood Banks have been linked with National Institute of Biologicals (NIB) for Haemovigilance Programme.
11. In order to ensure enforcement of standards for blood and blood products, 81 Blood Bank officials have been undergone six days residential training programme at National Institute of Biologicals (NIB) in 3 batches with financial support of NHM.

12. E-blood bank initiative in the State:

- (i) A directory of rare blood donors with contact details have been kept in a separate register at all blood banks.
- (ii) The detail data of rare blood group donors is available in the e-blood bank site with login right to the Blood Bank Officers.
- (iii) Registration of camps and the camp calendar maintained at each blood bank online through e-blood bank for citizen information.
- (iv) The process has been initiated for linking of all licensed Pvt. / Public/ Charitable Blood Banks into the e-blood bank initiative. Further, linking into e-blood bank would be a condition for issuance of NOC to Pvt. Blood Banks.



13. To regulate functioning of the Non-Government Blood Banks to eliminate profiteering in any transaction/process/phase of blood transfusion and avoid harassment to the patient in any manner, a Standard Operating Procedure (SoP) to regulate the functioning and guideline for time-bound issuance of NOC to Pvt. Blood Banks by SBTC, a SOP has been drafted by the SBTC.
14. Enhancement of refreshment cost of blood donors from Rs. 25/- to Rs. 50/- per donor and Rs. 10/- per donor for allocation of camp organizing cost has been introduced by the Govt.
15. Initiative has been taken to provide free bus passes to regular blood donors on coordination with Commerce & Transport Department, Govt. of Odisha.

Blood Collection status in the year

Year (Jan to Dec)	Total Collection	Voluntary collection	Exchange	Voluntary percentage	Number of VBD camps	Blood Collection from Outdoor Camp
2016	426215	293485	132730	68.85 %	3260	211319

chapter-14

**Acharya Harihar
Regional Cancer Centre**

Acharya Harihar Regional Cancer Centre

Acharya Harihar Regional Cancer Centre is one of the premier cancer centers of India. It caters to a sizable load to whole of eastern India. The OPD & IPD services are bursting at its seams; that speaks volumes on quality care rendered by the professionals. Keeping in view of the existing & future requirement, the government is planning a massive expansion program.

The last couple of years many issues pertaining to the future of AHRCC had raised. We have been striving since then to comply with the decisions taken in principle. In some areas, we have achieved the desired results & some issues are still pending. The significant achievements are:

1. The drug distribution through “Niramaya” system is now dispensing free anticancer drugs to all our beneficiaries. We are also the nodal agency for distribution of anticancer drugs to Hematology department of SCB Medical College, VIMSAR ,Burla, MKCG Medical College, Capital hospital, Bhubaneswar, and district chemotherapy centers.
2. Odisha government under the leadership of AHRCC and guidance of Dr. Dinesh Pendarkar has started cancer care centers in seven district head quarter hospitals and Capital hospital, Bhubaneswar. Besides general cancer care, free chemotherapy administration has started in these centers under professional supervision. Seven more districts and RGH /Rourkela have been included in the second phase. The doctors have been trained in Mumbai & Ujjain under the guidance of Dr. Dinesh Pendarkar. The nurses have been trained at AHRCC.
3. MCI inspection done in post graduate courses for MD in pathology, anesthesiology and M.Ch. in surgical oncology & gynecologic oncology. Compliance reports to MCI submitted for surgical oncology & gynecologic oncology.
4. District level palliative care program has been initiated and AHRCC has been identified as the nodal organization. The palliative care program AHRCC has been strengthened. The seven districts & capital hospital, where cancer chemotherapy program have been set up, the doctors & the nurses have been trained at Karunashray, Bangalore after undergoing initiation program in AHRCC in palliative care & pain management in cancer. Now they are certified to store & dispense narcotics.
5. LINAC G+6 construction has been started.
6. A 24hrs emergency service is running smoothly after appointment of doctors on contractual basis.



7. The gas pipe line work for OT & ICU completed.
8. E-library has been set up with the help of National Cancer Grid.
9. The Government of India has sanctioned funds for State Cancer Institute and matching grants have been released by government of Odisha.
10. Certificate program on implementation for pre-accreditation entry level NABH standards was conducted which gave a better insight for patient care to all staff.
11. We are Emphasizing on Cancer prevention, Registry & Research and Rehabilitation in addition to better diagnosis & treatment.

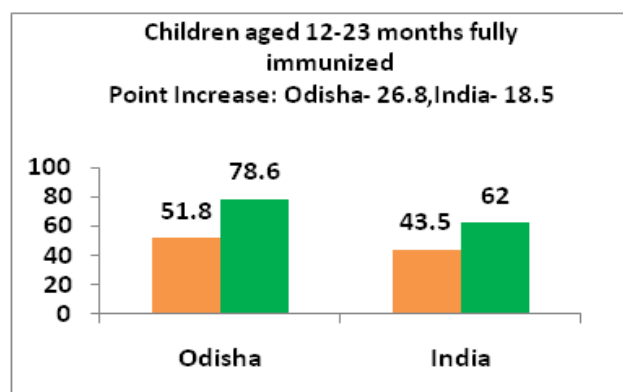
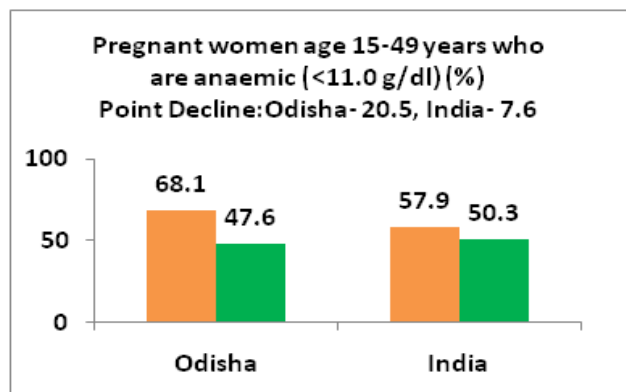
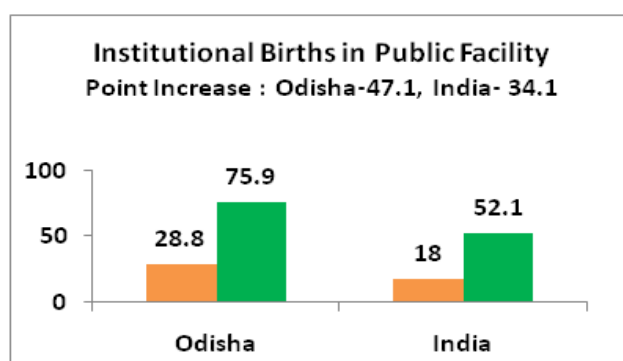
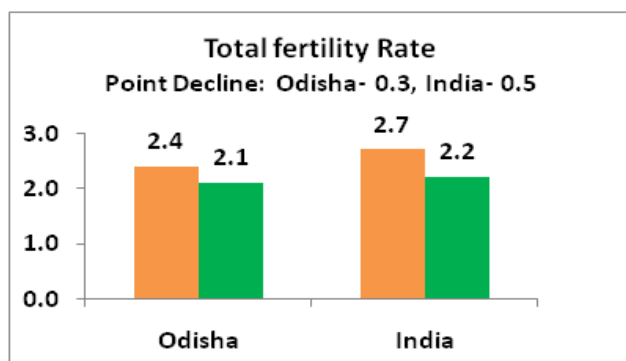
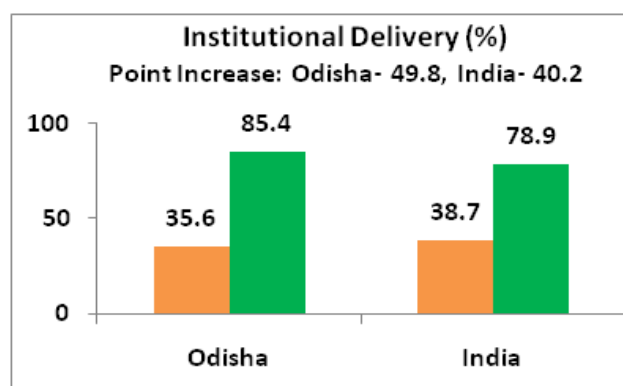
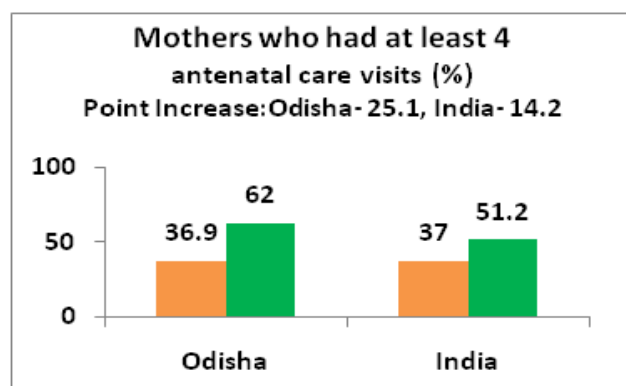
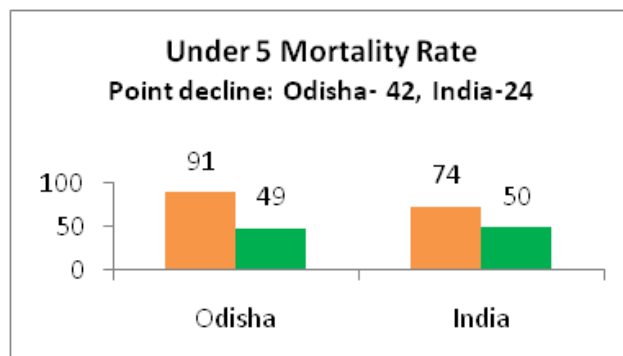
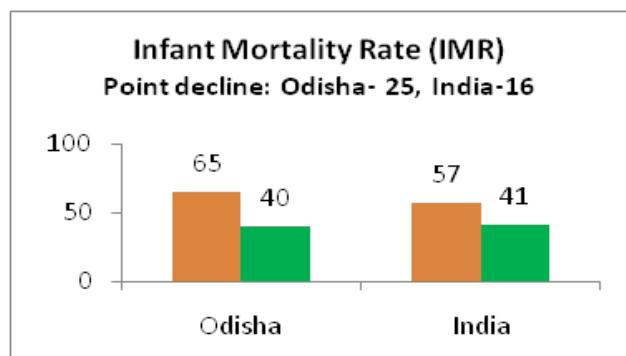
We have a brilliant workforce. They have professional skills par excellence. What they need is guidance & motivation. Periodic, structural training both inside & outside country focusing on technology transfer will transform these professional to luminaries in the field of cancer. At the same time they must get due recognition amongst their peers in terms of designations in which they are placed. This will motivate them to perform as a team & work for the institution.

COMPARATIVE STATISTICS APR 2016-FEB 2017

Particulars	Total	Particulars	Total
No. of OPD Days:	284	X-Ray	2404
Bed Strength:	300	Surgical Procedures:	
New Patients Registered in OPD:	15889	Dental Procedures:	288
Follow-up Patients in OPD:	33328	OPD Procedures(Biopsy, Colposcopy etc.):	1756
Total No. of OPD Registrations:	49217	Minor OT Procedures:	732
OPD Workload in all Units:	65004	Major OT Procedures:	1429
24hr. Emergency Services:	846	Total OT Procedures:	2161
No. of New Admissions:	5505	Anesthetic Procedures (except PAC):	3839
No. of Readmissions:	17615	Patients in Recovery Room:	1492
Total Admission:	23120	Pain & Palliative Care:	4330
In-patient census:	137849	Morphine Dispensed:	35080
Daily In-patient census:	378	Treatment:	
Patients on floor:	56032	Day Care Chemotherapy:	9258
No. of Discharge:	19861	Planning in Telecobalt:	2451
Hospital Death:	465	Fractions Delivered in Brachytherapy:	996
Blood/ Blood component census:	7794	RT Planning & Simulation done in LINAC:	2043
Bed Occupancy Rate (%):	126	Treatment Assistance:	
Pathological Investigations:		OSTF:	945
Cytology:	12768	BKKY:	3250
Histology:	20110	RSBY:	534
Hematology:	72973	NIRAMAYA Anticancer drugs(IPD):	27637
Biochemical:	104108	Counseling by NCD Counselor:	4708
Total Pathological Investigations:	209959		
Ultrasonogram:	1078		

Key Health Indicators : Odisha vs. India

Source : NFHS-4 Survey Report



■ NFHS-3 (2005-06) ■ NFHS-4 (2015-16)



NATIONAL HEALTH MISSION
HEALTH & FAMILY WELFARE DEPARTMENT
GOVERNMENT OF ODISHA