



# ANNUAL ACTIVITY REPORT 2024-25



**HEALTH AND FAMILY WELFARE DEPARTMENT  
GOVERNMENT OF ODISHA**





# Annual Activity Report

## 2024-25

**HEALTH AND FAMILY WELFARE DEPARTMENT**  
**GOVERNMENT OF ODISHA**





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## Message

“Arogyam Paramam Dhanam- Sustha Odisha, Viksit Odisha” is the key guiding principle of our Government. Based on these principles, Odisha is marching towards universal health coverage by ensuring universal access to equitable, affordable and quality health care services that are accountable and responsive to the people’s needs.

The key achievement factors includes access to quality healthcare at no cost at all public health facilities and private empanelled hospitals; steady increase in public health financing under State Budget; cadre restructuring and incentivising doctors and paramedics; creating promotional avenues through amendment of service rules for Paramedics such as Staff Nurses, LT, Radiographers; establishment of state-of-art public health infrastructure; functioning of new Medical Colleges & Hospitals, Expansion of National Ambulance Services and functionalization of Ayushman Arogya Mandirs with expanded package of services.

During the current year, Gopabandhu Jana Arogya Yojana has been merged with Ayushman Bharat Pradhan Mantri Jana Yojana benefitting approximately 3.50 crore residents in the State at over 29,000 empanelled Govt. and private hospitals across the Country. Sincere efforts are being made to provide essential health services through organizing integrated campaign for active surveillance and sensitization of vulnerable population such as 100 days TB campaign for Active Case finding and management, Population Based Screening for NCD, organizing monthly Ayushman Arogya Shivir at SHC and PHCs, Surveillance & Sensitization for Malaria Dengue & Diarrhoea (MDD) and Special immunization campaign. In 2024-25 Jajpur Medical College has been made functional. PM JANMAN (Pradhan Mantri Janjati Adivasi Nyaya Maha Abhiyan implemented in 43 PVTG Blocks of 14 Districts providing regular health check up and screening of PVTG population through MHU and field functionaries. Under National Sickle Cell Anemia Elimination Programme, Screening, counselling and management of sickle cell anemia is also being done in 21 districts.

I am happy to share that in order to achieve IPHS standard massive revamping of public health facilities is under process with creation of 20756 additional beds at different categories of healthcare facilities across the State. Further, for streamlining the integration of Indian indigenous system of treatment with general health care, foundation stone for the Central Institute of Yoga and Naturopathy has been laid by Hon’ble Prime Minister and all Govt. AYUSH dispensaries have been up-graded as “Ayushman Arogya Mandir”. Through Nijukti Mela 231 vital Statistics Assistant, 19 Ayurvedic Lecture, 31 Junior Clerk-cum-Typist, 54 Junior Assistant (OUHS cadre), 85 Homeopathic Medical Officer, 239 Radiographers, 110 Ayurvedic Medical Officers, 5 Junior Assistant and 2753 MPHWF were newly appointed under Health & FW Department.

I sincerely, believe that all of us must, as a team, participate in planning & executing health care activities. I take this opportunity to congratulate the Department for successfully bringing out the publication of the Annual Activity Report-2024-25 which will be a good reference for health professionals and administrators.

(Dr. Mukesh Mahaling)  
H & FW Dept, Govt. of Odisha



**Ms. Aswathy S., IAS**  
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## Foreword

The Department of Health & Family Welfare endeavours to provide adequate, accessible, equitable and affordable health care services to the people of Odisha in line with Sustainable Development Goals. The efforts made in this direction are well reflected in the NITI Aayog SDG India Index Report, 2023-24 in which Odisha's position has further improved as Front Runner with +6 points improvement (67 to 73 score) compared to the 2020-21 report under SDG Goal-3 related to Good Health & Well being. The NFHS-5 survey report(2020-21) also shows our efforts towards considerable improvement of health outcomes such as decline in Infant Mortality Rate (36/1000 live births), increase in institutional delivery (92.2%) and remarkable achievement in Full immunization coverage (90.5%) which is best among all major States.

During the current year, the State has ensured effective implementation of various citizen centric schemes like JSY, free drugs & diagnostics, provisioning of Emergency ambulance services, Maternity waiting homes for pregnant women in difficult areas, operationalization of First Referral Units(FRUs), functioning of NCD clinics upto CHC level, critical care units viz.ICU, Newborn Care units, HDU & PICU, Nutrition Rehabilitation Centers for treating malnourished children, early detection and treatment of childhood diseases under RBSK scheme, Functionalization of 25 Lactation Management Units (LMUs),training of service providers and overall improvement in quality of care at public health facilities under NQAS, Laqshya and Kayakalp certification, establishment of Ayushman Arogya Mandir including construction of Sub Center / PHC buildings, establishment of Block Public Health Units under PM-ABHIM & XV-FC. Moreover, active participation of ASHAs in every village has really bridged the gaps between community and service providers for utilization of public health facilities.

Under disease control, the State has achieved an impressive 93% in TB notification and consistent reduction of Malaria through State specific scheme DAMaN, LLIN distribution & MDD campaign. Under Population based screening over 1.70 Cr population were screened above 30 years of age. For catering to the needs of the urban population with special focus on slum population, comprehensive weekly specialist services during OPD hours have been provided at 115 UPHCs in 50 cities under AMA Clinic scheme. The Day Care Cancer Chemotherapy units are functional in all districts, free dialysis now extended to sub divisional level and eye care to all under Sunetra scheme. Quality health care at community level has been ensured after appointment of well trained CHOs at Subcentres (AAM level).

Finally, on the occasion of this publication, I would like to thank all the Health Directorates, field Officials & National Health Mission team for bringing out such a very useful and comprehensive Annual Activity Report for the year 2024-25.

(Aswathy S.)  
Commissioner-cum- Secretary,  
H & FW Dept, Govt of Odisha



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## CHAPTER-1

# Activities of Health and Family Welfare Department

### 1.1 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 underserved and hard to reach areas of the State. The department to achieve this objective has been endeavoring to improve and enhance 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 shortage of doctors and infrastructure to deal with dispensation in the 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 systems 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 reduce maternal, infant & neo-natal, U5 mortality rates.
- To prevent and reduce mortality & morbidity from communicable, non- communicable; injuries and emerging diseases.
- To improve hospital services at the primary, secondary & tertiary levels in terms of infrastructure, drugs & human resources for health.
- 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 full immunization coverage vaccination of all children against 12 vaccine preventable diseases as part of Universal Immunization programme.
- The main programmatic components include Health System Strengthening, Reproductive-Maternal- Neonatal-Child and Adolescent Health (RMNCH+A), and Communicable and Non-Communicable Diseases.



## 1.2. Health care Infrastructure in the State

Table 1-Health Infrastructure in the State

Health Facility	Numbers
Medical College and Hospitals	12
District Hospitals (in 30 districts + Capital Hospital, BBSR & R.G.H RKL)	32
Sub-Divisional Hospitals	33
Community Health Centres	376
Urban Community Health Centres	7
Other Hospitals	55
Infectious Disease Hospitals	5
Cancer Institute	1
Training Centres	5
Primary Health Centres (N)	1234
Urban Primary Health Centres	116
Sub-Centres	6688
A.N.M. Training Schools	21
College of Nursing	8
M.P.H.W.(Male) Training School	3
Ayurvedic Hospitals (not attached to College)	2
Ayurvedic College & Hospitals	3
Ayurvedic Dispensaries	620
Homoeopathic College & Hospitals	4
Homoeopathic Dispensaries	562
Unani Dispensaries	9

(Source : DHS, 2024)

## 1.3. Resources and Budgetary Allocation for the Year 2024-25

For the financial year 2024-25(BE) an amount of 2083716.32 Lakh had been made in the Health & Family Welfare Budget as detailed below:

Table 1-Resource and Budgetary allocation

Sl No.	Unit of Expenditure	B.E(in lakhs)
1	Establishment, Operation and Maintenance Expenditure	515295.32
2	Programme Expenditure	1568421.00
Total		2083716.32

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



## PROGRAMME EXPENDITURE 2024-25

SI No	Name of the Schemes	2024-25(BE)
1	2	3
	State Sector Schemes	
1	Gopabandhu Jana Arogya Yojana (GJAY)	NIRAMAYA
		NIDAN
		SUNETRA
		SAMMPurNA
		Emergency Medical Ambulance Service (EMAS)
		Odisha State Treatment Fund (OSTF)
		Strengthening of Blood Services in Odisha (including Grants to SBTC)
		Odisha Comprehensive Cancer Care Plan
		Casualty & Trauma Care Facilities in Odisha
		Swasthya Sanjog
		Swasthya Sahaya
		NAT PCR Facilities
		Mental Health Programme
		Mobile Health Unit (PPP Mode)
		Establishment & other cost
		FTTF(Free Treatment of Trauma Fund)
		Mukhya Mantri Bayu Swasthya Seva (MMBSS)
Sub-Total		
2	Mukhya Mantri Swasthya Seva Mission (MMSSM)	Infrastructure Development of Health Institutions (Non Res)
		Total
		Infrastructure Development of Health Institutions (Res)
		Total
		Redevelopment Programme of SCB MCH
		Construction of Godowns
		Swasthyaseva Bhawan
		Public Health Response
		Health Investment Promotion Policy
Sub-Total		



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Sl No	Name of the Schemes	2024-25(BE)	
3	Odisha University of Health Sciences	5000.00	
4	Organ Transplantation Campaign		
5	Special Campaign for reduction of Mortality rate (Maternal, Neonatal, Anaemic etc.)	0.03	
6	Malaria Control Programme (DAMMaN)	820.00	
7	De-addiction Centres in Medical Colleges	1000.00	
8	Bio Medical Waste Management	36383.81	
9	Food Safety Programme	585.00	
10	Dedicated Power Supply to Health Institutions	100.00	
11	Diet	8375.81	
12	Bedding, Clothing & Linen	1.11	
13	Bio- Medical Waste Management Expenses	930.61	
14	KHUSHI	5000.00	
15	Digital Health	572.10	
16	Jeevan Uphar	120.01	
17	Tele Medicine	650.00	
18	Liver Transplant Unit	100.00	
19	HMIS	10207.62	
20	IEC	3000.00	
21	Sanitation expenses	0.42	
22	Other Hospitals ( Corpus Fund)	1100.00	
23	MC ( Corpus Fund)	300.00	
24	Sports, Medicine and Rehabilitation Centre	100.00	
25	Sickle Cell & Thalasemia	572.10	
26	Payment Decretal Dues (Charged)	100.00	
27	H & FW Deptt.	50.00	
28	Headquarters Organisation (DHS)Other Contingencies	75.00	
29	Upgradation of Medical College, Cuttack for starting new P.G. Course	50000.00	
30	Equipment	Headquarters Organisation	9210.00
31		Head Quarters Drug Control Organisation	0.03
32		(Ayur) (Hom) Education	0.02
33	Family Welfare Scheme	69420.41	
34	NIRMAL	88425.44	
35	Training	Training of Personnel (DHS)	1054.00
36		Medical & Paramedical staff (DFW)	100.00
37	Ayush (salary )	135.42	
38	Infrastructure maintenance (PH)	1748.76	



Sl No	Name of the Schemes		2024-25(BE)
39	Family Planning Indemnity Scheme		450.01
40	Skill Lab( Cuttack)		0.03
41	State Capability and Resilient Growth Policy Programme-EAP		
42	Awards to Health Professionlas /institute		500.00
43	Odisha Cardiac Care Programme		0.03
44	Renal Transplant Unit ( Salary)		18.43
45	ANM&GNMSchools ( Salary)		1078.71
46	Bone Marrow Transplant Unit		10.00
47	Spare & Services (DMET)		3000.00
48	Spare & Services (DHS)		3500.00
49	Medicine		1666.62
50	Acquiring of Oil Odisha Building		0.03
51	Odisha State Medical Services corporation		0.03
52	Effluent Treatment Plant		
53	Establishment of AIIMs Bhubaneswar ( Near Sijua)		0.01
54	Robotic Surgery Unit		0.01
55	Mo masari		0.03
56	Construction of Medical Cyclotron Unit at NISER		7500.00
57	Research Fund in Medical College (DMET)		200.00
58	Ama Hospital (NEW)	Other Charges	7497.08
59		Infrastructure Development of Health Institutes	123918.66
60	Odisha Birth & Death Registration System (OBDRS):		1064.00
61	Construction of Dharmasala-cum- Guest House		1800.00
62	Establishment of Paediatric Cancer Facilities		2500.00
63	Direct Purchase of Pvt land ( Land Acquisition) (Payment of land cost)		215.00
Sub- Total			450156.38
Total State Sector Schemes			1233744.58
<b>Centrally Sponsored Schemes</b>			
64	Rastriya Swasthya Suraksha Yojana (60:40)		0.03
			0.03
65	National Ayush Mission(60.40)		1200.00
			800.00
66	Human Resource in Health & Medical Edn. (60:40) (PMSSY)		13080.00
			8720.00
67	Drugs Regulatory System (60:40)		249.59
			166.38
68	National Health Mission (60:40)		91655.00
			117882.67
69	Tertiary Care Programme(60:40)		0.03
			0.03



Sl No	Name of the Schemes	2024-25(BE)
70	PM-Ayushman Bharat Health Care Infrastructure Mission	33775.00
71	NMEP CSP &SS of CSP (50:50)	0.03
		0.03
72	NFCP-CSP &SS of CSP (50:50)	0.03
		0.03
73	Setting up of Laboratories for Managing Epidemic and Natural Calamity	0.03
		0.03
74	Strengthening of Tertiary Care Cancer Facilities under NPCDCS	0.03
		0.03
75	Scheme for augmenting Nursing Education of New Colleges of Nursing (CoN) in colocation with new Medical Colleges	2800.20
		1866.80
76	Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB PM-JAY)	50000.00
77	Rastriya Swasthya Veema Yojana (RSVY)	0.01
		0.01
Total Centrally Sponsored Schemes		322196.02
<b>Central Sector Schemes</b>		
78	T.B. Control Programme (Material & Equipment )	0.03
79	National Goiter Control Programme ( Other Contingency)	0.03
80	Materials & Equipment for Malaria eradication programme(NMEP)	0.03
81	National Viral Hepatitis Control Programme NVHCP	0.01
82	Purchase of contraceptives , Equipments & Medicine	12380.30
		100.00
Total Central Sector Schemes		12480.40
<b>GRAND TOTAL (PE)</b>		<b>1568421.00</b>

### 1.4. Major Activities & Achievements during 2024-25

Odisha's progress in health sector has been considered as exceptional, as Government of Odisha has taken several reform measures for strengthening delivery of healthcare services in lines with Sustainable Development Goals and striving sincerely to achieve Universal Health Coverage.

The efforts made in this direction is well reflected in the recent NITI Aayog SDG India Index and NFHS- 5 (2020-21) report.

#### 1.4.1. Improvement in Key health Indicators:

Odisha has focused on improving health care services by undertaking several reform measures through outcome based and participatory bottom-up planning processes. The State's spending on Health sector<sup>1</sup> has also increased by more than five times from INR 3187 crores in 2014-15 to INR 16,275 crores in 2023-24 at a CAGR of 19.9%. The relentless efforts of the State coupled

1 Includes a total of Medical and Public Health; and Family Welfare sectors.



with increased health investment has led to positive outcomes across various dimensions including improved infrastructure, enhanced hygienic health care practices and better maternal and child health outcomes. As per Niti Aayog report on State Health Index, the State has progressed from a performer with a score of less than 64 in 2018 to a frontrunner with a score of 73 in 2024 among all States.

#### Key health Indicators Status:

- Odisha has recorded 49.9 points increase in Institutional Births in Public Facility, as it has been increased from 28.8% in 2005-06 to 78.7% in 2019-21, which is better than the all India average of 61.9%. The overall percentages of institutional deliveries of the State have also increased from 35.6 in 2005-06 to 92.2% in 2019-21 which is again better than national average of 88.6%. (Source: NFHS)
- With continuous effort in provisioning quality continuum of care, Odisha reported highest point decline in the country, in IMR with 39 points decline from 75 in 2005 to 36 in 2020. (Source: SRS)
- State has achieved SDG Goal in population stabilization measures by reducing the Total Fertility Rate (TFR) to 1.8 (India 2.0), which will contribute substantially for accelerating the socio-economic development of the State. (Source: NFHS)
- Odisha has reported 2nd highest point decline in the country in Maternal Mortality Ratio with a 49 points decline from 168 in 2015-17 to 119 in 2018-20. As per latest publication of SRS MMR bulletin, 2018-20, Odisha MMR now stands at 119. (Source: SRS)
- State has secured 1st rank among all States in Full immunization coverage with 90.5 % coverage achievement whereas National average is only 76.4%. (Source: NFHS)
- There is a consistent improvement in the ranking of State as per TB Score at the national level with 60.5% score in 2018 (14th Rank) to 80% score in 2020 (7th Rank) and stood 3rd rank in 2021 and 2<sup>nd</sup> rank in the Country in 2022 & 2023 for its efforts towards elimination of TB.
- State has also shown great achievement in % of Women age 15-24 years who use hygienic methods of protection during their menstrual period which has increased from 47.4 % in 2015-16 to 81.5% in 2019-21 and is better than National average of 77.3%. (Source: NFHS)

#### 1.4.2. Health System Strengthening

- **Free Drugs:** About 1087 types of essential drugs are provided free of cost to all categories of patients attending public health facilities as per its level under Niramaya. More than 40.01 crore patients benefitted since 2018
- **Improved Cleanliness of Hospitals through implementation of state specific scheme Nirmal** - Strengthening Ancillary Services at Public Health Facilities. Due to additional funding for Nirmal under State Budget about 337 public health facilities in 2019-20 and 586 public health facilities in 2020-2021 and 887 public health facilities have been qualified for Kayakalpa Award for the year 2021-22. In the year 2022-23, Total 2413 (26 DHH, 224 SDH/CHC, 657 PHC, 96 UPHC and 1410 HWC SC) qualified for the Kayakalp award.
- **Strengthened Quality Assurance 119 facilities certified under National Quality Assurance Standards (NQAS), 29 facilities got LaQshya certified during 2024-25 (upto December 2024).**



- **Integrated Lab:** Public health labs set up in all DHHs, SDH, CHCs and HWC PHCs.
- Molecular diagnostic test for diagnosis of TB is performed at PHC level. All CHCs are already saturated with True-NAT machines. NAAT machine is also available in PHCs
- **NCD clinics** are functioning effectively at 32 DHHs and 414 CHCs.
- **CCU/ICUs** are functioning effectively in 18 districts.
- **Dialysis Services (SAHAY):** Dialysis More than 13 lakhs free dialysis sessions conducted in 65 centres with 492 machines across district and sub divisional level under Sahaya – Free Dialysis Services since 1<sup>st</sup> January 2018.
- **Strengthening of Free Diagnostic Services (Nidaan)** in all Public Health Facilities up to Sub Centre Level. More than 3crores tests done under Free Diagnostic Services (Nidaan) for patients attended public health facilities from April'24 to Jan,2025. The key activities undertaken under Nidaan are:
  - **MRI Services:** Free MRI scans service given to 50,000 patients during Apr to Jan'25 at 5 DHH and 3 MCH.
  - **CT scan Services:** Over 2.7 Lakh patients received Free CT scan services during Apr to Jan'25.
  - **Microscopy Centres at PHC HWCs-** Labs established & Microscopes provided.
  - **High end pathology extended upto PHC level through PPP mode.** More than 43 lakh High end pathology test done during April-December, 2024.
- **Cancer Care Initiatives:** Bagchi Sri Shankara Cancer Hospital" has been established with 250 beds along with all modern amenities in the State capital for which State Govt. has provided land free of cost.
- **Strengthening of Day Care Chemotherapy Centres** Annually more than 31,000 chemo therapy cycle given to cancer patients in 32 Centres operational in District Headquarter Hospitals under Free Cancer Care Programme.
- **Strengthened more than 7348 AAM:** All 12 Expanded Package of Services (EPS) services (RMNCHA, DCP and NCD) have been rolled out in 7348 operational AAM). 5402 CHOs (Community Health Officer) at Subcentres to provide 12 packages of services. Activities like Yoga, Cyclothon, Ayushman Arogya Shivir and other health promotion activities are observed at AAM. Tele-consultation Services with specialist of DHH and Medical Colleges under E-Sanjeevani being done.
- **Expanded National Ambulance Services** through integrated patient Transport and health helpline services with single toll-free number "108" operated through centralised call centre with fleet of 866 Ambulances (860 EMAS + 6 Boat Ambulance) for emergency medical ambulances services and 500 Janani Express. Six Boat Ambulances are operational in Kendrapara, Koraput, Malkangiri and Kalahandi districts. More than 65 lakhs beneficiaries availed the services under 108 services & more than 47 lakhs beneficiaries availed the services under 102 services. Odisha is the only State providing Air Health Service to patients in remote location. 21 bike ambulances is being operational in the state for transportation where 4 wheelers are not accessible.
- **NCD screening** continued for 30+ year's population for Non Communicable Diseases (NCDs). More than 1.71crore 30 + years population screened for NCD from 1<sup>st</sup> April'23 to Jan'25.



- Ensured effective implementation of Cash Incentives @500/- per month for 24,267 Blood Disorder Patients for continuing treatment till December, 2024.
- 100 days intensified TB campaign is going on in 20 districts of Odisha. Total 30.8 lakhs vulnerable individuals are screened, and 4367 new TB cases have been diagnosed.
- **Blindness control:** 229147 (49%) cataract operations conducted under NPCB&VI from April to Dec,2024.
- **Dental Clinics** established at all DHHs, SDHs & 359 CHCs (out of 388) with regular Dentist, Dental chairs and consumables (SCB Dental College – Nodal Centre for monitoring & mentoring).
- **Comprehensive multiyear action plan in place for Blood services:** Expansion of Universal Free Blood Services in all Govt. Blood Banks (BBs) & Blood Storage Units (BSUs). 1,11,521 units of free blood transfusion (service charge exempted) was issued during the year 2024.66 Malaria Sentinel site and 40 Dengue sentinel sites are functioning effectively during 2023-24.
- **Ama Clinic:** Provision of Specialist Services in Urban PHCs/CHCs is being made through Ama Clinic. At present, 115 Urban PHCs and 7 Urban CHCs provides 12 types of specialist services (Pediatrics, O&G, Medicine, Psychiatric, ENT, Skin & VD, Ophthalmology, Surgery, Orthopaedic, Dental, Nutrition, Physiotherapy) , as per the availability of the Specialists in the locality
- **Khushi Scheme** is implemented for providing free sanitary napkins to school girls from Class 6 to 12 in all the government and government-aided schools in the state.
- **PM-ABHIM and XV-FC:** In view of Covid-19 and to manage public health emergencies in future, steps are being taken to establish network of Public Health Laboratories and Public Health Units up to Block level with additional funding support under PM-ABHIM and XV-FC. In addition, priority has been given to establish critical health care Blocks in all Districts, strengthening of diagnosis services, expansion of tele-medicine services up to Sub Centre level HWCs, establishment and expansion of hybrid ICUs and ICUs at all District Head Quarter Hospitals (DHH) and provision of oxygen supported beds up to PHC/UPHC level, establishment of Liquid Medical Oxygen (LMO) plants & Medical Gas Pipeline System (MGPS) in all DHHs and saturation of PHCs & SCs buildings as per IPHS norm, and establishment of Urban Health & Wellness Centres to provide comprehensive primary healthcare services. To supplement the activities under NHM & PM-ABHIM, a sum of Rs. 483.18Cr has also been allocated for the year 2024-25 under XV-FC .
- **National Sickle Cell Disease Mission:** National Sickle Cell Anemia Elimination Mission launched in 2023 as part of National Health Mission. Under this priority has been given for screening, counseling and management of sickle cell anemia in 21 districts. Over 49.43 lakh population has been screened since 2023 till December, 2024 and 7.28 lakh sickle cell cards have been distributed duly. The Sickle Cell Anemia patients are also followed up for further treatment.
- **PM JANMAN:** (Pradhan Mantri Janjati Nyaya Maha Abhiyan): In order to improve the socio-economic condition by saturating Particularly Vulnerable Tribal Group (PVTG) families and habitations with basic facilities including healthcare services, the programme is being implemented in 43 PVTG Blocks of 14 Districts with an estimated PVTG population of 2.96 lakhs. Under the programme, there are two interventions i.e. operation of dedicated Mobile



Health Unit in the area for regular health check up of PVTG population and provision of one ANM for Multi-Purpose Centres (MPC) to be setup in the selected PVTG habitations. Presently, 43 MHUs are operational in 43 PVTG Blocks. Over 1,52,228 footfall reported so far in PVTG blocks. Screening for hypertension, diabetes and Sickel cell is also being done.

- **Swasthya Sanjog:** 177 Mobile Health Units were introduced to provide better health care services in 5500 difficult and hard to reach areas. These health units are equipped with medicines, doctors and paramedics. They provide primary health care services at the doorsteps of needy people in remote areas on a fixed day every month.

### 1.4.3. Preventive Health Care

- **Mukhya Mantri Swasthya Seva Mission:** It is a basket of schemes which includes, Infrastructure development of Public Health Institutions (Non Residential and residential), Public Health Response fund to address public health emergency, Odisha State Treatment Fund to provide financial assistance for critical health care and Health Investment Promotion Policy.
- Disease outbreak management for Jaundice, Dengue, Swine flu, Malaria (DAMaN, GFTAM)
- Guidelines and protocols issued to all districts on Covid-19 pandemic
- SOPs made for line deptts & for collectors for disease outbreak management
- Strengthened review (fixed day monthly meeting)
- IDSP review done by collectors
- **Bio medical waste management:** Currently all 7676 hospitals are under the Authorization administration of SPCB, Odisha.3564 hospitals have received kayakalpa award in 2023-24.
- **Mental health:** National Mental Health Programme is implemented in all 30 districts. 32 District Mental Health units are functional at district level with 240 dedicated DMHP staffs where total OPD(new) is 33491 during January to December 2024. 30 Mobile Mental Health Unit are fuctional acrose 30 districts.
- **Food Safety programme:** The Food Safety & Standards Act, Rules & Regulations thereunder have come into operation throughout India with effect from 5th August, 2011 including in Odisha vide Health & Family Welfare Department Notification No.19346/H, dated.25.07.2012. All the License and Registrations are issued by the online FOSCOS system. It was first started in Odisha among all larger states from 1st March ,2020 and all license and registrations are issued at the earliest for ease of doing business.

### 1.4.4. Strengthening Human Resources for Health

- Various steps have been taken up for augmentation of Human Resources in Odisha which includes not only creation of new posts or increasing seats in medical colleges, but also appointment/engagement of regular / contractual doctors and measures for retaining them as well.
- Recruitment of Medical Officers is being done on regular basis through Odisha Public Service Commission (OPSC). 90 Nos. of posts of Assistant Surgeons have been filled up vide several Govt. Notifications.
- 32 Nos. of post of Dental Surgeon have been filled vide Govt. Notification No.1139/H dt. 12.01.2024.



- Engagement of contractual doctors through walk-in-interview is being done every month on regular basis both at district and state level for selection and posting of MBBS and Specialist doctors.
- Pharmacist: Government have restructured the Pharmacist and on the basis of restructured cadre, the vacant post of Pharmacy Officer (base level post), the requisition for 206 posts of Pharmacy officer has been made to OSSSC for recruitment. Steps are being taken for promotion of Pharmacy Officer to the post of Sr. Pharmacy Officer Level-II.
- Radiographer: 239 Nos. of Radiographers have been recruited through OSSSC and appointed under different Health Facilities of the State from the Level of CHC by “NIJUKTI MELA” held on 13.12.2024. As per the cadre restructure of Radiographer Senior Radiographer, Level-II has been promoted to the post of Senior Radiographer, Level-I.
- Medical Laboratory Technician: As per the cadre restructure of Medical Laboratory Technician, Technical Officer (Medical Laboratory Technician), Level-I have been promoted to the post of Chief Technical Officer (MLT).
- Restructuring of Odisha Medical & Health Services Cadre (OMHS) has been done vide Govt. Resolution No. 2630/H dt. 01.02.2024 for giving more scope for promotion.
- Place based incentives (PBI) 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.
- Bond has been introduced for the doctors who are doing post-graduation. After completion of post-graduation, they need to serve for two years under state govt.
- 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 for human resources. Doctors and Specialists are engaged on negotiable remuneration under this scheme.
- The remuneration of contractual doctors have been enhanced to 55,000/- for MBBS doctors and 60,000/- for Specialists with a hike of 3 % in every year on satisfactory completion of one year of contractual service w.e.f. 01.07.2018.
- Study leave period of Medical Officers has been increased from 3 Years to 6 Years and the said period will count towards their promotion under DACP.
- Nijukti Mela: Appointment of 659 Medical Officers and Paramedics, 231 vital statistics, 19 Ayurvedic lecturers, 31 Junior Assistants, 54 Junior Assistants, 85 Homeopathic Medical Officer and 239 Radiographers were newly appointed under Health & FW Department. Along with this, 2753 MPHWF, 10 Homeopathic Lecturers, 110 Ayurvedic Medical Officers and 5 Junior Assistant were also appointed through Nijukti Mela.

#### 1.4.5. Key RCH Intervention

- **First Referral Unit (FRU):** 73 FRUs are providing C section services out of 94 FRUs.
- **Janani Surakya Yojana (JSY):** Total 19,36,94 number of beneficiaries have been benefitted under JSY during Apr-Sep 2024.



- **LaQshya:** Under this programme the LR & MOT will be standardized for providing quality care services. Till December' 2024, 26 nos. of MOTs and 26 LRs have been certified from National Level.
- **Maternity Waiting Homes (Maa Gruha):** So far 92 MWH are operational out of 98 targeted in 17 districts.
- **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.
- **44 Special Newborn Care Units (Target: 45)** and 62 New Born Stabilization Units are operational for preventing mortality and brain damage immediately after birth, 533 Newborn Care Corners are functional at Delivery Points.
- **Routine immunization** strengthened with introduction of IPV and Rotavirus and Mission Indradhanush, MR and JE campaign.
- **RBSK:** 633 Mobile Health Teams formed for screening, treatment and referral of children identified with defects, deformity, development delay and diseases at schools and AWCs. During the Year 2024-25, 90.44 Lakh children have been screened by MHT out of targeted 93.34 Lakh children and 301398 New born baby out of 319132 Live Births have been screened at delivery points and 3893 number of children have been identified with different form of congenital birth defects.
- **RKSK:** 251 AFHC (Adolescent Friendly Health Centers) clinics has been established to provide services for adolescent girls & Boys. Integrated counseling centers up to CHC DPs. The shraddha clinics provides counseling and curative services at primary, secondary and tertiary levels of care on fixed days and fixed time with due referral linkages.
- **ASHA:** 49,494 ASHAs in position .Total number of Incentives gone up to 64 with assured amount of Rs.7000/- per month (Rs.3500/- NHM PIP + Rs. 3500/- State budget).
- **National Urban Health Mission** implemented in 50 cities to ensure availability of primary health care services through urban public health facilities of 116 UPHC and 7 UCHC and provision of outreach health care services with focus on urban slums through ANMs, ASHAs, Mahila Arogya Samiti (MAS). Ama Clinic launched for providing specialist care in selected Urban facilities.
- **IMR, MMR reduction strategy:** For accelerated reduction of IMR and MMR in the State, a state specific scheme – 'SAMMPurNA' has been implemented in the State since 2015-16. Major interventions include identification, referral and treatment /management of high risk pregnant women and children, provisioning of mother and baby kit, reimbursement of transport cost @ INR 1,000/- for institutional delivery of Pregnant women in notified difficult villages, provision of stretchers for transportation of patients from difficult villages, organization of integrated VHND and Immunisation sessions at under-served and hard to reach areas, establishment of High Dependency Units (HDU) Paediatric Intensive Care Units (PICUs) for management of critical paediatrics cases at District Headquarter Hospitals.



#### 1.4.6. Infrastructure development

- 20 DHH Buildings have been proposed for construction of new buildings of 300 bed capacity (Bhadrak, Boudh, Koraput, Puri, Jajpur – 300 bedded & Nawarangpur, Nayagarh, kalahandi, Anugul– 200/110/100 bed strength ) under State Budget. Boudh, Deogarh & Sonepur , Kendrapara – Completed & handed over.
- In 2024-25 Jajpur Medical College has been made functional.
- Five new Teaching Hospitals of Government Medical Colleges were inaugurated and functionalised.
- Construction of Cardiac Care Hospital at Jharsuguda, Cancer Hospital at Baragarh, LINAC Building at AHRCC and comprehensive infrastructure development of SCB Medical College & Hospital also been taken up under State Budget.
- Construction of 77 Maternal & Child Health Complex in District / Sub-district & Block Level of various bed strength; ranging from 125 bedded to 30 bedded is under progress (Completed & functional – 65, Progress - 5).

#### 1.4.7. Ayush & Public Health System

- 7 AYUSH Medical Colleges are existing in the State (Ayurveda – 3, Homoeopathic – 4)
- Essential AYUSH drugs procured through OSMCL are being provided to all AYUSH co-located clinics at PHCs & CHCs.
- 422 nos. of Govt. AYUSH dispensaries have been up-graded as AYUSH Health & Wellness Centers under “Ayushman Arogya Mandir” in the State.
- Foundation stone for the Central Institute of Yoga and Naturopathy has been laid by Hon’ble Prime Minister which will further streamline the integration of Indian indigenous system of treatment with general health care.
- A new Panchakarma Unit will be set up at the campus of Gopabandhu Ayurvedic College, Puri.



## CHAPTER-2

# 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 47 points in the country by reducing IMR from 75 in 2005 to 36 in 2020 (SRS). Maternal mortality has also declined from 303 in 2006 (SRS) to 119 in 2020 (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 as the overall TPR has come down to 0.29 in 2022 from 5.23, reported in 2017. Deaths due to malaria have come down from 77 in 2016 to 4 in 2023.

### Major activities Undertaken:

#### 2.1. Health Facility Strengthening

State's Mandate is to maximize access to Public Health Facilities, improve Quality Service Delivery and reduce Out of Pocket Expenditure. The dependence on Public Health System in Odisha is high as per NSSO report 2017-18, the percentage share of Government Hospitals in Hospitalization cases (IPD) in Odisha is 75.1% compared to India which stands at 42%. The percentage share of Government Hospitals in OPD cases in Odisha stands at 72.2%. As per NFHS-5, Odisha reported 78.7% Institutional births in public facility against National average of 61.9%.

#### Strengthening HR:

- 1476 paramedics (74 Staff Nurse, 649 ANM, 95 LT and 658 pharmacists) are in position through outsourcing mode out of sanctioned post 1558 under NHM.
- 106 MO MBBS are in positioned out of 249 sanctioned posts under NHM.
- 2293 MO AYUSH are in positioned out of 2757 sanctioned posts under NHM.
- 5283 management and clinical staffs are working under NHM for providing techno managerial support and clinical services.

#### Strengthening Infrastructure development

- Construction of 77 Maternal & Child Health Complex in District / Sub-district & Block Level of various bed strength; ranging from 125 bedded to 30 bedded is under progress (Completed & functional – 65, Progress - 5).
- 3041 sub centers buildings has been taken up out of NHM, PM-ABHIM, XV-FC with an approximate financial involvement of Rs.1443.93 crore are being constructed.

Category	Total Number	Completed	In Progress
Sub Centre	3041	532	1433



- 442 PHC (24x7 & Day Care) buildings with an approximate financial involvement of 549.47 cr. constructed.

Category	Total Number	Completed	In Progress
PHC	442	106	253

- 28 Nos of 50/ 100 Bedded CCB with a financial investment of Rs. Rs.356.20 crore in 8 Medical College & Hospital and DHH in the State in most of the location work have been started.

Category	Total Number	Completed	In Progress
CCB	28	1	15

- 30 Nos of IPHL with an financial investment of Rs. Rs.46.77 crore in DHH, most of the location work have been started

Category	Total Number	Completed	In Progress
IPHL	30	7	11

- Funds @ Rs.75.00 lakhs for 197 and 117 Nos of BPHU under PM-ABHIM / XV-FC has been approved for construction of Integrated Public Health Lab and Block Programme Management Unit at CHC level in integrated manner to provide better health care facilities as well as smooth management of all programmes in rural areas.

Category	Total Number	Completed	In Progress
BPHU	314	40	152

- Rs.13099.53 crores has been provided under State Plan for infrastructure Development of different level of health facilities like DHH, SDH, CHC, PHC, Repair renovation of existing of DHH/ SDH/CHC/PHC/SC and new construction of Staff Quarters including all Medical College & Hospital, GAD/GHD, ANMTC/ GNMTC etc.
- 123 UPHC/ UCHCs has been newly constructed with a financial involvement of Rs.110.00 lakhs @ per UPHC/UCHC and additional 44 new proposals for construction of UPHC/UCHC also been approved in current financial year.
- Construction of 10 Nos CSSD with a financial involvement of Rs.23.10 crore has been taken up out of NHM in the financial year of 2022-24.
- Construction of 185 Nos of CHC Building have been taken up with a financial involvement of Rs.2036.27crore as per IPHS standard under NHM/ State Plan etc.

Category	Total Number	Completed	In Progress
CHC	185	0	65

- 8 SDH New Buildings with a financial involvement of Rs. 344.80 crore has been taken up as per IPHS Compliance.
- Construction of Training/ Knowledge Hub at DHH level with a financial involvement of Rs.15.40 crore.
- Financially achievement of target as set by Govt. of India/ State Govt. and optimum utilization of approved funds multiple executing agency have been engaged including PSUs.
- Funds also been mobilized from State Plan, OMBADC, DMF, CSR grant & **Chief Minister's Swasthya Seva Mission** for additional infrastructure development of all level of health institutions.



DHH Bhadrak



D.Berhampur SC, Ganjam



SDH Patnagarh, Bolangir



BPHU Fashimal, Sambalpur



CCB at DHH Baragarh



Kaluria SC, Dhenkanal



CCB at DHH Jharsuguda



## 2.2. Ayushman Bharat-Health and Wellness Centres/ Ayushman Arogya Mandir:

The need for a robust healthcare system became increasingly evident in the face of rising population, health disparities, and the burden of communicable and non-communicable diseases. To ensure the delivery of comprehensive primary health care (CPHC) services, existing Subcentres (SCs), Primary Health Centres (PHCs), and Urban Primary Health Centres (UPHCs) have been upgraded as Health and Wellness Centres (HWCs), now known as Ayushman Arogya Mandir (AAM).

This initiative started in 2019, and now we have operationalized 7348 facilities, including 1262 PHCs, 116 UPHCs, 5420 SHCs, 128 UHWCs, and 422 AYUSH as Health and Wellness Centers (HWCs), now known as Ayushman Arogya Mandir.

### Operationalization status of AAM as of 2024-25

Type of Health Facilities	Targeted HFs for the FY 2024-25	Operationalized as of 26th Jan'25	%
SHC	6020	5420	90%
PHC	1296	1262	97%
UPHC	116	116	100%
UHWC	140	128	91%
AYUSH	422	422	100%
Total	7994	7348	92%

### Implementation (Input) Strategy:

- **Expanding HR – MLHP:** In 2018 the government took a landmark stand on strengthening all PHCs as per IPHS norms, to function as HWCs, and all SCs will be converted as HWCs with the engagement of mid-level health providers as Community Health Workers. From the start, the state also took the initiative that the additional HR to be posted at the SC level would be a Govt. Regular Staff Nurses. As of date, we have 5402 CHOs, and 1632 MOs at the PHC/UPHC and U AAMs.
- **Multi-skilling/Capacity Building:** to build the capacity of the Primary Health Care team, they were trained in a series of Training. Like the CPCH, Induction, EPS & EPS training for CHOs at the SC AAM and the PHC, the team was trained in NCD, EPS, and ERI. 98% of the Primary Health Care providers are trained in the above-mentioned training at the State/District/Block levels.
- **Drugs and Diagnostics:** as per the state EDL, there is a provision of 105 drugs and 16 diagnostics at SHC AAM and 172 drugs and 65 diagnostics at the PHC/UPHC and U AAM facilities.
- **Community Mobilisation and Health Promotion:** Yoga instructors were empanelled and wellness sessions were initiated at the Primary Health Care settings. Dedicated Wellness rooms were established, and Physiotherapy instruments were provided to each of these AAM facilities. Guidelines for Health Mela and organizing Shivirs were shared with the facilities. 62% of the health facilities regularly conduct Health activities and observe health days at their respective health facilities.
- **Infrastructure and Logistics :** The new PHC and SC buildings were constructed as per the IPHS standards. An additional wellness room was built for placing basic physiotherapy



equipment, tools for exercise, mats, etc. for arranging yoga sessions. Equipment, Instrument, and fixtures were provided to all the HFs as per the service provision at the facility level

- **Financing and Provider Payment reforms:** The CHOs are incentivized based on 28 indicators each month. Additionally, the teams at the SCs and the Multi-Purpose Workers (M&F) receive team-based incentives. The PHC and UPHC teams also receive team-based incentives based on 12 indicators. The SC and PHC AAMs are provided with untied funds of ₹50,000 and ₹1,00,000 annually, respectively.
- **Continuum of Care – telehealth/referral:** The state has adopted a three-tier model for eSanjeevani consultations. The Hubs are medical colleges, while the Sub-Hubs include DHHs, SDHs, and CHCs. The Spokes consist of PHCs, UPHCs, SCs, U-AAMs, and correctional homes. These health facilities serve their communities by connecting them with specialist doctors through teleconsultation, averaging 19 teleconsultations per month, with a total of 3,387,384 consultations as of January 29, 2025.
- **Compliance with Quality Standards:** All AAM facilities are assessed under the Kayakalp Award scheme, and 50% of these facilities scored 70% or above during their peer assessments as of December 2024. Additionally, 1,235 AAM facilities have been certified for NQAS, with 782 state-certified and 462 nationally certified.
- **JAS Constitution and Meeting Compliance:** JAS has been constituted in 97% of health facilities, and among them, only 27% are regularly conducting JAS meetings as per the prescribed norms.



### 2.3. Free Diagnostic Services:

- Microscopy Centres at PHC HWCs- Labs established & Microscopes provided
- Lab Technicians engaged at PHC-HWCs – Mostly on Outsourced mode
- Special Fund to Facilities out of State Specific Scheme –NIDAAN for managing recurring expenses on reagents & consumables (Example a PHC HWC receives about Rs. 150000 per annum).
- High End Pathology Services extended upto PHC level through PPP Mode .
- CT Scan Services: Plan at 29 major DHHs, Operational- 24
- Digitization & Reporting of X-Ray Services -119/149 Facilities functional
- Dialysis Services: 65Dialysis Centres in 30 Districts (PPP- 62 + System Managed - 3) with average 2 Sessions per day per Machine



## 2.4. Blood Safety:

**Free Blood provision made** to all Patients treated at Govt Hospitals. **Transport assistance @Rs 500 per patient per month** is being provided to blood Disorder Patients. National Sickle Cell Anemia Elimination Mission launched in 2023 as part of National Health Mission under which about 22 lakhs population will be screened per year for next three year.

## 2.5. RMNCH+A Related Major interventions

### 2.5.1. Reproductive Health

During 2024-25, efforts were concentrated on enhancing integrated Reproductive Health services through regular reviews and supportive supervision. Significant initiatives were undertaken to restore Family Planning services, with a focus on making reversible contraception methods accessible through ASHAs and training ASHAs in FPLMIS for indenting and issuing Family Planning commodities. Periodic reviews and improved commodity availability led to increased utilization of all Family Planning methods.

In addition to the planned activities for 2024-25, a few extra activities were scheduled for the year, outlined below:

- Involvement of GKS/ VHSNC for strengthening male engagement in family planning:
- Provisioning of Self Care Kit in FRUs, HWCs, CHC, DHH, SDH, UCHCs and UPHCs
- Strengthening FPLMIS and ASHA level roll out of FPLMIS
- To encourage modern contraceptive use, the State implemented various initiatives such as deploying IEC Vans in 10 aspirational districts, organizing village-level, Saasu – Bohu sammelani, and distribution of Nayi Paheli Kits to newly married couples statewide to promote birth spacing

### 2.5.2. Maternal Health

- **First Referral Unit: 73 FRUs** are providing C section services as per norms out of 94 FRUs.
- **Delivery points:** The State has **429** functional deliveries point. Along with 429 delivery points, another 4 Medical Colleges are also providing delivery services..
- **Janani Surakya Yojana (JSY):** Total **19,36,94** number of beneficiaries have been benefitted under JSY (Apr-Sep 2024 of 2024-25).
- **Janani Shisu Surakshya Karyakram(JSSK)** –6,50,127 nos. of pregnant women have received various JSSK entitlements during 2024-25 (up to Nov 2024).
- **Comprehensive Abortion Care (CAC):** In the State 428 facilities are providing Comprehensive Abortion Care.
- **Village Health Sanitation & Nutrition Day:** 99% of VHSND Sessions organized during 2024-25 (Up to December,24)..
- **Obstetric HDU & Hybrid ICU:** For providing critical care for obstetrics cases, 6 High Dependency Units in 6 DHHs(Kandhamal, Kalahandi,Keonjhar, Dhenkanal and Capital Hospital) and 3 Hybrid ICUs in MCH MKCG, Berhampur &MCH SCB Cuttack are functional



- **Maternity Waiting Homes (Maa Gruha)** Currently out of 98 State target Maa Gruha, 92 Maa Gruha are functional to accommodate the expected delivery cases from difficult geographical pockets for safe institutional delivery.
- **Initiatives for Anaemia Control:** About 4.3 Lakhs Pregnant women are covered during 2024-25 (Upto Dec 2024) for IFA and calcium tablet supplementation. Inj. Iron sucrose, Inj. FCM & Blood transfusion services are 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.
- **PMSMA and extended PMSMA:** During the year 2024-25 (Upto Nov 2024) 2,70,795 nos. of antenatal cases have been screened. 33,992 nos. of high risk cases has been detected who were given Red Card. Under extended PMSMA, additional day is fixed for providing PMSMA services

### 2.5.3. Child Health

Major interventions undertaken through NHM for the reduction of infant and under-five mortality in the State are as follows:

- **Functionalization of 533 New Born Care Corner (NBCC)** in all delivey points. 62 New Born Stabilization Units (NBSU) established and 11 NBSUs are under the process of establishment. Currently, the State has 44 functional Special Newborn Care Units (SNCU) (out of 45 planned) at different MCH, DHH, SDH for treatment of severely sick newborns. Kangaroo Mother Care to low birth weight & sick newborns provided at all 44 institutions.
- **Under Intensified Diarrhoea Control Month (IDCM)** around 3626164 Under 5 children were covered in 2024-25 . An intensified diarrhoea control fortnight is heldevery 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.
- **Under India Newborn Action Plan (INAP)** all newborns are administered with Vitamin K1 for preventing vitamin K deficiency bleeding disorders and administration of antenatal corticosteroids to all pregnant women identified with preterm labour.
- **Home Based Care for Young Children (HBYC)** All ASHAs have been trained for making home visits to all young children for early identification and referral of newborns with danger signs/ development delays/ SAM and providing counseling to caregivers on home based care of young children, appropriate feeding practices, ORS & Zinc therapy and IFA supplementation. In 2024-25 till Sept.24, 1059618 children were visited, of which 2% were identified as sick and 79% of them were referred.
- **Childhood Pneumonia Management Programme: Social Awareness and Action to Neutralize Pneumonia Successfully (SAANS):** Under this programme, all doctors and Staff nurses are being trained on standard facility based management protocols for management of childhood pneumonia. . Besides, an extensive IEC campaign is carried out every year from 12th November to till the end of February
- **Other Facility level intervention: Child Health Review (CDR) 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. Under NHM Paediatric Emergency Triage Assessment & Treatment (ETAT) units are now being established at each DHH level in the emergency

or near the ward. The State has also established 4 PICUs at Medical College & Hospital level for treatment of very sick children. Besides, under ECRP-2, the State is now establishing a 12 bedded hybrid ICU (HDU+ICU) at 29 DHHs & SVPPGIP in the State for treatment of very sick children.

#### 2.5.4. Rashtriya Bal Swasthya Karyakram (RBSK)

- Under this programme, 40 identified health conditions are to be addressed through '4D' approach which includes Defect at Birth, Deficiencies, Childhood Disease and Developmental Delay & Disabilities. Under this programme, 633 number of Mobile Health Teams are functional for screening of 93.34 Lakh 0-18 years children.
- Screening of Children at AWC & Schools : 90.44 Lakh children have been screened by MHT out of targeted 93.34 Lakh children during the Year 2024-25.



#### Screening of New Born at Delivery Points:

- New born screening of visible birth defects continuing at Delivery Points by the service providers facilitated by DEIC and MHTs. During the year 2024-25, 301398 New born baby out of 319132 Live Births have been screened at delivery points and 3893 number of children have been identified with different form of congenital birth defects.
- For early identification and timely intervention, New Born hearing screening is continuing in 32 DEICs of the State. All SNCU admitted babies and High risk new born at District Head Quarter Hospital are screened by DEIC. During the year 284 new Born have been identified with hearing defect and provided required follow up therapy by DEIC.
- To prevent Retinopathy of Prematurity related blindness, regular ROP screening sessions conducted at 10 Health facilities. During 2024-25, 1972 number of sick new born have been suspected and referred to higher facility for confirmation and required treatment.
- For treatment of Birth defect children, therapeutic intervention for Developmental Delay and children with impairments, DEIC is functional in 32 District Head Quarter Hospitals of the State. During the year, 13041 children are provided referral treatment to secondary and tertiary facilities through DEIC. 226984 children are provided early intervention services at DEIC

#### 2.5.5. Rashtriya Kishor Swasthya Karyakram (RKSK):

Rashtriya Kishor Swasthya karyakram (RKSK) expands the scope of preceding ARSH programme, through identification of six priority areas viz. Nutrition, Mental Health, Substance abuse, Injuries and Violence, Prevention of Non- Communicable diseases and Sexual and Reproductive Health. Capacity building of service providers in these six thematic areas is vital for effective and successful implementation of RKSK programme.

The program focuses on adolescents belongs to age groups 10-14 years and 15-19 years with universal coverage, i.e. males and females; urban and rural; in school and out of school; married and unmarried; and vulnerable and under-served.

## 2.6. Integrated Patient Transport & Health Helpline Services

The Emergency Medical Ambulance Service (EMAS) of Odisha, a joint initiative of MoHFW, GOI & Govt. Of Odisha (under the banner of “National Ambulance Service”) has been initiated since 5<sup>th</sup> March, 2013.

It's an ongoing scheme and under this, the State has made provision for comprehensive pre-hospital emergency medical service by introducing a fleet of ambulances (EMAS) at free of cost for the people of Odisha. The ambulance services are accessible with a single toll free number “108” and Health Helpline with single toll free number “104”. All services are being managed through the existing centralized call center facility at 7<sup>th</sup> Floor, IDCO tower, Bhubaneswar.

M/s. EMRI Green Health Services got selected for five years (2024 -29) through an open tender process for the Operation & Management of the IPTHHS Phase-II project in Odisha.

### 2.6.1. Emergency Medical Ambulance Service (EMAS: 108 Ambulances):

The Government of Odisha started a free pre-hospital emergency medical service for the people of Odisha on 5th March 2013, by introducing a fleet of ambulances (EMAS). Currently, the EMAS-108 fleet includes both Basic Life Support (BLS) and Advanced Life Support (ALS) ambulances. The total EMAS fleet size is 866 (411 ALS and 449 BLS) ambulances. More than **65 Lakh beneficiaries** have been benefited so far through this EMAS-108 services .

- Average Response time of EMAS ambulances is 21 Minutes 58 Seconds (Target-20 Min)
- 9,69,016 patients have availed the EMAS Ambulance Services during the year 2024-2025 (up to Dec 2024)

### 2.6.2. Boat Ambulance Service:

In a bid to provide transportation to sick and injured in the cut-off riverine areas of 4 districts namely Kendrapara, Kalahandi, Koraput and Malkangiri, the Government has sanctioned **6 (six) Boat Ambulances**, as feeder services to both Emergency Medical Ambulance Services and Referral Transport Services.

Presently, 6 Boat Ambulances have been operationalized in 4 districts since 26<sup>th</sup> February 2019 in phases. More than 1700 patients have been transported by these Boat ambulances during Emergency situations.



- Around 371 beneficiaries have availed these Boat Ambulance Services during the year 2024-2025 (up to Dec 2024).

### 2.6.3. Referral Transport Ambulance Service (108-Janani Express)

- Under Referral Transport Ambulance Service , a fleet of **500 Janani Express** were made operational since 14th July 2014 with a dedicated Toll free number 102 in order to provide free referral transport services to all pregnant women and sick infants seeking health care services at Govt. health facilities. The service is continuing at present with the Toll Free number 102 integrated with that for 108 Emergency Medical Ambulance Service for the convenience of use of the general public. Thus both Referral Transport Service & Emergency Medical Ambulance

Service are available on one single Toll free number “108”. More than 47 Lakhs beneficiaries have been benefited so far through this referral transport service system.

- Average response time of Referral transport ambulances is 23 Minutes 52 Seconds (Target- 25 Min).
- 2,77,674 cases have availed these Referral transport Ambulance Services during the year 2024-2025 (up to Dec 2024).

#### 2.6.4. 104 Health Helpline

- Initially, the 104 Health Helpline with 10 seats was launched on 13th October 2015 to make outgoing calls for following up with sample beneficiaries registered under the RCH program. The helpline aimed to ensure timely access to desired services and verify the services provided by healthcare providers, such as ANMs and ASHAs. Monthly follow-up calls were made to high-risk pregnant women and to individuals who had defaulted on receiving services.
- Subsequently the incoming call facility was introduced with effect from 15th November 2019 and that has been rendering information, advice and counselling support to the people on RMNCHA+ & related health schemes that are being implemented in the State. Also, the health advices, facility related information pertaining to hospitals, Blood Bank, Pharmacies, Diagnostic services etc. are being covered under this system. As of now, about 31 lakh calls have been received by 104 Health Helpline and about 1.32 lakh calls have been received during the Year of 2024-25 (Till Dec, 2024).
- Early Childhood Development programme is being implemented by utilizing 8 Seats (for 6 Counsellors and 2 for Medical Consultants) of 104 Health Helpline.



### 2.7. Community Process

Community process which is the key to achieve the desired results in health refers to a process by which people are enabled to become actively and genuinely involved in the defining the issues of concern to them, in making decisions about factors that affect their lives, in formulating and implementing policies, in planning, developing and delivering services and in taking action to achieve change. A number of activities are implemented under NHM in order to ensure active participation of the community in health related issues that surround them and address them in a sustainable manner. While ASHA is the pioneer of this process as a community level health volunteer, Gaon Kalyan Samiti (GKS) and Jan Arogya Samiti (JAS) provide institutional platform at the community level to foster community level action to address health, its social determinants and promote wellbeing among people.

## 2.7.1. ASHA

### Positioning of ASHA:

ASHAs are working at the community level as a part of larger health system strengthening efforts. Acting as an interface between community and public health care system, they are playing pivotal role to support for health and wellbeing of the people. It is their facilitation support, commitment and dedication which have helped the health system to achieve the desired results. Notable contribution of ASHAs has resulted in the improvement of health indicators and promoting healthy life among the people. Their valuable contribution towards the improvement of health scenario of the State is acknowledged in different forums and occasions. A total of 49, 494 ASHAs are in place (both in rural and urban area) in the state to facilitate and promote health care service delivery at community level.

**Incentive Provision for ASHA:** ASHAs are paid performance-based incentive against the activities that they perform during a month. Incentive provisions has been made for 64 activities (14 assured activities and 50 activities under RMNCH+A, DCP, NCD and others) during 2024-25. As an effort to maximize and ensure a minimum assured amount, provision has been made for payment of minimum assured incentive amounting to Rs. 7000/- per month to each ASHA i.e. Rs. 3500/- towards performance against a set of 14 PIP approved activities and Rs.3500/- from state budget Swasthya Sahaya Fund on conditional basis.

### Welfare Schemes under ASHA Kalyan Yojana:

- **Compensation for Death and Disability:** Provision has been made for payment of financial compensation upto Rs.3 lakhs in case death and disability of a serving ASHA under ASHA Kalyan Yojana. Compensation towards death of ASHA @ Rs.3 lakhs has been paid for 121 cases during 2023-24 and 91 cases by December, 2024.
- **Exit Policy:** Exit policy for ASHA is an initiative to pay respect to the ASHA who has served for community and health system for long period of time with sincerity and commitment. As a part of financial benefit under exit policy, ASHA exiting from the health system on attainment of 62 years of age or voluntarily leaving the position after serving for a minimum tenure of 10 years as ASHA, is entitled to get lumpsum honorarium of Rs.1 lakh from April, 2024. A total of 148 ASHAs have been benefited under exit policy during 2023-24 and 67 cases by end of December, 2024.
- **Maternity Benefit for ASHA:** In order to have a proper care during delivery and child birth of ASHA, provision has been made to give an amount of Rs. 1000/- per month, for a period of six months i.e. from the 3<sup>rd</sup> trimester of pregnancy to her child attaining 3 months of age. One ASHA is entitled to get the benefit up to two children. As a part of the initiative under ASHA Kalyan Yojana a total of 67 ASHAs have been benefited under maternity benefit scheme during 2023-24 and 45 ASHAs by end of December, 2024.
- **Enrollment under PMJJBY & PMSBY:** In order to avail the benefit of insurance coverage upto two lakhs towards death and disability, provision has been made to enroll all eligible



ASHAs under two different social security schemes like Pradhan Mantri Jiban Jyoti Bima Yojana (PMJJBY) and Pradhan Mantri Surakhya Bima Yojana (PMSBY) being implemented by Govt. of India. A total of 35702 (96%) and 46775 (95%) eligible ASHAs of the state have been enrolled under PMJJBY & PMSBY respectively by the end December, 2024.

#### Other Support Provisions for ASHA:

- **ASHA Gruha:** 142 ASHA Gruhas are functioning in major health facilities like Medical college, DHH, SDH and CHCs as a help desk and rest shed for ASHAs. ASHA Gruha in health facilities provides safety stay facility for ASHAs at health institutions while they accompany pregnant women for delivery.
- **Weightage to ASHAs for admission into ANM & GNM Course:** ASHA who fulfills the eligibility criteria for admission into ANM/GNM courses (both Govt. and Pvt.) is given 2% extra marks for each completed year of service as ASHA, subject to a maximum of 20% additional marks. So far 12 ASHAs have taken admission in ANM course.
- **Weightage to ASHAs during selection of ANM:** For selection of ANM, additional weightage of 1% mark for each year of service for eligible ASHAs has been provisioned, subject to a ceiling of 15% additional marks in ANM recruitment process. So far 8 ASHAs have been selected as ANM.
- **ASHA Uniform (Saree):** Rs. 1200/- per ASHA per annum towards provision of uniform.
- **CUG SIM Card:** Free CUG SIM Card for better connectivity and sharing of information.
- **Mobile allowance:** Mobile phone allowance @ Rs. 250/- per month is given to increase the use of smart phones by ASHAs, have improve prompt reporting and thereby facilitate their work performance.
- **Travel allowance:** Travel allowance @ Rs. 100/- per month is given to meet the travel expenses that she spends for visiting to health facilities and other places for various purposes.
- **Diary and ID card:** Diary and Identity Card is provided to all ASHAs to support work performances.
- **Drug Kit, HBNC Kit & HBYC Kit:** ASHAs have been provided Drug Kit (with items like Paracetamol, ORS, Zinc, drugs for malaria and contraceptives) along with Home-Based Newborn Care Kit (with equipment like weighing scale, digital thermometer and digital watch) and Home-Based Care of Young Child Kit (Plastic Mirror, Small Toys, Bangles with thread, Ring Bell, Small container, Book with big pictures) have been provided to all ASHAs in order to facilitate home visit of ASHA.
- **Certification Programme for ASHA:** In order to enhance the competency and professional credibility of ASHAs, 10692 ASHAs have been certified by National Institute of Open Schooling (NIOS) by December, 2024.
- **Reward & recognition to ASHA:** To acknowledge and appreciate the contribution of ASHAs in providing health service delivery at community level and to sustain their motivation



to perform better, District level Convention is organized every year as district level to create a platform for facilitating peer learning process and experience sharing among ASHAs and also to share and learn from each other's experience of activity performance at community level. 1035 ASHAs have been awarded for better performance during the year 2023-24.

The state is committed to provide all support to ASHAs and thereby monitoring their contribution to improve the health indicators of the state.

### 2.7.2. Gaon Kalyan Samiti

Village Health Sanitation and Nutrition Committee (VHSNC) is known as Gaon Kalyan Samiti (GKS) in the State of Odisha is a revenue village level institution constituted involving the community members and acts as a simple and effective management structure to facilitate for improvement of health, nutrition and sanitation situation of the village. 46162 GKS functional in the State.

- **Community level initiatives using Untied fund:** Annual untied fund of Rs.10000/- is being placed to each GKS in order to undertake various need based activities for addressing issues related to health and other social determinants of health. Each GKS prepared need based Village Health Plan in a consultative manner at the community level incorporating the local issues and concerns of the villages and hamlets which becomes the basis of untied fund expenditure. Many need based activities are conducted by GKS in order to address health issues and promote health and wellbeing among people.
- **VISHWAS initiative to promote healthy behavior among people:** VISHWAS initiative is implemented by GKS to promote health, water, sanitation and nutritional condition of local community through demonstration, rally, sensitization meeting, awareness generation, mass cleanliness drive, wall painting of the messages and award provision etc. at the village level. All the activities of VISHWAS are being implemented under the overall guidance of GKS at the community level. Near about 45300 GKS have involved in implementation of VISHWAS programme at community level.
- **Capacity building training of GKS members on SCHWC, JAS & CPHC service provision:** In order to develop better understanding of the local community on the CPHC services provided through Ayushman Arogya Mandir (AAM), accelerate community participation for accessing quality health care services at the SC AAM level, 163390 GKS members have been trained during the year 2023-24.
- **Management of Malaria, Dengue & Diarrhoea:** For prevention & management of Malaria, Dengue & Diarrhoea cases at community level, GKS with support of GP, SC AAM JAS has conducted sensitization meeting & mass cleanliness drive in order to create awareness among the community to use mosquito net, maintain proper sanitation & hygiene for management





& prevention of Malaria, Dengue & Diarrhoea. GKS also actively involved in the process of LLIN distribution at the village level.

- **Demystifying stigma and addressing WASH issues :** To eradicate traditional believe & practices at community level on issues like Chenka, early girl child marriage, female infanticide & other social stigmas related to Health & social determinants of health, rallies & sensitization meeting have been organized to create awareness among community members with the ownership of GKS at the village level. Most of the GKS in various part of Odisha undertaken various need based activities for maintaining better health & hygiene in the village through set up Dustbin & organize mass cleanliness drive with active involvement of the local community to maintain healthy life. Near about 45000 GKS are actively involved in the Mass cleanliness drive at the village level.



- **Awareness generation through Swasthya Kantha and wall writing:** Swasthya Kantha - Interactive health bulletin board is maintained for sharing of health-related information with the community. GKS has created scope for wide publicity of health-related service delivery system at community level through writing of messages in Swasthya Kantha of GKS. Near about 46000 Swasthya Kantha have prepared at prominent places of the village by the GKS. Further, wide publicity through wall writing is made by GKS as an effort to raise awareness among people.
- **Sustha Gaon Puraskar to best performing GKS:** 314 GKS have been awarded for their outstanding contribution and exemplary activities during the year 2023-24.



**2.7.3. Sub Centre Ayushman Arogya Mandir (SCAAM)- Jan Arogya Samiti (JAS):**

To provide comprehensive primary health care (CPHC) services at door steps of the local community, all Sub Centres are transformed into Ayushman Arogya Mandir (AAM). To promote

community engagement in health care service delivery and thereby health and wellbeing of the people, Jan Arogya Samiti (JAS) is formed at AAM level. At present near about 5502 JAS are functional at AAM level in the State. Annual untied fund an amount of Rs.50,000/- is placed to each JAS during 2023-24 and 98% untied fund is utilized during 2023-24. To develop the capacity of the SC AAM JAS, 33783 JAS members have been trained during the year 2023-24.



- Sawsthya Sampark Programme:** Swasthya Sampark Programme is being implemented to ensure effective functioning of SC AAM, delivery of Comprehensive Primary Health Care (CPHC) services with activity community engagement at community level. This programme is being implemented in 36 selected PPP mode managed PHCs of 15 Districts. It is intended to accelerate community engagement in the functioning of HWC, strengthen community based platforms, community level groups and thereby maximize health service delivery and promote health and wellness among people.



## 2.8. NGO Collaboration Projects

Initiative has been taken to undertake partnership arrangement in meeting growing needs for healthcare services. The needs for partnership in healthcare enhance accessibility and adopt alternative model for enriching the quality of healthcare. Followings are the partnership projects operation in the State:



### 2.8.1. PHC(N) Management Project:

Government has contracted out some selective PHC(N)s located in remote and inaccessible areas for operation & management by NGOs/Trust in PPP mode with an aim to improve the quality of primary health care services as per the terms and conditions laid down in the MoU. The contracting out of Primary Health Centers (New) to the NGOs has commence in the State of Odisha from the year 2005 and at present 34 PHC(N)s in 15 Districts are being managed in PPP mode in partnership with the NGOs/Trust selected through open tender process.

Improvement in service level key health indicators like OPD, Institutional Delivery, Laboratory test, formation and operation of Jan Arogya Samiti has been noticed in such projects. Indicator wise performance of PHC(N) Management projects in last three years is given below.

Key service level indicator wise performance (Source: HMIS)

Service level indicators	2022-23	2023-24	2024-25 (upto Nov'24)
Gen OPD (Avg./day)	51	53	57
AYUSH OPD (Avg./day)	24	26	29
Inst Delivery(Avg./ month)	12	12	13
Diagnostic (Avg./day)	34	40	48

To ensure quality certification, 8 PHC(N)s i.e Gaudagotha, Manitarā & Pandiripada in Ganjam District, PHC(N) Gudgudia in Mayurbhanj District and Sirimula in Dhenkanal District, Tangargaon

PHC(N) in Sundargarh District, Baijhal in Gajapati District and Paschimabad in Balasore District has qualified NQAS Certification by Govt. of India. In the year 2023, total 31 PHC(N)s were qualified for Kayakalp Award.

As a part of innovation, Family Participatory Care & Kangaroo Mother Care (FPC-KMC) has been set up in 17 PHC (N)s located in remote areas with an aim to address neo-natal deaths due to LBW. A total of 3017 babies till December 2024 were monitored in these PHC(N)s. of those, 92% are low birth weight (below 2500 gms) and 8% are just above 2500 gms. Due to this intervention, significant increase in weight amongst LBW babies was noticed. The average weight of the babies was found 2110 during birth which found to be increasing to 2905 grams by the end of 6 weeks with an average weight gain of 795 grams.



### 2.8.2. Maa Gruha (Maternity Waiting Home) Project:

It is a temporary home for expectant mothers where they can wait for safe delivery preferably 7 to 10 days before their expected date of delivery (EDD). On onset of labor, they are to be shifted to nearby health facility having at least BeMOC facilities for delivery. The concept of 'Maa Gruha' project evolved with operation of first project the State in 2009 in Kalimela Block of Malkangiri District.

At present 92 Maa Gruha projects were operational in 17 Districts. Total 2,39,074 pregnant women have admitted in the Maa Gruha, out of which 18,945 PWs have been admitted in 2024-25 (upto Nov'24) and in average 96% PWs gone for institutional delivery to the nearest BeMOC facilities for delivery. Out of the total admission, 94% admitted PWs are from the tagged villages. Indicator wise performance of the project in last two years is given below.



Service level indicators	2023-24	2024-25 (upto Nov'24)
Avg. case load per month/project	25	26
% of Institutional Delivery Vs. Admission	96	96
Avg. days stay at Maa Gruha by PWs	8	8
% of PWs admitted from the tagged villages	92	94

### 2.8.3. Arogya Plus (MHU in PPP mode):

Arogya Plus is a strategically intervention for delivery of public health services at the door step of the marginalized sections of the society residing inaccessible and difficult areas in partnership with the NGOs. Total 21 Arogya plus projects in 10 Districts are operational. The project is being operationalised out of the State budget. The team visits to the identified villages as per the micro-plan to conduct health screening camps. As per plan, minimum 22 days visits in both shifts (morning & afternoon) conducted by the team in a month. Further, during any epidemic situation/disaster,

the team engaged to provide emergency services at the community level. Apart from the screening activity, the team also conducting health awareness programme on different health activities at the community level with the support of local ASHA and GKS..

### 2.8.4. Urban PHC Management Project:

There are 32 Urban PHCs are being managed by the NGOs in 18 Urban locations in the State in PPP mode. Along with operation and management of Urban PHC, the partner NGOs are also responsible for implementation & monitoring of the out-reach activities like UHND, Routine Immunisation, functioning of Ward Kalyan Samiti, community process activities, campaigns etc. in the urban areas. Out of 32 UPHCs managed in PPP mode, 18 UPHCs have received NQAS Certification till date.

### 2.8.5. Urban MHU in PPP mode:

To provide mobile healthcare services to the vulnerable population living in slums in the urban areas, 9 Urban MHUs are operational in 7 Urban locations in PPP mode.

### 2.8.6. PM JANMAN (Pradhan Mantri Janjati Nyaya Maha Abhiyan):

In order to improve the socio-economic conditions by saturating Particularly Vulnerable Tribal Groups (PVTG) families and habitations with basic facilities including healthcare services, the programme is being implemented in 43 PVTG Blocks of 14 Districts with an estimated PVTG population of 2.96 lakhs. Under the programme, dedicated MHUs have been deployed in the PVTG Blocks for regular health check up of PVTG population. Total 43 MHUs are operational in 43 PVTG Blocks. With the help of MHU, total 2,36,350 PVTG population have been screened from 15<sup>th</sup> Jan 2024 to 20<sup>th</sup> Jan 2025.

## 2.9. Mainstreaming of AYUSH

- 85 nos. of HMOs have been appointed in Govt. Homoeopathic Hospitals and dispensaries of the State through OPSC, Cuttack.
- 19 nos. of lecturers have been appointed in Govt. Ayurvedic Medical Colleges of the State through OPSC, Cuttack
- Yoga Instructors have been engaged in all 422 Ayushman Arogya Mandir of the State
- New appointments for 110 Ayurvedic Medical Officers(AMOs) are in progress for Govt. Ayurvedic Hospitals/dispensaries of the State





**Services rendered by Ayush Doctors** Ayush Medical officer are rendering Clinical & Public Health Services to the community in PHC/CHC /HWCs. They also play managerial role in certain PHC where allopathic doctor position is vacant.

### 2.10. Hospital Development activities

Provision of quality healthcare in the public health care facilities to the people accessing the services is the goal of the govt. The need therefore is to create and in build and sustain system of Quality Assurance for the Public healthcare facilities to consistently deliver good quality care.

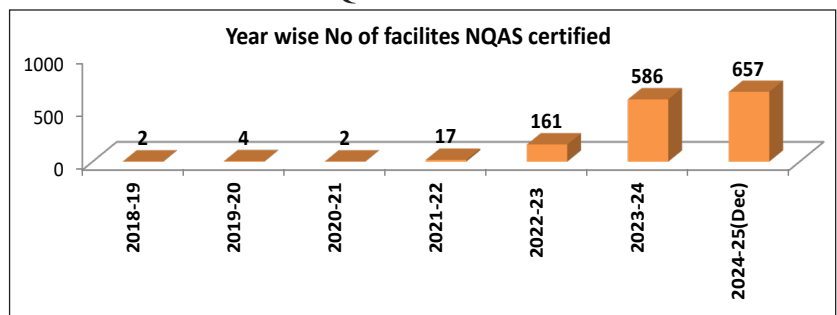
- Government of India has given top most priority and focus on NQAS Certifications of the Public health facilities.
- In this regards a number of steps are being taken such as identification of dept, training and capacity building, additional financing based on gap, demonstration unit visit etc.
- Under NIDAN Programme Free Diagnostic Services are provided in all health facilities.



In addition, efforts were made to promote and sustain Swachhata in public health facilities through Annual Kayakalpa Award for all categories of public health facilities and effective implementation of Nirmal– Strengthening of Ancillary services in Public health Facilities to ensure cleanliness of all public health facilities. Further under the Swachha Pakhawada campaign cleanliness drive was undertaken with active involvement of local public and different organizations. To prioritize and create awareness among the Community and healthcare staff Patient Safety Week was celebrated across the state. Govt of Odisha mandated no of test to be conducted at different level both in-house and outsourced model. Again Govt of Odisha had taken initiatives for transformation of more than 600 nos of health facilities as “Ama hospital” and for over all development and transformation of infrastructure, patient’s amenities, improvement in HR & service delivery and q1uality certification.

#### National Quality Assurance Standard:

- **NQAS Certification:** Till the Year 2024-25 (upto dec), 4 DHHs, 5 CHCs, 43 UPHCs, 50 PHCs and 1142 AAM SCs total of 1244 nos of facilities are NQAS Certified.
- Continuous Efforts are being made for certification of more number of hospitals. This year also special drive initiated for NQAS certification of more nos of HWC-Sub centers for ensuring quality Health services at grass Root level.





**Laqshya:**

State has implemented National Quality Improvement Program for Intra-partum and immediate post partum care delivered in Labour Room and Maternity OT.

- 19 DHH, 1 MCH, 4 SDHs and 2 CHCs are LaQshya National certified and two DHH & one SDHs are State LaQshya certified.

**Kayakalp Award to Public Health facilities:**

To promote cleanliness, hygiene promotion and Infection Control Practices in public Health Care Facilities and to create sustainable practices Kayakalp Award was given to best performing Public Health facilities. In the year 2023-24, all the DHH, SDH/CHC, PHC & UPHC were taken up for the Kayakalp award programme. **Total 28 DHH, 265-SDH/CHC, 802-PHC, 106-UPHC and 2363 AAM-SC (Total 3564 hospitals) qualified for the Kayakalp award.** During the year 2024-25, the external assessment of kayakalp is going on.

**2.11. National Urban Health Mission (NUHM)**

**2.11.1. Coverage**

National Urban Health Mission (NUHM) was launched in the State on 23<sup>rd</sup> February 2014. Presently it covers 50 ULB Cities/towns, out of the total 115 Urban Local Body (ULB) in the State to provide healthcare services to the general public in urban areas with focus on the vulnerable poor and urban slum population.

**2.11.2. Urban PHC-Health & Wellness Centre**

At present, 116 Urban PHCs have been converted to Health & Wellness Centres to provide 12 mandated Comprehensive Primary Health Care services. In addition to this Yoga, Specialist services are provisioned in the facilities. NCD Park/ Open Gym facilities are also available in 42 urban health facilities.



**2.11.3. Major Services**

The urban health facilities provide Outpatient services, Specialist services, Immunization and other outreach services. Further, Family Planning Corner, Drug Distribution Centre (DDC), Designated Microscopy Centre (DMC) and Diagnostic Services have been provisioned in all facilities. Nine (9) Urban Mobile Health Unit (UMHU) are operational to provide outreach services at the doorsteps of vulnerable/ floating/ slum population. At the community level, Urban Health & Nutrition Days are observed to provide Quality Ante Natal Care, Post Natal counseling and growth monitoring of children. Immunization sessions

**OPD Status (Year wise)**

Year	Total OPD Services at UPHCs
2018-19	3102015
2019-20	4232921
2020-21	3018521
2021-22	3713066
2022-23	4876627
2023-24	5428696
2024-25 (Upto Dec'2024)	4696725



are being conducted in the outreach pockets for vaccinations of the children. NCD camps are being organized in the non slum locations. Pradhanmantri Surakshit Matritva Abhiyan (PMSMA) days are being observed in all urban health facilities regularly.

**Ama Clinic :** The Specialist Clinics, an innovation of Govt. of Odisha is being implemented since December 2017 in all urban health facilities. At present, 116 Urban PHCs and 7 Urban CHCs provides 12 types of specialist services (Pediatrics, O&G, Medicine, Psychiatric, ENT, Skin & VD, Ophthalmology, Surgery, Orthopaedic, Dental, Nutrition, Physiotherapy), as per the availability of the Specialists in the locality. Since December 2017, in total 57,77,612 patients have been received the specialist services under AMA clinic. The status as given below:

Year	Patient treated
2017-18	89343
2018-19	507733
2019-20	777509
2020-21	412861
2021-22	592726
2022-23	988580
2023-24	1214920
2024-25 (Upto Dec'2024)	1193940

#### 2.11.4. Quality Certification

40 Nos. of Urban PHCs have received National Quality Assurance Certification from Govt. of India under National Quality Assurance Standard (NQAS). During the year 2023-24, 106 Urban PHCs and 5 Urban CHCs have received Kayakalp awards, 112 urban PHCs and 7 UCHCs have received ISO certification.

Kayakalp Award							
	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24
UPHC	14	42	66	80	73	96	106
UPHC	0	0	0	1	3	6	5
Total	14	42	66	81	76	102	111

#### 2.11.5. Community process:

2112 urban ASHAs are in position under NUHM cites/towns. 3489 Mahila Arogya Samiti (MAS) have been formed and Annual Untied Grant of Rs.5000/- is being provided to MAS for awareness generation, cleanliness drive, observance of important days etc. MAS have been playing very important role in the slums to increase institutional delivery, immunization coverage, slum cleanness, vulnerability mapping etc. They are maintaining an integrated and composite register for reporting, accounts maintenance, recording of meeting. MAS Calendar is provided to all MAS members. Since 2018-19, performance monitoring of MAS being conducted through the process of Grading process to select best performing MAS at UPHC/ City level. 1147 Ward Kalyan Samiti have been formed at the ward level under NUHM Cities/towns. 7 UCHCs & 116 UPHCs Rogi Kalyan Samiti/Jan Arogya Samiti have been formed in all urban health institutions. Provision has been made for RKS united for UCHC and JAS united for UPHC.



**2.11.6. Outreach Services:**

Since 2017, in total 3,58,988 UHSND sessions have been observed at the community and 809 Special Outreach camps have been organised in slums to provide curative and preventive care. Health screening camps are organized twice in a year for the Sanitary workers in NUHM cities/towns. 262 NCD camps have been conducted in the Non slum locations under NUHM Cities/ towns during 2024-25 (April- December'24).

Year	UHND Sessions			Special Outreach Camps		
	Annual Target	Achievement	% of Ach.	Annual Target	Achievement	% of Ach.
2018-19	34328	33568	97.8	96	69	71.9
2019-20	35981	35420	98.4	96	71	74.0
2020-21	35549	33169	93.3	96	80	83.3
2021-22	49536	38099	77	132	96	72.7
2022-23	51552	46566	90	84	74	88.1
2023-24	52608	50063	95	60	43	72
2024-25 (Upto Dec'2024)	55680	38228	69	60	24	40

**2.11.7. Training:**

Training modules have been developed for the training of Medical Officer, Pharmacist, ANM, Staff Nurse, ULB representatives, PMU staff, MAS members, WKS member and RKS members. Training programs have been conducted for the Members of WKS, MAS, ASHA, Medical officer, ANM and other clinical staff, Program Management staff. Compendium of Program and financial guidelines under NUHM published. IEC folders have been printed and distributed to different stakeholders.

**2.11.8. Finance :**

	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25 (Upto Dec' 2024)
Total Approval (in lakhs)	2906.20	4092.86	5286.48	5017.23	5211.87	6469.63	8768.05	8597.43	8682.03
Expenditure (in lakhs)	3522.96	5619.38	5350.21	5356.42	4384.19	5857.90	7924.87	7569.87	6175.97

**2.11.9. Urban Health & Wellness Centre and Poly clinic**

Under XV-FC grant, 128 Urban Health & Wellness Centres (UHWC) and 14 UPHC- Poly Clinics have been operational in the State. The UHWC are established below the UPHC level or at the small town having the population of >15000 to provide primary health care services as well as wellness services. During 2024-25 (By December 2024) 17,28,790 patients received the OPD services and necessary drugs, diagnostic services & 12 expanded package of services have been provisioned. Jana Arogya Samiti have been formed in all UHWC/ UAAM.

**2.11.10. Management of Urban PHC under PPP:**

State is managing 32 Urban PHC under PPP in 13 districts. Out of that 18 UPHCs got NQAS certification and 30 UPHCs received Kayakalp during 2023-24.

## 2.12. Training under NHM

**Introduction:** Better quality of health care services at health institution depends on continuous skill building of medical and paramedical personnel. The paradigm of training has been shifted from training to quality health care services through skill building, multi skilling & mentoring. As per the objectives of 'AYUSHMAN BHARAT', training on HWC & NCD and 'Expanded Package of Services (EPS)' are given more importance to functionalize Ayushman Arogya Mandir in 314 Blocks of 30 districts.



SBA hands on training at District level

### Objectives:

- To improve the skills and to enable the service providers to ensure high quality health services.
- To develop management skills of health personnel for effective management of public health services.
- To strengthen the service delivery mechanism through multiskilling of health personnel at FRU and 24x7 Institutions.
- To functionalise designated PHCs and SCs as AB- AAM through expanded package of services.

### Major Achievements of FY:2024-25

- Total 101 MBBS doctors have been trained in 10 days BEMOC training at MCH. Till date 1937, BEMOC trained doctors are providing BEMOC services at institution level.
- Total 708 CHOs, SNs, ANMs & LHV's have been trained in 21 days SAB training. Till date 17758 CHOs, SNs, ANMs & LHV's and AYUSH doctors are providing services 24x7 at FRUs, CHCs and Ayushman Arogya Mandir.
- Total 08 MBBS doctors have been trained in 24 weeks LSAS training during FY: 2024-25. Till date 192 MBBS doctors are trained in LSAS and 54 MBBS doctors are trained in CEMONC / CS training and providing CS services at FRUs
- Total 07 MBBS doctors and 08 LTs have been trained in BSU management training during FY: 2024-25. As of date, total 371 MBBS doctors and 269 LTs have been trained in BSU management training and providing service at BSU of FRUs.



MOs are in EPS training at State Level



FIMNCI training at State Level



- During FY: 2024-25, total 09 O&G specialist have been trained in USG at SCB MCH, Cuttack. Till date 123 O&G specialist are trained in USG & providing required service on PMSMA day.
- During FY: 2024-25, total 123 MBBS and SNs have been trained in FIMNCI training. Till date 2115 MBBS and SN are trained in FIMNCI training and providing 24x7 services at SNCU.
- As of FY: 2024-25, total 1856 MBBS & 994 AYUSH doctors have been trained on HWC & NCD training to functionalise designated Ayushman Arogya Mandir.
- During FY: 2024-25, total 236 MBBS doctors have been trained in EPS training. Till date 1799 MBBS & 942 AYUSH doctors are trained on EPS training under Ayushman Arogya Mandir.
- As of FY: 2024-25, total 4037 CHOs have been trained in 'Expanded Package of Services (EPS)' under Ayushman Arogya Mandir.
- As of FY: 2024-25, total 4287 CHOs have been trained in Induction, ERI & JAS under Ayushman Arogya Mandir.
- As of FY: 2024-25, total 12656 HW (M&F) have been trained on EPS to conduct Population based Screening at Community level under AB-HWC programme.

### Way Forward:

- Quality monitoring of training using mobile based application tool T-QAS
- Virtual 'Continuous Medical Education (CME)' and Continuous Nursing Education (CNE)'
- Enhancement of management skills of SPMU/DPMU/CPMU/BPMU personnel through MDP at different apex Universities / Institutions of India.

### 2.13. e-Swasthya Activities

- **Odisha e-Hospital Management Information System (OeHMIS)** has been implemented in all 32 DHHs, SCB MCH, AHRCC and SISHUBHAWAN. The Portal is also integrated with MoSarkar Platform where the Patient demographic data along with phone nos are shared. ([eswasthya.odisha.gov.in](http://eswasthya.odisha.gov.in))
- **E-Niramaya : Real time monitoring of all aspects of the scheme, to avoid dislocation in indenting, procurement, Quality assurance, payment & distribution:**
- **RCH Portal/ANMOL:** To monitor the provisioning of Maternal and Child care services RCH portal has been implemented in all districts since 2016. ANMs trained in ANMOL are updating the services in the application using tablets provided to them by the State.
- **NCD App :** NCD (Non Communicable Disease) App application is also loaded in the tablet/mobile for recording the enrollment and screening of population details by ANMs.
- **Health Management Information System (HMIS):** A web based system for capturing facility Service delivery data on monthly basis is being done in newly introduced IHIP portal. Data is being captured from across 8686 Public institutions (MCH upto SCs level) and more than 500 Private health facilities.
- **Automation of DC Administration-** a web based system for management of retail, whole seller and manufacturer licenses through online along with enforcement process automation. ([www.dcodishaonline.nic.in](http://www.dcodishaonline.nic.in))



- **Odisha HRH (<https://www.odishahrh.nic.in>)** - Odisha HRH integrates the profile information of all Health Service Providers of H & FW Department, including staffs of Odisha Health & Family Welfare Society (OSH&FWS). It classifies category wise health service providers available in Odisha
- **GKS Monitoring System-** . In order to track the physical and financial activities of each GKS, this online system has been developed to capture the information at a periodic interval. (<http://gks.nhmodisha.in>)
- **e-Blood Bank- (<https://ebloodbankodisha.nic.in>)**- e-Blood Bank is an integrated blood bank automation system, which inter connects all the Blood Banks of the State into a single network. It provides online status of blood group wise availability of blood units in all the licensed blood banks in the state. The system manages all the activities from blood collection both from camps & hospitals till the issue of blood units. It includes donor screening, blood collection, mandatory testing, storage and issue of blood units.
- **e-ASHA (<http://nhmodisha.in/asha>)** - e-ASHA is a web based system to manage the ASHA Profile, Training, Provisioning, ASHA Kalyan Yojana, ASHA Empowerment, ASHA Success Stories. It also manages the Activity wise claim and payment of each ASHA.
- **108 Ambulance Monitoring System- (<http://ipthhs.nhmodisha.in/108-Service>)** - This system integrates the data from the Emergency Data Solution (EDS) of 108 Call Centre and GPS of Ambulances and generates various MIS reports for billing and other performance monitoring.
- **NGO Application System (<http://nhmodisha.in/ngo>):** This Application facilitates registration, application for projects, scrutiny at different level, selection and award of contract for NGOs interested to work with H & FW Departments.
- **UWIN (Universal Immunization-WIN):** Application used by ANMs for updating immunization details of pregnant women and children. Extended version of CoWIN.



## CHAPTER-3

# Directorate of Health Services

In three-tier system of administration (I. Administrative Deptt, II. Heads of Deptt. & III. District Offices and Subordinate Offices there to), Heads of Deptt. plays a key role between the Administrative Deptt. of Govt. and District Offices and Subordinate Offices thereto. Director of Health Services, Orissa being the Heads of Deptt. under the administrative control of Health & F.W. Deptt of Government of Orissa occupies a distinct position with following major activities.

### Major Activities:

#### 3.1. Human Resource in Health & Research

Various steps have been taken up for augmentation of Human Resources in Odisha which includes not only creation of new posts or increasing seats in medical colleges, but also appointment/engagement of regular / contractual doctors and measures for retaining them as well.

##### 3.1.1. Recruitment of Medical Officers

- Recruitment of Medical Officers is being done on regular basis through Odisha Public Service Commission (OPSC). 90 Nos. of posts of Assistant Surgeons have been filled up vide several Govt. Notifications.
- 32 Nos. of post of Dental Surgeon have been filled vide Govt. Notification No.1139/H dt. 12.01.2024.
- Engagement of contractual doctors through walk-in-interview is being done every month on regular basis both at district and state level for selection and posting of MBBS and Specialist doctors.

##### 3.1.2. Reforms undertaken to attract and retain doctors:

- Restructuring of Odisha Medical & Health Services Cadre (OMHS) has been done vide Govt. Resolution No. 2630/H dt. 01.02.2024 for giving more scope for promotion.
- Place based incentives (PBI) 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 have been classified into five different categories and declared as V-0 to V-4. This incentive is applicable to contractual, ad-hoc and regular doctors. For example 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. In the state there are 100 health institutions which are categorized as V-4 and 137 health institutions categorized as V-3.
- 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.
- Incentives for Specialists have been provisioned for motivating Specialist doctors of Odisha Medical & Health Services (OMHS) cadre.



- Incentive for Doctors with Super Specialization: Rs.30,000/-
- Incentive for Doctors with Post-graduation: Rs.20,000/-
- Incentive for Doctors with Post- graduate Diploma: Rs.10,000 /-
- To create more specialist doctors in the state, MoU has been signed with the College of Physicians and Surgeons of Mumbai(CPS) for starting Post Graduate Diploma courses in the state since 2019. So far 139 enrollments have been done in 05 different batches out of which 103 candidates have successfully completed the course and 94 have already been posted in different CHCs and DHHs against the vacant specialist positions. With the help of the Counseling and Admission committee Directorate of Health Services has been continuously bringing reforms and modifications in order to increase enrollment and improve academic quality.
- Bond has been introduced for the doctors who are doing post-graduation. After completion of post-graduation, they need to serve for two years under state govt.
- 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 for human resources. Doctors and Specialists are engaged on negotiable remuneration under this scheme.
- Doctors and Specialists are also engaged under District Mineral Foundation (DMF) Fund with negotiable remuneration.
- The remuneration of contractual doctors have been enhanced to 55,000/- for MBBS doctors and 60,000/- for Specialists with a hike of 3 % in every year on satisfactory completion of one year of contractual service w.e.f. 01.07.2018.
- Study leave period of Medical Officers has been increased from 3 Years to 6 Years and the said period will count towards their promotion under DACP.

### 3.1.3. Recruitment & career path for various posts:

- Regular monitoring for filling up of vacancies of paramedics at district level.
- Under DACP Scheme 97 Nos. of doctor has got 1st DACP, 72 Nos. of doctor got 2nd DACP, 88 Nos. of doctor got 3rd DACP and 175 Nos. of doctor got 4th DACP.
- Under the Vision 2020 of National Programme for Control of Blindness (NPCB) the training courses for Ophthalmic Asst has been resumed.
- A comprehensive cadre rule of Ophthalmic Asst is prepared and submitted to government for approval.

### 3.1.4. Pharmacy Officer:

- Government have restructured the Pharmacist and on the basis of restructured cadre, the vacant post of Pharmacy Officer (base level post), the requisition for 206 posts of Pharmacy officer has been made to OSSSC for recruitment.
- Steps are being taken for promotion of Pharmacy Officer to the post of Sr. Pharmacy Officer Level-II.
- In order to overcome the difficulties experienced in absence of doctors for various reason in the single doctor hospitals which are managed by Pharmacy Officer, Govt. have allowed the Pharmacy Officers to dispense some drugs for ailments for treatment of the patient.



### 3.1.5. Radiographer:

- 239 Nos. of Radiographers have been recruited through OSSSC and appointed under different Health Facilities of the State from the Level of CHC by “NIJUKTI MELA” held on 13.12.2024.
- As per the cadre restructure of Radiographer Senior Radiographer, Level-II has been promoted to the post of Senior Radiographer, Level-I.

### 3.1.6. Medical Laboratory Technician :

- As per the cadre restructure of Medical Laboratory Technician, Technical Officer (Medical Laboratory Technician), Level-I have been promoted to the post of Chief Technical Officer(MLT).

## 3.2. State Drug Management Unit (SDMU)

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.

### The SDMU(O) is carrying out the following activities:

- Compilation & rationalization of requirements for instruments, equipments & furniture (EIF) from districts and medical colleges.
- The requirements of EIF for 2023-24 has been compiled & rationalized at SDMU and finalized by the State Level Equipment Management Committee (SEMC) on dated 16.02.24 & 19.07.24 for procurement by OSMCL.
- Compilation & rationalization of Drugs, Medical Consumables, Surgical & Sutures.
- The annual indents of Drugs, Medical Consumables, Surgicals & Sutures for 2025-26 compiled by OSMCL have been analysed & rationalized by SDMU and under process of approval of State Drug Management Committee (SDMC) for procurement by OSMCL.
- Essential Drug List (8th revised edition 2024): The revised edition of Essential Drug List (381 Molecules & 633 doses) , Programme Drugs 2024( 38 Molecules & 85 Doses) , Specialized drugs 2024 (250 Molecules & 369 doses) has been published & uploaded on Govt. website.
- Standard Treatment Guidelines (STG-2018) (the 2nd edition): STG 2nd Edition was published in year in the year 2018, for the publication of 3rd edition Govt. vide notification No.35788 dtd 27.12.2024 formed an editorial board for publication of STG 3rd edition.
- Prescription Audit: In order to investigate the drug-use & to avoid irrational use of drugs in the health facilities, the prescription audit is being done at peripheral health institutions. These reports are submitted time to time to Govt. The Indenting Officers are being requested again & again to submit Prescription Audit & patient beneficiary report in formats.
- 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.
- Legal complications: Legal complications arising out of Not of Standard Quality (NSQ) related drugs or firm disclaiming to comply to tender terms & conditions or vigilance matters or Human rights issues or any other matter relating to the functioning of SDMU prior to the functioning of OSMCL are being dealt by SDMU.



- RTI Matters: Reports are being compiled relating to RTI applications.
- Audit queries / paras: Steps are being taken by SDMU relating to compliance of A.G Audit queries / para/IAR.
- Assembly / Parliament questions: Replies to Assembly / Parliament questions relating to SDMU are prepared at SDMU level.

### 3.3. Revamping Public Health Facilities:

A proposal regarding revamping of Public Health Facility for increasing inpatient beds considering population norms & bringing uniformity in sanctioned bed strength of similar category of Public Health Facilities as per recently notified IPHS 2022 standards and National Health Policy 2017 has been approved by the Govt. Accordingly facility for creation of another 21342 bed will be done. Creation of new facilities i.e., 12SDHs, 20 CHCs & 306 PHCs is also on the way in a phased manner observing IPHS recommendations on priority basis at 20 districts with bed strength @100, @30 & @6 respectively.

A screening committee was constituted under the chairmanship of the MD, NHM, Odisha for examination of the proposals received from public representatives and concerned CDM&PHOs taking into account of IPHS norms, 2022, geographical conditions, availability of man power, budgetary provision etc. In the FY-2024-25 the screening committee had recommended for establishment of 06 numbers of PHCs, upgradation of 02 numbers of PHC to CHC & upgradation of 02 numbers of CHC to SDH.

### 3.4. Planning & Infrastructure Development:

Planning & Infrastructure development section functions as a key Section of the Combined Health Directorate, Odisha to provide new health infrastructure to the state and also maintaining, upgrading the existing facilities. During the current financial year 2024-2025 State Govt. have approved under the Action Plan 2024-2025 funds to a tune of 1850 Core for development of Infrastructure of 1538 numbers of different Health facilities.

#### Achievement :

- Total 05 numbers of Newly Constructed well equipped multistoried Buildings in Deogarh, Kendrapara, Koraput (Jeypore), Subanapur, Jajpur Districts have been handover to the common people for utilization. Another well equipped multistoried Buildings in Bhadrak & Boudh Districts will be hand over very shortly.
- Installation of fire fighting system in major health institutions have been taken in a war footing method.
- Priorities have been given for comprehensive electrical audit of all health institutions starting from CHCs to Medical Colleges.
- Priorities have been given to provide Govt. accommodation to all Health service providers. Approvals have been given for construction of 227 numbers of residential staff quarter, 09 CHC buildings in State.
- Approval has been given for construction of SDH Building at Titilagarh in Balangir District.



### 3.5. Major Schemes & Programmes:

#### 3.5.1. Odisha e-Hospital Management Information System (OeHMIS):

The goal is to streamline patient treatment flow while also empowering the workforce to perform to their full potential in an optimized and efficient manner. OeHMIS customizes the process of collecting clinical data based on each department, laboratory, and so on, reducing the workload on doctors and other medical staff by allowing for fast and reliable information storage, querying, retrieval, and access to aid in the management of resources, costs, and margins. Odisha Government has decided to replicate OeHMIS in all health facilities in the state and has entered into a 5-year service agreement with CDAC to do so effectively. Odisha Govt. has already approved the EFC for 5 years for smooth execution of the project.

Odisha Govt. has already issued the letter through OCAC to M/s Stock Holding for providing the Informatic Assistant & Supervisors as per the approved EFC to all DHHs. & 4 premier institutes SCBMCH, AHPGIC, VPPGIP, Cuttack & Capital Hospital Bhubaneswar, and MCKCG, Berhampur, SLNMCH, Koraput, VIMSAR, Burla on first phase.

Further, proposal for approval of EFC for another 5 years has already been submitted. Besides, I.T. instruments and equipments alongwith LAN connection to 4 premier institutions and all DHH have already been provided.

#### 3.5.2. NIRMAL:

With an aim to provide better ambience to the patients, minimize hospital acquired infection, prepare public health institutions to get better score under Kayakalpa and certification under NQAS to maintain quality of care & provide their attendants at the public health facilities, a State specific scheme NIRMAL was launched in the year 2018-19 for period of 5 years (2018-19 to 2022-23). The scheme is being implemented in as many as 1864 public health institutions/facilities.

The scheme is being implemented in three categories:

- i. NIRMAL: 1812 facilities (31 DHHs, 33 SDHs, 384 CHCs, 1364 PHCs)
- ii. NIRMAL+: 45 Public Health Facilities/Institutions ( 4 new Medical Colleges & Hospitals & Hostels, 9 AYUSH College & Hospitals & Hostels and 32 Nursing School & Colleges and Hostels)
- iii. NIRMAL++: 7 Tertiary Public Health Facilities - 3 old MCHs (SCB MCH, Cuttack, MKCG MCH, Berhampur and VIMSAR, Burla), Capital Hospital, Bhubaneswar and 3 other major hospitals (AHPGIC, Cuttack, SVPPGIP, Cuttack and MHI, Cuttack).

After careful consideration, Government have been pleased to decide that the new Medical Colleges with attached teachings hospitals shall be covered under Nirmal ++.

#### 3.5.3. Ama Hospital :

AMA Hospital : Transformation of Public Health Facilities through a new scheme under Health Sector, which has an ambitious target to transform 147 health facilities in a record period of one year, with an outlay of Rs.750 crore in the Budget Estimates for 2023-24. Budget provision of Rs. 1314.16 is made for transformation of various health institutions under this scheme 2024-25. The Physical Health Infrastructure, basic patient amenities and service delivery system in the public health facilities, i.e. Community Health Centres, Sub District Hospitals and District Head Quarter Hospitals will be upgraded under this Scheme.



### 3.5.4. Free distribution of Medicine (Niramaya) :

To provide free medicines to patients at different health institutions and to minimize out of pocket expenses of common man, Provision of Rs.60500 lakhs has been proposed provision in BE 2024-25. Each year, poor families save Rs. 600 crore expenditure on drugs, which is borne under Niramaya.

### 3.5.5. Free Diagnostic (NIDAN) :

Provision of Rs.11542/- lakhs has been proposed provision for the BE 2024-25 for the scheme in order to provide free Diagnostic services to the patients for their treatment in Govt. Hospitals. The people of Odisha save over Rs. 150 crore each year on diagnostic expenses alone, as the same is borne by the Nidaan scheme.

### 3.5.6. Equipments :

For up-gradation of Peripheral Health Institutions, provision of Rs.8344 lakhs has been proposed provision for the BE 2024-24 towards purchase of equipments to be installed in different District Head Quarter Hospitals.

### 3.5.7. Training of personnel :

In order to make improvement in Health Care Services different Trainings are conducted like ICU personnel, Nursing personnel and other Trainings for which a sum of Rs.1054 lakhs has been proposed provision for the BE 2024-25.

### 3.5.8. Emergency Medical Ambulance Service (EMAS) :

To provide pre-hospital care and transportation service across the State for all kinds of Medical Emergency arising due to accident, fire, natural calamity, pregnancy, requiring immediate medical attention the scheme is continuing with having Ambulance service. for which sum of Rs. 35026.70 lakhs made provision for the BE 2024-25. The 108 Ambulance Services was launched by the Government in 2012-13 to provide emergency transportation service to critically ill patients. The present Average Response Time of 108 ambulance service across the country is about 30 minutes. Keeping in mind the motto of the Hon'ble Chief Minister that 'Every Life is Precious', the Government has undertaken an ambitious target of reducing the Average Response Time of ambulances from 30 minutes to 20 minutes.

### 3.5.9. MHU in PPP Mode :

For continuance of 22 nos MHU in PPP mode and to provide patient care in remote areas of the State, a sum of Rs. 792 lakhs has been proposed provision in the B.E 2024-25.

### 3.5.10. Swasthya Sanjog :

Provision of Rs 2643.93 lakhs has been proposed provision for the scheme "Swasthya Sanjog" in BE 2024-25 in order to continuance of the scheme as the people of the state will get better Health Services in KBK+ and tribal districts. These MHUs are providing fixed day primary health care services in identified remote villages in every month. Mobile Health Units equipped with medicines, doctors and paramedics are made available to provide Health service at door steps of the needy people of remote areas.



### 3.5.11. Dedicated Power Supply :

The aim of the Scheme is to provide D.G. set for State Vaccine Store, Bhubaneswar, three (03) Regional Vaccine Store and District Vaccine Store for ensuring Power supply round the clock. For which Rs.100.00 lakhs has been proposed provision for the BE 2024-25.

### 3.5.12. SAMPURNA :

This Programmere-emphasises the commitment of Govt. to reduce IMR & MMR in the State. Various key activities will be taken under the Scheme for all-round effective treatment of pregnant women and new born child, for which a sum of Rs.12229 lakhs has been proposed provision for the B.E 2024-25.

### 3.5.13. Food Safety Programme :

The Scheme intends to provide mobility support, collection of food sampling for test and analysis, periodical inspection of food in business premises, issue of registration to food Manufacturers and Sellers. In order to implementation of Food Safety and Standard Act, 2006.

### 3.5.14. Swasthya Sahaya:

Thescheme is continuing to provide help desk for the attendants, as well as to support the patients regarding availability of the doctors working in different departments as well as on emergency services and casualty services for which Provision of Rs. 19113 has been proposed provision for the BE 2024-25.

### 3.5.15. IEC :

The scheme is continuing to provide information and create awareness related to the patients. For which a sum of Rs.300.00 Lakh has been proposed provision for BE 2024-25.

### 3.5.16. Corpus funds :

A sum of Rs.1100.00 lakhs has been proposed provision in BE 2024-25. with an aim and objective to motivate the health professionals to stay in remote location and in order to provide better health services for which, taking into account for enhancement of the same in tribal areas.

### 3.5.17. Strengthening of Casualty Emergency & Trauma Centre :

A sum of Rs.1523.37 Lakhs has been proposed provision for the year 2024-25 towards continuance of the scheme.

### 3.5.18. Khusi (Sanitary Napkin) :

A sum of Rs.5000 Lakhs has been proposed provision for the year 2024-25 towards continuance of the scheme in order to provide sanitary Napkins on free of cost by the help of ASHA in public health facilities.

## 3.6. Online Pension Sanction :

Submission of online pension proposal has been introduced w.e.f. 01.11.2024. Accordingly, all the pension proposals are now being sent to the respective quarters through the online in IFMS Portal. Not only pension proposal but also e- update Service Book through the HRMS are also being



strictly adhered to for sanction of pensionary benefits of the pensioner. In order to facilitate this program a list has been sought out for the retirees those who are going to be retired within the period of 1 year & procured accordingly, So as to the retirement benefits would be given to the retirees on the same date of retirement.

### **3.7. Budget :**

The Budget Provision for the salary of the staffs as well as for different schemes.

- In Administrative Expenditure focus has been given to clear up all the electricity dues of different Medical Institutions of the State.
- Like wise focus has also given to clear up the diet bills which is meant for the patients.
- Niramaya scheme continues to provide free medicines for the benefit of Indoor and Out door patients.
- The Ama Hospital scheme is continuing for development of Medical Institutions.
- Nirmal, NIDAN, EMAS, SHAS and other schemes are continuing during this year.



## CHAPTER-4

**Directorate of Public Health****4.1. National Vector Borne Disease Control Programme (NVBDCP)**

National Vector Borne Disease Control Programme addresses six vector borne diseases (VBDs) that cause major public health concern in the states and country. Out of the six vector borne diseases, five diseases are prevalent in Odisha. For **Lymphatic Filariasis** and **Malaria**, there is global as well as national call for elimination by 2030. Further, there is priority for prevention, control and management of arboviral diseases like **Dengue**, **Chikungunya** and **Japanese Encephalitis (JE)**. **Kala-azar** is not yet reported in the state. Except **Filariasis**, all other diseases are outbreak prone and need continuous surveillance and constant monitoring for identification of early warning signals to prevent outbreaks. Further, there should be efficient management system to control and contain the disease transmission, preventing them to cause public health nuisances.

Understanding the importance of this National urgency and keeping in view the current disease burden of the State, Vector Borne Disease Control Programme, Odisha has prioritized its activities.

**Situational Analysis:****Malaria**

Malaria continues to be a major public health problem in the State. Given below is the malaria epidemiological scenario of the State from 2016-2024.

Year	BSE	+ve	PF	Death	ABER	TPR	Pf%	API
2016	7201271	444842	384668	77	16.29	6.18	86.47	10.06
2017	6648889	347860	293718	24	14.84	5.23	84.44	7.76
2018	6157502	66311	54042	3	13.76	1.08	81.50	1.48
2019	6552293	39556	35772	9	14.50	0.60	90.43	0.88
2020	5998664	41739	38140	9	13.15	0.70	91.38	0.92
2021	6875913	25525	22618	13	15.07	0.37	88.61	0.56
2022	8160202	23770	19295	5	17.73	0.29	81.17	0.52
2023	9509933	41973	33684	4	20.46	0.44	80.25	0.90
2024	10468801	68693	50501	8	22.49	0.66	73.52	1.48

The state has reported 68693 cases in 2024 which shows 85% decline compared to the cases of 2016 which is observed to be the highest no. of cases reported in a year. Some of the notable and significant achievements of the State in 2023 can be highlighted as follows:

- State ABER (Annual Blood Examination Rate) has increased to 22.49 in 2024 from 20.46% in 2023 signifying strengthened surveillance system.
- 23 Districts are with API (Annual Parasite Index) <1

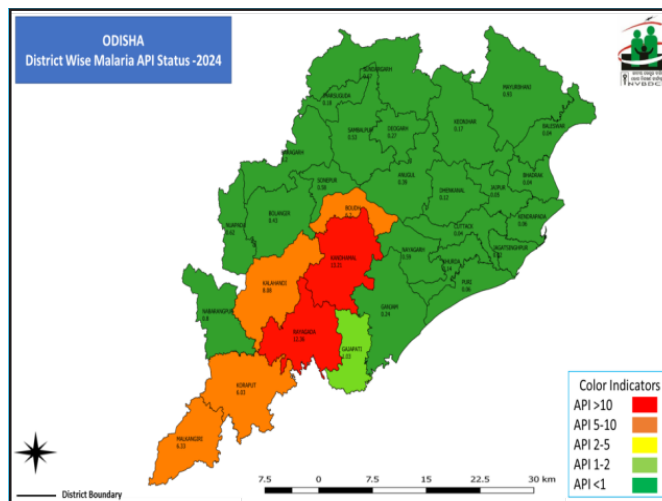
Aligning with the National Goal for Malaria Elimination by 2030, Odisha Govt. has intensified malaria control activities to reduce the malaria burden and achieve the malaria elimination status. Several activities are being under taken for strengthening & scale up of the existing malaria control interventions in the state. Basing on malaria epidemiological data 2024 the State and as per the definitions laid down in the **National Framework for Malaria Elimination** and **National Strategic**

**Plan – (2023 – 2027)**, of Govt. of India, 2 districts are coming under Category 0, 11 districts are coming under Category 1, 10 districts are under Category 2 and 7 districts are coming under Category 3. This may be noted that the districts under category 1 & 2 are nearer to elimination and are under pre-elimination drive. Eight coastal districts (**Kendrapada, Jagatsinghpur, Bhadrak, Balasore, Khordha, Puri, Cuttack and Jajpur**) are being pursued in the drive of malaria elimination.

### Control Strategies undertaken:

#### A. Early Diagnosis and Complete Treatment (EDCT):

- Diagnosis and treatment facility for malaria is available free of cost at all govt. Health care facilities.
- 48905 ASHAs have been trained & engaged as Fever Treatment Depot (FTD) at the village level to ensure Early Diagnosis & Complete Treatment (EDCT). All the ASHAs have been provided herewith diagnostics kit like Rapid Diagnostic Kits (RDK).
- 853 Alternate FTDs (Trained community volunteers) have been engaged in the remote and inaccessible pockets of high malaria burden districts to ensure routine surveillance.
- 66 Malaria Sentinel Sites have been established in Selected Medical Colleges, all DHH, all SDH and selected CHCs for assessment of drug efficacy and monitoring the Pf (Plasmodium Falciparum trend).
- State specific initiative i.e. DAMaN is being implemented in 21 districts in the remote/inaccessible/ high malaria burden villages.



#### B. Integrated Vector Management (IVM) :

- During 2024-25, State has supplied around 40 lakh LLINs to 7 high malaria burden districts like Boudh, Gajapati, Kandhamal, Koraput, Kalahandi & Rayagada.
- The state has supplied Synthetic Pyrethroid (SP) as an alternative to DDT for Indoor Residual Spray (IRS) in the high malaria burden districts. 1st round of IRS conducted in vulnerable pockets of selected high malaria burden districts with population coverage of 87%.
- For Biological vector control 193 larvivorous hatcheries established in the state.

#### C. IEC, BCC, Social Mobilization & Public Private Partnership

- World Malaria Day, Anti Malaria Month and an innovative IEC/BCC drive i.e. village contact drive are being conducted under DAMaN (Durgama Anchalare Malaria Nirakarana) programme.
- Awareness activity conducted through integrated campaign (MDD Plus initiatives) during July & August 2024.
- To create awareness among school students 71389 numbers of IEC boards with key messages on Malaria installed in schools.



### D. Training & capacity building:

- Staff personnel of all core have been trained and re-trained in 2024. The state has collaborated with Regional Office of H & FW, Bhubaneswar, AIIMS, Bhubaneswar, State Govt. Medical College & Hospitals for training of Medical Officers, Specialists and Laboratory Technicians.
- Various trainings of Medical Officers, Specialists & Paramedics have also been conducted at the State, District and Block level as per approval of PIP.

#### Training Achievement Report-2024

Trainings	Level of training	No of Batches
Training of MOs on Malaria & Other VBDs	State	4
Induction Training of LTs on Malaria Microscopy		2
Reorientation Training of of LTs on Malaria Microscopy	State	2
Training of Pharmacists	District	16
Training of CHO	District	17
Training of MPHS	District	27
Training of MPHW	District	26
Refresher Training of ASHA	District	53

### E. Monitoring and Evaluation:

- Monthly epidemiological data was analyzed thoroughly to identify the high case reporting CHC and SC areas and guidance was sent to districts on every month to help them for setting priorities for actions. Malaria positive Cases were followed up for ensuring treatment compliance through patient card.
- State Review Meetings, Technical Taskforce on Malaria Elimination and Prevention and Control of other VBDs have been constituted at the State, District and Block Level.
- Periodic review on Malaria & other Vector Borne Disease control activities taken by the Commissioner-cum-Secretary, Chief Secretary & Hon'ble Minister, Health & FW, Odisha.
- Regular field tours were conducted to monitor the districts and sub-district level activities to bring improvement in their quality.
- Timely Advisories, Directives, SOPs and guidelines were sent to districts for follow up actions.
- Quality Assurance of microscopy was ensured through crosschecking of malaria blood slides at reference laboratories of Govt. of Odisha and RoH & FW.
- Programme quality of high endemic Blocks were evaluated through Lot Quality Assurance Sampling (LQAS).
- Web-based reporting of malaria cases through integrated IHIP-VBD portal.

F. **Durgama Anchalare Malaria Nirakarana (DAMaN):** In 2024, DAMaN has been implemented in 21 districts having remote and inaccessible villages/hamlets having high malaria burden and also villages/hamlets in accessible areas where incidence of Malaria is high. Along with malaria, various nutritional parameters of pregnant women, Lactating mothers and under five children have been assessed and necessary corrective measures taken to improve the hemoglobin status and other nutritional parameters. During In 2024, a total number of 2817 no. of DAMaN camps

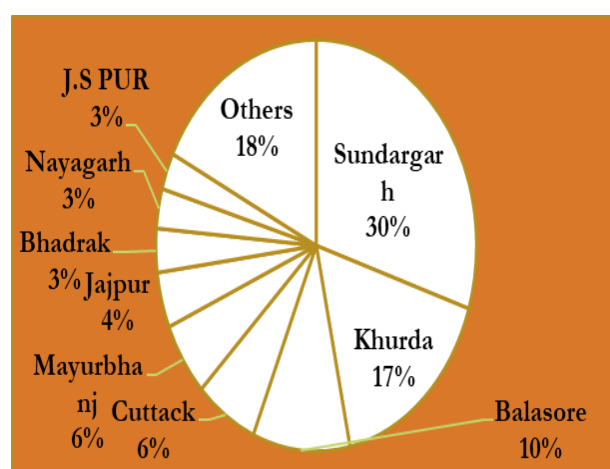
conducted, in which 733303 number of population screened. Total 24346 malaria positive cases have been diagnosed and treated with appropriate anti malarial. Out of this 5,355 are symptomatic and 18,991 (78%) are asymptomatic cases.

**G. Involvement of Mission Shakti SHG : Mission Shakti SHG involved in malaria control programme with the objective for reduction of malaria burden in high endemic villages, creating awareness among the community through socio behavioral changes & Up-scaling LLIN use by the community. This programme implemented in 1500 villages of 300 SCs of 44 Blocks in 13 Districts (Malkangiri, Koraput, Rayagada, Nawarangapur, Kalahandi, Kandhamal, Sundargarh, Gajapati, Nayagarh, Balangir, Nuapada, Boudh & Ganjam) with involvement of 1500 SHGs. The selected SHGs performed minimum 2 activities per month from the basket of activities- Community Meeting, Village rally, Mothers Meeting, Sensitization of Balika Mandal, Miking, Weekly sanitation/environmental management drive. In 2024, 4982 numbers of activities has been conducted under this programme.**

### Dengue & Chikungunya

Dengue has become perennial in the state. The surveillance for dengue in 2024 is increased by 5.7% in comparison to the 2023. The test positivity rate (TPR) reduced from 13.03% in 2022 to 7.86 in 2023. In 2024 the TPR further reduced to 5.7%. During 2024 major percentage of cases contributed by Sundargarh (30%), Khurda (17%), Balasore (10%), Cuttack (6%) & Mayurbhanj (6%).

Chikungunya is a debilitating non-fatal viral illness caused by Chikungunya virus. The disease reported in the state after a gap of 3 years. Total 18 cases reported from Ganjam (8), Kendrapada (5), Gajapati (2), Kandhamal (1), Khurda (1), Rayagada (1).



### Epidemiological scenario of Dengue & Chikungunya:

Year	Dengue			Chikungunya cases
	Tested	+ve	Death	
2020	5582	496	0	2
2021	42638	7548	0	0
2022	54190	7063	0	0
2023	163874	12845	1	0
2024	173333	9892	0	18

### Action taken:

#### Disease Surveillance & Case Management:

- 40 numbers of Dengue Sentinel Surveillance Sites have been established selected Medical Colleges and DHHs for diagnosis through ELISA and case management.
- AIIMS, Bhubaneswar and RMRC, Bhubaneswar are acting as Appex referral Laboratories in the State.



- Dedicated Dengue wards with bed facilities with mosquito net have been established MCH, DHH, SDH level.
- Stocks with regards to drugs, equipments/instruments, kits, logistics and consumables were replenished to ensure timely diagnosis & case management.

### **Entomological Surveillance & Vector Management:**

- Pre monsoon and monsoon entomological risk assessment was done in major vulnerable areas for timely implementation of evidence-based prevention and control measures.
- All ASHAs & other community volunteers have been engaged as dengue volunteers for house to house visit for source reduction and awareness generation activities.
- Larvicides and anti-adults measures are taken to control the vector mosquitoes.

### **Intersectoral convergence & Awareness activity – IEC & BCC:**

- Special Campaigns like National Dengue Day (May 16) and Anti Dengue Month (July) are observed to create awareness & involve community for source reduction and awareness generation.
- Inter-departmental co-ordination meeting held at state & district level under the chairmanship of Chief Secretary & District Collectors respectively involving all line departmental secretaries.
- Integrated campaign during transmission season (July-August) conducted for community awareness.

### **Training & Capacity building:**

- Training of Medicine & Paediatric Specialists on Clinical case Management of Dengue & Chikungunya conducted at state level in collaboration with medical colleges.
- Training of laboratory technicians on laboratory diagnosis for Dengue & Chikungunya conducted at state level.
- Training of Entomologists and Insect collectors conducted at state level with support from PATH.

### **Monitoring and Evaluation:**

- Inter-departmental co-ordination meeting was held at state level under the chairmanship of chief secretary involving all line departmental secretaries. Similarly the activity was done in the districts under the chairmanship of Collector and DM.
- Periodic reviews of high case contributing district and urban health authorities are conducted at state level.
- Directives from Chief Secretary to Secretaries of related Deptts. were given for preparedness to combat vector and water borne diseases
- Dengue & Chikungunya guidelines/advisory /SOPs were sent by DPH (O) to CDM &PHOs of all 30 districts to ensure readiness for prevention and control of dengue.

### **Lymphatic Filariasis**

Lymphatic Filariasis is an age old public health problem in the state. Currently the programme, “Elimination of Lymphatic Filariasis” is implemented under the umbrella programme of NVBDCP. It is a priority disease that is targeted for elimination by 2027. Aligning with the strategies for National Elimination of Lymphatic Filariasis programme, state has been implementing the Mission mode MDA, Morbidity Management and Disability Prevention (MMDP), Vector control (Surveillance and Management), High-level advocacy, several Innovative approaches for the elimination of LF



The NFCP units undertake recurrent weekly anti larval operation using larvicides in the mosquito breeding sites and the NFCP clinics conduct microfilaria blood survey and provide necessary treatment to the Mf positive patients. For elimination of lymphatic Filariasis, Annual Mass Drug Administration (MDA) of single dose of Albendazole and DEC is the key strategy along with management of lymphoedema cases and Hydrocelectomy.

#### **Achievements:**

- Out of 30 districts 9 districts ( Koraput, Malkangiri, Nawarangapur, Gajapati, Boudh, Deogarh, Puri, Kendrapada and Jagatsinghpur) have passed Transmission Assessment Survey (TAS) – 3
- One district i.e. Nuapada have cleared TAS -1
- One Evaluation Unit (EU) of Nayagarh has cleared TAS -1.
- 2 districts i.e. Balasore and Bhadrak qualified for TAS -1

#### **Mass Drug Administration (MDA):**

MDA was introduced in 20 districts of the state in the year 2004 by using DEC as the drug of choice for the community. Later albendazole was added. Out of these 20 high endemic districts, currently 9 districts are under different phases of elimination (districts showing clearance of different rounds of TAS). To this old 20 LF endemic districts 7 newly identified districts were added in 2021 based on fresh morbidity and night blood survey (mf rate) for MDA.

- In the year 2024, LF-Mass Drug Administration (MDA) conducted in two rounds covering 18 districts with 253 Implementation Units (IUs) (i.e. Block / Urban Units )
- During February 2024, 56 IUs in 7 districts i.e. Cuttack, Khurda, Nayagarh, Kandhamal, Kalahandi, Rayagada and Balangir conducted MDA with 87% drug compliance.
- During August 2024, Mass Drug Administration conducted in Angul, Bargarh, Dhenkanal, Ganjam, Jajpur, Jharsuguda, Keonjhar, Mayurbhanj, Sambalpur, Sonepur & Sundergarh with coverage of 86.05 %.
- Odisha is the only state that has used the service of additional manpower i.e. Social Mobilizers under MSG support for improving MDA drug consumption through social mobilization.

#### **Morbidity management services (Integrated DPMR Clinics & Hydrocelectomy):**

- Morbidity Management and Disability Prevention (MMDP) kits have been provided to 67117 lymphoedema cases for home based self care.
- MMDP clinics i.e. Integrated DPMR Clinics functioning at District & Block/IU level for treatment of lymphedema cases in Every Monday.
- During 2023 & 2024, 4513 & 3681 numbers of hydrocelectomy conducted respectively.

#### **Training & Capacity building:**

- Training of LTs on Filariasis Microscopy conducted at ROH& FW, Bhubaneswar.
- Training on MMDP services conducted at all Blocks of the state.

#### **Japanese Encephalitis (JE):**

Japanese Encephalitis Virus (JEV) infection is a mosquito borne zoonotic disease. In Odisha, sporadic cases of AES/JE have been reported from many districts since 2016. In 2023, there were 29 JE cases in the state in contrast to 31 cases reported in 2022. 24 out of 30 districts are covered under JE vaccination through RI mode. However, all 30 districts have shown vulnerability which is addressed with special plan for prevention, control and management of the disease.



**Epidemiological scenario of JE**

Year	JE		
	AES Cases screened	+Ve for JE	Death
2020	373	14	0
2021	286	19	1
2022	333	31	0
2023	388	29	0
2024	409	15	0

**Activities undertaken:**

**A. Lab. Diagnosis & Surveillance:**

- There are 15 JE Sentinel Site Laboratories including One Apex Referral Laboratory (provided below) functioning in the state for JE diagnosis which is made free of cost. JE IgM Kits (NIV, Pune) was supplied by Dte. NVBDCP, GoI.
- Identified AES cases admitted in the IPD/ICUs of either Medicine and/or Paediatrics ward in district/tertiary care hospitals are screened for the JE through IgM-ELISA based assay as referred by the treating physicians.
- All the JE reported districts have been communicated for conducting eco-epidemiological investigation following national guideline and was carried out at district level.

**B. JE Vaccination:** 24 districts have been covered under JE vaccination in routine mode.

**C. Entomological & Veterinary Surveillance:** Entomological investigation was carried out by state and zonal entomology unit whereas sero-surveillance from pig was ongoing in collaboration with ADRI, Phulnakhara under Department of Animal Husbandry Govt. of Odisha.

**D. Capacity Building:** Training on JE provided to the Medical Officers & have been imparted at district and state level.

**E. Monitoring & evaluation:**

- State level review on functionality of all JE SSLs conducted under the Chairmanship of DPH, Odisha.
- Advisories from NCVBDC, GoI has been issued to all CDM & PHOs of all districts and all the DHHs, SDHs and MCHs were instructed for maintenance of AES Case Register

**4.2. National Tuberculosis Elimination Programme**

The National Tuberculosis Elimination Programme (NTEP) is implemented in the State with the objective to eliminate TB by the year 2025 as per Govt. of India mandate.

**Achievement :**

- State notified 60039 TB cases in 2024 and achieved 92.4% of the notification target.
- Treatment success rate is 91.37%.
- Total numbers of Designated Microscopy Centres increased to 998.
- Currently, the molecular diagnostic facility is available at all block level.



- Total 15 Lakhs tests are conducted in the year 2024. Presumptive TB examination rate is 3040 per Lakh population.
- State is implementing “Test and Treat Model” for TB Preventive treatment. In this regards, IGRA kits are provided to all the districts.
- Shorter TB Preventive Treatment regimens started in all districts.
- Under Ni-kshay Poshan Yojana 84% of the beneficiaries received at least one benefit and 63% beneficiaries received all benefits. Currently, the benefit under Ni-kshay Poshan Yojana has been increased from Rs. 500/- to Rs. 1000/- per month for the whole duration of treatment.
- Rs. 250/- is provided to ASHA as treatment supporter for TB Preventive Treatment and Rs. 50/- for bank seeding within 15 days of diagnosis.
- Under Pradhan Mantri TB Mukh Bharat Abhiyan total 2740 Ni-kshay Mitras are registered and total 203388 food baskets are delivered to the TB patients by 20<sup>th</sup> January 2025.
- TB Mukh Panchayat activity started in all districts. Total 521 Gram Panchayat awarded Bronze for the year 2023.
- The state has successfully implemented the adult BCG vaccination campaign. As on 21-01-2025, more than 23.4lakh beneficiaries have been vaccinated.
- Patient Provider Support Agencies (PPSA) have been engaged in six districts of Khordha (including Bhubaneswar MC)/ Cuttack/ Ganjam/ Mayurbhanj/ Sundargarh & Sambalpur to enhance Private Sector notification of TB cases. Balasore is also included in this financial year under the Patient Provider Supporter Agency.
- 100 days intensified TB campaign is going on in 20 districts of Odisha. Total 30.8 lakhs vulnerable individuals are screened, and 4367 new TB cases has been diagnosed.

#### Priorities for the year 2025:

- Implementing Cy-TB for the detection of TB infection.
- Increase upfront molecular diagnostic techniques utilization.
- Successful implementation of a 100-day campaign in 20 districts.
- To roll out TB Mukh Panchayat activities.
- Supply chain of anti-TB drugs & diagnostics to be streamlined.
- On-time DBT payment under various schemes.
- Reduce the death rate by implementing the Differentiated TB Care approach.
- Death Audit of all TB deaths to identify the preventable cause of death and avert such events in the future.

### 4.3. National Leprosy Elimination Program (NLEP), Odisha

**Background:** The National Leprosy Eradication Programme (NLEP) with Multi Drug Therapy (MDT) started in the year 1983 with the objective of achieving eradication of leprosy from the country. With introduction and successful implementation of Multi Drug Therapy (MDT) programme in the State since March, 1983, the Prevalence Rate (PR) as well as Annual New Case Detection Rate (ANCDR) of leprosy has substantially declined. The Prevalence Rate (PR) was 121.4 per 10,000 population in 1983, which is 1.47 as on 31<sup>st</sup> December 2024.

### Major activities & Achievements of NLEP for 2024-25 (as on Dec 2024):

Indicator	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25 (Dec. 2024)
New case detected	10077	6148	5729	7,197	8396	6194
No. of Grade 2 Disability (G2D) cases	200	178	164	195	149	95
Child Cases amongst newly detected cases	681	422	392	382	513	347

### Activities during 2024-25 (as on Dec 2024):

- **Reconstructive surgeries:** During 2024-25 (up to Dec.24) 44 RCS surgeries have been conducted. Rs 12000/- is provided as loss of wages/welfare allowance per each Reconstructive Surgery to the patients.
- **Leprosy post-exposure prophylaxis (LPEP):** Post Exposure Prophylaxis (PEP) with single dose of Rifampicin (SDR) is given to all contacts of all new cases to prevent spread of infection by *M. Leprae*. During 2024-25, 14,32,76 contacts have been administered SDR.
- **Disability Prevention and Medical Rehabilitation (DPMR):** 386 DPMR clinics are functioning in all block CHCs, Sub-division Hospitals and District Head Quarters Hospitals in the State. Disability services like ulcer care, complication management, MCR foot wears and ulcer kits are also provided to the patients who need the same. During 2024-25, 7070 pair of MCR foot-wears and 10,777 ulcer kits provided to PALs (People Affected with Leprosy).
- **IEC / BCC Activities:** Regular IEC/BCC activities have been carried out throughout the State in print and electronic media to generate awareness and reduce stigma and discrimination associated with persons affected with leprosy. Sparsh Leprosy Awareness Campaigns (SLAC) is conducted every year in coordination with Panchaytiraj, School and Mass Education, SSEPD, W&CD Dept wherein Gram Sabhas in villages across the State are organised. School children are encouraged to spread awareness about the disease through plays, posters, debate competitions etc.



Community Meeting for awareness

## 4.4. Integrated Disease Surveillance Programme

### Overview

The Integrated Disease Surveillance Programme (IDSP) acts as India's nationwide shield against outbreaks and disease threats. Launched in 2004, this collaborative effort between state and central governments empowers early detection and long-term monitoring of various



diseases of outbreak importance. Through a network of trained personnel and with the help of rapid response teams, the IDSP aims to effectively monitor disease trends, contain outbreaks and ultimately safeguard public health. At its core, the IDSP seeks to enhance early detection, prompt response and effective management of outbreaks, thereby mitigating the impact of infectious diseases on public health.

### IDSP: IHIP Reporting Status

- 100% Infectious disease trends are routinely monitored for the management of unusual events by the trained Rapid Response Team.
- In 2024 (1<sup>st</sup> April 2024 to Dec 2024), the IHIP portal has the status of Form S (Syndromic form) 98%, Form P (Probable/Presumptive diagnosis) 95%, and Form L (Laboratory confirmed) 95% of the real-time data entry and secured **first position** in India.
- **Outbreak Details** (1<sup>st</sup> April 2024 to Dec 2024)

SI.No	Particulars	Outcome	
1	Total Event Alert (EWS/Rumours)	464	
2	Event converted to outbreak	274	
3	Total Event Discarded	190	
4	Outbreak details	Type of outbreaks	Numbers of Outbreaks
		Acute Diarrhoeal Diseases	62
		Food Poisoning	94
		Anthrax	6
		Scrub Typhus	2
		Chicken pox	31
		Measles	9
		Malaria	9
		Hepatitis	9
		AGE	27
		Fever with Rash	23
Japanese Encephalitis	1		

- The State Surveillance Unit is actively scrutinizing the Media Alerts and verifying the Print Media/News rumours every day.
- During cyclone, flood, heat wave, Mass causality events & in any new emerging infections: SSU acts as State Health Control Room.
- One State RRT, 30 District RRT, 314 Block RRT are in place for any emergency crisis.

### **Status of Laboratory Facilities under IDSP**

- 32 (Thirty-two) no. of District Public Health Laboratories (DPHLs) are currently operational, equipped with necessary instruments, and staffed with microbiologists. These laboratories conduct Culture & Sensitivity tests, along with ELISA-based assays, for the surveillance and diagnosis of outbreak-prone diseases of public health significance, including waterborne, vector-borne, vaccine-preventable, and zoonotic diseases.



- Three State Referral Laboratories are operational at three Government Medical Colleges: SCBMCH, Cuttack, MKCGMCH, Berhampur and VIMSAR, Burla respectively.
- Seven Integrated Public Health Laboratories have been inaugurated and are functional, offering a comprehensive panel of 107 diagnostic tests.
- The 30 RT-PCR laboratories established during the COVID-19 pandemic are being repurposed to enhance the diagnostic capabilities for other viral diseases. These laboratories will provide the diagnostic tests for Dengue serotyping, Respiratory panel tests, Neurovirology panels, Human Papillomavirus (HPV), Sickle Cell Anemia, and Thalassemia etc.

### 4.5. National Viral Hepatitis Control Programme (NVHCP)

The National Viral Hepatitis Control Programme (NVHCP) has been implemented in the state of Odisha since 2018. The programme actively targets screening of high risk individuals such as Female Sex Workers, Men having sex with men, truckers, jail inmates, IV drug users, persons on Hemodialysis, all Hemoglobinopathies, Immunocompromised persons etc. The screening is followed by viral load estimation of screened positive cases and the eligible cases are put on treatment accordingly. Free drugs have been ensured to all positive cases along with regular follow up. In the current financial year i.e. in 2024-25 the program has achieved the following activities

- 633483(95%) pregnant women have been screened for the Hepatitis B out of which 1522 detected positive.
- 693 (92%) newborns have been administered with HBIG within 24 hours of birth.
- 683 (133%) Hepatitis B positive cases are put under treatment after being screened during the year 2024-25; Till date 298 (105%) cases of Hepatitis C have been put on treatment.

#### Action plan 25-26

- Monthly Review meetings to be conducted under chairmanship of CDM&PHO.
- For PW Screening: all PW must be screened soon after registration: at VHND/ PMSMA/ DP.
- All positive pregnant women to be registered as High Risk Pregnancy and followed up till EDD for safe delivery & administration of HBIG to newborn.
- For HBIG Administration :
  - Each & every positive Pregnant Women is to be followed up till institutional delivery, so that HBIG administration to newborn can be ensured.
  - HBIG should be made available at all Delivery Points.
- All screened negative High risk persons to be protected against Hepatitis B by free vaccination under the program.
- For new Hepatitis B & C cases to be put on treatment:
  - All HRGs must be screened at least once on priority basis.
  - All outreach camps to be meticulously planned for hotspots, jail inmates, truckers etc.
  - All hemodialysis patients, hemoglobinopathies must be screened once in a year.

### 4.6. National Rabies Control Program (NRCP)

**Aim :** To reduce the number of deaths due to Rabies gradually, so as to achieve ZERO death due to dog mediated Rabies by 2030. Also to reduce the incidences of animal bites as well as effectively manage the animal bite incidences.



**Targets:** To ensure availability of ARV & RIG Stock as per EDL up to CHC level and availability of only ARV up to 33% of PHCs.

#### **Achievements**

- Anti-Rabies vaccines are available at all UPHCs, UCHCs, PHCs (high burden), CHCs, SDHs, DHHs, and Medical College Hospitals.
- Rabies Immunoglobulin is available in all CHCs, SDHs, DHHs and Medical College Hospitals. Animal bite reporting done under IDSP-IHIP portal.
- Establishment of Wound washing corner at ARV clinics has been initiated.

#### **Action Plan: 2025-26**

- Creating awareness and capacity building of all stakeholders
- Development of State Action Plan for Rabies Elimination
- Wound washing corners at all ARV clinics.
- All ARV clinics at DHHs to be converted as “Model Anti Rabies Clinic”.
- Bhubaneswar, Cuttack and Raurkela cities will be working for Rabies free city initiative.

### **4.7. Snakebite Prevention & Control (SBPC)**

- Aim of this program is to prevent snakebite incidences, reduce morbidities, prevent disability and mortalities.
- All health facilities are functional with a minimum of 20 vials of Injection ASV at PHC level, 30 vials at CHC, and adequate as per the requirement at SDH/DHH level.
- Supply of ASVs is being ensured under “Niramaya”.
- 377 no. of Medical Officers have been trained on Snakebite management.

#### **Action Plan: 2025-26**

- Capacity building and Training of all MOs & paramedics continuing
- IEC materials (posters, leaflets, radio spots) in local languages, targeting different audiences.
- Development of State Action Plan for prevention and management of Snake Bite Envenomation.

#### **Program for Prevention and Control of Leptospirosis (PPCL)**

- PPCL program is included under One Health and capacity building is ongoing to detect, diagnose, treat and follow up the cases in the community.
- State level ToT training completed for the FY 2024-25
- Awareness generation is being conducted by the SIHFW.

### **4.8. National Programme on Climate Change and Human Health (NPCCHH)**

Heat wave preparedness: Training of Medical Officers in both physical and virtual mode done with the funds from OSDMA. IEC related to heat wave and heat related illness shared with districts in tin plates to be displayed in strategic location. Adequate stock position of ORS, IV fluids and other essential drugs are ensured and infrastructure in heat stork room.

- Disaster Management: A dedicated control room is functioning in state as well as in district for exchange of information. State level /District level action plan is in place.
- Energy Audit: Energy auditing of the Health Care Facility such as DHH, SDH, CHC, PHC(N) have carried out as per requirement. All the health care facilities have energy efficient LED



bulbs. Apart from NHM Odisha OREDA has agreed to provide solarisation of 150 healthcare facilities out of their own budget.

- ARI (Acute Respiratory Illness): 7 Cities (Angul, Talcher, Balasore, Bhubaneswar, Cuttack, Jajpur, Rourkela) from 6 districts under NCAP (National Clean Air Program) have been identified for ARI surveillance by GoI MoHFW. 14 sentinel sites have been identified for daily reporting of ARI cases through NOADs app as per the GoI mandate.

#### 4.9. National Iodine Deficiency Disorder Control Program (NIDDCP) in Odisha:

- The programs benefited the population of Odisha since 1989, this is a national program. Salt Iodization, Monitoring and Surveillance, Awareness, and Education, salt testing are conducted under this program.

Some very important initiatives conducted in 2023 in Odisha under the Integrated Disease Surveillance Program (IDSP) include:

- Rabies declared as notifiable disease
- One Health conclaves successfully conducted
- Hepatitis declared as notifiable diseases
- On boarding of IHIP at urban health care facilities
- 100% CHCs declared as Anti-rabies clinics

#### 4.10. National Mental Health Programme

- There are 30 Mental Health Care Review Boards established in 30 districts of Odisha with MHCRB meeting twice a year as per Mental Health Care Act, 2017 which is followed by 30 districts.
- The State Mental Health Authority (SMHA) is functional in the state to monitor and supervise the mental health activity in the state under the chairmanship of Commissioner Cum Secretary to Govt., H&FW Deptt. The meeting of SMHA is held quarterly as per Mental Health Care Act, 2017.

#### National Tele-Mental Health Programme (NTMHP)

- Two (2) Tele-MANAS cells are functional in Odisha since 10.10.2022
  - i. COE, MHI, SCBMCH, Cuttack
  - ii. Integrated DMHP/DAC unit, MKCGMCH campus, Berhampur
- Mentoring Institute is functional at COE, MHI, SCBMCH, Cuttack under the Director, MHI for monitoring & supervision on daily basis.
- From October, 2022 to till date total 1,77,087 calls received at two (2) TM cells and psychological intervention has been provided
- Total no. of user initiated calls -41,355
- Total no. of Tele-MANAS initiated calls - 1,35,732
- Message was given through social media & print media for popularization of Tele-MANAS number & Questionnaires were developed for parents, teachers & students.



- Scrolling message regarding **Tele-MANAS helpline number-14416** to displayed in the electronic media & SMS on BSNL number for wide circulation.
- Tele-MANAS staffs are visited to OPD, different schools, shelter homes & camps and also provide pamphlet for community awareness.
- **Street play on suicide prevention** was conducted on World Mental Health Day & the Tele-MANAS helpline number-14416 was highlighted throughout the play.
- **E-Sanjeevani** facilities are available in 30 districts, with 11 hubs and 5513 spokes for counseling and prescription generation & also the E-Sanjeevani facilities provided to all 87 jails.

#### State Initiatives

- Two movies (Kaasav & Nital) screened on 7<sup>th</sup> Nov, 2024 for mental disorders by Mohan Agashe (Author) was welcomed to Bhubanewar, Odisha and was felicitated by Commissioner-cum-Secretary to Govt. Health & Family Welfare Deptt. The 2 movies spreads message in the society to create awareness for overcoming such disorders. Kaasav spread message on depression and Nital message on social stigma & discrimination with disease leucoderma (Vitiligo). Around 200 people from different departments of Health, NHM staffs, Nursing Students & Medical college Professors (Eye, Skin, Psychiatric) department attended the show.

#### 4.11. National Programme for Prevention and Control of Non Communicable Diseases (NP-NCD):

Non-Communicable Diseases contribute to 63% mortality in the State of Odisha. Following components of activities are being undertaken under NCD Cell of Office of Director Public health Odisha.

##### National Programme for Prevention and Control of Non Communicable Diseases (NP-NCD):

Under NP-NCD, screening for early diagnosis, treatment and follow up for complications and treatment adherence are ongoing in the State. Under Population Based Screening, individuals above 30 yrs are screened for Diabetes, Hypertension and three common Cancers (Oral, Breast & Cervical).

##### Achievements of Population Based Screening (PBS) (Till Jan 2025):

Enrolled Population	Enrolled 30+ Population	Total Screened population	Referred By Screening	Individuals confirmed with diagnosis	Individuals put under Treatment
37025433	25590586	17133788	2767634	Diabetes: 900088 Hypertension: 1612430 Oral Cancer: 4997 Breast Cancer: 1060 Cervical Cancer : 1429	Diabetes: 898094 Hypertension: 1604713 Oral Cancer: 3620 Breast Cancer: 369 Cervical Cancer: 453



**Under NP-NCD, following facilities are established in the state:**

- District NCD Clinic – 32
- District NCD Cells - 30
- CHC NCD Clinic- 414
- District Day Care Cancer Chemotherapy Centres – 32
- District Level CCU/ICU – 18
- Dialysis Units under Pradhan Mantri National Dialysis Programme (PMNDP)- 65
- Districts implementing National Programme for COPD -30
- Districts implementing National Programme for Non Alcoholic Fatty Liver Disease -30
- STEMI – 6 districts (28 Spokes),
- Districts Rolled out with Stroke Programme – 30
- Districts rolled out with COPD Programme - 30
- Geriatric ward in DHH – 32 facilities in 30 districts
- Facilities established with Integrated Physiotherapy Units – 207
- NOHP Rolled out in all 30 Districts and Dental Surgeons posted in 354 facilities
- Districts rolled out with Home Based Palliative Care – 30

**4.12. National Programme for Health Care of Elderly (NPHCE):**

NPHCE is being implemented in all the 30 districts. Provisions have been made at each District Headquarters Hospital, PGIMER & Capital Hospital, Bhubaneswar & RGH Rourkela for a special Geriatric Ward of 10 beds strength. Elderly serviced in all 32 DHH are integrated with Integrated Physiotherapy Units (IPUs) established. Apart from that Elderly Care is also being provided in 115 CHCs and outreach activities by Physiotherapists and health worker teams under each Health and Wellness Centres (5436). An Extended Physiotherapy service is also available at PHC-HWCs level where Home based geriatric care and Palliative care is provided by the empanelled physiotherapist.

Special Health Camps are being organised for elderly persons for eye care, hearing impairment, Hypertension, Diabetes, Mobility disorder, Neurology and Psychiatry problems at each Panchayat level periodically. Education on Lifestyle modification, healthy diet, exercise, Yoga, meditation is also being imparted to them in the health camps and at Health & Wellness Centres.

Sl. No.	Care Services provided	2023-2024	April - Dec 2024
i	Number of Elderly persons attended OPD	2061450	1744757
ii	Number of Cases admitted in wards	216580	222793
iii	Number of Persons given rehabilitation services	65257	68156
iv	Number of Lab. tests performed on elderly	739355	841232
v	Number of Elderly screened & provided health card	103785	93377
vi	Number of Elderly persons provided home based care	18508	16698



#### 4.13. National Programme for Prevention and Control of Deafness (NPPCD):

NPPCD programme is being implemented in all the 30 districts. Based on the WHO report, about 6.8% of population having hearing impairment of whom 50% can be prevented if interventions could have been made in right time. Audiometry provisions of sound proof rooms with services of audiologists (RBSK) are available at District Headquarters Hospitals for screening from neonatal to elderly in all 30 Districts. A mechanism of referral from remotest villages through the health care facility network is established. With assistance from Ministry of Social Justice and Empowerment (MSJE) hearing aids are distributed free of cost.

Sl. No	Activity	2023-2024	April - December 2024
1	Deafness	30608	15296
2	Mild	9523	10250
3	Moderate	10742	9360
4	Severe	7022	5973
5	Profound	3321	3054
6	No.of hearing aids fitted	1543	2373
7	No.of persons referred for rehabilitation	5674	3815
8	No. of Surgery Performed	306	329

#### 4.14. National Programme for Palliative Care (NPPC):

Under NPPC, facility based Palliative care is being provided in dedicated 6 bedded palliative Care units established at all 30 District Head Quarters Hospitals. Palliative Care Services are being provided in integration with Day Care Cancer Chemotherapy centres where Trained Medical Officers and Staff Nurses are providing services. Pain clinics are established and Narcotic analgesics are also provided at these facilities. Already 61 Medical Officers and 82 Staff Nurses are trained in Essential Palliative Care at AHPGIC, Cuttack and Karunashray Bangalore. Home Based Palliative Care is being implemented in 20 districts and it is planned to expand to rest 10 districts soon. Karunashray has started Home Based Palliative Care in the Urban areas around Bhubaneswar since last one year.

#### 4.15. National Oral Health programme (NOHP):

- Under NOHP Dental Units are established at 30 District Hospitals, Capital Hospital, RGH Rourkela and All CHCs & SDH are provided with Dental Chair, RVG & Dental X-ray & other instruments.
- Under state Govt. initiative, 359 Dental Surgeons are placed at CHCs as regular cadre.
- NOHP is being implemented through all Ayushman Arogya Mandirs at PHC/UPHC & Sub centre levels.
- Oral Health screening camps are being organised by the RBSK teams visiting schools and community.

#### 4.16. National Tobacco Control Programme (NTCP):

Tobacco Free Youth Campaign 2.0 is currently being implemented in all 30 districts of state .The Tobacco Cessation Centres established in 30 District Head Quarters Hospitals, Capital Hospital



Bhubaneswar and RGH Rourkela. The Dental Surgeons are made Nodal Officers for Tobacco Cessation activities in the facilities. Around 85000 individuals were counselled at Tobacco Cessation Centres with a quit rate of 10%.

Sl. No	Activity	2023-2024	April – Dec 2024
1	Tobacco Free Educational Institution Programme	3610	2327
2	Total Individual Counsellled for Tobacco cession	84863	73763
3	IEC Campaigns	3142	4393
4	No. of enforcement squad Movement	670	479
5	No. Of violations	8164	5671
6	Total fine collected	Rs.13,28,153/-	Rs.9,02,716/-

### 4.17. District Comprehensive Cancer Care Programme:

Under NP-NCD, screening for common Cancers i.e. Oral, Breast and Cervical Cancer are being conducted under Population Based Screening by ANMs trained on Cancer screening at sub centre level routinely on every Thursday and in campaign mode too. More than 700 Staff Nurses and ANMs are trained in VIA screening for Cervical Cancer. More than 6000 ANMs are trained in Clinical Breast Examination (CBE) and Self Breast Examination (SBE) for screening Breast Cancer and Oral Cancer screening with incandescent light, disposable spatula and examination mirror. Till date they have identified 28,400 Oral Cancer, 11540 Breast Cancer and 38,000 Cervical Cancer cases and referred them to Tertiary Centres for confirmation of diagnosis. Cancer screening and consultation camps are organized in presence of Oncologists of AHRCC, Cuttack. Till date more than 120 camps where 7830 suspected cancers are screened and 340 cases have been identified as new cancer patients and 3868 cancer patients are provided free consultation in different districts during 2023-24.

District Day Care Cancer Chemotherapy Centers are established in 30 DHH, RGH, Rourkela and Capital Hospital, Bhubaneswar where 74,320 Cancer patients are provided consultation and 58,220 Chemotherapy Cycles are administered by trained Medical Officers and Staff Nurses. District Palliative Care Programme is being managed by trained Medical Officers and Staff Nurses in integration with Day care Chemotherapy Centre in 20 districts and there is dedicated Palliative Care unit in 10 district hospitals. Till date 30,452 cancer patients have received Palliative Care in these facilities. These facilities providing Palliative Care are exempted from licensing for procurement, storage and dispensing Narcotic Drugs like Morphine for pain management by Drugs Controller, Odisha.

### 4.18. Pradhan Mantri National Dialysis Programme (PMNDP):

Pradhan Mantri National Dialysis Programme (PMNDP) is being implemented in all 30 districts under PPP Mode. There are 65 centres and 492 Hemodialysis Machines are functional at Odisha. Cumulative Dialysis session held till date is 457630. Currently 14216 patients are on dialysis.

Peritoneal Dialysis is implemented in SCB MCH. Further the services will be expanded to MKCG & VIMSAR in 2024. Target for 2024-25 is 100 & for 2025-26 is 150 Budget will be proposed. Establishment of Peritoneal Dialysis (PD) Unit at Nephrology Department, SCB MCH Cuttack and establishing **Peritoneal Dialysis Network** for the period 2022-24 is approved under NHM PIP 2022-24. Total 75 patients benefitted under this service at SCB MCH, Cuttack.

There is plan to expand dialysis services to all remaining SDH & CHCs phase wise.

#### 4.19. National Programme For Control of Blindness & Visual Impairment (NPCBVI)

Blindness is a major public health problem in India with an estimated 12 million blind persons in the country. India is the first country in the world to launch the National Programme for Control of Blindness (NPCB) in the year 1976 with the commitment to reduce the burden of avoidable and treatable blindness with the goal to reduce the prevalence of blindness by developing eye care infrastructure human resources, improving accessibility quality of eye care services.



##### Major activities of the programme:

- Cataract surgery
- Spectacles to school children
- Spectacles to others
- Treatment/management of other eye diseases including Diabetic Retinopathy, Childhood Blindness, Glaucoma, Keratoplasty, Vitreoretinal surgery
- Cornea collection for transplantation
- Functioning / Strengthening of Eye Bank & Eye Donation Centre
- Functioning of Vision Centre and Mobile Ophthalmic Unit in all the district and Municipality areas
- Training to Ophthalmologist and PMOA



##### 4.19.1. Cataract Surgery : Cataract surgeries have been done in Govt. & NGO sector.

Year	Annual Target (Allocated by Govt. of India)	Achievement	% of achievement
2021-22	225750	184556	82
2022-23	332400	335121	101
2023-24	398900	342114	86
2024-25 (upto Dec'24)	465400	229147	49

##### 4.19.2. 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	Free spectacles provided to school students		% of Achievement
	Target	Achievement	
2021-22	50000	1812	4
2022-23	50000	36678	73
2023-24	100000	64154	64
2024-25 (upto Dec'24)	75000	15803	21

### 4.19.3. Spectacles to Others

Year	Annual Target	Achievement	% of Achievement
2021-22	60000	36455	61
2022-23	60000	52779	88
2023-24	120000	190119	158
2024-25 (upto Dec'24)	100000	88654	89

### 4.19.4. 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 Utilised	% of Achievement
2021-22	1300	1244	1060	82
2022-23	1400	1843	1729	132
2023-24	1500	2152	2054	137
2024-25 (upto Oct'24)	1800	2131	2004	118

### 4.19.5. Other Eye Diseases (Treatment / Management)

Year	Glaucoma	Diabetic Retinopathy	Childhood Blindness	Squint	ROP	Low Vision	Vitreoretinal surgery	Keratoplasty
2021-22	5183	10919	2488	722	875	1298	4596	945
2022-23	7953	13818	3668	1606	1249	3237	923	1634
2023-24	7736	15853	3110	1874	2853	1725	1259	1890
2024-25 (upto Dec'24)	5601	13560	3465	1708	1285	4592	1510	1814

### 4.19.6. Capacity building:

#### Vision Centre at CHCs :

- 183 nos. of Vision Centres with sanction Ophthalmic Assistant have been functioning at CHCs level in the state for providing eye care services to rural people.

#### Mobile Ophthalmic Units :

- 35 nos. of Mobile Ophthalmic Units are functioning (@ 1 unit in 30 districts and 5 Municipality Corporations) to provide eye care service.

#### Ophthalmic Equipment / Instrument :

- The ophthalmic equipments, instruments, surgical sets etc. are being provided to Districts for eye surgeries
- Kits are provided to ASHA workers for preliminary screening of eyes.





### Retina Centre :

- One Retina Centre is functioning at Capital Hospital, Bhubaneswar.

### Eye Banks / Eye Donation Centres :

- At present seven nos. of Eye Banks (3- old Govt. MCHs, 1-RGH & 3-NGO/Pvt.) are functioning in the State
- Another six Eye Banks one each at PRM MCH, FM MCH, SLN MCH, BB MCH & Capital Hospital- establishment in process
- Six nos. of Eye Donation Centres (2-Govt. & 4-NGO) are functioning in the state

### Training :

- Ophthalmic Surgeons have been sent inside and outside the State for training in sub-specialty in micro surgery like Phaco, Glaucoma, SICS, Oculoplasty surgery and Medical Retina & Laser Technique etc.
- Refresher training is being imparted at Medical College level to the Ophthalmic Assistants & Staff Nurses for providing better service.

### 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 Week (3<sup>rd</sup> week of 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.

## 4.20. Bio-Medical Waste Management

Biomedical Waste (M&H) Rules 1998 was implemented in Odisha since the year 2000. From March 2016, New BMW (Management) Rules, 2016 is being implemented across 1821 Hospitals (MCH/DHH/SDH/CHC/UCHC/PHC/UPHC/OHs). State Govt. provides funds for outsourcing of BMWM, construction of Storage cum Equipment room at PHC, UPHC, CHC, UCHC etc., establishment of ETP/ STP, logistics and consumables, training, Immunization, equipment & instruments, liquid waste management and outsourcing of dedicated HR at SDH&CHC for BMW work.

### 4.20.1. Major achievements of the Department in last five years:

- a. **Authorization of Govt. HCFs:** From 2023, functional Sub centres have been included in the authorization administration. The details of authorization of Govt. HCFs year wise as follows:

Sl. No.	Year	HCFs under authorization administration	Sl. No.	Year	HCFs under authorization administration
1	2012	220	7	2018	1232
2	2013	278	8	2019	1761



3	2014	324	9	2020	1787
4	2015	549	10	2021	1808
5	2016	1157	11	2022	1821
6	2017	1207	12	2023	7676

- b. **CTO of Govt. HCFs from SPCB (O) for all HCFs having 30 & above beds:** All the Govt. HCFs (DHH, SDH, CHC & UCHC) having 30 & above beds (147 HCFs) are under CTO administration of SPCB (O).
- c. **Training of district/CHC officials on BMWM:** As per point 4 (g) of Biomedical Waste Management Rules 2016, regularly State/regional level review cum training for district level officials on Biomedical waste management (Both COVID & Non COVID) conducted by Directorate Public Health, Odisha. During 2024-25 regional level training cum review on BMWM (Five batches of two days) which includes technical session with exposure visit to some of the HCFs & CBWTFD regarding handhold support on functionalization of storage room, STP, ETP & Biomedical waste treatment & disposal options at Bolangir (2 batches), Ganjam (2 batches) & Sambalpur (1 batch) respectively during April- May 2024. Further, for CHC/UCHC Superintendent/BPM/APM/PHM one day regional level training on BMWM conducted at Sundargarh (2 batches), Keonjhar (3 batches), Koraput (2 batches), Bolangir (2 batches), Ganjam (2 batches) & Cuttack (3 batches) were completed during June-October 2024.
- d. **Annual Health Check-up & Vaccination (Hepatitis B & TT) for all staffs dealing with BMWM as per Biomedical Waste Management Rules 2016:** All the staffs dealing with BMWM are to be undergone for Annual Health Check-up & Vaccination (Hep.B & TT) for which funds have provisioned to all the districts as per their requirement.
- e. **Procurement of logistics & consumables for BMWM up to functional Sub Centre :** All the Govt. HCFs (DHH, SDH, CHCF, PHC, UCHC, UPHC, OH & functional SCs) are provisioned for procurement of BMWM Consumables.
- f. **Low-cost model liquid waste management is being done at generation points up to PHC level:** All the Govt. HCFs (DHH, SDH, CHCF, PHC, UCHC, UPHC, OH) are provisioned for low-cost model liquid waste management for proper liquid waste management at generation points.
- g. **Outsourcing of BMWM services of all Govt. HCFs up to functional SC level through CBWTFD (Common Biomedical Waste Treatment & Disposal Facility) throughout the State with uniform rate & allocation of districts to existing CBWTFDs:** As per Govt. Notification 21349, dated 24.08.2023, all the districts were covered under existing CBWTFDs of Odisha for which the required fund provisioned to all the districts.
- h. **Construction of Storage cum Equipment room at PHCs:** There was no such provision of storage room at PHCs as per the point 4 (b) of Biomedical Waste Management Rules 2016 till the FY 2020-21 for which a budget of Rs. 103.764 crore have been provisioned to PR & DW dept. in FY 2021-22 for construction of the same. Further Rs. 112.62 crores had been provisioned in FY 2024-25 for three phase electricity connection to the newly constructed rooms further allocated to concerned districts in 2023-24. Construction work completed at 1022 PHCs out of total 1236 PHCs and rest are in process.



- i. **Construction of Storage cum Equipment room at CHC & UCHCs:** Like PHC, in CHC & UCHCs are also not having dedicated storage cum equipment room as per the point 4 (b) of Biomedical Waste Management Rules 2016 till the FY 2021-22 for which a fund of Rs. 57.15 have been approved for the same to be executed by Works department & accordingly a fund of Rs. 15.64 crore had been released to different districts in FY 2022-23 & the rest amount of Rs. 41.51 crore allocated to different districts in FY 2023-24. Construction work completed at 82 CHC/UCHCs out of total 381 CHC/UCHCs and rest are in process.
- j. **Establishment of ETP & STP:** Since inception of Biomedical Waste Management & Handling Rules 1998, only 7 HCFs were having STP facility for which in FY 2022-23 the same had been assigned to Works Dept. to execute the work with a tentative estimate of Rs. 1813.54 crore. Out of which Rs. 211.68 core have been already provisioned to different DHHs to establish the same in FY 2022-23 for which the CE (Buildings) already floated the tender for 21 DHHs & rest are in process. Detailed status as follows:

Sl. No.	Description	Nos.	Remarks
1	AA accorded	21	Tender in process by the CE (Buildings) due to non-participation of any bidder in last two tenders.
2	Estimate under preparation and will be submitted soon	4	Capital Hospital, BBSR; Puri, Rayagada, Jagatsinghpur
3	Already Constructed	1	Kendrapara
4	Not to be taken up by Works dept.	1	Angul
5	With in scope of new DHH	5	Boudh, Sonapur, Deogarh, Bhadrak, Jeypore.
TOTAL		32	

**Barcoding:** Barcoding system is for monitoring the waste from collection till disposal & tracking the vehicles through GPS. An estimate amounting Rs. 19.87 crore projected for implementation of Barcoding at all level of HCFs up to PHC. Rs. 2.366 crore has been provisioned for DHH, SDH, UCHC & some of the UPHCs initially in 2022-23 for procurement of hardware for Barcoding implementation. Further, in FY 2023-24 the rest fund i.e. Rs. 17.53 crore allocated to different districts in 2023-24 to procure the hardware & implement the same up to PHC level.

#### 4.20.2. Awards received, if any:

- 3564 hospitals have received Kayakalpa award in 2023-24.
- 2413 hospitals have received Kayakalpa award in 2022-23.
- 887 hospitals have received Kayakalpa award in 2021-22.
- 586 hospitals have received Kayakalpa award in 2020-21.
- 337 hospitals have received Kayakalpa award in 2019-20.
- 186 hospitals have received Kayakalpa award in 2018-19.
- 91 hospitals have received Kayakalpa award in 2017-18.
- 20 hospitals have received Kayakalpa award in 2016-17.



### 4.20.3. Evolution of Budget :

If we see the budget provision for last 5 years it is gradually increasing from year to year as follows:

Sl. No.	FY	Budget for BMWM (In crores)
1.	2018-19	6.84
2.	2019-20	9.45
3.	2020-21	9.45
4.	2021-22	123.204
5.	2022-23	272.70
6.	2023-24	225.56
7.	2024-25	363.83

### 4.20.4. Proposed activities for 2025-26 :

As per approved EFC 2022-27, funds for 2025-26 is Rs. 514.15 Crores for different activities as follows:

- Establishment of ETP & STP at DHH & SDH.
- Construction of Storage cum Equipment room at PHC, CHC, UCHC & UPHC.
- Training, annual health checkup, vaccination for all the staffs dealing with BMWM.
- Outsourcing of BMWM services through CBMWTDF agencies.
- Procurement of BMWM consumables, required IEC etc.
- Ensuring to get the authorization & CTO (if required).
- Barcoding implementation up to PHC level.



## CHAPTER-5

## Directorate of Family welfare

## 5.1. Reproductive Health

During 2024-25, efforts were concentrated on enhancing integrated Reproductive Health services through regular reviews and supportive supervision. Significant initiatives were undertaken to restore Family Planning services, with a focus on making reversible contraception methods accessible through ASHAs and training ASHAs in FPLMIS for indenting and issuing Family Planning commodities. Periodic reviews and improved commodity availability led to increased utilization of all Family Planning methods. (Refer to table below for statistics).

FP Methods	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25 (up to Dec 24)
Female Sterilization	50104	54353	82152	92529	79583	56262
Male Sterilization	939	719	991	1537	1772	1806
IUCD	176885	184456	153698	141382	166464	145881
OCP	95230	139980	133919	155294	155226	148332
Injectable	17615	32053	46759	79484	152361	142210
Centchroman	3902	17260	138663	218245	50432	22032
Condom	95919	111226	117964	146472	508411	144340

In addition to the planned activities for 2024-25, a few extra activities were scheduled for the year, outlined below:

- **Involvement of GKS/ VHSNC for strengthening male engagement in family planning :** To enhance male involvement in family planning, GKS level meetings need strengthening which will serve as platforms for community mobilization and awareness activities, including sessions and IEC/BCC initiatives, in from 20% to 100% of GKS statewide. MPHWM will utilize these meetings and other platforms to motivate and mobilize male clients for sterilization, with each Male Health Worker incentivized with Rs.750/- for motivating at least 3 clients for vasectomy.
- **Provisioning of Self Care Kit in FRUs, HWCs, CHC, DHH, SDH, UCHCs and UPHCs :** Self Care Kits are to be made available to each FRU, UPHC and UCHCs for promoting use of condoms, Pregnancy Testing Kit (PTK) and Emergency Contraceptive Pill (ECP) while maintaining anonymity of client. The kit is to be strategically placed for easy access as well as ensuring privacy to the interested clients.
- **Strengthening FPLMIS and ASHA level roll out of FPLMIS :** To ensure uninterrupted supplies of FP commodities multiple reviews and reorientation meetings has been planned and completed for FPLMIS which are being supplemented by ASHA level training on FPLMIS. In continuation of the roll out of FPLMIS at all levels, all ASHAs are being trained on FPLMIS in 1615 batches throughout the State, so as to utilize the mobile based application for indenting FP commodities.



- **State Initiatives & Innovation :** To encourage modern contraceptive use, the State implemented various initiatives such as deploying IEC Vans in 10 aspirational districts, organizing village-level, Saasu – Bohu sammelani, and distribution of Nayi Paheli Kits to newly married couples statewide to promote birth spacing.
  - Urban BBSR 4 Batches of IUCD Training for Staff nurses has been conducted. Till date in 20 UPHCs IUCD insertion has started. In all 22 UPHCs FDS has been initiated. In 4 UCHCs in Bhubaneswar Sterilization service has been initiated.
- **Observation of World Population fortnight 2024 (1st June- 25th July):** The state observed “World population fortnight 2024 from 1st June to 7th August 2024. This year special emphasis was given in spreading awareness about the Basket of Choices with a special emphasis on Newer Contraceptives and SAFE Care Kit. State level Observation was done at Combined Health Directorate, Conference Hall under the chairmanship of DFW and prize winners for Family Planning Services Odisha from the districts and others joined virtually. The Family Welfare Cell facilitated the development of district-level guidelines, IEC microplans, and Mass Media plans.
- **Observation of World Vasectomy fortnight 2024 (21<sup>st</sup> Nov- 4th December):** During World Vasectomy Fortnight 2024, observed from November 21st to December 18th, a state-level event was held at the Geetagobinda Sadan graced by the Hon’ble Minister of Health & Family Welfare and Guest of hon’ble Commissioner-cum-Secretary Health & Family Welfare Department, GoO along with other dignitaries were present. Vasectomy prize winners from districts received the prizes from Hon’ble Minister H&FW. The Family Welfare Cell facilitated the development of district-level guidelines, IEC microplans, and Mass Media plans.
- **Roll out of Newer Contraceptives:** The subdermal implant will be implemented in Medical colleges and District Headquarter hospitals in Ganjam & Cuttack. 17 service providers have been trained, 1978 health care providers were oriented and 5361 ASHAs were sensitized from both the districts and 401 clients have received implants. Training for more service providers has been proposed in the Supplementary PIP 2024-26.
- **The subcutaneous injectable contraceptive (Antara)** is introduced in selected facilities in Gajapati and Balasore districts. 66 service providers have been trained, 1295 health care providers were oriented from both the districts and 15 clients have received SC MPA. Expansion proposal for subdermal implant and subcutaneous injectable contraceptive (Antara) has been submitted to Government of India.
- **Family Planning Review:** A one day state level FP review was conducted at Hotel Sutrupti on 16<sup>th</sup>-17<sup>th</sup> Jan’25. Detailed district wise review was conducted and all the districts were given timeline with expected level of achievements and were informed to be reviewed in the month of Feb’25 by AD MH &FW.

## 5.2. Maternal Health

- **First Referral Unit:** 73 FRUs are providing C section services out of 94 FRUs. Specialist manpower with Blood Banks in 50 facilities and Blood Storage Units in 42 facilities are functional in the State.
- **LSAS & EmOC:** 82 LSAS trained doctors & 5 nos. of EmOC trained doctors are posted in FRUs and providing Comprehensive Emergency & Obstetrics care services.



- **Delivery points:** The State has 429 functional deliveries point. Alongwith 429 delivery points, another 4 Medical Colleges are also providing delivery services.
- **Janani Surakya Yojana (JSY):** JSY have been instrumental in increasing the institutional deliveries. Under this scheme the beneficiary is provided incentive of Rs. 1400/- and Rs. 1000/- for delivery in Rural & Urban area respectively. The scheme is applicable for all deliveries in public health facilities and JSY accredited private health facilities. As per NFHS-5 Institutional Delivery is 92%, which has increased from 82% in NFHS-4 (2015-16). Total 19,36,94 number of beneficiaries have been benefitted under JSY (Apr-Sep 2024 of 2024-25).
- **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 Karyakram at public health facilities. 6,50,127 nos. of pregnant women have received various JSSK entitlements during 2024-25 (up to Nov 2024).
- **Skilled Attendant at Birth (SAB)** training is given to the Paramedics and AYUSH doctors to augment the institutional delivery (Public Facilities) and Home Deliveries in hard to reach areas. During 2024-25 (up to Dec 2024), 4,34,207 nos. of deliveries have been conducted / assisted by SAB trained service providers in the State. Total SAB Trained personnel are providing service is 17447.
- **Maternal Death Review (MDR) committees** have been formed at State and district level to review the maternal death. During 2024-25, 197 nos. of maternal deaths have been reported by July 2024 (MDR Report) and out of that 130 nos. of death have been reviewed by CDM&PHOs of the district. During last five year maternal deaths reported are mentioned below:



Year	No. of Maternal Deaths
2019-20	752
2020-21	751
2021-22	684
2022-23	786
2023-24	709

**Comprehensive Abortion Care (CAC):** In the State, 428 facilities are providing Comprehensive Abortion Care services where there is availability of equipments, drugs and trained doctors, and are providing services along with counseling & post abortion contraceptive services.

- **Village/ Urban Health Sanitation & Nutrition Day:** Fixed day Health & Nutrition day (VHSND / UHSND) is being organized every Tuesday / Friday at village Anganwadi centers. So far 99% of VHSND/ UHSND Sessions have been organized





against the target during 2024-25 (Up to December-24). Also in hard to reach areas special VHSND and RI Sessions are held to address all left out and drop out cases.

- **LaQshya:** Under this programme the LR & MOT will be standardized for providing quality care services. This activity aims at improvement of infrastructure providing respectful maternity care and ensuring regular supplies to labour room & Maternity OT. The target is set to standardize all Medical Colleges & FRUs in the State in phased manner. By December 2024, 26 nos. of MOTs and 26 LRs have been certified from National Level.
- **Obstetric HDU & Hybrid ICU:** For providing critical care for obstetrics cases, 6 High Dependency Units in 5 DHHs (Kandhamal, Kalahandi, Keonjhar, Dhenkanal, Capital Hospital & Puri) and 3 Hybrid ICUs in MCH MKCG, Berhampur, MCH SCB Cuttack & VSS MCH Burla are functional. Till date 13 nos. of doctors and 22 nursing officers have been trained from different HDUs in 4 batches in specialized HDU training at PGIMER, Bhubaneswar.
- **Maternity Waiting Homes (Maa Gruha)** The Maa Gruhas 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. Currently out of 98 State target, all the 92 are functional.
- **Initiatives for Anaemia Control:** About 4.3 Lakhs Pregnant women are covered during 2024-25 (Upto Dec 2024) for IFA and calcium tablet supplementation. Inj. Iron sucrose, Inj. FCM & Blood transfusion services are 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.
- **PMSMA and extended PMSMA:** This programme focused on screening of antenatal cases by doctor preferably O&G specialist at least once during 2<sup>nd</sup> or 3<sup>rd</sup> trimester. This activity is implemented on 9<sup>th</sup> of every month on fixed day basis. During the year 2024-25 (Upto Nov 2024) 2,70,795 nos. of antenatal cases have been screened. 33,992 nos. of high risk cases has been detected who were given Red Card. Under extended PMSMA, additional day is fixed for providing PMSMA services.
- **SUMAN:** Surakshit Matritva Aswasan (SUMAN) is a programme which has been implemented with the aim to provide assured, dignified, respectful and quality health care at no cost and zero tolerance for denial of services for every pregnant woman newborns and all mothers upto 6 months post-delivery cases visiting the public health facility in order to address all preventable maternal and newborn deaths and morbidities and provide a positive birthing experience. Out of the prospective target of 2907 facilities for notification



under various SUMAN packages viz SUMAN Basic, SUMAN BEmOC & SUMAN CEmoNC, by December 2024, 2367 nos. facilities have been already notified by the respective DQACs for providing services as per SUMAN service package.

- **Center of Excellence for Maternal Health and SUMAN:** The Center of Excellence for Maternal health and SUMAN is established at O & G Department of SCB MCH which is providing technical support to the FRUs by providing mentoring support through trained mentors. There are 57 mentors working with CoE for different FRUs in the State and provide hands on mentoring to the service providers at the Labour Room, ANC and PNC wards.

### 5.3. Child Health

With a SDG goal of reaching an under five mortality rate of 25 per 1000 live births by 2030, Odisha is marching towards reduction of its mortality rates in children under five years of age. In the last decade, the U5MR of Odisha has reduced by 33 units from 72 in 2011 to 39 in 2020 as per SRS reports. This decline is higher than the National decline of 23 units in the last 10 years (55 in SRS 2011- 32 in SRS 2020). Currently, the infant mortality rate (IMR) of Odisha is 36 per 1000 live births against the National IMR of 28 per 1000 live births and the neonatal mortality rate (NMR) of Odisha is 28 per 1000 live births against the National NMR at 20 per 1000 live births (SRS 2020). Although the decline in IMR & U5MR is appreciated, the rate of decline in the neonatal mortality rate of Odisha remains to be a major concern.



In view of an accelerated reduction of NMR and U5MR as a whole, several interventions have been undertaken in the State through NHM. A brief of the same is delineated below:

- **New Born Care Corner (NBCC):** The State has established 533 newborn care corners at functional delivery points, i.e. both at labour rooms and maternity OTs for providing essential newborn care & resuscitation and thereby preventing mortality & brain damage immediately after birth. In the last 5 years, the State has a similar trend in the NBCCs, with about 7-8% live births resuscitated and 4-5% live births referred to higher centres for appropriate treatment in a year.
- **New Born Stabilization Units (NBSU):** For treatment of moderately sick newborns & low birth weight newborns and for stabilization of sick newborns prior to referral, the State has established 62 Newborn Stabilization Units and 11 NBSUs are under the process of establishment, one NBSU of Bolangir SDH Patnagarh is going to be upgraded to SNCU. In the last 5 years, although the overall admission of newborns in the NBSUs has declined, the proportion of newborns successfully discharged from NBSUs has increased from 68% in 2017-18 to 76% in 2024-25 till Dec.24. The proportion of referrals from NBSUs to higher centres for appropriate treatment is 22%.
- **Special Newborn Care Units (SNCU):** Currently, the State has 44 functional Special Newborn Care Units (SNCU) (out of 45 planned) at different medical college & hospitals, district headquarter hospitals and sub-divisional hospitals for treatment of severely sick newborns. In the last 5 years, the overall admissions in SNCUs in the State have increased from 46538 in 2017-18 to 55084 in 2024-25 till Dec.24. Also, the proportion of newborns successfully

discharged from these units has increased from 72% in 2017-18 to 84% in 2024-25 till Dec. 24 and the referrals have gone down from 14% to 8% in the last 6 years.

- Kangaroo Mother Care (KMC) Units:** KMC units have been established in all 44 institutions adjoining the SNCU and 31 high case load NBSUs for providing Kangaroo Mother Care to low birth weight & sick newborns, i.e. for maintenance of warmth and promotion of early initiation of breast feeding through skin-to-skin contact with special focus on preterm, LBW and sick newborns. Another 30 KMC unit have been planned to be established during 2023-24. During 2017-18 to 2023-24 till Dec. '23, the proportion of LBW admissions in SNCUs receiving KMC has gone up from 33% to 66% in the State.



- Home based new born care(HBNC):** All ASHAs have been trained for making home visits to newborns for early identification and referral of newborns with dangersigns and providing counselling to caregivers on home based newborn care. Under HBNC, 89% of all live births are visited by ASHAs and the proportion of newborns receiving six visits against newborns visited has gone up from 92% in 2017-18 to 88% in 2024-25 till Sept.24.

- Intensified Diarrhoea Control Month (IDCM):** An intensified diarrhoea 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. However, during 2018, the campaign was modified to cover each household and a prophylactic ORS packet was distributed by ASHA to each household for prevention & control of diarrhoea in both adults & children. During the campaign, ASHA made home visits to each household in her area and counselled the mother/caregiver 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 & treatment and a special zinc awareness campaign was taken up to increase the utilisation of zinc during diarrhoea. While 3069602 under five children were covered in 2017-18, 3626164 U5 were covered in 2024-25. The proportion of U5 who were distributed with prophylactic ORS has increased from 84% in 2017-18 to 99% in 2024-25.



- National Newborn Week (NNW):** A week of dedicated IEC activities was carried out during November 15<sup>th</sup> to 21<sup>st</sup> each year for awareness generation on newborn care at home. Besides, all newborns are screened at delivery points and medical colleges and home visits to all newborns by ASHAs. While 9264 newborns were visited by ASHA during the week in 2019-20, 26726 were visited by ASHA during the week in 2024-25.



- India Newborn Action Plan (INAP):** Under the India Newborn Action Plan (INAP), all newborns are to be administered with Vitamin K1 for preventing the newborn deaths occurring due to vitamin K deficiency bleeding disorders and administration of antenatal corticosteroids to all pregnant women identified with preterm labour is done in order to prevent newborn deaths occurring due to respiratory distress syndrome. Administration of Vitamin K to newborns has increased from 67% in 2017-18 to 97% in 2024-25 till Dec.24. Similarly, administration of antenatal corticosteroids to mothers with preterm labour has increased from 7% in 2017-18 to 31% in 2024-25 till Dec.24.
- Home Based Care for Young Children (HBYC) :** All ASHAs have been trained for making home visits to all young children for early identification and referral of newborns with dangersigns / development delays/ SAM and providing counselling to caregivers on home based care of young children, appropriate feeding practices, ORS & Zinc therapy and IFA supplementation. The implementation of HBYC programme started in 2019-20 in the State in 14 districts which was later scaled to all 30 districts. In 2019-20, 102657 children were visited of which 8% children were identified as sick and 93% of them were referred. In 2024-25 till Sept.24, 1059618 children were visited, of which 2% were identified as sick and 79% of them were referred.
- Childhood Pneumonia Management Programme: Social Awareness and Action to Neutralize Pneumonia Successfully (SAANS) :** SAANS programme was rolled out in 2020-21 on World Pneumonia Day on 12<sup>th</sup> November, 2020 by the Additional Chief Secretary, H&FW Deptt., Govt. of Odisha. Under this programme, all doctors and Staff nurses have been trained on standard facility based management protocols for management of childhood pneumonia. Besides, an extensive IEC campaign is carried out every year from 12<sup>th</sup> November to till the end of February. All ASHAs and ANMs have also been trained on early identification and prompt management of childhood pneumonia cases. While the number of under-five pneumonia cases reported in the State was 15460 in 2023-24, in 2024-25 upto December 2024, 27138 cases have been reported. Campaign for the year 2024-25 is continuing from 12<sup>th</sup> Nov, 2024 to 28<sup>th</sup> Feb, 2025. Reporting of U5 pneumonia cases has improved after conducting SAANS Campaign.
- Child Death 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. The total no. of under-five child deaths in the State shows a declining trend, with 16077 deaths in 2017-18 and 5861 deaths in 2024-25 till Sep. '24. The proportion of U5 deaths reviewed has increased from 82% in 2017-18 to 84% in 2024-25 (up to Sep, 2024) and the proportion of neonatal deaths reported shows a decline from 61% to 56% in the last 6 years.
- Emergency Triage Assessment & Treatment (ETAT) units :** Under NHM, Paediatric ETAT units are now being established at each DHH level in the emergency or near the ward for triaging of patients and for providing emergency & immediate care to severely ill children. The State has planned to establish 32 ETATs, i.e. one in each of the district headquarters hospitals.
- Paediatric Hybrid Intensive Care Units & Paediatric Intensive Care Units (PICU):** The State has also established 4 PICUs at Medical College & Hospital level for treatment of very sick children. Besides, under ECRP-2, the State is now establishing a 12 bedded hybrid ICU (HDU+ICU) at 29 DHHs & SVPPGIP in the State for treatment of very sick children and



Paediatric ward bed in all the 32 DHHs are being oxygen supported. Out of which 25 Hybrid ICUs are functional.

- **Capacity building** of Specialists, MOs, Nursing Officers and Health Workers involved in Newborn & child care is being done from time to time to ensure quality service delivery.
- **Centre of Excellent:** SVPPGIP Cuttack is functioning as the CoE for Newborn & Child Health.

### 5.4. Rashtriya Bal Swasthya Karyakram (RBSK)

Rashtriya Bal Swasthya Karyakram was rolled out in Odisha by Honourable CM at Baripada on 1<sup>st</sup> March-2014 .The objective of the programme is to screen the children at early stage and provide complete treatment. Under this programme, 40 identified health conditions are to be addressed through ‘4D’ approach which includes **Defect at Birth, Deficiencies, Childhood Disease and Developmental Delay & Disabilities**. Under this programme, 633 number of Mobile Health Teams are functional for screening of 93.34 Lakh 0-18 year’s age group.

#### Screening of Children at AWC & Schools:

- During the Year 2024-25, 90.44 Lakh children have been screened by MHT out of targeted 93.34 Lakh children. Under RBSK screening, AWC & Schools both at rural & urban areas are being covered.



#### Screening of New Born at Delivery Points:

- New born screening of visible birth defects continuing at Delivery Points by the service providers facilitated by DEIC and MHTs. During the year 2024-25, 301398 New born baby out of 319132 Live Births have been screened at delivery points and 3893 number of children have been identified with different form of congenital birth defects.
- For early identification and timely intervention, New Born hearing screening is continuing in 32 DEICs of the State. All SNCU admitted babies and High risk new born at District Head Quarter Hospital are screened by DEIC. During the year 284 new Born have been identified with hearing defect and provided required follow up therapy by DEIC.
- To prevent Retinopathy of Prematurity related blindness, regular ROP screening sessions conducted at 10 Health facilities. During 2024-25, 1972 number of sick new born have been suspected and referred to higher facility for confirmation and required treatment.



### Early Intervention & Therapeutic services at District Early Intervention Centers :

- For treatment of Birth defect children, therapeutic intervention for Developmental Delay and children with impairments, DEIC is functional in 32 District Head Quarter Hospitals of the State. During the year, 13041 children are provided referral treatment to secondary and tertiary facilities through DEIC. 226984 children are provided early intervention services at DEIC.



### Major Health Conditions treated under RBSK during the year is as follows.

Major Health Condition	Achievement during 2024-25 (Up to December 2024)
Neural Tube Defect	28
Down Syndrome	421
Cleft Lip & Palate	468
Congenital Cataract & other Eye defects	445
Club Foot	523
Hearing Impairment	642
CHD	648
Other Surgeries	235
Retinopathy of Prematurity	140
SAM children referred to NRC	6834
Developmental Delay	80740

### Tie Up with Different Institutions for Treatment of identified children:

Health Condition	Name of the Institution tied up
Neural Tube Defect	SCB MCH, Cuttack, SVPPGIP, Cuttack & AIIMS, BBSR
Cleft Lip & Palate	SCB MC&H, MKCG MC&H, AIIMS and four Smile train empanelled hospitals
Congenital Cataract	LVPEI, BBSR
Hearing impairment	Ali Yavar Jung National Institute for Hearing Handicapped, Janala
Congenital Heart Disease	SCB MC&H, Capital Hospital, BBSR, Narayana Hrudayalaya, Mission Hospital, Durgapur, Medicovert Hospitals Visakhapatnam, Kalinga Hospital, Bhubaneswar & Hitech Hospital, BBSR
Club Foot	Cure International Trust
RoP	LVPEI, BBSR
Other Surgery Cases	SCB MCH, VSS MCH, MKCG MCH , SVPPGIP & AIIMS, Bhubaneswar
Capacity Building of DEIC Staff	NIMHANS, Bangalore and SVNIRTAR, Olatpur

### 5.5. Rashtriya Kishor Swasthya Karyakram (RKSK)

Rashtriya Kishor Swasthya karyakram (RKSK) expands the scope of preceding ARSH programme, through identification of six priority areas viz. Nutrition, Mental Health, Substance abuse, Injuries and Violence, Prevention of Non- Communicable diseases and Sexual and Reproductive Health. Capacity building of service providers in these six thematic areas is vital for effective and successful implementation of RKSK programme.

The program focuses on adolescents belongs to age groups 10-14 years and 15-19 years with universal coverage, i.e. males and females; urban and rural; in school and out of school; married and unmarried; and vulnerable and under-served. The program implemented under RKSK are as follows:

- **Peer Education:** It is a community based interventions that focus on peer education for establishing direct communication platforms such as (quarterly adolescent health day, weekly, and monthly adolescent health sessions and establishing convergence with other programs) with target adolescents on regular basis. The peer education program aims to ensure that target adolescents benefit from regular and sustained peer education sessions covering the six identified health issues (nutrition, sexual and reproductive health, conditions for NCDs, substance misuse, injuries and violence including gender based violence and mental health). This is eventually expected to improve life skills, knowledge, and aptitude of adolescents.

The programme implemented in 6 districts (Dhenkanal, Bolangir, Koraput & Bhadrak, Mayurbhanj & Boudh) of Odisha. Currently, 45, 260 Peer Educators are in place.



Under the Sub centre, with all Peer Educators Adolescent Friendly Club has been formed and by December 2024, 11792 meeting has been organized.

- **Adolescent Health Day(AHD) :**

The objectives of Adolescent Health Day (AHD) are:

- Improve coverage with preventive and promotive interventions for adolescents. Increase, awareness among adolescents and stakeholders on adolescent health needs.
- Increase awareness among adolescents about the determinants of adolescent health such as nutrition, SRH, mental health, injuries and violence (including Gender Based Violence - GBV), substance misuse and conditions for Non-Communicable Diseases (NCDs).





- Improve awareness of other Adolescent Health related services, in particular Adolescent Friendly Health Clinics (AFHCs)/Shraddha clinics.

AHDs are organised by ANMs with the help of ASHA, AWW & PEs focusing on activities like sharing **Information on** Nutrition, SRH, Mental Health, GBV & NCDs, provision of **Commodities** like Sanitary Napkins, IFA, Albendazole & contraceptives and different **Services like** General health check-up, (BMI& anemia), Referral to SHRADHA clinics (for counseling and clinical services).

Currently the program implemented in all villages of 6 districts (Dhenkanal, Bolangir, Bhadrak, Koraput, Mayurbhanj & Boudh) and indifferent villages under HWC sub centers of other districts. In 2023-24, 43766 AHDs organized up to December 2024.

- **Menstrual Hygiene Scheme (MHS)** : The MHS program is aimed at promotion of menstrual hygiene among adolescent girls aged (10-19 years) in rural areas to increase awareness among adolescent girls on menstrual hygiene, build self-esteem, and empower girls for greater socialization, to increase access to and use of high quality sanitary napkins by adolescent girls in rural areas, and to ensure safe disposal of sanitary napkins in an environment friendly manner. Currently the program implemented in all 30 districts.

The channel of interventions is mainly through social marketing of sanitary napkins by ASHA. Adolescent girls can purchase sanitary napkin (Rs.6/-pkt) from ASHA. In Odisha the sanitary napkin packet branded as “Khushi”. Total 626368 out of school adolescent girls targeted under the programme and distributed sanitary napkins through AHSA.

- **The Weekly Iron and Folic Acid Supplementation (WIFS)** program involves the administration of supervised Weekly Iron-folic Acid Supplements of 60 mg elemental iron and 500 mcg Folic acid using a fixed day approach for school and non school going adolescents respectively, screening of target groups for moderate/severe anemia and referring these cases to an appropriate health facility, biannual de-worming (Albendazole 400mg) for control of helminthes infestation, information and counseling for improving dietary intake and for taking actions for prevention of intestinal worm infestation.
- The IFA distributed at all schools and AWC on weekly basis.

WIFS Coverage in %	2023-24 (up to Dec-24)
Girls & Boys (6th -12th) provided 4 IFA tablets in schools Total Beneficiaries : 2818064	84%
Number of out of school adolescent girls (10-19 years) provided 4 IFA tablets at AWCs Total Beneficiaries : 894808	70%

- **Adolescent Friendly Health Clinic:** The facility level interventions are mainly linked to strengthening of adolescent friendly health clinics (designated as Shraddha clinics in Odisha). The shraddha clinics provides counseling and curative services at primary, secondary and tertiary levels of care on fixed days and fixed time with due referral linkages. The three key functions of the clinics are availability of commodities (WIFS tablet, albendazole, sanitary napkins, non-clinical contraceptives and medicines), information sharing and counseling on six indentified health issues of adolescents through behavior change communication tools



and curative services. So far, 251 Shraddha clinics are Operational covering all 30 districts at DH, SDH and some designated CHC level. This year 233 new AFHCs established till December 2024 including urban PHCs. At District Hospitals the Shraddha clinics clubbed with Integrated Counseling Centre. 3,24,470 adolescents got services at Shraddha clinics up to Dec. 2024.

• **School Health Programme Under AYUSHMAN Bharat:**

The programme implemented in all 30 districts in all govt./govt. aided upper primary and secondary schools.

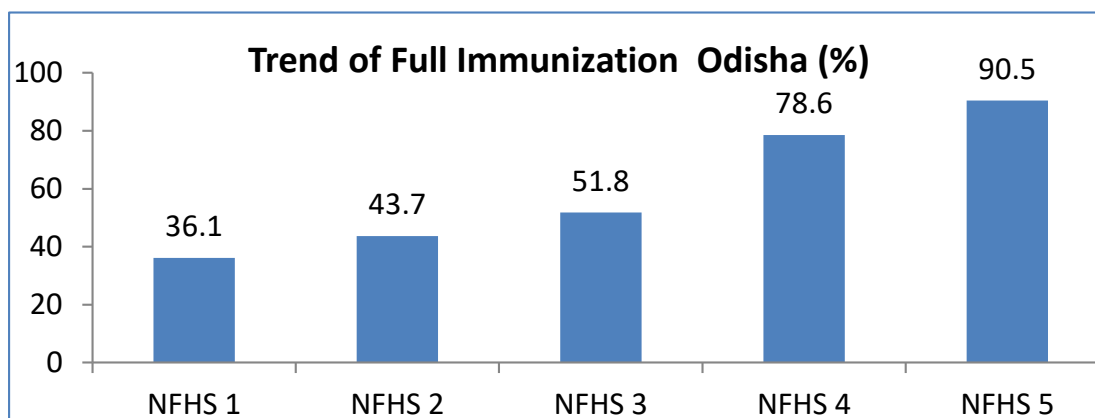
- In 3 phases 49,193 Health and Wellness Ambassadors Trained for 5 days physical training.
- All HWAs and HWMs provided with T-shirt and caps.
- All Schools are also provided Odia IEC posters in calendar format.
- In 2024-25 all, 49,193 HWAs will be trained on MIS cum refresher in 1350 batches of training. Till December 2024, 22,758 HWAs are trained.

**5.6. Routine Immunization**

Immunization is one of the most cost-effective interventions for disease prevention. Traditionally, the major thrust of Immunization services has been the reduction of infant and child morbidity and mortality. Vaccines in Routine Immunization are one of the most cost-effective health investments. The benefit of quality vaccination is not only in the prevention of diseases and disabilities but also the opportunity for a healthier & a more productive life. To maintain the quality of vaccination efficient supply chain management & Cold chain management is highly essential to ensure that cold chain equipment is functional, storage temperatures are correctly maintained & recorded and that adequate stock of vaccines & logistics are available & issued in time.

The State of Odisha has 1 State Vaccine Store, 9 Regional Vaccine stores & 32 District Vaccine stores & 1263 Functional Cold chain points across the State which targets to 9,40,562 Pregnant women & 7,97,451 infants through Routine Immunization. Every year, 3,52,093 numbers of sessions are being conducted to vaccinate the target beneficiaries.

The State is providing immunization services to children & pregnant women to prevent 12 vaccine preventable diseases i.e. as per National immunization schedule Govt. of India, through fixed immunization day approach (In Wednesday). In addition to this, integrated VHND & RI sessions are being conducted in identified hard to reach villages.



### Major Achievements.

- No Polio Case reported since 2008 in Odisha
- Maternal & neonatal tetanus eliminated in 2014
- Pentavalent Vaccine has been introduced under RI in 2015
- Rota Virus Vaccine has been introduced under RI in 2016
- Inactivated Polio Vaccine has been introduced under RI in 2016
- MR campaign was conducted in 2018 and subsequently included in RI
- JE Vaccine introduced in 24 Districts since 2019-20
- PCV Vaccine introduced in June 2021.
- 3rd dose fIPV introduced in 2023



Immunization Session Site

### National Cold Chain Management Information System (NCCMIS)

- Total Functional Cold Chain Equipment :-1263
- No of Functional ILR( Cold Chain Equipment) :-2829
- No of Functional DF( Cold Chain Equipment):-1745
- Sickness Rate (Breakdown Rate) :- 1.1%

### Dedicated Power Supply under Routine Immunization Programme – 2024-25:

Yearly fund Distributed to Districts for 30 districts and 2 urban (Capital Hospital and RGH-Rourkela with State H.Q):-

- **Objective** : For effective quality Immunization programme Cold Chain management plays a very vital role for quality vaccination and in order to maintain same the following points are highly essential in this regard uninterrupted electricity supply and POL for Genset and effective transport mechanism is highly essential for 1263 cold chain points across the state for safe vaccination to PWs and infants.
  - a. Uninterrupted power supply to 32 District Vaccine Store (DVS), 8 Regional Vaccine Store (RVS), State Vaccine Store (SVS) with power backup and 1263 Cold Chain Point.
  - b. Maintenance of proper cold chain system.
  - c. Proper vaccine and logistics supply chain management.
  - d. Maintenance and repair of vaccine van.
- **Strategies** : Funds is being placed to the districts to ensure timely payment of electricity bill, procurement of Genset for SVS, RVS, DVS and Cold Chain Points and DoL charges and installation of Genset, Repair and maintenance of vaccine van etc.
- **Outcome** : Proper Cold Chain equipment maintenance for proper storage of vaccine till it reaches upto to the beneficiaries level. To ensure uninterrupted power supply at Cold Chain points, payment of electricity charges, recurring expenditure for vaccine van etc to be on road.



- **Achievement :** One genset for State Vaccine Store, four nos. Genset for RVS and 31 Nos. of genset for DVS, 286 inverter and 154 Generators for Cold Chain Points, four servo voltage stabilizer for RVS and 380 low voltage stabilizer for Cold Chain point have been purchased and installed respectively and on going expenditure of electricity charges. Maintenance and repair of Vaccine Van, DOL for generator & AMC for repair of Generator will met for activities from this fund as when required in every year and installation of Genset for newly supply of WIC & WIF at SVS and 6 RVS level(Koraput, Ganjam, Sambalpur, Sundargarh, Balasore and Cuttack). Installation of Transformer for WIC Cuttack and Installation of WIC/WIF , Genset of State Vaccine store, Bhubaneswar.

### 5.7. Nutrition

The state has been adopting diverse Nutrition program interventions as mentioned below :

#### 5.7.1. MAA Programme:

**Promotion of Infant and Young Child Feeding practices** for preventing under-5 child death (through community & facility based interventions by – Capacity building of ANMs/ASHA/AWW on IYCF/Mothers’ Counselling on Breast feeding & Complementary feeding)

Facility /Community level initiative for various training and IEC activities are going on Under MAA Programme

- Initiation of Breast feeding within one hour of Birth
- Exclusive Breast feeding up to six months
- Complimentary feeding practices and age appropriate diverse foods from six months of age
- Continuation of Breast Feeding up to 2 years or more.

#### Coverage :

- 148 Master trainers are trained on MAA in 7 days state level TOT.
- 3623 Medical Officers, 140 Counsellors, 3091 Staff Nurses, 7336 ANMs and 34984 ASHAs were trained of Infant and Young Child Feeding practices and improved counseling skills.

#### 5.7.2. National Iron Plus Initiatives:

National Iron Plus Initiative (NIPI) programme( Iron & Folic Acid prophylaxis programme) has been implemented across the State by Health and Family Welfare Dept. in coordination with School and Mass Education Dept. (S&ME Dept.), Women & Child Development Dept (WCD Dept) and ST & SC Development Dept.

#### This programme is catering to the following beneficiaries:

- Children 6 months to 59 months age group: IFA syrup (1 ml contains 20 mg elemental iron and 100 mcg Folic Acid) are administered by ASHA bi-weekly (Tuesday & Friday).
- Children 5 to 9 years age group: WIFS Junior (Pink Tablets), IFA tablets (45 mg elemental iron and 400 mcg Folic Acid) are administered on Monday by teachers to children in class 1 to 5 at all Govt. & Govt. Aided schools.

#### State Coverage:

Year	Children 6-59 months	Children 5-9 yrs	Source
2023-24	71.1%	76.0%	HMIS
2024-25 (Upto December)	75.0%	79.0%	HMIS

### 5.7.3. NRC / Facility based Interventions for management of Severely Acute Malnutrition (SAM) Children:

- A Nutrition Rehabilitation Centre (NRC) is a unit for the management of severely acute malnourished children- Children admitted with defined admission criteria who are referred by from VHND and RBSK teams
- Children kept under observation and provided with medical and therapeutic care
- Focus on improving the skills of mothers on complete care and feeding.

#### State Coverage

Year	No. of NRC Functional	No. of Admission	Bed Occupancy Rate	Total Discharge	% of Recovery
2023-24	67	12930	86%	12250	90%
2024-25 (Upto December)	67	10555	89.5%	9705	95%

### 5.7.4. Vitamin-A supplementation:

Children of age group 9 months-5 years receive Vitamin – A supplementation biannually along with Routine Immunization in total of 9 doses.

#### State Coverage:

Year	1st Round	2nd Round
2023	99.3% (Feb. Round)	98.7%(Aug Round)
2024	97.8%(Feb. Round)	99.4%(Aug Round)

### 5.7.5. National Deworming Day (NDD):

- Administered with Albendazole at AWC and Schools.
- It is a fixed day approach with a mop up day to cover left outs due to absenteeism or sickness,conducted biannually in February and August every year
- Starting from August 2023 round Women of Reproductive Age group 20-24 years are administered Tab. Albendazole to prevent anaemia.

#### State Coverage:

Year	1st. Round	2nd Round
2023	97.8%(Feb. Round)	97.8%(Aug. Round)
2023 (WRA 20-24years)		97.1%(Aug. Round)
2024	97.6%(Feb. Round)	97.5%(Aug. Round)
WRA 20-24years	97.2%(Feb. Round)	

### 5.7.6. AMLAN(Anaemia Mukta Laqshya AbhiyaN):

- The beneficiary category of Children 6 to 59 months, out of school Adolescent girls of 10-19 years, Women in Reproductive Age (WRA) 20-24 year, Pregnant Women and Lactating Mother are tested for haemoglobin estimation at their respective VHSND/UHSND.
- All students studying in class 1<sup>st</sup> to 12<sup>th</sup> in Govt and Govt. aided schools are tested for haemoglobin estimation at their respective schools.





- Those beneficiaries who are left out or belong to out of reach areas are tested in T3 camps, which is organized yearly twice at every CHC and quarterly once in every Districts.
- Based on the Hb test results, necessary therapeutic dose is administered/ referral is done to higher centre.
- Counseling & follow-up are undertaken.

Status of AMLAN April'24 to Sept'24									
Beneficiary	Total No. Tested	Total Anaemic cases	%	Mild	%	Moderate	%	Severe	%
6-59 months	1885910	781869	41.5	667995	35.4	109614	5.8	4260	0.2
5-9 years	1039797	450379	43.3	332923	32.0	113918	11.0	3538	0.3
10-19years (in school)									
Boys	495440	199766	40.3	150568	30.4	46950	9.5	2248	0.5
Girls	527802	222704	42.2	162538	30.8	57440	10.9	2726	0.5
Total	1023242	422470	41.3	313106	30.6	104390	10.2	4974	0.5
10-19years (out of school Girls)	407641	220882	54.2	151520	37.2	67611	16.6	1751	0.4
WRA (20-24 years)	640503	311451	48.6	211379	33.0	98161	15.3	1911	0.3
Pregnant Women	1057247	595953	56.4	433824	41.0	155456	14.7	6673	0.6
Lactating Mother	695222	439576	63.2	272066	39.1	164066	23.6	3444	0.5
Total	6749562	3222580	47.7	2382813	35.3	813216	12.0	26551	0.4

### 5.7.7. CLMC (Comprehensive Lactation Management Centre):

To provide comprehensive lactation support and management for all mothers within the hospital and providing safe donor human milk to sick newborn, CLMC is established in Capital Hospital, Bhubaneswar and at SCB Medical College, Cuttack. Facilities for collection, screening, processing, storage and dispensing of donated human milk for babies without access to their own mother's milk and expression and storage of mother's own breast milk for consumption of her baby are available in CLMC.

From April to December 2024, 1175 litres of milk collected and 5227 no.s of newborn benefitted.

### 5.7.8. Lactation Management Unit(LMU) :

Lactation Management Unit is established in 25 District Hospital/Medical colleges adjacent to functional SNCU having at least 12 beds where sick new-borns are admitted for medical management. The LMU is set up with collection and storage facility of mother's own milk to fulfil the feeding requirement of their own baby.

From April to December 2024, 1227 litres of milk collected and 7149 no.s of newborn benefitted.



## 5.8. SAMMPurNA

Reduction of Maternal & Child death is one of the major challenges of the health systems in Odisha. There has been a decline in the IMR and MMR over the years but the rate is not sufficient to achieve the Sustainable Development Goals ( SDG ). To accelerate the rate of reduction of IMR and MMR , the State Government designed to develop a focused strategy for accelerated reduction of MMR & IMR i:e **SAMMPurNA**” (**Sishu Abang Matru Mrutyura Purna Nirakarana Abhiyan**).

### Objective:

- The State aims to achieve an additional 30% decline of State Maternal Mortality Ratio (MMR) and Infant Mortality Rate (IMR) from the current rate of decline.
- Numerous activities around ‘continuum of care’ for maternal and new-born survival by identifying high risk cases, referral and management.
- Provision of good quality Care and ZERO out of pocket expenditure for treatment of pregnant woman and under five children.

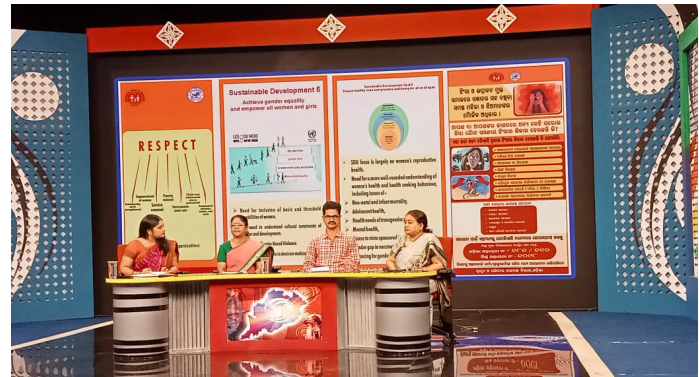
### Strategy

- **Reimbursement of transportation cost to pregnant women from difficult villages:** Provision for reimbursement of **Rs. 1000/-** (Rupees one thousand) only per pregnant woman from difficult villages towards transportation cost to nearest motorable point/ hospital. **2322** nos. of pregnant women were provided with transportation cost from difficult villages to motorable points from April 2024 to December 2024.
- **Drop-Back Facility:** Provisions of Rs.500/- towards assure drop-back Transport Services for Pregnant Women after Institutional Delivery & Sick Infants treated at Public Health Facilities.
  - **1,63,001** nos. of pregnant women were provided with drop back incentive after Institutional Delivery from April 2024 to December 2024.
  - **11,458** nos of Sick Infants were provided with drop back incentive for treated at Public Health Facilities from April 2024 to December 2024
- **Bike Ambulance:** there are 21 bike ambulance is being operational in the state for transportation where 4 wheelers are not accessible.
- **Disposable draw sheets, gowns & Kelley’s Pad :** Disposable draw sheets & gowns are indispensable for maintaining clean surface for delivery whereas disposable gown for pregnant women helps in maintaining personal hygiene during delivery. Disposable Kelley’s pad prevents infection during delivery. These items are supplied and utilized in the labour room.
  - There are 1,66,632 nos. of Pregnant mother are provided with Disposable draw sheet & Gwon
  - There are 66,003 nos. of Pregnant mother are provided with Kelleys pad
- **Establishment of High Dependency Unit ( HDU ) , Hybrid ICU & Paediatric ICU :** specialized area of the Hospital for the management of Pregnant women, sick mother & infant complications
  - **HDU :** in DHH Dhenkanal, Kalahandi, Kandhamal, Keojhar, Capital Hospital, are operational
  - **Hybrid ICU:** MKCG MCH , SCB MCH, VSS Burla, are operational.

- **Diet to Mother of child admitted in NRCs :** Free diet to pregnant mother is being provided at NRC
- **Additional Incentive to LSCS & EmOC Doctors :** There are 1649 LSAS & EmOC doctors got the additional incentives.
- **Funds for LaQshya & MusQan Certification:** State to take-up gap filling activities with the allotted budget for Laqshya Certification or sustain certification status.
- **IEC & BCC campaign** targeted towards the major stakeholders within the community like traditional healers, SHGs, GKS members would be conducted in difficult and hard to reach areas for positive health behaviors and information about schemes and entitlements.

### 5.9. Gender Equity

Gender-based violence (GBV) has been endorsed by member states in the 67th World Health Assembly as a public health issue, necessitating healthcare and other interventions. Health impacts of violence can last a lifetime, affecting physical, mental, sexual, and reproductive health. Gender equality and freedom from violence are critical determinants of health. A state level workshop on “*Gender Mainstreaming in Health*” on 25 November, 2024 in Campus 6, KIIT University.



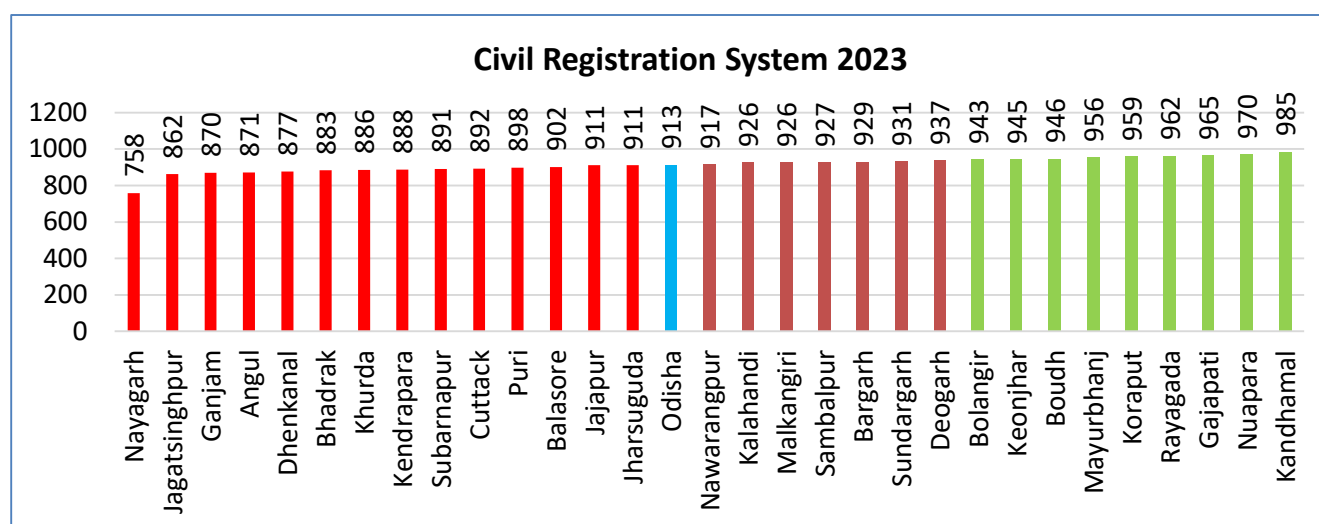
- Guidelines and Protocols for victims / survivors of sexual violence cases disseminated to all districts during supportive supervision and state level trainings.
- Doordarshan Panel Discussion on GBV, GRB and GMH. YouTube link with all districts to play year long during district and sub-district level programmes.
- Six Batches of Capacity Building Training of Doctors and Nurses, One Stop Centre Staff and Counsellors on Linkages of OSCs with Health, Protection, Legal aid and Shelter – Issues and challenges
- Paper Advertisements, Display of Hoardings, banner, poster and leaflet distribution during observation of GBV Fortnight in all the districts.
- Three Batches of Training of ICC Members of DHH/ MCH / SDH on POSH Act
- Three Batches of Training of District Nodal Officers, Hospital Managers on Health Infrastructure in One Stop Centre & POSH Act
- Two Batches of Training of Newly Appointed Medical Officers on MoHFW, GBV Guidelines and Protocols

## 5.10. Strengthening Implementation of PC & PNDT ACT

The National Family Health Survey reported a sex ratio at birth (SRB) of 894 girls per 1000 boys. This stood at 941 in 2011 census and 953 in the 2001 census and at 967 in 1991 census. Skewed sex ratios are already exerting their effect on gender relations. 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 families to learn the gender of a foetus early in a pregnancy.

Civil Registration System reflects, 11 districts SRB < 900. Nayagarh, Jagatsinghpur and Dhenkanal have a continuous low SRB over the past five years of Civil Registration System. Districts like Cuttack, Khordha&Ganjam, have the highest concentration of USG Centres. Other five districts such as Kendrapara, Ganjam, Bhadrak, Subarnapur, Anguland Puri, also have low SRB than that of the state average over the past five years of Civil Registration System.

With an objective to regulate use and prohibit misuse of technology, the Pre-Conception and Prenatal Diagnostic Techniques (PC & PNDT) Act 1994 and amended in 2003 is being used as an important tool for addressing sex selective eliminations, to prohibit and regulate the use of diagnostics techniques for sex determinations.



Pre-Conception and Pre-Natal Diagnostic Techniques (PCPNDT) Act, 1994 with Rules made thereunder is an Act of the Parliament of India enacted to safeguard the girl child, to stop female foeticide and arrest the declining sex ratio in India. The State Government has taken the following steps for effective implementation of Pre-Conception & Pre-Natal Diagnostics Techniques (Prohibition of Sex Selection) Act, 1994:

- State Supervisory Board has been constituted under the Chairpersonship of Hon'ble Minister, Health and Family Welfare, Govt. of Odisha.
- The Secretary, Health & Family Welfare has been notified as the State Appellate Authority
- Since the inception of the Act in the state, 1694 USG facilities have been registered under the PC & PNDT act including 42 Genetic Counselling Centres/ Genetic Laboratories/ IVF centres..78 cases have been filed in the state since 1994. Total 44 court cases have been disposed off upholding the orders of the DAA.

- The informer's incentive scheme has been rolled out in the state government of Odisha. One incentive has been provided in Cuttack District.
- In obedience to the direction of the Hon'ble S.C in W.P.C No. 349 of 2006, the Director Medical Education and Training is conducting the six months training in USG.
- Biju KanyaRatna Yojana is being implemented in Dhenkanal, Angul and Ganjam District having low child sex ratio and BBBP programme in Nayagarh district.
- Community level action initiated for addressing gender discrimination and sex selection. The community are being sensitized through school and college level programmes, interactive sessions, audio jingles, advertisement in print & electronic media, panel discussion, docudrama, TV spots, information on village SwasthyaKantha, hoardings & wall paintings, tabloid during observance of Republic day parade at State and District level etc.
- National Girl Child Day was observed at the state level on 24<sup>th</sup> January 2025.
- Resource and communication material in form of FAQ, leaflet, poster, banner, doctor's kit, legal kits etc. have been developed disseminated for awareness generation.





## CHAPTER-6

## Directorate of Food Safety

The Food Safety & Standards Act, Rules & Regulations thereunder have come into operation throughout India with effect from 5th August, 2011 including in Odisha vide Health & Family Welfare Department Notification No.19346/H, dated.25.07.2012.

For ensuring effective & proper monitoring of food safety activities in the State, one post of Commissioner have been created by the Government of Odisha.

### Activities:

#### 6.1. Food License:

- License is issued to all food business Operators whose annual turnover is more than 12 lakhs upto 20 crores.
- The Licensing Authority in the state given as additional charge to the the District Public Health Officer of the District & Health Officers and declared as Designated Officer (Food Safety)
- At present there are 37 posts created for Designated Officers.

#### 6.2. Food Registrations:

- Registrations are issued to all food business operators whose annual turnover is less than 12 lakhs.
- The Food safety Officers are the Registering Authority in the State. At present there are 61 FSOs in position.

Online Licenses Issued Till date	58102
Online Registration Certificates issued till date	153175
Total Amount Collected by the State	Rs.24,86,93,000.00

**FOSCOS (Food Safety and Compliance System)** All the License and Registrations are issued by the online FOSCOS system. It was first started in Odisha among all larger states from 1<sup>st</sup> March, 2020 and all license and registrations are issued at the earliest for ease of doing business.

#### State Food Testing Laboratory (SFTL)

- The State Food Testing Laboratory, Bhubaneswar headed by one Deputy Director -cum- Chief Food Analyst is functioning under administrative control of Commissioner of Food Safety, Odisha.
- The said SFTL is the approved statutory NABL Laboratory by the FSSAI under Government of Odisha for testing & analysis of all types of food samples.
- Kalyani Laboratory, Bhubaneswar (NABL and FSSAI empanelled) is now utilized for quick checking surveillance Food samples for effective enforcement.



- Regional Food Testing Laboratory are already in process of setup under OMBADC in Sukinda, Keonjhar, Sundargarh and Mayurbhanj.
- The RWSS laboratories at District level are now also available for testing water samples in all districts required for Food license, Registration and surveillance checking of water samples.

### 6.3. Food Sample Collection & Testing:

The Food sample (both Legal & Surveillance) are being collected regularly by the Food Safety Officers to check the quality & standard of the Food products .

### 6.4. Launching of Prosecution and Cases:

- The Additional District Magistrate (ADM) of the District has been declared as Adjudicating Officer of Food Safety for efficient implementation of the Act & Rules in Odisha. The samples found to be substandard and misbranded are filed before ADM court.
- A Food Safety Appellate Tribunal has been established to hear the appeals on the decision of the Adjudicating Officer u/s 68 of Food Safety & Standards Act, 2006.
- The samples found to be unsafe are filed before SDJM court after sanction of prosecution from Commissioner of Food Safety, Odisha.
- Till date more than 206 ADM cases No. of Cases Launched 126 criminal cases launched.

### 6.5. Mobile Food Testing Laboratory

One Mobile Food Testing Laboratory (MFTL) has been provided to the State by the FSSAI for ensuring spot quality testing & create awareness in different areas. The Testing charges have been made free by the Government of Odisha. MFTL is regularly covering 30 districts and 6 ULBs of Odisha. This year 2400 samples were tested in MFTL.



### 6.6. Inspections:

- Regular inspections of Food Business Operators are being conducted by the Food Safety Officers.
- Use of IT enabled inspection techniques of Food Businesses Unit through FoSCoRIS (Food Safety Compliance through Regular Inspection and Sampling System)

### 6.7. Training And Other Activities

- i. **Food Safety Training & Certification program** have been conducted in Odisha to ensure safe and hygienic food to the consumers. Till Now more than 52,000 Food Business Operators are trained in different parts of Odisha.
- ii. **Digital Mitra Training:** To increase the online FOSCOS trainings were conducted where applicants were trained to help the FBOs for filing online applications for ease of doing business.



iii. Different newer initiatives have been started regarding Food Safety i.e.

- Clean Street Food Hub- is implemented in Khaogali, Bhubaneswar
- Eat Right Campus –Established in Food academics, Treatment & business establishment in capital and AMRI,KIIT,APOLLO,IHM JP Hospital have been declared as Eat Right Campus
- BHOG- 3 temples (SaniMandir, Kali Mandir, SaiMandir at Bhubaneswar) are chosen to be established.ISCON ,Bhubaneswar and Tarini Mata Mandir,Rourkela certified under BHOG.
- Bhubaneswar Railway Station is declared as the Eat Right Station which is sixth one in all over the country this year in Eat Right practices.
- SNF- Different Fortification procedures and RUCO for restrictive use of overcookedoil initiatives have startedto function.
- Share Food-Under this initiatives surplus foods are distributed at the hunger point through NGO.
- There has been a remarkable development in the food served at the religious places .Endowment Committee has also collaborated with Food safety to serve safe food in all the temples .
- The hospitals under BSKY are brought under the Food safety umbrella.Apart from upgrading the canteens ,steps have been taken to provide wholesome food to the patients and public.



## CHAPTER-7

### Director of Medical Education and Training

- In order to meet the demand of the State, MBBS course has been started with annual intake of 100 MBBS students at DharaniDhar Medical College & Hospital, Keonjhar, Govt. Medical College & Hospital, Sundargarh from the academic session 2022-23 and SaheedRendoMajhi Medical College & Hospital, Kalahandi started from the academic session 2023-24 and 50 seats at JKMCH, Jajpur from the academic session 2024-25.
- Online application for two new Medical Colleges i.e. PabitraMohan Pradhan Medical College & Hospital, Talcher, Angul & Govt. Medical College & Hospital, Phulbani, Kandhamal has already been submitted. The NMC inspection is likely to be conducted before May, 2025 for LOP from the academic session 2025-26. Besides, this application for starting MD courses in BB MCH, Bolangir, FM MCH, Balasore & PRMCH, Baripada has been submitted. Online application has also been submitted for starting MD in Pathology & Microbiology at PGIMER & Capital Hospital, Bhubaneswar. Furthermore, this application for starting 3 years DNB courses in SJMCH, Puri has also been submitted. Presently 2 years Post MBBS Diploma courses are running at BB MCH, Bolangir, SLN MCH, Koraput, PRM MCH, Baripada, & FM MCH, Balasore.
- 03 (Three) nos. of P.G seats in MD Transfusion Medicine have been increased at SCB MCH Cuttack & 03 (three) nos. of seats in MD Anaesthesiology & Ophthalmology in PGIMER & Capital Hospital, Bhubaneswar has started from the academic session 2024-25.
- Steps have been taken for strengthening of new Govt. Medical Colleges for opening of P.G seats in different disciplines.
- All the Medical Colleges of the states have been equipped with RTPCR facilities and VRDL for COVID testing and to tackle any future Epidemic.
- From the academic session 2022-23, PGIMER & Capital Hospital, BBSR and AHPGIC, Cuttack has been made functional for imparting PG courses.
- Establishment of Tertiary Cancer Centre at MKCG MCH, Berhampur & VIMSAR, Burla are under process.
- Liver Transplantation Unit for both Paediatric & Adults has now started at SCB MCH, Cuttack. 10 nos. of Adult Liver Transplantation has already been done.
- 190 Nos. of Kidney transplantation has been conducted during 2024-25.
- To regulate and promote the Cadaver Transplantation of Human Organs like Eye, Lungs, Heart, Liver, Kidneys & Pancreas etc., SOTTO has been established in SCB MCH, Cuttack and made functional since 2019. SOTTO has co-ordinate and conducted 10 nos. of Cadaveric donation till date.
- 33 no. of Trauma Care Facilities units are functioning in the State and 55 nos. of Trauma Care Centres are in principle approved to be functional.
- Free (Cash less) treatment for first 48 hours for Trauma Victims is continuing in 18 nos. of private hospitals under FTTF scheme.



- High- End Instruments like Anatomy table and others Equipments have already been procured for 7 Govt. Medical Colleges of the state along with AHPGIC, Cuttack in accordance with the requirements of the patients & Medical Students. High-end mannequins for skill labs are under the process of procurement.
- All Drugs & Cancer Drugs are being distributed free to the patients, in all Govt. Medical Colleges & Hospitals of the State and AHPGIC, Cuttack respectively under NIRAMAYA Scheme.
- Free Diagnostic facilities are being provided in all Govt. Medical College & Hospitals of the State under NIDAN Scheme.
- To streamline the free distribution of drugs, a new scheme has been started in the state i.e. NIRAMAYA-Corpus Funds and under which 200 Crores are provided in the current FY-2024-25 to different Medical Colleges.
- To provide high standard and uniformity of Medical and Allied Science Education & Research in the affiliated Health Institutions of the State, “Odisha University of Health Sciences” has been established and functional.
- Re-development of the SCB Medical College & Hospital, Cuttack, into AIIMS+ is under active process.
- Govt. of Odisha have been pleased to decide for opening of 07 new Govt. College of Nursing in seven districts of Odisha under the Central Sponsored Scheme.
- To start Heart Transplantation Unit at SCB MCH, Cuttack, MoU has been signed between Govt. of Odisha and MGM Health Care Hospital, Chennai.
- Besides the above, issue of NOC for opening of Nursing, Pharmacy, DMLT/ DMRT and Allied Medical Science Institutions, issue of renewal NOC, Admission Process & Examination of all these courses are also conducted.



## CHAPTER-8

# State Institute of Health & Family Welfare

Being the nodal directorate of Department of Health & Family Welfare for training & communication activities, the State Institute of Health & Family Welfare, (SIH&FW) is dedicated to enhance the knowledge & skill of health care service providers through various training and capacity building programs & to promote healthy as well as positive behavioral changes among the populations of the state.

### Communication Activities:

All available media platforms for communication activities have been proved to be highly effective in reaching a broad & diverse audience. Hence all most all Mass media activities are directly carried out from State which aims to take the attention of maximum population regarding all most all schemes implemented by H&FW Department. SIH&FW utilized following platforms:

**Publication through Print Medium:** Local news papers are trusted source of information within communities which makes this platform a valuable tool for promoting health messages to a broad audience. More than 864 advertisement on forty plus schemes & programmes were published in different Vernacular & National newspapers, aligned with different designated days and other important health issues.

**Broadcast & Telecast of Advertisements through Electronic Medium:** Television and radio has a huge presence across every nook and corner of the state with an objective to reach large number of audience jingles were aired through different All India Radio Stations and different FM stations across the state, also TV spots were disseminated using vernacular news and entertainment channels.

**Production of AV for TVCs:** Different Audio visual contents planned to be utilized as Television commercials, were developed on program specific themes. These spots are also aired through all available audio visual equipments at all most every health institution working at al level starting from Ayushman Arogya Mandir to Medical College & Hospital.

**Organization of Fair/Festival/Tableau:** For specific state level events such as organizing health stalls at different crowd places like book fair or any specific gathering the directorate also implement some mid media activities but a major portion of the mid media activities has been conducted at district & block level events as per the instruction given from the State.

### Digital Media:

**Sending text SMS:** SIH&FW also created health related contents and shared the same through mobile SMS to all BSNL customers in Odisha circle with support from BSNL, Odisha.

**Digital Display Board:** Awareness messages are disseminated through 12 numbers of digital display boards placed inside hospital premises at Different Medical Colleges and DHHs to create awareness among public.

**Digital Display in Cinema Hall:** Audio visual advertisements on different health issues were displayed in cinema halls across the State.



## Community Media:

**Community Radio:** This platform broadcast health programmes, Success Stories as well as educational contents along with advertisements catered to the need of the geographical area specific community.

**Bulletin Board:** Swasthya Kantha the physical Bulletin board dedicated to the purpose of dissemination of health information across every village. This board displays day specific messages as per the state & national guidelines.

## Observation of Designated Days & Campaigns:

World Health Day-7<sup>th</sup> Apr', Safe Motherhood Day on 11<sup>th</sup> Apr, HWC Day on 14<sup>th</sup> Apr', World Malaria Day on 25<sup>th</sup> Apr', Anti Dengue Day on 16<sup>th</sup> May, World Hypertension Day on 17<sup>th</sup> May, Menstrual Hygiene Day on 28<sup>th</sup> May, World No tobacco Day on 31<sup>st</sup> May, World Blood Donor Day on 14<sup>th</sup> June, World Population Day on 11<sup>th</sup> July, World Hepatitis Day on 28<sup>th</sup> Jul, World Eye Donation Day on 25<sup>th</sup> Aug', International day for clean air & blue skies on 7<sup>th</sup> Sep', International Safe Abortion Day on 28<sup>th</sup> Sep', World Rabbits Day on 28<sup>th</sup> Sep', World Heart Day on 29<sup>th</sup> Sep', International Day for Older Person on 1<sup>st</sup> Oct', National Blood Donors Day on 1<sup>st</sup> Oct', World Sight Day on 10<sup>th</sup> Oct', Mental Health Day on 10<sup>th</sup> Oct, World Stroke Day on 29<sup>th</sup> Oct', IDD Day on 21<sup>st</sup> Oct, World Stroke Day on 29<sup>th</sup> Oct, World Pneumonia Day on 12<sup>th</sup> Nov', World Diabetes Day on 14<sup>th</sup> Nov', COPD Day 15<sup>th</sup> Nov', World New Born care Day 15<sup>th</sup> Nov', Universal Health Coverage Day on 12<sup>th</sup> Dec', National Girl Child Day on 24<sup>th</sup> Jan', Anti leprosy Day on 30<sup>th</sup> Jan', World Cancer Day on 04<sup>th</sup> Feb'2025 were observed across the State. Prototypes of banners, hoardings, leaflets were designed and shared with districts. Apart from this Special communication Campaign during Anti Dengue Month-July, Breast Feeding Week 01<sup>st</sup> to 07<sup>th</sup> Aug' National Eye Donation Fortnight 25<sup>th</sup> Aug-8<sup>th</sup> Sep', World New Born care week from 15<sup>th</sup>-21<sup>st</sup> Nov', NSV Fortnight observed from 21<sup>st</sup> to 4<sup>th</sup> Dec'2024 and Gender Based Violence Fortnight from 25<sup>th</sup> Nov' to 10<sup>th</sup> December 2024, were observed as per the national guideline with contextual adaption for the state.

**Awareness on Mitigation of heat wave During General Election:** Extensive awareness on precautions during casting vote has been conducted prototypes of posters and leaflets were developed and shared with all Districts. Also special budget provisioning has been made for printing & publication of posters and Leaflets on Heat wave mitigation measures during the General Election, 2024.

**Vikash Mela:** The District-level Vikas Mela in different Districts held on the 100th day of the Odisha Government's tenure, marked a significant step towards sustainable development & Health sector plays a pivotal role in it, all prototypes for VIKASH MELA were also designed by DSIH&FW and shared with districts.

**Utkarsh Odisha -Make in Odisha:** SIH&FW organized a health exhibition stall at the Make in Odisha Conclave showcasing the achievements made so far by the department of H&FW, Odisha under different programmatic areas & also displayed preventive messages on communicable & non Communicable disease. The focus has been given on Panchakarma of Ayurveda in disease prevention & cure. To engage visitors, digital & wall standees were mounted, LED display boards with audio visuals were displayed & leaflets were distributed & departmental staff sensitized the visitors. This event provides a platform for different agencies and corporate bodies to partner with the Government of Odisha in promoting Universal Health Care.



**Training activity at SIH&FW (O):** Starting from preparation of appropriate training modules in coordination with resource persons to send communication & follow up to districts for nomination of participants for different trainings, monitoring & supportive supervision of different training and TMIS activities are being conducted by training wing of SIH&FW, (O). In addition to that handholding support in HR update and facility correction in TMIS portal at block level is also provided. Technical support provided to all BDMs, DDMs and State personnel to conduct all types of training through TMIS. Regular follow up to all districts as well as state training nodal officials was provided for submission of quarterly/annual training achievement report and submit the report to GoI are some of the usual activity being carried out by this wing. Some of the important activities were conducted as mentioned below;

- Review meeting of Training and TMIS was held with the district and medical college nodal officials for knowing the training status and future training activity.
- Two batches of Trainers for Skilled Birth Attendant training completed
- 30 days Induction training for newly appointed MBBS doctor at State Level 22 batches
- Training completed out of total 30 batches targeted in this Financial year.
- Communication sent to districts for nomination of participants for NSV ToT and Laparoscopic Sterilization Training.
- One batch NSV Training of Trainers (ToT) & other trainings were conducted.
- 4 batches of Laparoscopic Sterilization training for doctors (teams of doctor, SN and OT assistant) completed.
- First batch of block level communication officer's training on Public Health Management & communication was started from 4<sup>th</sup> Nov and completed on 8<sup>th</sup> Nov' 2024.
- This five days training was conducted in four phases & completed on 27<sup>th</sup> Dec 2024.

## CHAPTER-9

## Directorate of AYUSH

Government of Odisha have recognized Ayurveda, Unani & Homoeopathy systems of medicines and these systems have the heritage of community acceptance, gained popularity & continues to cater health care services to a larger number of people in the State. After launching of National AYUSH Mission, several activities have been undertaken to promote AYUSH medical systems in the State.

The major initiatives taken during 2024-25 are as follows.

- 85 nos. of HMOs have been appointed in Govt. Homoeopathic Hospitals and dispensaries of the State through OPSC, Cuttack.
- 19 nos. of lecturers have been appointed in Govt. Ayurvedic Medical Colleges of the State through OPSC, Cuttack
- Essential Ayurveda, Homoeopathy and Unani drugs have been procured and supplied to Govt. AYUSH Dispensaries/Hospitals and co-located AYUSH Clinics of the State.
- International Day of Yoga – 2024 have been conducted successfully in the State.
- Ministry of AYUSH, Govt. of India has sanctioned Rs.7897.392 lakh under State Annual Action Plan (SAAP) for implementation of NAM activities in the State.
- A new Panchakarma Unit will be set up at the campus of Gopabandhu Ayurvedic College, Puri.
- ASHA workers are being trained on AYUSH in the Ayushman Arogya Mandir (AAM) of the State.
- Yoga Instructors have been engaged in all 422 Ayushman Arogya Mandir of the State
- New appointments for 110 Ayurvedic Medical Officers(AMOs) are in progress for Govt. Ayurvedic Hospitals/dispensaries of the State.
- Implementation of Tele- medicines (e-Sajeevani) is under progress.
- Implementation of State Govt. Scheme such as NIRMAL+, NIDAAN, Waiving of users fees is under progress.
- Construction of 50 bedded integrated AYUSH hospital at Berhampur and Balasore are on progress.
- AYUSH drugs have been tested at State Drug Testing and Research Laboratory (ISM) in Bhubaneswar during the year 2024-25.





CHAPTER-10

## Directorate Of Nursing, Odisha

- Seven new Nursing Colleges are approved under Central Sponsored scheme at Bolangir, Koraput, Mayurbhanj, Balasore, Angul, Puri&Jajpur. Sites for its establishment have been identified and administrative approval accorded from Govt.
- One Nursing personnel (Nursing Officer) from Malkangiri district Ms. Sanjukta Sethiof our State have been rewarded with the prestigious Florence Nightingale Nurses Award'2024.
- 20 Continuous Nursing Education (CNE) programme organized by the Govt. Nursing Institutions for the Nursing Personnel and students have been completed. 2 days State level workshop also completed at College of Nursing, VIMSAR, Burla in the month of Dec'2024.
- Successfully completed 30 batches of 6 days DAKSH training organized by the three Comprehensive skill labs.
- 06 meritorious students of ANM, GNM have been rewarded in the state level celebration of International Nurses Day'2024. The meritorious students of Basic B.Sc., P.B.B.Sc. & M.Sc. Nursing course have been rewarded in the State level workshop organized at College of Nursing, VIMSAR, Burla.
- Exposure visit of State Officials & Midwifery educators of SMTI, Berhampur and SMTI, VIMSAR, Burla to Gujarat and Hyderabad have been successfully completed in the month of Aug'2024 & Oct'2024 respectively.
- Out of 4253 ANM students, 3828 students passed in the final examination & Out of 3748 GNM students, 3623 have passed the final examination conducted by ONMEM, Bhubaneswar.
- Total 955 (Nine hundred fifty five) Nursing Officers have successfully completed the 4 months CPCH training programme.
- The State Midwifery Training Institute, College of Nursing, VIMSAR, Burla is functional & started its 1st batch of NPM training from Aug'2024.
- 2 batches of NPM training successfully completed at SMTI, SCBMCH, Cuttack & SMTI, MKCGMCH, Berhampur. Total 52 Nursing officers are trained (23 from SMTI, Cuttack & 29 from SMTI, Berhampur).
- 2 batches of NPM training is ongoing at SMTI, VIMSAR, Burla & SMTI, SCBMCH, Cuttack.
- 18 Midwifery educators are currently providing NPM training at 3 SMTIs (6 midwifery educators in each SMTI).
- MLCUs are established attached to 3 SMTIs (SCBMCH, Cuttack, MKCGMCH, Berhampur & VIMSAR, Burla) & DHHs of Bolangir, Kandhamal, Malkangiri, Ganjam, Koraput & Capital Hospital, Bhubaneswar & trained NPMs are also deployed at the MLCUs.
- 70 numbers of Asst. Nursing Superintendent have been promoted to the Post of Deputy Nursing Superintendent.
- Services of 1022 numbers of contractual inducted Nursing officers have been regularized.
- Odisha Nursing Education Service Cadre is under active consideration of Government for approval & implementation.
- The clinical cadre of Nursing Officers is restructured with more numbers of promotional posts along with better promotional avenues.
- Dress code for clinical nursing service cadre have been changed according to their designation.
- The labs, classrooms and libraries of the Govt. Nursing colleges are being strengthened and equipped with more items/articles with support from NHM PIP.



## CHAPTER-11

## Odisha State Medical Corporation Ltd

The “Odisha State Medical Corporation Ltd.” (OSMCL) has been established under the companies Act. 1956 as a wholly owned Government of Odisha undertaking vide Government Resolution No. 8844-Sch-I-Med.-264/2013 (Pt.), dtd. 26<sup>th</sup> June, 2013.

Odisha State Medical Corporation Limited (OSMCL) is the Nodal Agency of the Department of Health & Family Welfare, Government of Odisha for procurement of (a) Drugs, Surgical & Medical Consumables, (b) Equipment, Instrument & Furniture (EIF) Service.

### Objectives :

The key objectives of OSMCL include timely procurement of quality medicines for “Niramaya” – free medicine distribution scheme, medical consumables, surgical, equipments, instruments, furniture etc. through fair, transparent and competitive bidding process.

- Timely procurement of quality medicines, surgical and EIF (Equipment Instrument and Furniture) centrally adhering to a fair, transparent and competitive tendering process.
- Manage central drug warehouses to ensure smooth flow of supply to health facilities through a centralised online inventory management system.
- Monitor drug distribution counter to be set up across health facilities centrally and track prescription practices and disease pattern.
- Procurement and maintenance of medical equipment across health facilities.
- Management of Central Drug Warehouses at district level to ensure smooth supply to health facilities.
- Management of logistics up to block/CHC level.
- Provide equipment management support at periphery and tertiary health institutions.
- Provide integrated IT system for Inventory Management.

### 11.1. Drugs & Surgical Division

Procurement & distribution of drugs & consumables as per the recommendation of the State Drug Management Committee (SDMC) :

- (a) The procurement & distribution activities of EDL items (Essential Drug List) & programme items comprising of general items, surgical items, anti-cancer items, programme items and other items from Non-Essential Drug List as per the recommendation of State Drug Management Committee.
- (b) **Sufficient number of counter** : 532 computerised Drug Distribution Centres (DDCs) have been established across the facilities up to CHC level to distribute medicines at OPD counter.
- (c) **Sufficient number of drug warehouses** : In addition to 39 District Drug Warehouses, efforts are on to operationalise block level Drug warehouses for distribution up to PHC level from block drug warehouses.



- (d) **Supply of drugs to the warehouses in time** : 53 numbers of dedicated GPS enabled transport vehicles are engaged for doorstep delivery of drugs up to PHC level.
- (e) **Management of stock out positions** : The stock out position is analysed at regular interval for replenishing the stock by reallocation from Central Drug Store or other Drug Warehouses and plan for local procurement at institutional level. An ordering plan is being followed for availability of sufficient quantity of drugs and avoids stock out.

### 11.2. KHUSI Programme

Menstrual hygiene and the awareness regarding use of sanitary napkins among the adolescent girls is one of the important areas under preventive health management initiative. In a bid to better the health of adolescence girls and to ensure reproductive health of women the programme of “KHUSI” will bring major breakthrough. The expansion of the Menstrual Hygiene Scheme “KHUSI” to cover all girl students of class 6<sup>th</sup> to 12<sup>th</sup> by way of supply of free beltless sanitary napkins is a flagship scheme of Government of Odisha and involves large scale expenditure. The schools covered include all Government / Government aided schools under S & ME Department, schools under SS & EPD Department and ST & SC Development schools.

Under the programme, each girl student is being provided 18no.s of beltless sanitary napkins per month.

For the financial year 2023-24, around 38,53,22,616 pieces of sanitary napkins have been provided to beneficiaries. For this scheme, a total expenditure amounting to Rs. 248.64 crores has already been made till 30.09.2024.

For the financial year 2024-25, A total of 17,84,445 beneficiaries have been identified from 27803 schools. Tender has finalised for 38,54,40,120 pieces of sanitary napkins and supply under process.

### 11.3. Equipment Division

OSMCL is the Nodal agency for procurement of Equipment, Instruments & Furniture required for all health facilities across the State.

#### **Tenders already finalised/Supplied:**

- **CT Scan Machine in PPP Mode:**  
Agreement has been signed for implementation of 16 Slice CT scan services at 18 DHHs, out of which CT scan service has already been implemented at 15 DHHs
- **Supply of Equipment for Establishment of Dharani Dhar MC&H, Keonjhar and Saheed Rendo Majhi Medical Collage & Hospital, Kalahandi**  
Procurement & Supply of required EIFs for LOP (Letter of Permission) requirement Dharani Dhar MC&H, Keonjhar and Govt. Medical Collage & Hospital, Kalahandi
- **Tender for ceiling Suspended high end cathlab machine:**  
Supply & installation of high end Cardiac Cathlab Equipment at SCBMC&H, Cuttack, VIMSAR, Burla and Capital Hospital, Bhubaneswar.
- **Tender for Mobile Blood Collection Vans:**  
Supply of 2 Nos. of Mobile Blood Collection Vans for DHH-Bhadrak & DHH-Kalahandi.



- **Empanelment of laboratories to Conduct Molecular Pathology Tests of Samples Collected at Various Govt. Healthcare Facilities:**  
Tender has been finalized for procurement of Diagnostic Services from prospective Diagnostic Centres through Empanelment to Conduct Molecular Pathology Tests Of Samples Collected at Various Govt. Healthcare Facilities and agreement has been signed with the service provider.
- **Supply Installation of Dental Chair for Establishment of Dental Unit at CHC Level:**  
Tender has been finalized and contract has been issued for supply and Installation of 207 nos. of Dental Chair for Establishment of Dental Unit at CHC Level.
- **Tender for Supply of Dialysis Machine:**  
Tender has been finalized and contract has been issued for supply of Dialysis Machine for implementation of Dialysis Services upto the Level of SDHs/ CHCs.
- **Tender for supply of High End Surgery Equipment at AHPGIC, Cuttack:**  
Tender has been finalized and Purchase Order has been issued for Supply and Installation of Ultrasonic Surgical aspirator and Electrical Drill & Saw at AHPGIC-Cuttack.
- **Tender for supply of Spectacles:**  
Tender has been finalized and Purchase Order has been issued for Supply of Spectacles.
- **Tender for supply of Point of Care Test Screening of Sickle Cell Disease:**  
Tender has been finalized and Purchase Order has been issued for Supply of 32.5 lakhs of Point of Care Test Screening kits of Sickle Cell Disease.
- **Tender for supply of Auto Disable Lancets:**  
Tender has been finalized and Purchase Order has been issued for Supply of 2,16,87,008 Nos. of Auto Disable Lancets.
- **Procurement& supply of equipment for urgent functionalization of new teaching hospitals of FMMCH, Balasore, PRMMCH, Baripada, BBMCH, Bolangir& DDMCH, Keonjhar, DHH- Sonapur, DHH- Bhadrak, BMRC Cardiac Care Hospital, Jharsuguda & Cancer Care Hospital, Bargarh :**  
Contracts have been issued through L1 comparison/direct purchase mode in GeM portal & the equipment have been supplied for urgent functionalization of new teaching hospitals of FMMCH, Balasore, PRMMCH, Baripada, BBMCH, Bolangir & DDMCH, Keonjhar, & DHH-Sonapur, DHH- Bhadrak, BMRC Cardiac Care Hospital, Jharsuguda, Cancer Care Hospital, Bargarh
- **Procurement& supply of equipment for urgent functionalization of newly established Drug Testing Laboratory at Sambalpur :**  
Contracts have been issued through L1 comparison/direct purchase mode in GeM portal & the equipment have been supplied for urgent functionalization of newly established Drug Testing Laboratory at Sambalpur
- **Procurement& supply of equipment for urgent functionalization of Blood Bank at SDH-Umerkote :**  
Contracts have been issued through L1 comparison/direct purchase mode in GeM portal & the equipment have been supplied for urgent functionalization of Blood Bank at SDH-Umerkote



- **Procurement & supply of 7 Nos. of equipment required for culture & sensitivity test at District Public Health Laboratory, Rourkela :**  
Contracts have been issued through L1 comparison/direct purchase mode in GeM portal & the equipment have been supplied for culture & sensitivity test at District Public Health Laboratory, Rourkela, Boudh, Cuttack, Deogarh, Nuapada and Capital hospital, Bhubaneswar for preparedness of any diarrheal outbreak.
- **Procurement & supply of True NAT Machine under NTEP :**  
Tender has been finalized, Purchase Order has been issued & Supply has been completed for 161 Nos. of True NAT Machine under NTEP.
- **Procurement & supply of Kiosk Machines :**  
Contract has been issued in L1 comparison mode & Supply has been completed for 05 Nos. of Kiosk Machines at Capital Hospital, Bhubaneswar.
- **Procurement and supply of test kits for TrueNat Machine :**  
Tenders have been finalized for supply of TrueNat Micro PCR HBV Test kits (9200nos.), HCV Test Kits- (2860 nos.) and TrueNat MTB Test kits (1,06,000 Tests).

### On-Going Tenders already floated:

- **Supply of 1.5 Tesla MRI Scan and 128 Slice CT Scan Machine**
- Re-Tender has been floated for Supply, Installation & commissioning of 1.5 Tesla MRI Scan Machine and 3 Nos. of 128 Slice CT Scan Machine for Dept. of Radio diagnosis of SCBMCH-Cuttack (2 Nos.) & BMRC Cardiac Care Hospital, Jharsuguda (1 No.)
- **Tender for supply of Equipment for New Teaching Hospitals of Govt. Medical College & Hospitals.:** 2 (Two) years Rate Contract Tender has been floated for functionalization of teaching Hospital of New MC&Hs and Re-development of SCB MC&H and SVPPGIP, Cuttack for the Dept. of. Blood Bank, Furniture, Anaesthesia, Radiology, Biochemistry, Microbiology, Cardiology, Nephrology, Orthopedics, Pathology, FMT Dental Skin VD, Pediatrics, Critical Care, Surgery CSSD & OG, ENT, Physiotherapy, Ophthalmic, Urology and Psychiatric & equipment approved under NHM PIP
- **Supply of 3 Tesla MRI Scan:** Tender has been floated for Supply, Installation & commissioning of 3 Nos. of 3 Tesla MRI Scan Machine for Dept. of Radio diagnosis of SCBMCH-Cuttack, MKCGMC&H-Berhampur & VIMSAR-Burla.
- **Tender for Supply of UG Mannequins:** Tender worth Rs. 72 Crs. (Approx.) has been floated for supply of UG Mannequins for different Medical College and Hospitals.
- **Supply of Digital Mammography Machine:** Tender has been floated for Supply, Installation & commissioning of 6 Nos. of Digital Mammography Machine for SJMCH-Puri, DDMCH-Keonjhar, PRMMCH-Baripada, SLNMCH-Koraput, BBMCH-Bolangir, FM MCH-Balasore.
- **Supply of EIFs for establishment of HLA Laboratory at SCBMCH, Cuttack:** Tender has been floated for Supply of EIFs for Establishment of HLA Laboratory at SCBMCH, Cuttack.

### Bio-medical Equipment Maintenance Programme :

To strengthen the public health system in the State with a vision to minimise the downtime of the biomedical equipments available in the hospitals especially in remote locations, the centralised



Biomedical Equipment Maintenance Program has been rolled out across the state with effective from 01.01.2020 through M/s Kirloskar Technologies Pvt. Ltd., as the third party service provider for all the Government Health care delivery institutions down to the level of PHC under the H & FW Dept. (O) supported by 24x7 call centre.

#### **e-UPKARAN (EMMS) SOFTWARE:**

OSMCL is implementing its own customised IT solution called “e-Upkaran” software for supply chain management, inventory management, maintenance of medical equipments, instruments, furniture’s in required quantities for the Govt. health facilities including State Medical Colleges, 30 District Headquarter Hospitals (DHHs), Secondary Healthcare Institutions, Community Health Centres (CHC) and Primary Health Centres (PHC) for a transparent and efficient procurement process.

### **11.4. Quality Assurance Division**

#### **A) Quantitative Report (from 1<sup>st</sup> Apr’ 2024 up-to 31<sup>st</sup> Dec’ 2024)**

Various batches of drugs and surgical items received by Quality Assurance Cell are being sent to different empanelled laboratories for test and analysis through online mode and details of report received for the period from 1<sup>st</sup> Apr’ 2024 to 31<sup>st</sup> Dec’ 2024 are given below;

Details	No. of items	No. of Batches
Sample Received	596	6598
Sample Sent for testing	584	6497
Test report received	575	6298

#### **B) Achievements :**

- No. of Items declared as Not of Standard Quality (NSQ) by empanelled laboratories – **03**
- No. of Batches declared as NSQ by empanelled Laboratories – **08**
- No. of items declared as Misbranded – **Nil**
- No. of batches declared as Misbranded – **Nil**
- No. Firms Blacklisted / De-barred in respect of individual items – **01**
- No. of Firms Blacklisted / De-barred for all items – **Nil**
- No. of Laboratories empanelled for year 2024-25 – **13**
- New procedure was implemented to De-recognize / Debar of “Misbranded” and “Spurious” drugs.

### **11.5. IT Cell**

#### **e-Niramaya Software :**

- **Real time monitoring of all aspects of the scheme, to avoid dislocation in indenting, procurement, Quality assurance, payment & distribution:** The “e-Niramaya” software was launched on 01.04.17 for managing the entire drugs supply chain and distribution process. The e-Niramaya Software has been designed to streamline free drugs distribution from Warehouse to Health facilities. The system would have robust disaster recovery link with State Data Center, OCAC.



- AAP i.e. Annual Demand for the current financial year 2025-26 has been obtained from the down below facilities like PHCs, UPHCs, CHCs, SDHs, DHHs, and consolidated at DWHs level via e-Niramaya software. This will help to generate demand pattern over a period of time.
- Revamp done in the e-Niramaya software in order to incorporate expiry management.
- 62 Sub centers of Kalahandi district were added in pilot basis. Now 6680 sub centers have been added in e-Niramaya. They will give indent to their parent CHC.
- The online training on “e-Niramaya” software has been completed by OSMCL to all PHCs and PHCs (I/Cs). Training manual and concerned module process flow recording have also been provided to all the trainees.
- Sub center level training has been started in phase wise manner.
- Regular online monitoring of DDC.

In view of the integration of e-Niramaya software with OeHMIS software and Central Dashboard of DVDMS.

### **A) Drug Vaccine Distribution Management System (DVDMS):**

DVDMS (Drugs and Vaccine Distribution Management System) is a software platform to automate various activities of Directorate General Medical Health, Govt. of Odisha. It comprises of Drug and Vaccine Supply Chain Management that deals with Purchase Order, Inventory Management & Distribution of various drugs etc. Also it helps for managing receipt, Issue, Quality Control, vaccines and other health sector goods that are supplied to States under various disease control programmes.

### **B) Odisha e-Hospital Management Information System (OeHMIS):**

Drug distribution at DDC level with respect to Prescriptions has been integrated with OeHMIS for issue of medicines to patients i.e. there is a bridge/interface in between e-Niramaya & OeHMS software. The development for integration of OeHMIS with e-Niramaya web-application has been completed & implemented in Capital Hospital SCB-MCH on pilot basis. This enables DDC counters to facilitate drug distribution (issue of medicines) as well as clinical records of patients as per the prescription prescribed by the doctors of the concerned hospitals.

### **C) KHUSI+ software :**

Government of Odisha has announced the flagship scheme for free distribution of Sanitary Napkins programme for adolescent girls from Class 6th to Class 12th in all Govt. and Govt. aided schools in 314 nos. of Blocks and 5 numbers of Municipal Corporation under the programme named “KHUSI” and also expanded the supply of free distribution of belted sanitary napkins to Institutional delivery post MTP cases in Govt. facilities in 30 districts since 2015 – 16. Now both the programs are covered under KHUSI+. So proposal has been shared with NIC for the development/revamp of a robust web application to incorporate both KHUSI and KHUSI+ functionalities.

### **D) OSWAS Software:**

In line with 5T initiative, Odisha State Medical Corporation updated with “OSWAS” office automation software. It is a cloud ready with web responsive design recovery link with OCAC, State Data Center and National Data Center. It would have features like 24×7 secure accesses,



notification and real time executive dash board. The software has principal applications like correspondence management, file management, file processing, record room, internal messaging, dash board, leave management, MIS reports.

**E) KAVACH Authentication:**

For security purpose the two factor authentication ( i.e. “KAVACH” authentication APP) has already been installed at head quarter level in every division, at District-DWH level, at DHH and MCH level by OSMCL.

**F) e- Upkaran Software:**

The OSMCL has implemented its own customised IT solution called “e-Upkaran” for supply chain management, inventory management, maintenance of medical equipment, instruments, furniture in required quantities for the Government health facilities including state Medical Colleges, 30 District Headquarter Hospitals (DHHs), Secondary Healthcare Institutions, Community Health Centres (CHC) and Primary Health Centres (PHC) for a transparent and efficient procurement process.

The first phase hands on training on e-Upkaran software has been completed by CDAC team to the OSMCL head quarter and 5 health facilities.



CHAPTER-12

## Directorate Of Drugs Control

- To facilitate for testing of more drugs samples to ensure the quality of the medicines available in the State, Govt. have established another drug testing laboratory at Sambalpur under Central Sponsored Scheme.
- Directorate of Drugs Control also ensures the availability of **safe blood** and blood products such as Plasma, Platelets, RBC etc to the public. During COVID pandemic some blood centres were permitted to manufacture fresh frozen plasma for the treatment of Covid patients. There are 35 Nos of Blood Storage Centres and 87 nos of Blood Centres in the State.
- Besides the above the officers of this Directorate have conducted raid at different places in different times to check the Not of Standard Quality (NSQ), Spurious, Adulterated, Misbranded, prohibited drugs throughout the year and registered cases against the accused for violating the norms. The details of enforcement activities as follows:
  - No. of Inspection: 3082
  - No of Raid Conducted: 1293
  - No of Seizure made : 35
  - Amount of article seized : Rs.20,92,338/-
  - No of PR submitted in Court of Law: 51
  - No of spurious drug detected : 27
  - No of sample declared as NSQ : 124
  - No of sample declared as Misbranded : 15
- The officers of this Directorate verified 83 nos cases under DPCO, 2013. Out of which 21 nos of violation have been detected charging of higher price on scheduled formulation.
- The Price Monitoring Resource Unit Society has been registered and functioning at the Directorate building to check the overcharging of the price of the drugs with reference to the price fixed by the National Pharmaceutical Pricing Authority (NPPA).
- Under COTPA Act, raid have been conducted and Rs.7,20,253/- levied as fine under COTPA Act. The Additional Chief Secretary to Govt. of Odisha, H & FW Deptt. has recognized the work of this Directorate in the field of enforcement of COTPA-2003 under National Tobacco Control Programme in Odisha and has issued a Certificate of Appreciation in the year 2022.
- Government has taken steps for recruitment of 47 posts of Drugs Inspectors through Odisha Public Service Commission (OPSC) and 15 posts of Senior Laboratory Assistant through Odisha Staff Selection Commission (OSSC). These posts are lying vacant under the Directorate of Drugs Control, Odisha.
- Government have constituted a Special Task Force (Drug Enforcement Squad) to conduct surprise raid, inspection of facilities, storage of drugs and medical consumables.
- 03 Nos of drugs manufacturing units have been issued with WHO GMP Certificate and another company has been issued with Test Licence for 05 types of Vaccines.
- There are 81 nos of licenced allopathy drug manufacturing units including 01 vaccine manufacturing unit, 04 nos of cosmetic manufacturing units, 05 nos of Homoeopathic Medicine manufacturing units and 22 nos of medical devices (Class A & B) manufacturing units in the State.

## CHAPTER-13

## Orissa State AIDS Control Society (OSACS)

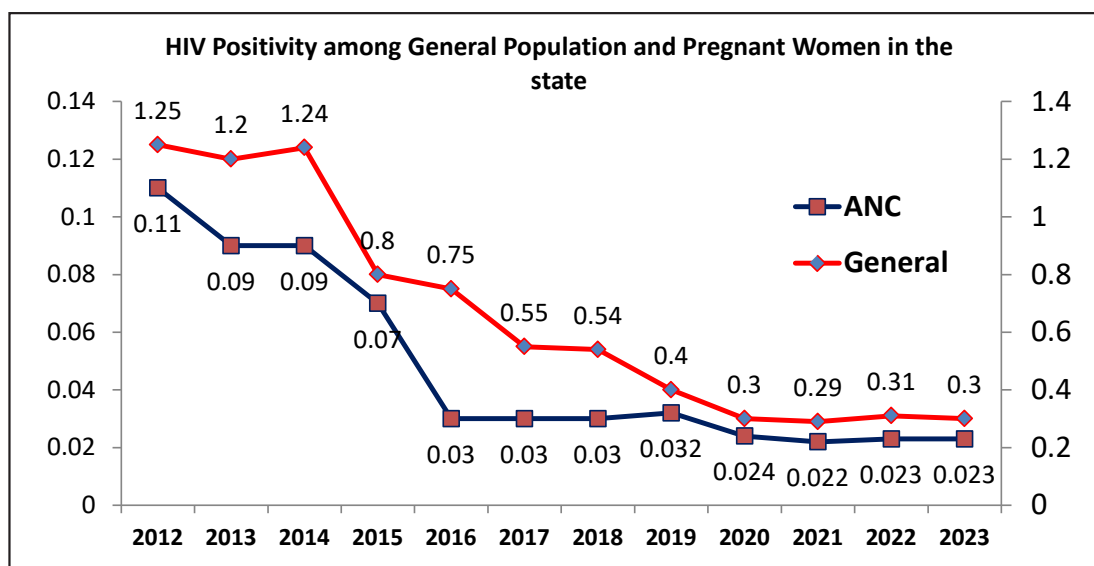
National AIDS & STI prevention and control Programme (NACP- V) has implemented in the country from April 2021, with a vision achieve following targets, aligned with SDG Target 3.3 of Ending the AIDS Epidemic as a Public Health threat by 2030.

### 13.1. HIV/AIDS prevention and control

- 95% of people who are most at risk of acquiring HIV infection use comprehensive prevention.
- 95% of HIV positive know their status, 95% of those who know their status are on treatment and 95% of those who are on treatment have suppressed viral load.
- 95% of pregnant and breastfeeding women living with HIV have suppressed viral load towards attainment of elimination of vertical transmission of HIV.
- Less than 10% of people living with HIV and key populations experience stigma and discrimination.
- Universal access to quality STI/RTI services to at-risk and vulnerable population.
- Attainment of elimination of vertical transmission of syphilis

### 13.2. Program intervention

**Basic Service Division:** Providing Counseling & Testing services to different types of clients, There are 167 ICTC, 372 FICTC functional in the state in public health institutions. HIV screening services in Health Wellness centre/ VHSND/Prison intervention already initiated in the state.



Over the year HIV testing has increased from 7 lakhs to 12 lakhs in general client at the same time 94% registered PW screening for HIV through above mentioned institutions, but the detection of HIV positive and positivity remains identical.



**Care Support & Treatment (CST) Division:** 20 ART centres providing free Care, Support & treatment services to people living with HIV (PLHIV), Anti-Retroviral Therapy, Treatment for Opportunistic infections, Follow up, nutritional and family counselling. Provision of link ART centre to dispense drugs at nearest public health facility. Social security schemes made available through single window model.

- ART dissension has increased 98% for new cases in this year.
- Introduction of e-SACEP (State AIDS Clinical Expert Panel) helps client take recommended ARV from nearest ART to improve their adherence level.
- 1224 nos PLHIV were registered for second line ART in the state

### 13.3. Targeted Intervention (TI)/ Link Worker Scheme (LWS)/ Opioid Substitution Therapy (OST)

TI NGO projects are working for core high risk group i.e FSW, MSM,, TG/Hijra, IDU and Bridge Populations i.e Migrants & Truckers in different urban pockets. Provide counselling, condom, STI/RTI & HIV services. Link Worker Scheme(LWS) are working in the rural areas(100 village per district) to link vulnerable people to HIV services. TI division also covers Prison & other close setting homes in the state in co-ordination with line dept. 11 transit migrant intervention in the different railway platforms of the state

- 52 nos. of TI NGO projects are functional in different urban pockets.
- 07 nos. of Link Worker Scheme (LWS) are functional in identified villages.
- 24857 Prison inmates & Other Closed Settings (OCS) screened in 158 points, link reactive clients to public health facility.
- 5 Opioid Substitution Therapy(OST) centers in public health facility serving 1855 ex-Injecting Drug Users (IDU) .
- 25784 HRG screened for HIV in Community Based Screening Camp
- 21838 Sex workers out of 24673 availed Ration Card as per the orders of Hon'ble Supreme Court

### 13.4. STI/RTI Services

STI/RTI component to elimination of vertical transmission of HIV and syphilis but also to augment access to quality STI/RTI services through maximizing its system and opportunities for shared delivery models. 40 nos of designated STI/RTI Clinic were operational in the state to provide the syndromic management treatment of diagnosed cases.

### 13.5. IEC & Mainstreaming

Create awareness among youth, migrants and other vulnerable population under NACP.

Odisha launched the Intensified IEC Campaign on August 12, 2024, coinciding with International Youth Day, to boost public awareness on HIV and STIs. The campaign was inaugurated by Hon'ble Health Minister Dr. Mukesh Mahaling. The campaign ran statewide from August 12 to October 11, 2024. Over two months, the campaign achieved significant milestones.

- 4060 Villages, and 653 Slums covered
- No. of population reached 420971



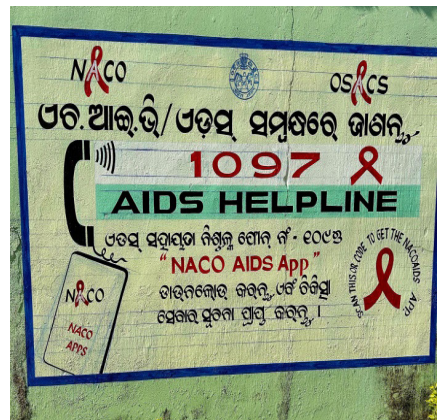
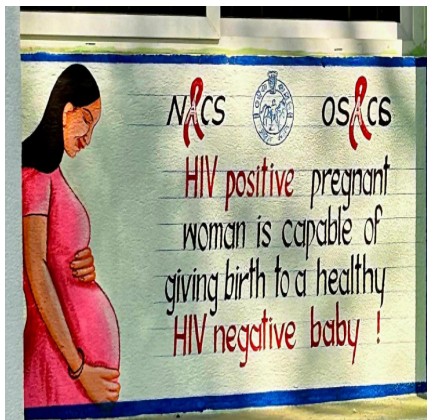
- 987 Schools & 638 Colleges covered
- 6,323 meetings conducted at different, Villages, Schools (Rural area) Slums & Colleges ((Urban area)which includes 459 Gramsabha meetings.
- 3,01,132 Nos. of people reached through Village level, School Level
- 5,460 No. of individuals linked to services from 653 slums
- 144 Rallies conducted by involving 16,949 participants
- 25,770 audiences witnessed in 213 Flash Mobs and 196 Folk Performances
- 16,767 nos. of individuals participated in IPC Sessions at VHSND level
- 267 special camps organised at different Government Hospitals, where 11,625 Nos. of individual screened & 12,172 Nos. Counselling.
- A State-Level Quiz on HIV/AIDS Awareness was held on August 23, 2024, at the OSACS Conference Hall among school students
- A State-Level 5K run was held for college students, with participants competing at district, state, and national levels.
- HIV/AIDS awareness activities were conducted in 700 Red Ribbon Clubs through a collaboration between OSACS and Youth Red Cross (IRCS).
- Colleges celebrated International Youth Day, World AIDS Day, and National Youth Day to raise HIV/AIDS awareness.
- A two-day folk workshop in Odisha used traditional art forms to raise HIV/AIDS awareness, featuring 75 folk artists.
- World AIDS Day 2024 was celebrated at Nilachal Polytechnic College, Bhubaneswar, under the theme “Take the Rights Path.” Hon’ble Health Minister Dr. Mukesh Mahaling emphasized equal rights and healthcare access, while Commissioner Ms. Aswathy S., IAS, highlighted the need to fight HIV/AIDS stigma. The Minister also launched the revamped OSACS website <https://osacs.odisha.gov.in/>
- 2000 audio spots on HIV/AIDS awareness were broadcast through private FM stations.
- 102 audio spots on HIV/AIDS awareness broadcasted through AIR.
- 124 awareness video spots/L Band telecasted on Doordarshan.
- 400 awareness video spots aired on private TV channels.
- Messages from Hon’ble Chief Minister & Health Minister published in vernacular and English dailies during WAD.
- HIV/AIDS awareness messages displayed at 30 bus shelters.
- Train branding on Sambalpur to Rayagada Intercity Express.
- A/V spots displayed through sanitary vending machines at railway stations. Bhubaneswar – 10 screens, Cuttack – 1 screen, Sambalpur – 1 screen, Titlagarh – 1 screen
- 400,000 OSRTC bus tickets carried HIV/AIDS awareness messages.
- 20 flash mobs performed in public places by college students to raise awareness among adolescents.
- Awareness done through rented hoardings in 19 places of the vulnerable areas.



World AIDS Day 2024



Youth in HIV Awareness



Wall painting at CHCs of Keonjhar districts



## CHAPTER-14

## Acharya Harihar Post Graduate Institute of Cancer

- Laying of foundation stone by Hon'ble Chief Minister of Odisha for expansion of AHPGIC, Cuttack was done on 02.03.2024.
- 14<sup>th</sup> World Cancer Cervix eradication Day was celebrated on 11.03.2024.
- Nursing Officers of AHPGIC attended "Hands-on workshop on patients with vascular access devices" at AIIMS, Bhubaneswar from 27.05.2024-14.06.2024.
- Blood Donation Camp was organized on 14.08.2024 at AHPGIC. Dr. Deepak Routray, Director, AHPGIC was felicitated regular blood donors. 106 units of blood collected from Doctors, Paramedical staff & other staff of the institute.
- Service like CT Guided biopsy and Biliary stenting has been started for cancer patients.
- A live workshop on "Handling Difficult Questions while Talking to Patients and Families" was organized on 18.09.2024 in AHPGIC, Cuttack with Guest Faculty Dr. Nagesh Simha and Ms. Keshav Sharma of Bagchi Karunashraya Palliative Care Centre, Bhubaneswar.
- Pink October Inaugurated by Prof. Rekha Das, Dean & Principal, AHPGIC in collaboration with KRIYAA foundation in to raise awareness about Breast Cancer.
- Celebration of 'PAEDIATRIC SUEVIVORS MEET - 2024' in AHPGIC on 19.11.2024
- Eight Batches of Three Days State Level trainings for Surgery Specialists, O&G Specialists, Pathologists and Lab-Technicians were conducted under Surgical Oncology, Gynaecological Oncology, Pathology Department in the month of September, Ovctober and November 2024.
- A state Level Training on Tru-Cut Biopsy for Surgery Specialist was conducted under Surgical Oncology Department in the month of November 2024.
- A three days state Level Training of Pathologists & Lab Technicians on Screening of Cancers was conducted under Pathology Department .
- A State Level World Hospice & Palliative Care Day was celebrated with NGOs on 9<sup>th</sup> October 2024
- Workshop on "Grossing techniques of oncosurgery specimens" was conducted in Pathology Dept as a part of Platinum Jubli Celebration of IAPM.
- AHPGIC is actively engaged in the community service in the form of cancer education, consultation and early detection through camps and various media across the state. Social Workers-cum-counselors of different NGOs have been deployed for patient assistance.

### Hospital Statistics:

Sl. No.	Particulars	Number
1.	Total No. of OPD registration:	150719
2.	Total No. of Admission:	24972
3.	Total No. of Pathological Investigation:	974739
4.	Total No. of Radiological Investigation:	21997
5.	Total No. of OT Procedure:	2856
6.	Total No. of Chemotherapy Cycle:	27727
7.	Total No. of Radiotherapy Treatment:	3329
8.	Total No. of PET CT Scan Test (PPP mode):	5554
9.	Total No. of CT Scan Test (PPP mode):	12621
10.	Total No. of MRI Test (PPP mode):	5262
11.	Total No. of Molecular Test (PPP mode):	1785



CHAPTER-15

## Strengthening Blood Services

- Blood Centres: Director Blood Safety Supports 56 State/Central Govt Blood Banks, 2 Central Red Cross Blood Bank, 29 Central Pvt blood Banks and 42 no of functional Blood storage units in the state of Odisha.
- Blood Component Separation Units: 27 Nos of Govt/redcross/Pvt Blood Component Separation Units are functioning in the state.
- Blood Collection in the year 2024: The Total Blood Collection was 5,34,356 units out of which the total voluntary blood Collection is 2,08,760 units i.e 39% of the total blood Collection.
- Provision of NAT tested Blood: There is a provision to supply NAT tested blood at 11 Blood Centres i.e SCB MCH, Cuttack, CRCBB, Cuttack, MKCG MCH, Berhampur, VIMSAR Burla, Capital Hospital, Bhubaneswar, BMC Hospital, Bhubaneswar, DHH Bolangir, SLNMCH Koraput, SDH Jeypore, DHH Balasore and DHH Baripada.
- e-Blood Banking: e-blood banking is operational in 61 Blood Centre in the State.
- Free Blood transfusion (service charge exempted): 1,11,521 units of free blood transfusion (service charge exempted) was issued during the year 2024.
- Transport cost assistance for blood disorder patients: 24,267 blood disorder patients have been provided the transport cost assistance @ 500/- per person /per month.
- Mobile Blood Collection Vans: The 22 Nos of Mobile Blood Collection vans are available at 21 Nos of Govt blood centres in the state.

### National Sickle Cell Anaemia Elimination Mission (A GoI Flagship Programme)

- National Sickle Cell Anaemia Elimination Mission (NSCAEM) has been launched on 01.07.2023 by Hon'ble Prime Minister in Shahdol, Madhya Pradesh and 17 States including Odisha covering 0-40 yr population.
- No. of Target of screening in 3 years: 80 lakhs (approx.)
- No. of Districts Covered: 21 Districts (Angul, Balangir, Balasore, Bargarh, Boudh, Deogarh, Gajapati, Ganjam, Jharsuguda, Kalahandi, Kandhamal, Keonjhar, Koraput, Malkangiri, Mayurbhanj, Nabarangpur, Nuapada, Rayagada, Sambalpur, Sonepur and Sundargarh).
- No. of Target Population for FY 2024-25: 55,16,270
- No. of Total Screened cases: 50,23,412
- % Achievement: 91%
- No. of Sickle Cell Negative cases: 45,35,337
- No. of Sickle Cell Trait cases: 3,83,165
- Prevalence of Sickle Cell trait: 8.4%
- High SC trait prevalence Districts: Sambalpur, Bargarh, Kandhamal, Nuapada, Sonepur, Boudh, Deogarh, Bolangir, Kalahandi, Koraput, Nabarangpur and Gajapati.
- No. of cases of Sickle Cell Disease cases: 91,239
- Prevalence of Sickle Cell Disease: 2%



- High SCD Prevalence Districts: Sambalpur, Nuapada, Kandhamal, Deogarh, Koraput, Bargarh, Malkangiri, Kalahandi, Angul and Boudh.
- No. of Thalassemia Screening cases: 10,52,140
- No. of Thalassemia Negative cases: 10,24,177
- No. of Thalassemia Carrier cases: 26,349
- Prevalence of thalassemia carrier: 2.5%
- No. of Thalassemia Disease cases: 1448
- Prevalence of thalassemia Disease: 0.1%
- No. of Confirmed SCD cases: 62,582
- No. of SCD cases Treatment on Hydroxyurea (HU): 35,697
- % of SCD cases on HU treatment: 57%
- No. of PoC identified SCD cases awaiting for confirmation: 25,869
- No. of Cards Distributed: 7,26,759
- No. of ST population screened: 15,68,783
- No. of PVTG population screened: 11,467
- No. of SC population screened: 6,88,360
- No. of OBC population screened: 8,72,869
- No. of General population screened: 5,43,098
- Screening methods: Point of care test kit (PoC), Gazelle and DBS-HPLC.
- Strategy of screening: field level screening at Schools, AWCs, VHSND and AAM-SCs through DBS-HPLC and PoC. Opportunistic screening at Health facilities through Gazelle.
- Strategy of Treatment for SCD cases identified through Gazelle/HPLC cases: CHO has the database of SCD cases. After mobilisation through ASHA CHO will refer the patients along with report card to DHH for preliminary lab investigations required before initiation of Hydroxyurea. The patient after collecting the reports of lab investigations shall go for physician consultation and then collect the Cap. Hydroxyurea from DHH for at least one month. The administration of Hydroxyurea is followed up by CHO and referred to PHC for routine laboratory investigations at 3 months intervals. The availability of Suspension Hydroxyurea and Tablet of 100 mg and 300 mg is yet to be included in the State EDL. Technical Committee Meeting for Hydroxyurea Suspension has been done and at present a single manufacturer is available in market. On enquiry few other participants are coming soon.
- Confirmation of SCD cases identified through PoC: These cases must be referred to DHH or CHCs by CHOs for confirmation through HPLC/CZE/Molecular testing. After collection of reports of confirmation, the SCD cases may be referred to DHH for preliminary lab investigations and initiation of Hydroxyurea in the same manner as mentioned above.
- Training of Treatment Protocol: Training of Master trainers includes Doctors (Medicine Specialist, Paed. Specialist, O & G Specialist & Sr MBBS), DPHO (Nodal Officer), Asst. Manager NCD/Prog. Assistant, Sickle Cell of 30 districts have been trained in two batches in July 2024. Then cascade model training by the master trainers rendered to the block Medical Officer, CHO and subsequently these officials trained the ASHA & ANMs. This entire training has been completed.



CHAPTER-16

### State Health Assurance Schemes

The vision of our Hon’ble Chief Minister has been to provide equitable, affordable and accessible quality health care to all citizens of the State, especially the economically vulnerable sections. With this objective, **GOPABANDHU JANA AROGYA JOJANA(GJAY)**been launched as a path breaking program to provide universal health coverage, with special emphasis on the health protection of vulnerable families and women. 1.03 crore families, covering nearly 80% of the population of the State, are provided health assurance under GJAY.

To implement Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana (AB PM-JAY) in convergence with the State’s own Health Assurance Scheme named Gopabandhu Jana Arogya Yojana (GJAY) in Odisha, Govt. has signed MoU with National Health Authority (NHA) Govt. of India on 13.01.2025 and inclusion of provision for Ayushman Vay Vandana Scheme i.e. all senior citizens aged 70 years & above.

By implementing the integrate scheme, the people of Odisha will have access to cashless treatment at over 29,000 empanelled Govt. and Private hospitals across all States of the Country. This scheme will provide comprehensive cashless healthcare, especially to all migrant labourers and other workers of Odisha staying outside the State.

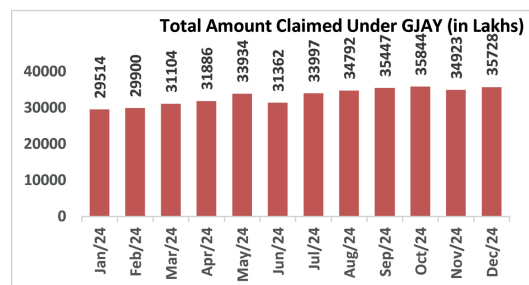
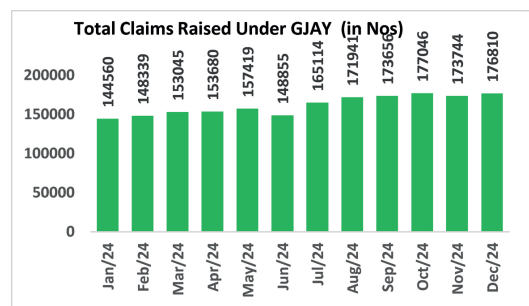
After onboarding AB PMJAY, Odisha will be able to receive Government of India funding under the scheme.

The **Gopabandhu Jana Arogya Yojana (GJAY)** has two components as below:

- Component-1 (Cashless Health Care in State Government Health Facilities.) Gopabandhu Jana Arogya Yojana (GJAY) provides universal health coverage to all at all Government health facilities
- Component-2 (Cashless Health care in empanelled hospitals): Provides comprehensive health care to economically backward families with coverage of Rs. 5 lakh per annum per family with an additional Rs. 5 lakh for women members of the family at empanelled private hospitals.

**Achievements of GJAY in 2024:**

- This year over 7.8 lakh families have taken the benefits of hassle-free cashless treatment saving an estimated total Out of Pocket expenditure of Rs. 3984 crores from the beneficiaries of GJAY. On an average the scheme has prevented an annual Out of Pocket expenditure of about 52 thousand rupees per family. This year alone about 9 lakh women have availed their health benefits of Rs 618 crores and 10 lakh men have availed their health benefits of Rs 720 crores of GJAY and over 177 Women beneficiaries have availed their annual health benefits of Rs 10 lakhs per annum.
- Swasthya Mitras have been deployed at private empanelled hospitals of Odisha under GJAY. They play a major role in availing hassle-free and cashless treatment for the GJAY beneficiaries.
- There is a dedicated **Grievance Cell** working under GJAY and the cell comprises the grievances through Call Centre, GJAY Portal and Physical mode.
- Two types of toll-free number are functioning under GJAY, one is 104 State Health Helpline for residents of Inside State and 1800120120104 toll free number for Outside State residents.
- In this year total 36062 No of Grievances received through Call Centre and 466 Nos through Portal along with Physical Grievances have been received which has already been addressed.





## CHAPTER-17

## Directorate of Health Intelligence and Vital Statistics

The Directorate of Health Intelligence & Vital Statistics, Odisha has been functioning as an independent Directorate since the year 2017. The Director of HI & VS is also designated as the Chief Registrar, Birth & Death, Odisha. He has the responsibility of coordinating and monitoring the works of all the Registrars, Birth & Death across the state.

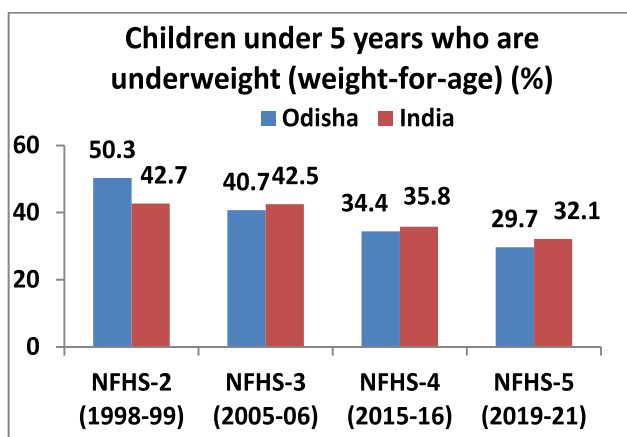
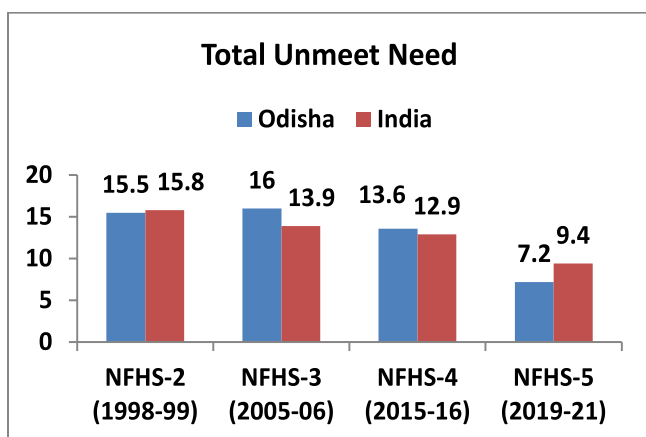
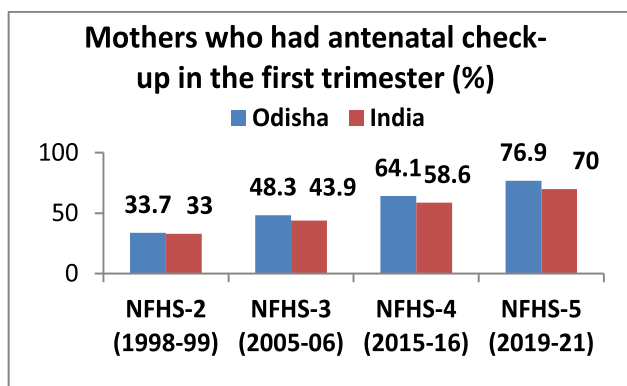
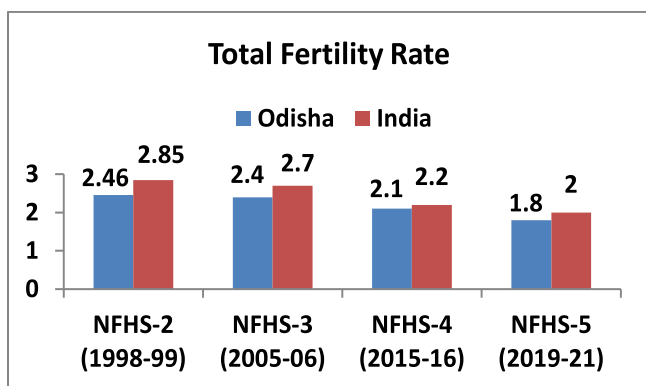
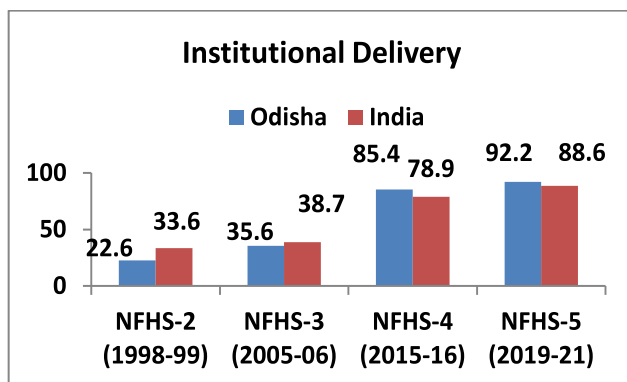
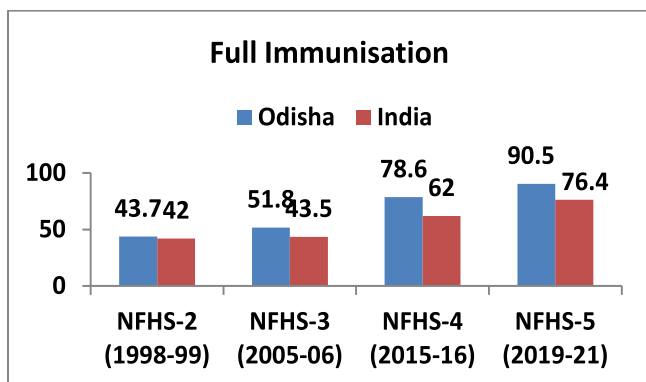
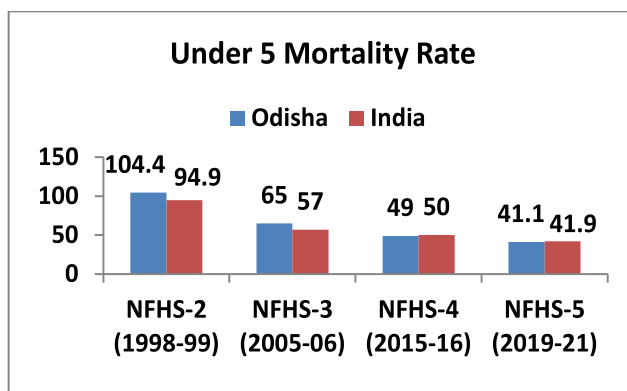
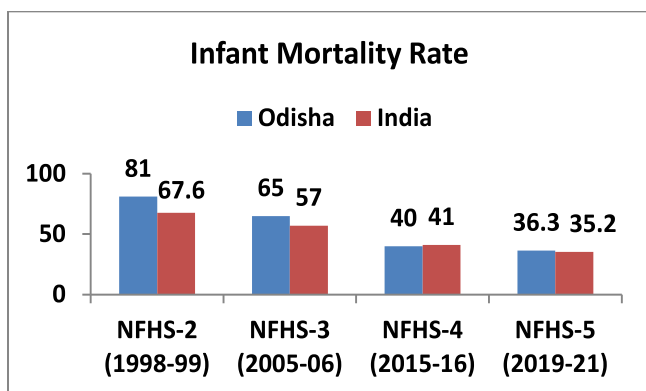
- **Status about the Registration Units:** The Birth & Death Registration work in the state is being carried out through 314 Rural Registration units and 116 Urban Registration units. 100% reporting have been witnessed for the 430 registration units in the state for 2024.
- **Human Resources status:** Out of the 314 position of Vital Statistics Assistant Sanctioned in the state, 234 nos. of vacant posts which was under process for recruitment during the Year-2023, 231 nos. of VS Assistants have been appointed and posted at different Registration Units of birth & death across the state. 157 nos. of Sanctioned post of Sr. V.S. Assistants repositioned at 116 Urban Registration Units from Base Level Post (VS Assistant) which have newly created in the Year-2022 has been remained vacant since the Cadre Rule restructured in the Year-2023.

**Activities Undertaken:** The year 2024 has been a year in which the Directorate initiated some important steps for strengthening of the civil registration system in the state.

- District Level Co-ordination Committee (DLCC) basically look after the co-ordination between the different departments which are connected to the registration of birth & death registration. 20 districts have conducted their DLCCs for the year 2024.
- The Inter Departmental Co-ordination Committee (IDCC) meeting for the year 2024 has been scheduled to be held on 03.02.2025 under the chairmanship of the Commissioner-cum-Secretary to Government, Department of Health & FW, Odisha with all concerned Departments of Govt. of Odisha with all Stake holders where important issues such as delay in submission of death report by Inquesting Officer for registration of death in case of un-natural death, involvement of PRI Members for demand generation about registration of birth & death implementation, extension of the AADHAR linked Birth Registration (ALBR) services to Government hospitals have been proposed to discuss. Different Departments such as PR & DW, WCD and School & Mass Education are involved to generate awareness regarding importance of Girl child in Society.
- Using the Medical Certificate of Cause of Death (MCCD) online portal, 80,065 death data has been uploaded for the year 2024.
- Training of 454 doctors of MCH, DHH, SDH & CHC on Master Trainers on MCCD completed.
- 6,49,867 number of births and 4,20,465 deaths have been registered in 2024.
- 95% of the babies have been issued birth certificates within 21 days of birth.
- 100% certificates of birth and death have been issued to the beneficiaries within 7 days of submission of application for getting certificates which is being covered by ORTPS Act-2012.
- First Hand Information Reports (FHIRs) on Vital events are received monthly from all 30 districts.
- Reports are also received from all districts monthly on Communicable Disease / Non-communicable Disease status for surveillance.
- The AADHAR Linked Birth Registration (ALBR) work has made a substantial progress in the state. For all births which are registered in the OBDRS portal, the AADHAR card is generated (BAALAADHAR). The 110 hospitals and more with delivery points have started functioning to provide ALBR across the State. The Data Entry Operators deployed by OCAC manage the ALBR in the respective hospitals.



Trend of Key Indicators: Odisha vs.India (Source: NFHS Survey Report)







**NATIONAL HEALTH MISSION**  
**HEALTH AND FAMILY WELFARE DEPARTMENT**  
**GOVERNMENT OF ODISHA**