



# Annual Activity Report 2011-12

Health and Family Welfare Department,  
Government of Odisha





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# Glossary of Terms

ANM	Auxiliary Nurse Midwife	MMR	Maternal Mortality Rate
API	Annual Parasite Index	MPW	Multi Purpose Worker
ASHA	Accredited Social Health Activist	MTP	Medical Termination of Pregnancy
ATD&TC	Anti TB Demonstration and Training Centre	MTS	Malaria Technical Supervisor
AVDS	Alternate Vaccine Delivery System	NBC	New Born Corners
AWW	Angan Wadi Worker	NCD	Non Communicable Disease
AYUSH	Ayurveda, Unani, Sidhha and Homeopathy	NDPS	Narcotic Drugs and Psychotropic Substances
BCC	Behaviour Change Communication	NFHS	National Family Health Survey
BEmOC	Basic Emergency Obstetric Care	NLEP	National Leprosy Eradication Programme
CC	Conventional Contraceptive	NMHP	National Mental Health Programme
CD	Classification of Disease	NOC	No Objection Certificate
CEmOC	Comprehensive Emergency Obstetric Care	NRHM	National Rural Health Mission
CHC	Community Health Centre	NVBDCP	National Vector Borne Disease Control Programme
COTPA	Cigarettes and Other Tobacco Products Act	OCP	Oral Contraceptive Pill
D&C	Drugs and Cosmetics	OHSDP	Odisha Health System Development Project
DHH	District Headquarter Hospital	OHSP	Odisha Health Sector Plan
DMC	District Malaria Centre	OMDSS	Odisha Multi Disease Surveillance System
DMO	District Malaria Officer	PHC	Primary Health Centre
DOTs	Directly Observed Treatment(Short course)	PHC(N)	Primary Health Centre-New
DPMR	Disability Prevention and Medical Rehabilitation	PPC	Post Partum Centre
DST	Drug Susceptibility Test	PPE	Personal Protective Equipment
EMR	Electronic Medical Record	PR	Panchayati Raj
GFATM	Global Fund for Aids, TB and Malaria	Pro-MIS	Procurement Management Information System
GKS	Gaon Kalyan Samiti	RCH	Reproductive and Child Health
GNM	General Nurse Midwife	RCS	Reconstructive Surgery
GoI	Government of India	RKS	Rogi Kalyan Samiti
GoO	Government of Odisha	RNTCP	Revised National Tuberculosis Programme
GRAMSAT	Grameen Satellite	RPR	Rapid Plasma Reagin
HMIS	Health Management Information System	RRT	Rapid Response Team
ICMR	Indian Council of Medical Research	RWSS	Rural Water Supply and Sanitation
IDDCP	Iodine Deficiency Disorders Control Programme	SBA	Skilled Birth Attendant
IEC	Information, Education and Communication	SC	Scheduled Caste, Sub Centre
IMA	Indian Medical Association	SDMU	State Drug Management Unit
IMNCI	Integrated Management of Neonatal & Childhood Illness	SFWB	State Family Welfare Bureau
IMR	Infant Mortality Rate	SNCU	Sick and Newborn Care Unit
IPC	Inter Personal Communication	SRS	Sample Registration System
IRL	Intermediate Reference Laboratory	ST	Scheduled Tribe
IRS	Indoor Residual Spray	TB	Tuberculosis Bacillai
ITN	Insecticide Treated Net	TFR	Total Fertility Rate
IUCD	Intra Uterine Contraceptive Device	TOR	Terms of Reference
JSY	Janani Surakhya Yojana	TPHA	Triponima Pallidum Haemagglutination
LLIN	Long Lasting Insecticide Treated Net	UNDP	United Nation Development Programme
LQAS	Lot Quality Assurance Sampling	VBD	Vector Borne Diseases
MCL	Mahanadi Coalfields Ltd.	VDRL	Veneral Disease Research Lab
MDR	Multi Drug Resistant	VHND	Village Health and Nutrition Day
MDR	Maternal Death Review	VHSC	Village Health Sanitation Committee
MDT	Multi Drug Treatment	VMAT	Vaccine Management Assessment Tool
MHU	Mobile Health Unit	WB	World Bank
		WHO	World Health Organisation

# Overview

## 1.1. Introduction

Health & Family Welfare Department, Government of Odisha has been making constant and concerted efforts to formulate and implement schemes to ensure adequate health care services to the people of the State in line with National Health Policy. Under this endeavor attention is also being paid to take special care of the needs of the people of the tribal areas and backward regions.

## 1.2. Objectives

Under health sector programme main objectives are

- ♦ 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 & backward classes.
- ♦ To provide affordable and 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 and Tribal districts of the State
- ♦ To eliminate diseases like polio & leprosy from the state & prevent as well as control other communicable diseases
- ♦ To reduce maternal, infant & neo-natal mortality rates
- ♦ To improve hospital services at the primary, secondary & tertiary levels in terms of infrastructure, drugs & personnel
- ♦ To impart training to doctors, nurses & other paramedical staff to upgrade their skills & knowledge to improve quality health care in the state and improve medical education in the State.

## 1.3. Resources and Budgetary Allocation for the Year 2011-12

For the financial year 2011-12, an outlay of Rs.1653.29 Crore has been made in the Health & Family Welfare Budget as detailed below:

Table No-1

Sl No.	Head (Budget Estimate + Suppl.) (in TRS)	
1	Non Plan	
	Demand No-12	10,26,77,65
	Demand No-13	4,70,96
2	State Plan	
	(a) Externally Aided Project	80,00,00
	(c) Others	1,27,83,55
	(d) (i) Demand No-7	51,02,43
	(ii) Demand No-28	73,43,74
	(iii) Demand No-38 (WCD-Nutrition)	30,00,00
	Total State Plan	362,29,72
3	Central Plan	2585078
4	Centrally Sponsored Plan	10000
	<b>TOTAL</b>	<b>1653,29,11</b>

(Source: Budget Document-Health & Family Welfare Department 2010-11)

## 1.4. Government Health care Infrastructure in Odisha

Table No. 2

Health Facility	Numbers
Medical College and Hospitals	3
District Hospitals (in 30 districts + Capital Hospital, BBSR & R.G.H RKL)	32
Sub-Divisional Hospitals	26
Community Health Centres	377
Other Hospitals	79
Infectious Disease Hospitals	5
Training Centres	5
Primary Health Centres (N) and others	1228
Sub-Centres	6688
A.N.M. Training Schools	16
G.N.M. Training School	8
M.P.H.W. (Male) Training School	3
Ayurvedic Hospitals (not attached to College)	2
Ayurvedic College & Hospitals	3
Ayurvedic Dispensaries	619
Homoeopathic College & Hospitals	4
Homoeopathic Dispensaries	561
Unani Dispensaries	9

# Achievements & Activities - Highlights of 2011-12



Maternity Waiting Homes for outreach pockets



Janani Sishu Surakshya Karyakram launched in the state

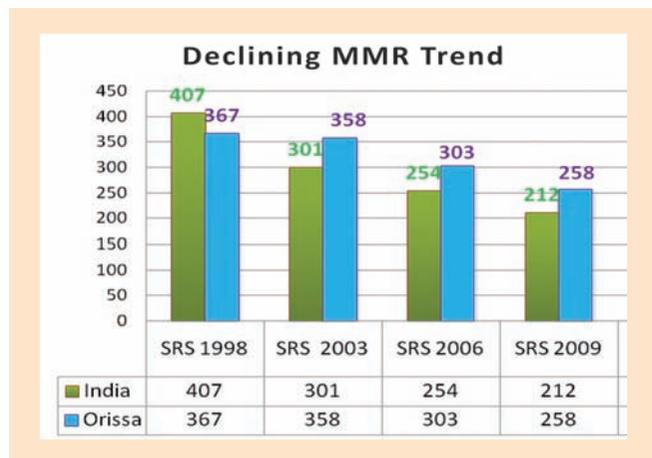


Mamta Diwas for pregnant and new borns in every villages

## Chapter - II

### 2.1. Continued Thrust on Maternal Mortality Reduction

- Maternal mortality ratio in Odisha decreased by 100 points from 2003 to 2009 (SRS).



- 26.14 lakhs beneficiaries benefited through Janani Surakshya Yojana
- 343 Janani express functional for transportation of mother and child at the time of delivery.
- 56 blood banks and 20 blood storage units are operational throughout the state.
- Janani Sishu Suraksha Karyakram (JSSK) rolled out in the state. 382 institutions designated as delivery points under JSSK.
- Under JSSK free Referral transport, Free blood, Free drugs, Free service, Free diet & Free Diagnostic services are being provided to pregnant & neonates up-to the age of 30 days.
- Standardized labour room protocol given to all the districts.
- Village Health & Nutrition Day (Mamata Diwas)** held once in month in every AWC for ante natal care, post natal care of pregnant women, family planning counseling and weighing of 0-3 years children.
- Malnourished children from (Mamata Diwas) sent to Pustikar Diwas held on 15<sup>th</sup> of every month at the District Headquarter Hospital (DHH), Community Health Centre (CHC) & Primary Health Centre (PHC) level for better treatment.

### 2.2 Focus on Child Health Interventions

- Infant mortality rate has come down by 34 points from 95 in 2000 to 61 in 2010 (SRS Data). This is the highest decline in the country in last 10 years.
- Started community facilitation through IMNCI (Integrated management of neonatal and childhood illness), and till date 23363 Angan Wadi Worker (AWWs) & 3937 Auxilliary Nursing Midwife (ANMs) have been trained till date for this purpose.
- HBNC (Home based newborn care) training for ASHAs taken-up as a new initiative this year.
- Navajat Sishu Surakshya Karyakram (NSSK) has been taken up to save the newborn at the labor room and the operation theatre by the trained staffs .3460 health personnel has been trained so far.
- Newborn Care Corner (NBCC) are being established in the labor room and the Operation Theatre (OT) to save the newborns from birth asphyxia. 452 such NBCCs are functional, as of date.
- 19 Special Newborn Care Units (SNCU) and 25 Newborn Special Units (NBSU) have been established in the DHH to take proper and timely care of the sick newborns.
- Nutritional Rehabilitation centres (NRC) are being established in the DHH level to take care of the malnourished children. Till date, 8 NRCs have been set-up in the state.

### 2.3 Implementation of Pre Conception & Pre Natal Diagnostic Technique (PCPNDT) Act.

- The **State Supervisory Board** has been constituted on 13/6/2003 and reconstituted vide notification number FW (Misc) 7/2010 -9974 on 6th May, 2011 and meetings are held regularly.
- The **State Advisory Committee** constituted on 27/12/2001 and reconstituted vide notification number FW (Misc) 71/2010 dated 28/4/2011 and the **District Advisory Committee** constituted as per section 17(6) of PC & PNDT Act -1994 and meetings are held regularly.



- The District Magistrate of each district has been appointed as **District Appropriate Authority** as per section 17(2) of PC & PNDD Act, 1994 from 27/7/2007.
  - Total 20 cases have been filed by the different **District Appropriate Authorities** for violation of PC & PNDD Act; 17 cases pending in different courts and convictions made in 3 cases.
  - A total of 606 Ultrasound Clinics have been registered by the **District Appropriate Authorities** as on December, 2011.
  - A dedicated PC PNDD Cell is functional at the state level since 2009
  - Resources have been allocated from NRHM for strengthening PC & PNDD act implementation
  - Concerted efforts are being taken up since 2010 for building alliances and strengthening partnerships with Judiciary, Medical fraternity and Civil Societies in the state.
  - Toll free number (1800-345-6746) and web based compliant mechanisms through the states PCPNDD website ([www.pnddOdisha.gov.in](http://www.pnddOdisha.gov.in)) are available for registering complaints and violations under the act since 2010.
  - **Inspection teams** have been constituted at state and district levels to inspect ultrasound units on a random basis.
  - **Communication and IEC activities** are being organized through mass media, news paper advertisements, leaflets, posters, banners, hoardings, wall paintings, news scrolling, docudrama, radio jingle, IPC through ASHAs, Anganwadi workers, ANMs and Village Health and Sanitation Committee platforms.
- #### 2.4 Flagship Programme, National Rural Health Mission (NRHM)
- State Human Resource Management Unit established to prepare HR policies for strengthening Human resources for health.
  - Multi skilling of Doctors (38 EMoC & 90 LSAS) to improve availability of emergency Obstetric care facilities at FRUs.
  - 1263 AYUSH doctors, 17 Medical Officers (STD doctors), 995 Staff Nurses, and 1129 Addl. ANMs & 112 LTs are engaged under NRHM to ensure quality of health care services at public health institutions.
  - 343 Janani Express are operational to ensure free transport services for pregnant women to attend public health institutions for delivery and for sick newborn up to 30 days.
  - 19 Sick Newborn Care Units & 25 Neonatal Stabilization Units and 452 New Borne Care Corners are operational to ensure specialised services for sick newborn at FRUs.
  - Up gradation of 9 DHHs into ISO standards so as to improve and maintain quality of health care.
  - Planned to operationalize 280 Emergency Medical Ambulance Services to provide free transport services for all types of medical emergency.
  - 89 ASHA Gruha made functional in major health institutions for the stay of ASHAs at institutions while they accompany pregnant women for delivery.
  - New Construction of 820 Sub-centers, 10 CHCs, 98 PHC (N) s, 150 Block Drug Store, and 22 District Drug Stores are being undertaken for infrastructure development of public health facilities.
  - Up gradation works of 1529 Sub-Centers, 206 CHCs, 287 PHC (N)s , SDHs-22, and 32 DHHs are being undertaken.
  - Construction of 1137 staff quarters for doctors & paramedics are being undertaken.
  - 315 MHUs are functional to provide primary health care services in hard to reach areas. Out of total MHUs, 114 MHUs are operational out of State budget to ensure availability of at least 2 MHUs in all blocks of tribal and KBK + districts.
  - 42378 ASHAs are in place to promote health care delivery system at the community level. 1358 ASHAs have also being selected in hard to reach areas having a minimum 100 population.
  - Intensive School Health Programme is being implemented in 1806 tribal residential schools of the State to provide curative health care on spot and referral of complicated cases to higher health institutions.
  - Extensive School Health Programme is being implemented in 57,972 Schools of the State.
  - 25 PHC-N have been managed through PPP mode by NGOs & 9 PHC-N through Corporate sector under CSR.
  - 52 week multimedia integrated campaign conducted as a part of "Swastya Kantha Abhijan" for creation of health awareness among the communities.
  - Promotion of health awareness among the Self Help Groups through "Sunu Bhouni" quarterly bulletins.
  - Sensitization of PRI members on different health issues through "Panchayat Samachar" .
  - Developed different types of web-based Monitoring tools branded as "E-Swasthya" for strengthening of reporting and effective monitoring of activities



like Blood Banks, civil works, drug management, training outputs, and human resource management etc.

- 45,346 Gaon Kalyan Samitis (GKS) have been constituted in the State and they are actively promoting local health, nutrition and sanitation issues.

## 2.5 Medical Education & Tertiary Care

- SCB Medical College & Hospital, Cuttack granted permanent recognition from Medical Council of India for 150 Under Graduate seats.
- Master plan prepared for enhancement of UG intake capacity of all 3 Govt Medical College & hospitals from the present 150 to 250.
- All Medical College and Hospitals have been provided with 3 buses of 52 seater.
- Dedicated website for the Directorate created
- Bio metric system of attendance in the Directorate and three Govt Medical College Hospitals introduced.
- Establishment of Regional Institute of Paramedical Sciences (RIPS) at Bhubaneswar is in process.
- Augmentation of Mental Health Institute at SCB Medical Colleges, Cuttack to "Centre of Excellence".
- Department of Transfusion Medicine and Emergency Medicine opened in three Medical Colleges and Hospitals.
- Department of Hepatology and Rheumatology created in SCB Medical College and Hospital at Cuttack.
- 869 nos of beds increased in 3 Medical College & Hospitals i.e. 478 in SCB Medical College & Hospital, Cuttack, 181 nos in MKCG Medical College & Hospital, Berhampur and 210 nos at VSS Medical College & Hospital, Burla.
- Establishment of Cath-Lab in SCB, VSS and MKCG Medical College & Hospitals of the State has been done and made functional with facility of Angiography, Angioplasty, Balloon Vulvotomy.

## 2.6 Health Services

- There has been substantial growth in the state budget for procurement of medicines in recent years.
- Rate of daily diet to indoor patients at all Government health institutions enhanced from Rs.

20/- per patient per day to Rs. 50/- per patient per day.

- Consequent upon the revision of the diet rate, Department have also prepared and issued a set of guidelines called "Guidelines for diet management in health institutions, 2011" dated 14.07.2011.
- State Equipment Maintenance Unit (SEMU) established with NRHM support in the year 2009 under which 579 no of equipments repaired sofar (270 no during 2011).
- 3 Biomedical units are in position in 3 Govt medical colleges. 3 Regional Biomedical units are planned to be established during 2012-13.
- Inventory of medical equipments in Govt. institutions compiled at State level.
- A Booklet on preventive maintenance of equipments (End User Guide) is under print and will be provided to all users in Govt. Health Institutions.

### Drug Warehousing

- State of art central drug warehouse at SDMU premises with all modern facilities including differential temperature zone, automatic warning system, automatic humidity control, advanced racking system, dedicated lift for material handling, bar coding, etc., is under construction.
- District Warehouses available now at all DHH & block head quarter hospitals.
- Essential Drug List upgraded every 2 (two) years as per WHO guideline.

## 2.7 Drug Control

- The testing capacity of Drugs Sample of Drugs Testing Laboratory has increased 1700 samples to 3500 per annum.
- Steps are being taken for computerization of the Drugs Control Administration, Bhubaneswar, two zonal offices and all existing 40 range office under T.F.C grants for proper record keeping towards grant & renewal of licenses, actions taken on spurious/adulterated/ misbranded/ not of standard quality drugs, actions taken on detection of different drug laws etc.

- New Microbiology wing of drug testing initiated to allow testing of antibiotics, disinfectants, salines etc; hitherto being sent to the Central Drug Laboratory, Kolkata for want of appropriate facility in the State.

## 2.8 Indian System of Medicine & Homoeopathy (ISM&H)

- Infrastructure of 4 Govt. Homoeopathic Medical colleges has been developed out of Central assistance, grants from Non-Plan & Odisha Health Sector Plan (OHSP)
- Equipments have been provided to 4 Govt. Homoeopathic Medical colleges out of Central assistance and 12<sup>th</sup> Finance Commission grant.
- Steps taken for setting up of Central Research Institute with 100 bedded Hospital of Naturopathy and Yoga with Govt. of India funding in the State. Govt. land measuring Ac.20.00 has been selected at Binjhagiri, Bhubaneswar.
- Mainstreaming of AYUSH has been taken up and 1269 AYUSH practitioners are in position at Block PHC/CHCs and PHC (N)

## 2.9 Disease Control

### Acquired Immuno Deficiency Syndrome (AIDS)

- In Odisha 23,535 persons have been detected HIV positive in the Integrated Counselling & Testing centers (ICTC) as on December 2011 and 15,814 have been enrolled in the Anti Retroviral Therapy (ART) centers for care and treatment.
- For prevention of new infections Odisha State AIDS Control Society (OSACS) work with 67 Targeted Intervention Projects run by different NGO partners in 29 districts covering 18525 persons under high risk group & 100000 migrants and truckers.
- Integrated Counselling & Testing Centre (ICTCs) have been set up in the state for implementation of counselling and testing for general clients, pregnant women and link the HIV positives to ART centers and social security schemes.
- There is provision of STI/RTI treatment in 37 Designated STD Clinics set up in Odisha in addition to the general health system.
- To provide safe blood to the recipients, National AIDS Control Organization (NACO) through OSACS provides financial assistance, blood bags & consumables like test Kits to 59 NACO supported Blood Banks, out of 82 licensed Blood Banks of Odisha. 7 Blood Component Separation Units and

one Model blood Bank cum State Training Center are included in the NACO supported Blood Banks. Besides this, 15 Blood Storage Centers have been established in Odisha.

- For care, support and treatment of the people living with HIV / AIDS, 9 Anti Retroviral Therapy Centers, 15 link ART centers, 5 Community care centers and 9 Drop in centers have been set up in Odisha.
- Odisha is the first state in the country to provide social security schemes to people living with HIV/AIDS and 14,566 numbers of people have been benefited from Madhubabau pension Yojana. 74 families have been provided low cost houses through Mo Kudia Yojana and PLHAs have been enrolled in Antodwaya Anna Yojana.

### Malaria

- Capacity building of 37,000 ASHAs, 500 Forest Animators, 300 AYUSH doctors, 2000 health workers and 3500 tribal school teachers to provide basic diagnostic and treatment services on malaria
- 19 lakh Long Lasting Insecticidal Nets (LLINs) were distributed in high risk areas (21 clusters) in 26 districts protecting around 47 lakh population. In 2012-13, another 19 lakhs family size LLINs have been received from Govt. of India as the second phase allotment. Distribution of these LLINs will be completed by April, 2012. Thus another 47 lakh Population will be protected before the next transmission season. Hence by 2012, around 95 lakh population will be protected by LLIN.



- “Mo Mashari” Scheme-To protect the pregnant mothers state has initiated a state programme “ Mo Mashari” . On pilot basis over 1 lakh family size LLINs were provided to protect 1 lakh pregnant mothers in five tribal districts: Keonjhar, Kandhamal, Rayagada, Nawarangpur and Malkangiri in 2010-2011. These LLINs were given during the first ANC.



- Under the school “Mo- Mashari” programme, boarders are allowed to take the nets to their home during holidays and permanently when they pass out from the school with the intention to demonstrate the use of nets in their community and transmit malaria prevention messages.
- To have better coverage and quality of IRS, new spray pumps (hand compression spray pumps) have been introduced on pilot basis in 4 high endemic districts (Kandhamal, Koraput, Rayagada and Dhenkanal).
- Nidhi Rath campaign, mix of Social Mobilization Campaign through outdoor publicity, IPC and Folk media has been conducted in 6000 villages addressing 47 lakh population.
- Human Resources-District Malaria Officer (DMO): The state has sanctioned DMO posts for all the 30 districts. In the first phase, 13 World Bank assisted districts have been provided with additional district level manpower like VBD consultants, DEO and FLA. Such manpower has been sanctioned in other 17 districts in the second phase, which will be filled up soon

#### Dengue

- Dengue and Chikungunya are the emerging vector borne viral diseases in Odisha reported since 2005. In 2011 there were outbreaks of Dengue; 1846 cases of dengue were detected with 33 deaths spreading over to 25 districts, epicenter being Talcher coalmine area of Angul district. Massive awareness activities and preventive measures were undertaken in 2011. To prevent such outbreaks in future state has undertaken following key steps.



- **IEC/ BCC and advocacy**-Intensified IEC/BCC activities using all local media, print and electronic media at different levels.
- Community level organizations like GKS, PRI, SHGs, NGO, CBOs, mining workers and have been sensitized.
- Sensitization of School teachers and staffs, Medical and Paramedical staffs, WCD deptt., PRI members, private and public undertakings organizations have been sensitized for preventive action.
- Massive awareness activities were conducted in urban and industrial areas
- **Strengthening of Health facilities**- State and district hospitals have been strengthened for case management.
- Sentinel site laboratories have been established in three Govt. Medical College (Microbiology Deptt), Capital Hospital, DHH of Angul, Koraput and Kalahandi for timely diagnosis of Dengue and Chikungunya
- **Coordination**-High level intersectoral coordination meetings have been conducted under the chairmanship of Hon'ble Chief Minister and Chief Secretary where different Govt. Deptts. and other stakeholders have participated. Directives have been given to all concern Deptts. / sectors for preparedness and preventive measures for dengue and other VBDs.
- NVBDCP- IDSP coordination mechanism has been strengthened.
- Co-ordination with Private Medical Colleges and Hospitals has been strengthened for better surveillance and management of cases.
- **Capacity building**-National Guidelines, Case management practices & treatment protocols were made available at each level for case management, prevention and control of dengue.
- A Dengue- E-module has been developed and hosted in the Govt. Health & FW web site for updating the knowledge of Doctors and other service providers.
- More than 100 specialists of Medicine and Pediatric have been trained on management of complicated Dengue cases.

### Mental Health Programme

- The National Mental Health Programme is being managed in the eight districts of the state such as Khurda, Puri, Mayurbhanja, Dhenkanal, Keonjhar, Koraput, Kandhamal and Bolangir by the help of Central Assistance funding by Ministry of Health & Family Welfare Deptt. Govt. Of India. The said programme is managed by the State Nodal Officer i.e. the Medical Superintendent, Mental Health Institute, SCB MCH Cuttack. The required treatment is being provided to the common people free of cost. Necessary IEC activities have also been conducted from the school level to college level for better awareness of the programme. A sum of Rs. 35,00,000.00 (rupees thirty five lakhs only) have been provided from the State Budget during the current financial year for procurement of medicines in Mental Health Institute, Cuttack.

### Sickle Cell Disease

- Sickle Cell disease is a major health issue in western Odisha with significant morbidity and mortality.
- DOH&FW initiated the Odisha Sickle Cell Project under Odisha Health Sector Plan (OHSP) at Burla Medical College and 6 District Head Quarter Hospitals.

### Achievements till Dec-2011

- No of outdoor patients at sickle cell clinic- 16164
- No of Blood Samples examined -11097
- No of person counseled -7824
- No of Registered Sickle Cell Disease- 4143
- No of registered Sickle Cell Trait-2012
- No of patients treated with Hydroxyurea=1164

### Leprosy

- Amendment of Acts:** Steps have been taken by concerned departments for amendment of Odisha Municipal Corporation Act 1950 and Odisha Panchayati Raj Act 1965 which prevent leprosy patient to contest election and very soon the bill will be introduced in the Odisha Legislative Assembly.



- Reconstructive Surgery for correction of disability in leprosy at & Govt. Health institutions and one NGO institution, the RCS are being conducted regularly. 8 surgeons of State also have been trained in RCS to conduct RCS in these institutions. The 6 DHHs of Jharsuguda, Sonapur, Bolangir, Koraput, Mayurbhanj and Dhenkanal are also conducting RCS operations. During last 3 years 1307 RCS operations were conducted in these institutions with more than 85% success rate. 567 RCS cases have also been provided incentive Rs. 5000/- each during 2009-12.
- Odisha achieved 99.6% treatment completion rate which is **highest in the country**. Treatment completion rate has gone up during last 2 years because of involvement of ASHA at village level for monitoring of regular intake of MDT by the patients.
- Kust Mukta Gaon Abhijan:** Odisha is the 1<sup>st</sup> State in the country to conduct this Abhijan during 2011-12 with innovation of movement of **SAMBHA RATHA**. 1517 cases of leprosy detected during this campaign within 49.00 lakh population.

### Tuberculosis

- DOTS Plus services (Programmatic Management of Drug Resistant TB Cases) have been initiated in 15 districts. Another seven districts would start service delivery in March 2012. The entire State is expected to be covered under DOTS Plus by July 2012.
- The Line Probe Assay (LPA) was installed and accredited by the National TB Institute and Central TB Division. This would cut down the



time taken for diagnosis of MDR TB from 2-3 months to 2-3 days. This is expected to prevent a lot of mortality and morbidity.

- The DOTS Plus site - for initial investigations and management of MDR TB cases was functional at SCB Medical College, Cuttack. This facility has been initiated at MKCG Medical College, Berhampur and is likely to be ready at VSS Medical College by May 2012.
- Creation of a 4th DOTS Plus site at DHH Koraput has been approved.
- Additional HR (1 DOTS Plus and TB HIV supervisor), has been sanctioned for all districts. 6 districts have already completed the recruitment process.
- TB and HIV collaborative services have been strengthened in all districts.
- Low case detections districts have been identified and the process of Intensified Case detection from the community has been initiated.

#### Non Communicable Diseases

- National Programme for Prevention & Control of Cancer, Diabetes, Cardiovascular disease and Stroke and National Programme for Health Care of Elderly have been launched in Nuapada, Koraput, Bolangir, Nabarangapur & Malkanagiri tribal dominated districts during 2011-12.

## 2.10 Public Health

#### Post flood activities

- No major outbreak of any communicable disease following this years devastating floods.
- Handbook for Public Health Managers was developed and released during 2011 for management of Diarrhoea, Malaria, Dengue & Chikungunya
- Introduction on pilot basis of Bivalent Killed Oral Cholera vaccine along with RMRC Bhubaneswar and IVI Korea in 10 sub centre area of Sakhigopal block to assess feasibility, acceptability etc in the public health setting. There was no notable adverse effect following immunisation.
- The reported deaths due to Acute diarrhoeal disorder appreciably reduced from 186 in the year 2010 to 59 in the year 2011. (Surveillance year correspond to calendar year)

#### Bird Flu

- Highly Pathogenic Avian Influenza (H5N1) was detected in backyard poultry during January 2012 at village Kerang, Khurda sadar of Khurda district & at Bahanada village of Betnoti of Mayurbhanj district subsequently in February HPAI was detected in organized poultry at the farm of Central Poultry Development Organisation, Nayapalli, Bhubaneswar.
- In all the outbreaks Health & FW deptt. respondent instantaneously & acted in coordination with Fisheries & ARD Deptt. & other line departments. Central Rapid Response Team deployed by Ministry of H& FW, GOI, state RRT & district RRT constantly monitored & supervised the activities in all the outbreaks.
- Daily health checkup of Cullers, transporters & handlers with administration of Chemoprophylaxis was undertaken by health personnel. Besides this health workers, ASHAs, AWWs & volunteers conducted active surveillance around 0 to 3 KMs & 3-10 KMs radius area around Epi center to monitor the trend of ARI in the population & detect suspected human cases of bird flu if any. Along with this health education campaign were conducted for prevention of bird flu in humans & protection of human health. In all the outbreaks no suspected human cases were detected/ reported. **Till date no human case of bird flu has been reported from India.**

#### Tobacco Control

- A State Tobacco Control Cell is functioning at the Directorate of Public Health, Odisha and Director, Public Health is the State Focal Point. The State Unit is manned by 1 state Consultant, 1 Programme Manager, 1 Programme Assistant.
- State and District level Task force and monitoring committee has already been formed.
- A separate Head of Account has been opened for fine collection under violation of COTPA-2003. Fine rupees amounting to Rs 18, 99,800/- (From April 2010-Dec-2011) have been collected for violation of COTPA-2003.
- The Govt. of Odisha has been pleased to raise VAT on the tobacco and its product from 13.5 percent to 25 percent recently, Similarly, the un-manufactured tobacco, bidis, and tobacco used in manufacturing of bidis which were

exempted from VAT earlier, would now Come under VAT@ 10 %.

## 2.11 Information Technology in Health Sector (e-Swaasthya)

- District Hqrs. Hospitals of Odisha and one city hospital i.e.; Rourkela Govt. Hospital, Rourkela are now connected to all the three Govt. Medical Colleges of the State through tele medicine nodes.
- Almost 2541 patients suffering from major illnesses have benefited through tele-consultation and tele-follow up services offered by SGPGIMS, Lucknow and AIIMS, New Delhi to Medical College Hospitals of Odisha.
- 489 patients with complicated health problems of above mentioned six districts have been benefited by availing super-specialist tele-health care from SCB Medical College Hospital, Cuttack during last three years.
- During the period from August 2001 to April 2011, nine batches of postgraduate trainees have been benefited through online teaching on 1694 topics.
- **e-Blood Bank** is a new initiative of Govt. of Odisha, the first of its kind in the country, to improve management and functioning of blood banking system through a web based MIS.
- “e-blood bank” was formally launched on the 14<sup>th</sup> Dec 2011. The biggest advantage of such automation shall be for the general public as the system will link all the blood banks in the State through internet, thereby making the information of blood stock available in the public domain. Thus, any person wanting to know availability of a required blood group in a particular blood bank will be able to access such information through three different modes, i.e.,

- SMS (56767 for all users and 54323 for BSNL users).
- Web site (<http://ebloodbank.nrhmodisha.in>)
- IVRS (Interactive Voice Response System)

### Drug Testing Labs

- This Web-based Application automated the day-to-day work processes of State Drugs Testing and Research Laboratory, Odisha (SDT&RL).



- The Application has been developed, hosted and training has been imparted to all officers of SDT &RL (DC, ADC, PSO, GA, SLA and Drug Inspectors)

### Construction MIS



- *e - Swasthya Nirman* is a web-enabled system, developed to track and trace the physical and financial progress of all construction activities undertaken by NRHM at State, district and block level. This online application integrates all activities of construction unit such as forecasting, tender processing, work execution, monitoring of financial utilization, user tracking, allotments etc.

The Application has been developed, hosted at NRHM Server and training has been imparted to all JEs for necessary updation.

## 2.12 New Initiatives

### Odisha State Treatment Fund (OSTF)

- **Persons eligible**-The person admitted in Government Hospitals as in-patient provided he/she is a BPL/ *RSBY card holder*.
- Having annual income upto Rs. 40,000.00 in Rural areas & Rs. 60,000.00 in Urban areas (income certificate from the concerned Tahasildar to be submitted)

- Referred cases from registered Mental Asylum/ Destitute Home/ Orphanage
- Unknown accident victim (*Suptd/ CMO/CDMO to incur expenditure*)
- Quantum of Assistance -Up to a maximum of Rs 3,00,000

#### Status so far

- 479 nos. of number of patient benefited
- Rs.92.34 Lakhs sanctioned
- Rs.37.34 Lakhs disbursed

#### Biju Gramina Swasthya Sibira (BGSS)

- Biju Gramina Swasthya Sibira (BGSS) was launched by Hon'ble Chief Minister at Jagda, Sundargarh on 3<sup>rd</sup> August 2011



- Health camps in every Assembly Constituency. 140 camps were held this year.

#### Odisha Emergency Medical Ambulance Services (OEMAS)

- Proposed OEMAS shall provide pre-hospital care and transportation services across the State for all kinds of medical emergency arising due to accident, fire, natural calamity, pregnancy or otherwise where immediate medical attention is required.
- In the first phase, fifteen districts along the trauma corridor where incidence of medical emergency is high shall be covered. In case of medical emergency this service can be availed by any one using a toll free unique number "108".

#### Swasthya Sanjog



- New Brand name for additional MHUs under State Budget
- 114 MHUs under Swasthya Sanjog planned, 101 of which are functional.
- Providing services at all treatment points on a fortnightly basis.

#### 2.12 All India Institute of Medical Sciences (AIIMS)



#### 2.13 Health Promotion & Training

##### Restructuring SIHFW into a Center of Excellence for communication

- Notification made in changing the designations of Mass Education Information Officer and Block Extension Educator to District Public Health Communication Officer and Block Public Health Extension Officer
- Training on communication and their new roles as DPHCO and PHEO to all 340 district and block officers
- Integrated BCC Cells in all 30 districts

##### Health Promotion Campaigns



- Revised organogram modelling as a communication institute



- State of art infrastructure, equipped facility and trained manpower



- Promoting traditional folk media troupes and artist federations in every districts in health promotion activities

### 2.14 Some innovations in health care



- Programme Management Unit and Material and Design Management Unit



- IEC Resource Centre and IEC repository (bilingual web warehouse)

- Janani Express free Referral Transport for pregnant women



- These referral transport facilities are available in each block PHC/CHC. 292 JEs are currently in operation.

#### Reaching the unreached : Mobile Health Units (MHU)



Innovation called Swasthya Kantha - a village health wall for every GKS village



- Distance learning of FLWs using mass media : Weekly telecast of 30 minute prog 'Kantha kahe kahani' in Doordarshan every Tuesday and in All India Radio every Wednesday
- Involving community : Launch of a poster once a month in every Swasthya Kantha. IPC using ASHA : Weekly discussion on every Thursday using the topic of the week with the targeted community
- "Suno Bhauni" Programme involving more than 5 lakh SHG members in promoting health messages



- 302 Mobile Health Units are operational.
- AROGYA Plus piloted in Kandhamal since October 2009, Arogya Plus is managed by seven NGOs in 21 GPs of the district.
- Branding of MHU and treatment point.
- Piloting GPS tracking at Rayagada

#### Arogya Plus

- specially designed Mobile Health Unit has been instituted to address the concerns of people in the riot and left wing affected districts in Odisha.



Maternity Waiting Home in hard to reach tribal areas of Odisha



- It is a temporary home for expectant mothers living in hard to reach tribal areas, where they come 5-7 days before expected date of delivery (EDD) and can wait for delivery.

- On onset of labour, they are to be shifted to nearby health facility. Accommodation facilities for expectant mothers & her escorts.
- Provision of food for expectant mothers, dependants & escorts, Lady Health Care Assistant, for attending cases in shifts, Provision for shifting of cases from Maternity Waiting Home to hospital, Regular health check-up by doctor., Health education sessions through IPC & Audiovisual aids., Compensation for Loss of wages to expectant mother & Recreation facilities at Maternity Waiting Home.

#### ASHA GRUHA- rest shed for ASHA in hospitals

- ASHA Gruha having the provision of Help Desk cum Rest shed facility is being established and operationalised at the health facilities in 35 health institutions including District Headquarter Hospitals, Hospitals attached to three major Medical Colleges at Berhampur, Burla and Cuttack, Capital Hospital and Rourkela Govt. Hospital.



- ASHA Gruha has one room with attached toilet and bathroom facility. The room is having a provision of at least two beds with all other accessories like bed sheet, bed cover, pillow, drinking water etc.
- Relevant informative documents on health issues remain available in ASHA Gruha for reference. The room is exclusively used by ASHAs.
- It is accessible for use on 24x7 basis

#### Bicycle to ASHA in difficult areas for greater mobility

- This is intended to support ASHA to reach out to the households that she covers while performing her tasks.



- Bicycles remain a property of GKS
- Distribution of cycles to ASHAs has resulted in increased immunization, Antenatal Care (ANC) and institutional delivery in Odisha.

#### ASHA Fixed Day Payment



- Fixed ASHA Incentive Payment Day has been introduced in the State to address grievances related to payment of ASHA incentives in time and encouraging performance based incentive motivation

#### Tika Express : Alternate Vaccine Delivery System (AVDS)

- Tika Express, an alternative mode for vaccine Delivery system has been introduced to enhance immunization coverage & to strengthen the routine immunization programmes, especially in the pockets, which have low vaccine coverage and low rates of full immunization.

- Delivery of vaccine and logistics through mobikes to Health Worker at the session sites on Fixed Immunisation Days (FIDs), ensuring cold chain



- Return of unused vaccines, logistics, reports and immunization waste after the session completion to the Ice Liner Refrigerators (ILR) point on the same day.

#### Single Window : Janani Sewa Kendra

- Single Window Delivery System (Free Birth certificate distribution increased from 24% to 31% in a year)
- Single window delivery system - Birth Certificate, BCG & OPV, JSY Package, Mother & Baby Kit, Contact Point for Janani express, Counseling

### 2.15 Human Resources for health

- State Human Resource Management Unit is established for human resource development in the State.
- Restructuring of Odisha Medical Service Cadre with creation of adequate promotional avenue.
- 1353 Nos. of doctors have been promoted.
- 350 Nos of doctors have been appointed on adhoc basis within a period of four months
- Policy for posting of pharmacists as Health Worker (Male)
- Recognition of doctors and others staff for their contribution during the last flood
- Research & ethical committee formed to systemise research activities in the state
- Training Selection committee has been constituted for strengthening & streamlining training activities in the State.



## 2.16 Health Infrastructure

High priority has been given on following civil works:

- Saturation of Sub center building in the state.
- Construction of PHC-N building.
- Integrated development of 1482 Maternal & Child Health (MCH) centres
- Provision of staff quarters in a phased manner to all health care provider of all levels.
- Integrated Perinatal Care Unit (PNCU) at First Referral Units (FRUs).
- Necessary infrastructure development of 89 PHCs restructured to Community Health Centres (CHCs).
- Mother & Baby friendly environment in public health institutions.
- NRHM, Finance Commission Grant, OHSP, NIPI, State budget and IAP are pumped into civil works under Health & Family Welfare.



**Makarjhol, Ganjam**

- 441 nos of buildings has already been under taken through NRHM & OHSP.
- 1210 nos of sub centers buildings sanctioned for construction out of TFC during 2011-15.
- 62 nos PHC(N) & 501 nos staff quarter finalize for construction though 13<sup>th</sup> Finance Commission funds

## 2.17 Promoting Research for better health policy and planning

- Department is committed to bring research into the arena of health system improvement as an effective tool for decision making, policy and planning.

- Research & Ethical Committee has been constituted to examine different research proposals from various outside agencies.
- Three Research proposals have been approved by the Research & Ethical Committee of which reports are expected to be received by mid March
  - o Retention of health personnel in rural & remote area of Odisha
  - o Career pathway for doctors working in govt. health system in Odisha: Current scenerio and future opportunity
  - o An assesment of health system readiness to implement the policy transition in malaria control in the state of Odisha
- Approximately 300 research papers presented or published on medical scieences in various national and international forum by the Medical College faculties.
- Research is promoted in collaboration with Indian Council of Medical Research (ICMR), Dept of Biotechnology, National Institute of Technology (NIT), Rourkela and three Govt Medical Colleges.

## 2.18 Other important activities:

- Starting of Odisha State Treatment Fund for which Rs.10 crores.
- Comprehensive HR Policy in place - restructuring of Odisha Medical Service Cadre.
- Creation of public health cadre in process.
- Setting up State Human Resource Management Unit (SHRMU) for long term and short term planning of human resources in health.
- Operationalisation of Telemedicine Resource Centres in 22 DHHs.
- Strengthening of Biomedical Waste Management system in the hospitals
- Automation of Blood Bank



**SDH Anandpur, Keonjhar**

# National Rural Health Mission (NRHM)



GKS members in action



Mamta Diwas in progress



ASHA in Odisha appreciated by  
Common Review Mission, Gol

## Chapter - III

### 3 National Rural Health Mission (NRHM)

#### 3.1 Introduction:

The National Rural Health Mission has been in operation since June 2005 in Odisha. It aims to improve access of rural people especially poor women & children to equitable, affordable, accountable, and effective primary health care. It aims at effective integration of health concerns with determinants of health like sanitation & hygiene, nutrition & save drinking water through a district plan for health.

#### 3.2 NRHM Goals:

- Reduction in Infant Mortality rate & Maternal Mortality Ratio
- Universal access to public health services such as women's health, child health, water sanitation & hygiene, immunization & Nutrition.
- Prevention and control of communicable and non communicable diseases including local endemic diseases.
- Access to integrated comprehensive primary health care.
- Population stabilization, gender & demographic balance
- Revitalized local health tradition and mainstream AYUSH
- Promotion of healthy life styles.

#### 3.3 Major Interventions:

##### Human Resource Planning & Management:

- Comprehensive HR Policy in place - restructuring of Odisha Medical Service Cadre.
- State Human Resource Management Unit established.
- Creation of public health cadre in process.
- Multi skilling of Doctors (38 Emergency Medical obstrectic Care & 90 LSAS).
- Multi skilling & capacity building of Paramedics (Skill Atendance at Birth, NSSK, Integrated Management of Neonatal & Childhood Illnesses etc.).
- Redeployment of Human Resource to Maternal & Child Health Center to ensure 24X7 service deliveries (Completed in 88 institutions).
- Additional financial incentives to doctors working in KBK areas.
- Hardship allowances to Paramedics @ Rs. 1000/- pm, working in difficult (V3) and @ Rs. 2000/- pm, working in most difficult areas (V4).
- Increasing of intake capacity of Medical Colleges and Training Institutions under process.
- 1263 AYUSH doctors, 17 Medical Officers (STD doctors), 995 Staff Nurses, 1129 Addl. ANMs & 112 LTs are engaged under NRHM.

##### Quality Health Care Services:

- JSSK implemented across the State on 01/11/2011. Detailed operational guidelines prepared for all components including Standard Treatment Protocol for pregnant women & sick newborn. 382 institutions designated.
- Substantial increase in case load at Public Health Institutions.
- Standardization of labour room for all L2 & L3 institutions.
- Empowering RKS for improvement of non clinical services including regular repairing and maintenance of hospital buildings.
- Expanded referral transport services through Janani Express (JE). At present 343 JEs functional out of 434 sanctioned. JEs are placed in strategic location as per GIS mapping in order to reduce response time.
- Additional facilities for quality care - Sick Newborn Care Units (19), Neonatal Stabilization Units (25), and New Borne Care Corners (452) are operational.
- Upgradation of DHHs into ISO standards - 9 DHHs





- Planned to operationalize 280 Emergency Medical Ambulance Services.
- 1263 AYUSH doctors are in position at Block CHC and PHC-N level to ensure availability of alternative system of treatment.

#### Infrastructure Development:

- Infrastructure development wing established at State & District level.
- Empowered the Zilla Swasthya Samiti (ZSS) & Rogi Kalyan Samiti (RKS) to undertake civil works.
- Mobilisation of additional resources from State Budget, OHSP, BRGF, IAP, 12/13 FC etc.
- More focus on infrastructure development of MCH center, staff quarters, and Sub-center building.
- 89 ASHA Gruha made functional in major health institutions.
- Fixed day review meeting at State & District level.
- New Construction of 820 Sub-centers, 10 CHCs, 98 PHC (N) s, 150 Block Drug Store, and 22 District Drug Stores are being undertaken.
- Upgradation works of 1529 Sub-Centers, 206 CHCs, 287 PHC(N)s, SDHs-22, and 32 DHHs are being undertaken.
- Construction of 1137 staff quarters for doctors & paramedics are being undertaken.
- Monitoring through "e-Nirman" - Web based construction monitoring system.

#### Outreach / un-served area:

- Provision of MHUs in all hard to reach areas (2 MHU per tribal blocks). 114 additional MHUs sanctioned out of state budget. 302 MHUs are operational as of date.
- Establishment of Maternity Waiting Homes (MWHs) in geographically hard to reach areas - 14 MWHs established.
- Provision of additional ASHAs in hard to reach areas. 1358 ASHAs selected in hard to reach areas.



- Village contact drives organized on key health issues for mass awareness in media dark areas.
- Intensive School Health Programme is being implemented in 1888 tribal residential schools of the State
- Extensive School Health Programme is being implemented in 57,972 Schools of the State.
- Hardship allowances provided to paramedics working in institutions in vulnerable areas
- 25 PHC-N have been managed through PPP.
- 8,66,109 Mamata Diwas held during the year 2011-2012.
- 2,39,824 malnourished children treated through Pustikar Diwas from 2009 to October 2011.

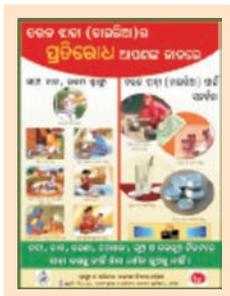
#### Community action for health strengthened:

- 42378 ASHAs are selected and actively involved 29 major health and allied activities.
- Uniform, Drug Kits, Bicycles are being provided to all ASHAs.
- All incentives to ASHAs are provided through e-payment.
- Rogi Kalyan Samitis have been formed in all districts, sub-districts, Blocks, and sub-block health institutions.
- More than 45,000 Village Health and Sanitation Committees (Gaon Kalyan Samittee) formed.
- Capacity and handholding support to GKS provided through PPP.
- Involvement of GKS in all filed level activities - IRS, LLIN distribution, disaster management, IEC/BCC activities.
- Scaling of Integrated Management of Neo-natal Childhood Illness (IMNCI) in 20 districts.

#### IEC/ BCC:

- Mass campaign through Swasthya Ratha ( Nidhi Ratha, Samba Ratha, Dengue Ratha)
- Folk Media show through local cultural troops
- Social Mobilisation Campaign in identified Media Dark areas (where penetration of Television and Radio is poor)

- **Swasthya Kantha Abhijan** : A 52 week multimedia integrated campaign on health, nutrition and sanitation
- **Converging initiatives:** Involvement of Self Help Groups in promoting awareness through "Suno Bhooni" quarterly bulletins
- Sensitization of PRI members through Panchayat Samachar.



#### Monitoring & evaluation and IT intervention:

- E Swasthya - Web-based Monitoring tools for all major components to bring transparency and efficiency into the system. Different types of web based monitoring systems have been developed such as "e Swasthay Nirman", "e Blood Bank", "e Attendance", "GPS tracking of MHU", "Human Resource Management Information System", "State Malaria Information System", Health Management Information System", "Mother & Child Tracking System" "Drug Management Information System" & "Vaccine & Logistic Management System".
- Mission Connect - Closed user group sim provided to all service provider up to ANM level for better communication and improved service delivery & strengthening MIS & reporting
- Fixed day review meeting at all levels.
- State and district level nodal officer identified for regular monitoring and supervision.
- Quarterly and annual performance review.
- Composite index for district ranking.
- Web-based monitoring tools for all major components like GPS tracking of MHUs, Blood bank MIS, construction Monitoring, drugs and logistics etc.



#### Gaon Kalyan Samiti

Village Health & Sanitation Committee (VHSC) are known as Gaon Kalyan Samiti in Odisha. The committees are being provided with a grant fund of Rs 10,000/- to undertake various developmental initiatives related to health & sanitation issues at the village level.

- 45,346 GKS have been constituted in the State (Target : 47,528) - 95% formed  
44774 (99%) GKS having Bank Accounts

#### Rogi Kalyan Samiti

- 1603 District & Sub district level health institutions having functional Rogi Kalyan Samiti to look at their Hospital development issues.

#### Untied Fund

- As a part of the measures to strengthen Sub-centers, GoI has provided Rs. 10,000/- per annum to each Sub-center

#### School Health Programme

- 60000 Schools, 58 lakhs students added in Extensive school Health programme
- All tribal residential Schools (1681) targeted for intensive school health programs through round the year interventions

#### Mainstreaming of AYUSH

- Mainstreaming of AYUSH has been taken up and 1269 AYUSH practitioners are in position at Block PHC/CHCs and PHC-N

#### Human Resource Support

- Recruitment of paramedics & Medical Officers & Programme Management staff under NRHM at District & sub District level

#### Epidemic management:

- Significant reduction in death due to Acute Diarrhoeal diseases outbreaks. 42 death during the current against 178 (till Oct) death during last year.
- Medical Relief operation during high flood 2011 - No outbreak reported in post flood situation.



# Health Services in Odisha



Long lasting insecticidal treated nets reaching high malaria endemic villages



Health camp in progress



Dengue Ratha for awareness

## Chapter - IV

### 4. Health Services

The National Disease Control Programme is the culmination of four major programmes such as National Vector Borne Disease control Programme (NVBDCP), Revised National Tuberculosis Control Programme (RNTCP), National Leprosy Eradication Programme (NLEP), National Programme for Control of Blindness (NPCB) and others.

#### 4.1. National Vector Borne Disease Control Programme (NVBDCP), Odisha

- The National Vector Borne Disease Control Programme (NVBDCP) addresses six Vector Borne Diseases (VBDs): Malaria, Filariasis, Dengue and Chikungunya, Kala-azar and Japanese Encephalitis (JE). In Odisha, Malaria, Filariasis, Dengue, Chikungunya are of public health importance. The geo-climatic and environmental factors are favourable for these diseases.

#### Malaria Control Programme

- Malaria is the major public health problem among the VBDs in Odisha. Among all four species of malaria parasites (viz. *P.vivax*, *P.falciparum*, *P.malariae* and *P.ovale*) *Plasmodium falciparum* (Pf) causes the maximum disease burden. The proportion of Pf is more than 85% and Pf causes complication which leads to death.
- The high transmission season for malaria in Odisha is from June to December (Fig 1) and it mainly depends upon the monsoon factors i.e favourable rainfall, humidity and temperature. Generally there are two peaks during this transmission period, but in forest areas the transmission is perennial with only one peak.

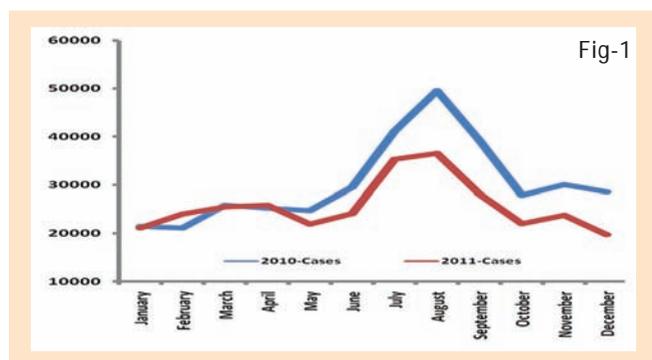
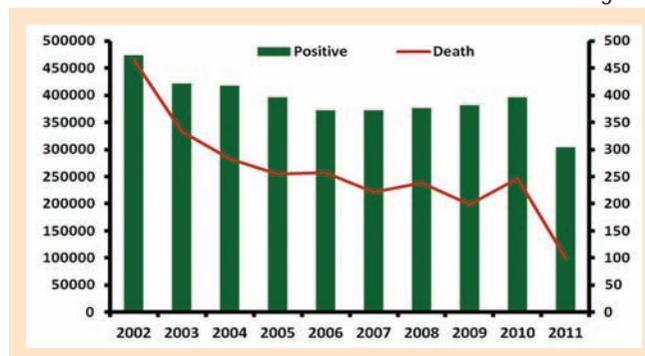


Fig-2



Burden of malaria is more in tribal districts. Majority of malaria cases and deaths are reported from Southern districts having 25% of the state population and 62% of the tribal population. During 1996, Odisha contributed 43% of cases and 50% of deaths to the country's malaria burden. In 2010 it contributed 26% of cases and 32% of deaths while in 2011, it was 17% of cases and 23% deaths respectively.

There is an overall decline both in cases and deaths in 2011 (Fig 2).

#### Major Activities

##### Early Diagnosis and Complete Treatment (EDCT)

Following activities have been undertaken:

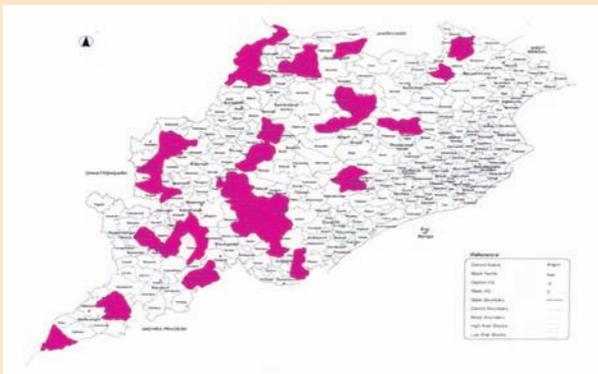
- Introduction of Rapid Diagnostic kits (RDK), provision of Artemisinin Combination Therapy (ACT) upto the village level being used by trained ASHAs
- Enhanced laboratory diagnostic facilities
- Capacity building of 37,000 ASHAs, 500 Forest Animators, 300 AYUSH doctors, 2000 health workers and 3500 tribal school teachers to provide basic diagnostic and treatment services on malaria
- 40 Sentinel Site laboratories are functioning at Dist. HQs Hospital, Sub Divisional Hospital and CHCs where Pf load is very high. These are meant for diagnosis and tracking the severe malaria cases.



- 40 Sentinel Site laboratories are functioning at Dist. HQs Hospital, Sub Divisional Hospital and CHCs where Pf load is very high. These are meant for diagnosis and tracking the severe malaria cases.

#### Integrated Vector Control Measures

- **Long Lasting Insecticidal Nets (LLIN):** LLIN is the recent intervention measures in malaria control programme. During 2009-10, Govt. of India, had supplied 19 lakh family size LLINs to the state as its first phase allotment.
- **State LLIN distribution guideline:** A state specific LLIN distribution guideline has been developed and based on this LLIN distribution could be done smoothly and efficiently maintaining high level transparency. LLIN distribution was done adopting cluster approach and Gaon Kalyan Samitis (GKS), were involved actively in the distribution process and thus the community ownership was maintained.



LLIN distribution in cluster approach

- LLIN distribution was followed by intensified innovative BCC activities like Nidhi Rath campaign to upscale the use of LLINs. The method of LLIN distribution and the follow up BCC activities was highly appreciated by Govt.

of India and World Bank Mission team. Odisha LLIN guideline was circulated to other states by Govt of India. These 19 lakh LLINs were distributed in high risk areas (21 clusters) in 26 districts protecting around 47 lakh population. In 2012-13, another 19 lakhs family size LLINs have been received from Govt. of India as the second phase allotment. Distribution of these LLINs will be completed by April, 2012. Thus another 47 lakh Population will be protected before the next transmission season. Hence by 2012, around 95 lakh population will be protected by LLIN.

#### State initiative “Mo- Mashari” scheme

- Pregnant mothers and young children are most vulnerable to Pf infection in high Pf endemic areas. Pregnant mothers are highly susceptible to complications like severe anemia, premature delivery, still birth low birth weight, abortion due to Pf infections. Complications among pregnant mothers may lead to death.
- To protect the pregnant mothers state has initiated a state programme “ Mo Mashari” . On pilot basis over 1 lakh family size LLINs were provided to protect 1 lakh pregnant mothers in five tribal districts: Keonjhar, Kandhamal, Rayagada, Nawarangpur and Malkangiri in 2010-2011. These LLINs were given during the first ANC.
- The Independent study on Mo-Mashari (LLIN) shows very encouraging results. The usage of LLIN by pregnant women is around 91% and reduction in case incidence by 50% and anemia among the protected mothers reduced by 15 % in comparison to Non-Mo -mashari LLIN areas.



- State has taken steps to upscale the distribution of LLINs among pregnant mothers and continue

the effort under state budget. In 2012 another 1.5 lakh pregnant mothers will be protected by LLIN in high endemic Pf malaria areas.

- Mo- Mashari LLIN not only protects pregnant mothers but also the young children sleeping with the mothers.

#### Protection of Boarders and Inmates of Tribal Residential Schools

- Under “Mo- Mashari” scheme besides pregnant mothers, boarders and inmates of Tribal Residential Schools are protected by impregnated nets. In 2010-11, 2.40 lakh single size plain nets have been provided to boarders of tribal residential schools. These nets have been impregnated with SP flow.
- Under this school “Mo- Mashari” programme, boarders are allowed to take the nets to their home during holidays and permanently when they pass out from the school with the intention to demonstrate the use of nets in their community and transmit malaria prevention messages.

#### Indoor Residual Spray (IRS)

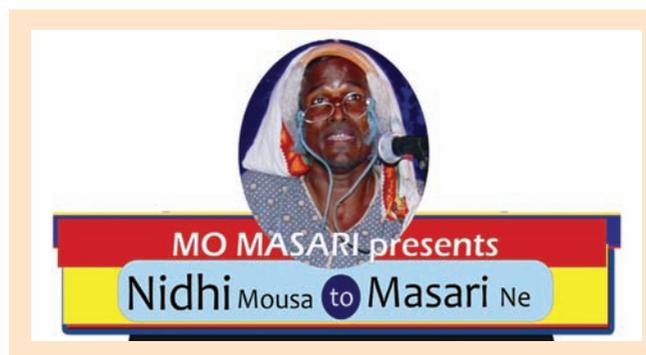
- IRS is conducted in two rounds to combat the two seasonal peaks of malaria transmission. In 2011, IRS has been conducted in 22 districts protecting around 87 lakh population in very high risk malaria areas.
- To have better coverage and quality of IRS, new spray pumps (hand compression spray pumps) have been introduced on pilot basis in 4 high endemic districts (Kandhamal, Koraput, Rayagada and Dhenkanal). The rate of spray wages has been enhanced in 2011 to get the spray workers in time. These two modifications in IRS operation has given better results both in coverage and quality of spray.

#### Hand Compressor Sprayer Pump



#### Information Education and Communications/ Behaviour Change Communication (IEC/BCC)

- To ensure effective implementation of the control strategies, a simultaneous
- Behaviour Change Communication (BCC) strategies are being implemented to communicate messages to different target groups through multiple avenues. These messages were centred on promoting EDCT, increase acceptance of IRS and up scaling the use of LLLIN etc. through culturally and socially acceptable BCC activities in key locations as well as at service delivery points.
- Activities were based on single or multi channel approach depending on the desired objectives and special attributes of the target groups.
- IEC/BCC activities are conducted in campaign mode (Anti Malaria Month Campaign) during the transmission season.
- Besides use of leaflets, FAQs, posters, banners, wall paintings, publicity in print and electronic media, district, block, subcentre level sensitization and advocacy meetings, involving all related sectors including PRIs, school teachers and students



- Innovative BCC activities “Nidhi Rath” campaign is a mix of Social Mobilization Campaign through outdoor publicity, IPC and Folk media, where Nidhi Mousa street theatre takes the centre stage. Nidhi Rath campaign has been conducted in 6000 villages addressing 47 lakh population.
- “Nidhi Mousa Adalat”, a social audit for LLIN distribution and use has been initiated in few districts is being conducted as process of social audit in LLIN distributed areas.
- ASHAs have been provided with signage and over 16000, Do’s and Do not’s tin board have been provided to the health facilities.

- Wall painting in DHH, SDH, CHC on ECDT and LLIN/ITN



### Public Private Partnership (PPP) and Inter-Sectoral Coordination

- Implementation of BCC activities in NGO/PPP mode has been started in 1<sup>st</sup> phase 13 WB supported districts.
- The state has garnered the involvement of other Govt. Departments like Forest, W&CD, PR, ST&SC (3500, Tribal School teachers as FTD), ICMR institutions and Medical colleges.
- Already 500 forest department's VSS animators have been trained and engaged as FTDs in Koraput, Gajapati, Kandhamal and Rayagada districts.
- To involve all related departments in vector control and prevention of malaria and other vector borne diseases high level inter sectoral meetings have been conducted under the Chairmanship of Chief Secretary and necessary directions given for action by respective deptt. and sectors.

### Monitoring through Lot Quality Assurance Sampling (LQAS) method

- The Lot Quality Assurance Survey (LQAS) is an effective monitoring tool is being used in malaria programme in Odisha. LQAS is conducted twice a year in 14 high burden malaria districts - first round in pre monsoon and second round in post monsoon season to assess the programme intervention coverage and use. This is integrated with the routine monitoring programme at districts and sub district level. State and district programme



management units undertake corrective steps as per the finding of this survey.

### Human Resources

- District Malaria Officer (DMO): The state has sanctioned DMO posts for all the 30 districts. In the first phase, 13 World Bank assisted districts have been provided with additional district level manpower like VBD consultants, DEO and FLA. Such manpower has been sanctioned in other 17 districts in the second phase, which will be filled up soon.
- Besides there are other manpower's like MTS, SSLT, MPW (M) engaged in the programme.

### Special review for malaria control

- To streamline and address the systemic problems for improvement of the malaria and other VBD control programme, a state level technical task force meeting is conducted regularly under the chairmanship of state Health Secy on a dedicated day i.e 17<sup>th</sup> of each month.
- In many districts similar reviews are being conducted by Dist. Collectors.

### Operational studies for evidence generation

- Independent operational studies have been conducted to generate evidence for focused programme implementation. Recommendations of following two studies will be incorporated in 2012 programme strategy.

**Study 1:** This study has been conducted by Vector Control Research Centre (VCRC), Puduchery in following 10 southern districts: Malkangiri, Koraput, Rayagada, Nawarangpur, Kalahandi, Nuapada, Bolangir, Kandhamal, Gajapati and

Ganjam to assess the vectors bionomic, insecticide resistance and recommend appropriate vector control strategies.

**Study 2:** This study has been conducted in collaboration with T & MST to assess the impact of LLIN under Mo-Mashari for pregnant mothers and related BCC campaign.

- The findings of this study have shown very encouraging result and recommends for upscaling the Mo-Mashari LLIN (LLIN for pregnant mothers) programme with improved BCC strategy.
- Besides the above two studies all the ICMR organizations like RMRC, NIMR and VCRC having presence in the state have been provided financial support to study the usage and impact of LLIN in different regions of the state.

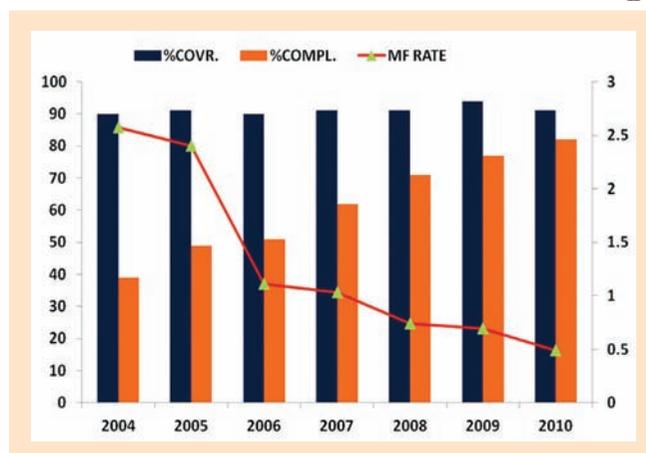
### Elimination of Lymphatic Filariasis

- Lymphatic filariasis is one of the vector borne diseases second in line to Malaria under VBDs in Odisha that leads to complications like Lymphoedema, Hydrocele, Elephantiasis etc. Under the National Programme for Elimination of Lymphatic Filariasis (ELF), Mass Drug Administration (MDA) is being conducted in the state since 2004 with DEC tablet and since 2009 DEC is co-administered with Albendazole as per the National Guideline. MDA is being conducted in 20 endemic districts; Angul, Balasore, Bhadrak, Dhenkanal, Boudh, Cuttack, Deogarh, Kendrapara, Khurda, Koraput, Mlakangiri, Gajapati, Ganjam, Jagatsighpur, Jajpur, Jharsuguda, Nuapada, Puri, Nayagarh, Nawarangpur). After seven years of MDA, except in four districts i.e Dhenkanal, Ganjam, Deogarh, Boudh, other districts have reported Mf rate less than one (Mf rate less than 1 is taken as non endemic).

### Micro Filaria (MF) rate of the districts in 2010 and 2011

Besides reducing the micro-filaria transmission in the community by MDA other activities have been integrated with health system like,

- Hydrocele operation, morbidity management of complication like Lymphoedema, Elephantiasis
- Intensified IEC/BCC activities as an integral part of vector control
- Larvicidal activities in urban areas
- Home based morbidity management



### Prevention of Dengue and Chikungunya

- Dengue and Chikungunya are the emerging vector borne viral diseases in Odisha reported since 2005. In 2011 there were outbreaks of dengue; 1846 cases of dengue were detected with 33 deaths spreading over to 25 districts, epicenter being Talcher coalmine area of Angul district. Massive awareness activities and preventive measures were undertaken in 2011. To prevent such outbreaks in future state has undertaken following key steps.

### IEC/ BCC and advocacy

- Intensified IEC/BCC activities using all local media, print and electronic media at different levels.
- Community level organizations like GKS, PRI, SHGs, NGO, CBOs, mining workers and have been sensitized.
- Sensitization of School teachers and staffs, Medical and Paramedical staffs, WCD deptt., PRI members, private and public undertakings organizations have been sensitized for preventive action.





- Massive awareness activities were conducted in urban and industrial areas

#### Strengthening of Health facilities

- State and district hospitals have been strengthened for case management.
- Sentinel site laboratories have been established in three Govt. Medical College

(Microbiology Deptt), Capital Hospital, DHH of Angul, Koraput and Kalahandi for timely diagnosis of Dengue and Chikungunya

#### Coordination

- High level intersectoral coordination meetings have been conducted under the chairmanship of Hon'ble Chief Minister and Chief Secretary where different Govt. Deptts. and other stakeholders have participated. Directives have been given to all concern Deptts. / sectors for preparedness and preventive measures for dengue and other VBDs.
- NVBDCP- IDSP coordination mechanism has been strengthened.
- Co-ordination with Private Medical Colleges and Hospitals has been strengthened for better surveillance and management of cases.

#### Capacity building

National Guidelines, Case management practices & treatment protocols were made available at each level for case management, prevention and control of dengue.

- A Dengue- E-module has been developed and hoisted in the Govt. Health & FW web site for updating the knowledge of Doctors and other service providers.
- More than 100 specialists of Medicine and Pediatric have been trained on management of complicated dengue cases.

## 4.2. Revised National Tuberculosis Control Programme (RNTCP)

### Background

The National Tuberculosis Control Programme (NTCP) was implemented in Odisha in the year 1964 with the objective to provide free and domiciliary treatment to the patients detected through passive case finding method. The NTP did not achieve the desired success as a result the programme was revised with the dots (directly observed treatment short course chemotherapy) strategy and implemented in our state in the year 1997 with the objective to detect 70% of infectious sputum positive tb cases and cure at least 85% of them. The programme is implemented as per the technical, operational and financial guidelines of Revised National Tb Control Programme (RNTCP). The RNTCP was assisted by Danida through Government of India from 1996 to 2005. The Global Fund to Fight Aids, TB and Malaria (GFATM) provides financial and technical support to implement the programme in the state from the year 2006 to 2010 through government of india. The Rolling Continuation Channel (RCC) project of gfatm has been extended till the year 2015.

The Government of India releases necessary funds to the director of health services, Odisha through the Odisha state health & family welfare society on the basis of the statement of expenditure, audit report and annual action plan. Govt. of India also provides 100% requirement of anti tb drugs for treatment under rntcp.

The Lepra-India, an international ngo, is also providing support under "Sahayog" and "Akshaya" project to iec-BCC activities in 12 districts of Odisha (Angul, Bhubaneswar, Cuttack, Gajapati, Ganjam, Koraput, Kandhamal, Malkangiri, Mayurbhanj, Puri, Sambalpur and Sundargarh) the Catholic Bishop Conference of India (CBCI) and the Indian Medical Association (IMA) are also involved in RNTCP of the state.

### Achievements

- Since inception of RNTCP till 4<sup>th</sup> qr 2011, total 462749 tb cases have been detected and treated. 349425 cases have been cured & successfully completed treatment.





In the 4<sup>th</sup> quarter 2011, the annualized new sputum positive case detection rate of Odisha was 58% against the norm of 70% and the success rate 88% as against the norm of 85%.

## Achievements

### Intensified TB-HIV Package

- TB HIV Intensive Package is implemented in all the districts since 2010 in collaboration with the OSACS.
- During 4<sup>th</sup> Quarter 2011, 3513 TB patients have been tested for HIV out of which 93 have been diagnosed as TB-HIV co-infected.

### Progress of DOTS-Plus Programme

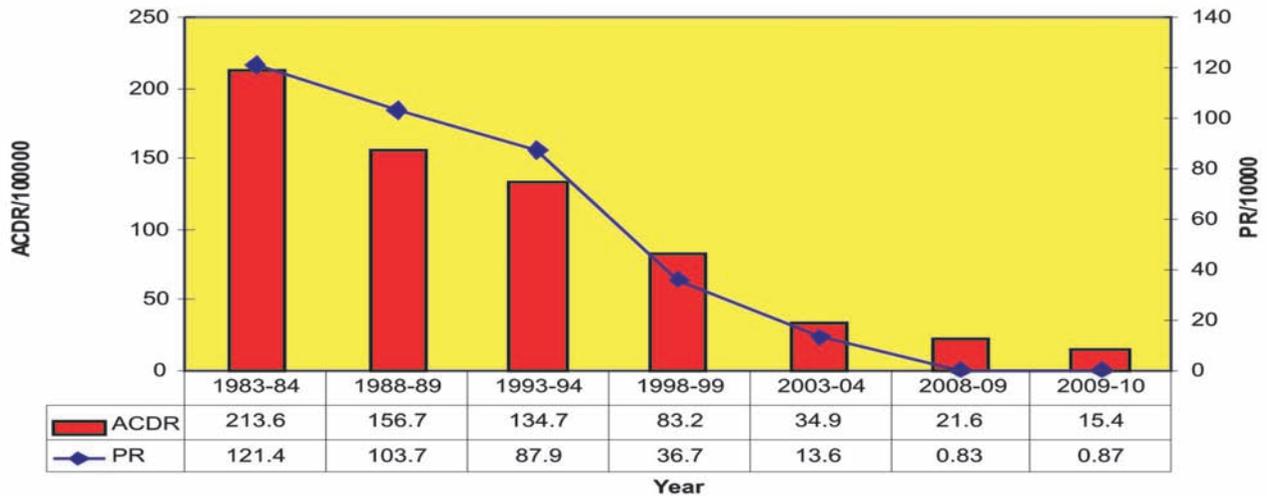
- Intermediate Reference laboratory (IRL) at Anti TB Demonstration & Training Centre, Cuttack accredited on 10th Aug' 2009.
- Four RNTCP districts of Cuttack, Ganjam, Khurda and Bhubaneswar taken up for DOTS-Plus activity in 2009-10 in 1st phase. The DOTS Plus services has been rolled out in 11 nearby districts of Anugul, Dhenkanal, Keonjhar, Mayurbhanj, Balasore, Bhadrak, Jajpur, Jagatsinghpur, Kendrapada, Puri, Nayagarh in phase-2. Central Appraisal has been planned for the phase-3 districts of Kandhamal, Kalahandi, Rayagada, Gajapati, Koraput, Malkangiri and Nabrangpur during February 2012. Preparatory activities are in progress to expand DOTS Plus Programme to other districts.
- CAT-IV services (treatment of MDR-TB patients) initiated in the State from 11<sup>th</sup> Nov, 2009 at DOTS-PLUS SITE (SCB Medical College). So far the sputum specimen of 230 Suspects have been examined for MDR out of which, 115 diagnosed as MDR-TB and 76 MDR-TB patients put under DOTS plus treatment (Cat-IV) patients from above four districts.
- Line Probe Assay (LPA) at Intermediate Reference Laboratory (IRL) Cuttack has been established and the Laboratory is waiting for accreditation from National Reference Laboratory (NRL). This would dramatically cut down diagnosis time of MDR-TB suspects from the current 60 days to 3 days.

## 4.3.National Leprosy Eradication Programme (NLEP)

### Epidemiological Situation

- **New Case Detection:** 6742 new leprosy cases were detected during 20010-11 and 6537 cases were detected during 2011-12 till 31<sup>st</sup> Dec. 2012 in the State. More numbers of cases are being detected in Odisha in comparison to previous years because of involvement of ASHA at village level. Case detection is more, particularly in the previously poorly covered and out reached areas of the State. Annual New Case Detection Rate was 15.83 per 100000 population during 20010-11 at state level. But districts like Sonepur, Baragarh, Boudh, Bolangir, Angul, Kalahandi, Sunderagr, Nuapara and Dhenkanal have detected increased number of cases due to enhanced activity. In 197 Blocks out of 314 Blocks, Annual New Leprosy case Detection Rate is more than 10 per lakh population and *need special focused activities to reduce the case detection rate.*
- **Treatment Completion:** Odisha achieved 99.6% treatment completion rate which is **highest in the country.** Treatment completion rate has gone up during last 2 years because of involvement of ASHA at village level for monitoring of regular intake of MDT by the patients.

Trend of ACDR and PR of leprosy since 1983 in Orissa



Disability Prevention and Medical Rehabilitation programme could be started at all Block PHCs and DHH to provide 40000 PAL having disability due to disease



- Reconstructive Surgery (RCS) Activity:** At 8 Govt. Health institutions and one NGO institution, the RCS are being conducted regularly. 8 surgeons of State also have been trained in RCS to conduct RCS in these institutions. The 6 DHHs of Jharsuguda, Sonapur, Bolangir, Koraput, Mayurbhanj and Dhenkanal are also conducting RCS operations. During last 3 years 1307 RCS operations were conducted in these institutions with more than 85% success rate. 567 RCS cases have also been

provided incentive Rs. 5000/- each during 2009-12. State has planned to increase the RCS centers extending it to Private Hospitals and Medical Colleges also. There are nearly 2000 cases that are fit for operation waiting for RCS in the State. GOI should also provide Rs.5000/- per operation to private institution for RCS on leprosy cases as it is provided to Govt. institution and patient's incentive @ Rs. 5000/- should also be provided to leprosy cases who are not having BPL card.



At 6 DHHs of Jharsuguda, Mayurbhanj, Bolangir, Koraput, Sonepur and Dhenkanal RCS could be started and over 359 operations could be completed



- **Involvement of ASHA :** 23004 ASHAs were trained in leprosy during 2009-12. It has been planned to train remaining ASHA workers during 2012-13. ASHA leprosy booklet, Referral slip booklet and flash card developed and printed with OSHP budget and distributed to 42000 ASHA workers in the State. This innovation again

was a unique step taken only in Odisha to strengthen and involve ASHAs in NLEP. Due to involvement of ASHA in Odisha, new leprosy case detection and treatment completion rate has gone up. ASHA incentives for case referral and monitoring of treatment have been provided to ASHA as per guidelines of GOI.

42000 ASHAs were involved in NLEP

ASHAs detecting leprosy cases and bringing them to Health centers





- **Kust Mukta Gaon Abhijan:** Odisha was the 1<sup>st</sup> State in the country to conduct this Abhijan during 2011-12 with innovation of movement of **SAMBHA RATHA**. 1517 cases of leprosy detected during this campaign within 49.00 lakh population.

*Both above activities revealed that there is need of area specific focused intensive activity for case detection in Odisha to achieve Kusth Mukta Status in every villages.*

#### STRENGTHENING ASHA AND GKS TO MAKE THEIR VILLAGE FREE FROM LEPROSY



- **Amendment of Acts:** Actions have been initiated by concerned departments for amendment of Odisha Municipal Corporation Act 1950 and Odisha Panchayati Raj Act 1965 which prevent leprosy patient to contest election and very soon the bill will be introduced in the OLA.
- **Services at Leprosy Colonies:** Initial survey has already completed in 69 leprosy colonies of the State. Actions have been taken by concerned departments to ensure improvement in living condition of inhabitant living in these colonies. Nearest health institution has been given responsibility to provide medical services to needy patients by deputing field worker to these colonies every week on a fixed day.

#### 4.4. National Programme of Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS) and National Programme for Health Care of Elderly (NPHCE)

- Nuapada dist. was selected during 2010-11 and Bolangir, Koraput, Malkangiri and Nabarangpur were selected for implementation of NPCDCS and NPHCE during 2011-12.
- Clearance from Finance and P&C departments taken for implementation of programme during 2011-12.
- Odisha is only state of the country to make Budget provision in the State Plan Budget towards 20% share done for f.y. 2011-12.
- MOU has been signed in between Gol and State Govt. in H&FW Dept. in August 2011.
- Odisha is the only state to constitute the State NCD Steering Committee constituted under the Chairmanship of Commissioner cum Secretary, Health & FW, Odisha and its two meetings have already been held. Other members are Spl. Secretary Health (Technical), Mission Director, NRHM, DHS, DFW, DMET, DSIHFW, Addl. Dir. Disease Control, Collectors and CDMOs of selected districts, Principal and Superintendent of Medical College, Director Regional Cancer institute and State Nodal Officer, NCD as convener of committee.
- Core Group of State NCD Steering committee sits on 24<sup>th</sup> of every month under the Chairmanship of Health Secretary to take in-depth review of NPCDCS and NPHCE.
- Deputy Director Health Services Leprosy declared as State Nodal Officer, NCD, Odisha
- District NCD Advisory Committee for NCD constituted under Chairmanship of Collector cum DM in all 5 Districts
- District NCD Cells established and District Nodal Officer, NCD was declared
- District NCD accounts have been opened .and money has been transferred
- NPCDCS and NPHCE was launched in Nuapara District by Hon'ble CM, Odisha on 30.4.2011
- One post of Joint Director - NCD has been created recently.



Establishment of NCD Cell , Physiotherapy unit, CCU and Geriatric wards in Nuapada District

#### SCREENING OF POPULATION:

CDMOs have been requested to start screening of population on campaign mode and complete it by end of Feb.2012. All population above 30 yrs of age and pregnant lady during antenatal checkup are being screened for diabetes and hypertension. Daily target for ANM (50-60 persons) has been assigned for screening. All MHUs have be provided the glucometer



#### Establishment State NCD Cell:



Visit of Union Secretary Health to NCD Cell



- during their field visit for screening of population they are covering. All older persons are being covered during distribution day of old age pension.
- Weekly report of screening is being collected and submitted.
- CDMOs are taking personal interest to see that campaign for screening is implemented successfully and completed by 28<sup>th</sup> Feb.2012
- NCD Clinics at DHH and CHC have started functioning in all 5 districts
- State Plan budget is being released to districts for procurement of NCD drugs
- Essential drug list for NCD has been revised by an expert committee.
- Geriatric OPD has been started functioning at DHH.
- 10 beds in Med. Ward have been identified for geriatric patients



- CCU model at DHH has been prepared and under process of implementation
- Design for 10 bedded Geriatric ward at DHH has been finalized by Eng. Div. of NRHM
- Centralized procurement bidding has been planned and will be floated after GP election.

#### Day Care Chemotherapy at DHH:

- On request of NCD cell, Dir. AHRCC, Cuttack has developed a 5 days capsular training course in Day Care Chemotherapy for Spl. Med and Surgery of DHH of 5 districts.
- 2-4 beds in Ger. Surgery ward will be developed for Day Care Chemotherapy. CDMO will take necessary steps accordingly.
- Dir. AHRCC will supply the list of cancer patients of districts undergoing chemotherapy at AHRCC to districts.

#### Establishment of TCC:

- Proposal for TCC at AHRCC, Cuttack, MKCG Med. College, Berhampur and V.S.S. Medical College, Burla has already been received and processed for submission to GOI.

#### IEC

- Odiya translation of prototype IEC materials received from GOI has been completed. It will be developed and printed centrally and supplied to districts.
- Radio jingles and 30 sec. TV spots on NCD in Odiya and local languages will also be developed by NCD cell and will be used for IEC activity through electronic media.

## 4.5. National Programme for Control of Blindness (NPCB)

### Background:

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

### Activities:

#### Cataract Surgery:

- In the year 2011-12 (upto Qtr.3) 67194 nos. of cataract surgeries have been done.
- IOL have been given to 98% of operated cases.
- Corrective glasses have been provided to the operated patients as per need.

#### School Eye Screening:

- 2,78,339 nos. of school children screened in the year 2011-12 (upto Qtr.3)
- 13700 nos. of refractive cases detected
- 7655 pairs of free spectacles distributed to students.
- Under school health programme biannual screening and examination of school children, referred by basic health workers, is going on at block level.

#### Eye Donation:

- 448 nos. of eyes were collected and 314 nos. transplanted.

#### Capacity building:

##### Institutions:

- Six nos. of Eye Banks have been registered both at Govt. and Pvt. level.
- Seven nos. of Eye Donation Centres have been established in Govt. and Pvt. sector.
- 75 nos. of Vision Centres have opened to enhance eye service in rural areas.
- The Tele-Ophthalmology Network is in process at MKCG, Berhampur, Ganjam to solve the access problem in remote, tribal and hilly areas. Also it can solve the problems of shortage of ophthalmologist.

#### Equipment:

- Sophisticated instruments are being supplied to districts and medical colleges for quality surgery.

**Recruitment:**

- 43 nos. of contractual Ophthalmic Assistants have been posted.
- Six no. of Eye Donation Counselors have been posted for enhancing the eye donation activities.

**Training:**

- Training of Eye Donation Counselors, Staff Nurses and Ophthalmic Assistants on eye donation have been completed at state level.
- Eight nos. of Ophthalmic Surgeons sent inside and out side the state for training in sub-specialty.
- Training have been imparted at state and zonal level to the Medical Officers, Ophthalmic Assistants, Nurses for providing better service to general public.
- Trainings have been organized at district level to train the School Teachers/ASHA/ICDS workers with a motive to aware the general public about various eye diseases and remedies available thereof.
- MIS training to all DPMs(NPCB) is in process in coordination with NPCB division, Govt. of India.

**Information Education & Communication (IEC)**

- Every year Eye Donation Fortnight (from 25<sup>th</sup> August to 8<sup>th</sup> September) have been organizing in the districts having eye banks.
- World Sight Day (2<sup>nd</sup> Thursday of October and the full month) have been organizing at state and district level.
- During these occasions and also in general time various competitions, press conferences, workshops, wallings, exhibitions of cinema slides in film halls, transmission of telefilm and tele spots, street plays, multimedia activities have been undertaking to publicize the facilities available in NPCB.

**4.6. State Human Resource Management Unit****Background**

Successful management of any health delivery system requires availability of required manpower. In bigger state like Odisha a systematic approach regarding detailing of human resources is felt very conversant while delivering health care services. With a view to streamline the human resource management system Govt. of Odisha in Health & F.W, Deptt has created SHRMU vide office order no 15491 dated 01.06.2009. The said unit will be an institutional mechanism enabling policy planning and research on Human Resources for the Health system of Odisha.

**Activities****Restructuring**

- Restructuring of Odisha Medical Service Cadre - completed and after approved by the Govt. implemented
- Restructuring of PMW and NMS- Submitted to the Govt.
- Restructuring of Nursing Cadre in the Odisha- Draft copy in place
- Restructuring of Public Health Cadre in Odisha- in progress
- Other paramedics- will be taken up gradually
- Restructuring of Pharmacist Cadre.

**Development of MIS ,**

- Odisha Health Workforce Information System for doctors

**Research**

- Research & Ethical Committee has been constituted to examine different Research proposal from various outside agencies to conduct research in our state
- Three research proposal have been approved by Research & Ethical Committee of which reports are expected to be received by mid March
  - Retention of Health Worker in remote and rural part of Odisha
  - Career pathway for doctors working in Govt. health System in Odisha, current scenario and future opportunity
  - An Assessment of health system readiness to implement the policy transition in malaria control in the state of Odisha
- SHRMU is committed to encourage various professional , individuals to submit research proposal for benefit of the State.

**Workshop ( Organised from April 2011 to Jan 2012)**

- State level workshop on Public Health cadre in April 2011
- Workshop on restructuring of Nursing Cadre in May 2011
- Workshop on Multi Skilling of Laboratory Technician May 2011
- Follow-up workshop on Nursing cadre in August 2011
- Workshop on preparation of Gradation list & finalisation- Oct'2011



- Workshop on Preparation of ToRs for Paramedics in January 2012



#### Recruitment & creation of various posts.

- Appointment of 743 doctors on adhoc basis during 2011
- Regular monitoring for filling up of vacancies of paramedics at district level.
- Proposal developed and submitted to Govt. for creation of posts as per gap analysis- Staff Nurse-6963, Pharmacist-158, Radiographer-368, MPH(M)-4779 and MPH(F)- 6688

#### Capacity building

- Institutionalisation of Training programme - State level training selection committee constituted.

#### Focus on Public Health :

- 28 doctors already trained in P.G Diploma in Public Health Management & 18 are under training.
- Training of Public Health Extension Officer (PHEO), in health promotion is in progress
- Training of 20 doctors in Family Medicine in progress

#### Multi Skilling

- Personnel trained in additional skill, viz- SBA, Emoc
- Laboratory Technician in progress- Draft proposal and Draft SOP prepared.

#### Training

- Training of senior and middle level managers in disaster management at IIPH Hyderabad
- Training of mid-level managers on economic evaluation and cost effective analysis at IIPH, New Delhi
- Training on research methodology in health science at IIPH, BBSR
- Training of Senior Nursing personnel in leadership & management at ANSERS, Hyderabad
- Training of middle level manager on I.T in Human resource, NIHF, New Delhi

#### Exposure Visit

- Hospital Managers for bio-medical waste management, Hyderabad
- Nursing personnel to Andhra Pradesh

- Nursing personnel to University of Nottingham, UK
- In-depth Analysis of Public Health Cadre in Tamilnadu during Nov 2011 and Maharashtra during Feb 2012
- Study on HLL life care - Hyderabad & Tamilnadu - Nov 2011

### State Equipment Maintenance Unit (SEMU)

#### Maintenance of Medical Equipments

- State Equipment Maintenance Unit (SEMU) established with NRHM support as State in the year 2009-State govt initiative.
- Functioning now in State Drug Management Unit under Directorate of Health Services, Odisha.
- 3 Biomedical units are in position in 3 Govt medical colleges.
- 3 Regional Biomedical units are planned to be established during 2012-13.
- 579 no of equipments repaired sofar (270 no during 2011).
- The repair includes major equipments like X-Ray machine, Multipara monitor, Pulse oximeter, Radiant Warmer, Boyls apparatus, Blood Storage Units where company support is not available.
- Technical support is provided to the Districts in the form of Technical specification medical equipment and bid evaluation.
- Central approval of Terms & conditions of AMC/CMC of selected equipments for execution at District level.
- Inventory of medical equipments in Govt. institutions compiled at State level.
- Capacity building of users on preventive maintenance of equipments.
- A Booklet on preventive maintenance of equipments (End User Guide) is under print and will be provided to all users in Govt. Health Institutions.





## 4.7 State Drug Management Unit (SDMU)

The State Drug Management Unit (SDMU) was created as a dedicated procurement unit under Director of Health Services by virtue of an Office Order in the year 1997-98.

### Objectives

- To make available good quality drugs and medical consumables in all government health institutions of the State at right time and at the most competitive price.
- To ensure rational use of drugs in all government health institutions by developing an Essential Drug List dividing drugs into primary, secondary and tertiary categories and Standard Treatment Guidelines (STG) were developed and updated at regular intervals (2 years)
- To establish and run a Computerized Inventory Management System (CIMS) by connecting all State medical stores (District Medical Stores, Medical College Stores, Central Store) to ensure better management of drugs and medical consumables. This system enabled the DoH & FW to calculate stock levels in all the stores and potentially use this information to transfer stock between stores to avoid stock outs and to more accurately forecast requirements.
- To develop a suitable quality assurance protocol and standard operating procedures to improve the quality control of drugs and hospital consumables.

### Major Activities

SDMU has been quite successful in achieving its objects and over the years has developed its skill and expertise to carry out its procurement function successfully, which includes;

- To procure 80% of all drugs and consumables required by the department primarily under the supervision of Director Health Services, as far as possible, directly from manufacturers to ensure the maximum price benefits and improved quality (20% of the budget is earmarked for local purchase by Indenting Officers).
- To distribute drugs and hospital consumables to stores at District levels and to the medical colleges in the required quantity at the right time.
- To continually update the Essential Drug List and Standard Treatment Guidelines and disseminate the same to end users, with appropriate guidance and training to ensure the implementation of the policy.

# Public Health



Actions for Dengue prevention



Indoor Residual Spray  
in progress



Wide range of IEC/BCC activities on Malaria and  
Dengue

## Chapter - V

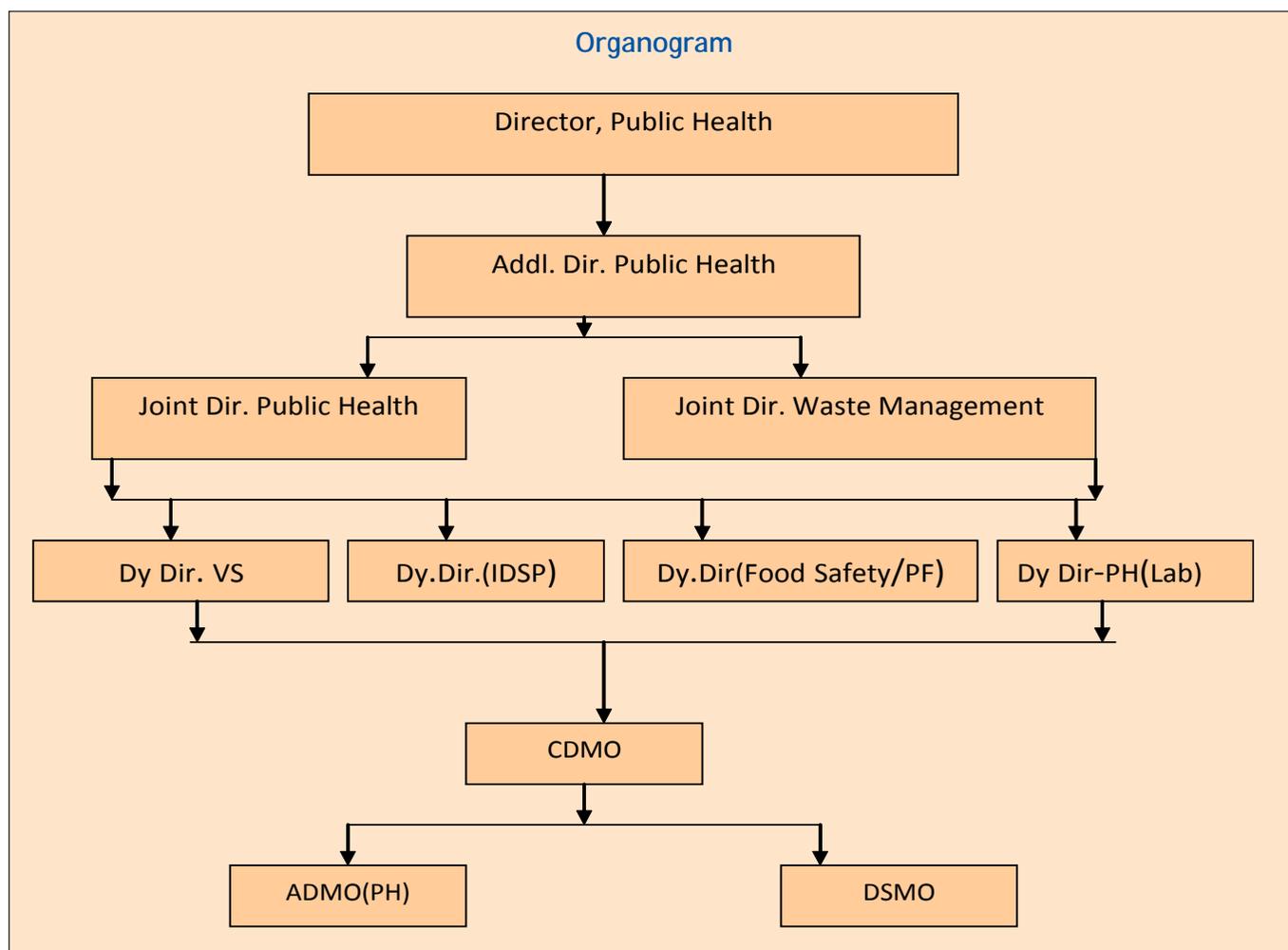
### 5. Directorate of Public Health

#### Background

A Directorate of Public Health vide H&FW Department Resolution No. 14994/H dated 06.05.2009 has been created as an independent Directorate with various public health related functions. It provides leadership support to the public health programme of the state under the leadership of Director who will be supported by an Additional Director, Joint Directors, Deputy Directors and other necessary office establishment. Broadly it deals with three functional areas, such as planning and development of Public Health Policy, management of public health programmes, capacity building of Staff on public health discipline and provision of quality control and food testing. Various programme

activities as reflected below will be looked after by the Directorate

- Disease surveillance
- Disaster management
- Yaws control
- Tobacco control
- Fluorosis control
- IDD and Food safety
- Waste Management
- Mental Health
- School Health
- Vital statistics
- NPCDCS & NPHCE





## 5.1 Integrated Disease Surveillance Project (IDSP) - 2011

### BACKGROUND:-

After the super cyclone of 1999 - the need for a disease surveillance system that fulfilled the crucial criterion of surveillance - "information for action", was felt indispensable to monitor the events i.e epidemic prone communicable diseases in the health sector, take corrective measures & minimize the suffering of the people. Odisha Multi Disease Surveillance System (OMDSS) came into existence with the technical help of MSF & financial help of WHO-UNDP Odisha & the Odisha Health Systems Development Project (OHSDP) during November 1999.

Subsequently, Govt. of India in compliance with the International Health Regulation (IHR) 2005 initiated Integrated Disease Surveillance Project in 2004. Odisha was included under Phase-II states (2005-2006) for implementation of the IDSP. The 1<sup>st</sup> phase came to an end by 31<sup>st</sup> March 2010. The review of the project revealed that the project objective was not realized fully and fund utilization was low, so the project was restructured and extended upto 31<sup>st</sup> March 2012.

The objective of the restructured project is

- Surveillance Preparedness
- Outbreak investigation
- Analysis & use of Data

### 2<sup>nd</sup> Phase States - Odisha (2005-06)

#### Present Status

- State Surveillance Unit and 30 District Surveillance units are functional with IT personnel, Hardware & Software. Video Conferencing facility for training & review is available at the State Surveillance Unit, District Surveillance Units & 3 Govt. Medical Colleges of the state.
- In the front of technical manpower, presently 7 Epidemiologists (Bargarh, Cuttack, Ganjam, Jagatsinghpur, Kalahandi, Puri & Sambalpur) and 2 Microbiologists are in position. (1 at State HQ and 1 at District Public Health Laboratory, Koraput)
- Media report scanning with immediate reporting to district authority has been happening since 2002 and feedback is also given to Central Surveillance Unit, New Delhi as per the situation.

- Timeliness of reporting: All the districts are reporting on time each week since 2008 to till date.
- Completeness of reporting in 2011: Completeness of weekly reporting with respect of Form S (Health Worker) ranges between 76 - 91% & Form P (Health Institution & Medical Officer) between 67 - 85% and Form L (Laboratories) between 63 - 82%.
- Weekly data is analyzed each week to monitor trend and detect outbreak if any.
- Each year guidelines on prevention & management of Acute Diarrhoeal Diseases are circulated sufficiently ahead and districts are requested to undertake preparedness activity.
- The Outbreaks are being investigated by Block/ District/ State Rapid Response Teams as per the situation & immediate containment as well as preventive measures are being undertaken. Suitable samples collected for lab confirmation of outbreak

SI No	Disease	Districts where detected
1	Acute Diarrhoeal Disorders	Keonjhar, Ganjam, Dhenkanal, Sundergarh, Khurda, Bolangir & Baragarh)
2	Anthrax (Cutaneous)	Koraput, Sundergarh, Mayurbhanj & Kandhamal
3	Measles	Nawarangapur, Koraput, Rayagada, Mayurbhanja, Bolangir, Nayagarh, Puri & Malkanagiri
4	Dengue	Angul, Jajpur, Cuttack, Jharsuguda, Sundergarh, Baragarh, Sambalpur, Balasore, Bhadrak, Bolangir, Dhenkanal, Ganjam, Jagatsinghpur, Kalahandi, Kendrapara, Khur da, Keonjhar, Puri & Rayagada
5	Hepatitis	Angul, Malakanagiri

### Bird flu - 2012

Highly Pathogenic Avian Influenza (H5N1) was detected in backyard poultry during January 2012 at village Kerang, Khurda sadar of Khurda district & at Bahanada village of Betnoti of Mayurbhanj district subsequently in February HPAI was detected in organized poultry at the farm of Central Poultry Development Organisation, Nayapalli, Bhubaneswar.



In all the outbreaks Health & FW deptt. responded instantaneously & acted in coordination with Fisheries & ARD Deptt. & other line departments. Central Rapid Response Team deployed by Ministry of H& FW, GOI, state RRT & district RRT constantly monitored & supervised the activities in all the outbreaks.

Daily health checkup of Cullers, transporters & handlers with administration of Chemoprophylaxis was undertaken by health personnel. Besides this health workers, ASHAs, AWWs & volunteers conducted active surveillance around 0 to 3 KMs & 3-10 KMs radius area around Epi center to monitor the trend of ARI in the population & detect suspected human cases of bird flu if any. Along with this health education campaign were conducted for prevention of bird flu in humans & protection of human health. In all the outbreaks no suspected human cases were detected/ reported. Till date no human case of bird flu has been reported from India.

#### Disaster Management & Response

- The State Surveillance Unit assumes responsibility of State Health Control Room during disaster in addition to its regular responsibility.
- For prevention of heat stress disorder preparatory activities like health education for risk reduction, preposition of supplies & availability of heat stroke room at health institutions is undertaken from the month of March each year.
- In the year 2011 during Dengue outbreak issues of manpower, logistic, investigation, reporting and media management etc were properly coordinated and implemented.



- The state experienced unprecedented high flood during the month of August, September 2011. 19 districts were affected by flood. Medical relief operation, manpower deployment, supply of drugs & disinfectants was coordinated & implemented by State Health Control Room. There was extensive damage & inundation particularly at Gop block of Puri, Bari block of Jajpur & Aul block of Kendrapada districts. State level officials were deployed to flood affected districts & Senior state level officials were stationed at the above mentioned three blocks to monitor & supervise medical relief operation. In total 482 Medical Relief Centers & 135 Mobile Medical Teams were deployed were operational. There was no outbreak in the flood affected areas contrary to expectation.

Funds were provided by NRHM for response & mitigation during disasters i.e., Dengue & Flood.

#### Other Major Activities

- Initiation of Multi-sectoral Long term action plan under the Chairmanship of Chief Secretary, Odisha to develop connectivity, drinking water supply and BCC in all southern tribal districts of the state to minimize the morbidity & mortality due to Acute Diarrhoeal Diseases. The reported deaths due to Acute diarrhoeal disorder appreciably reduced from 186 in the year 2010 to 59 in the year 2011. (Surveillance year correspond to calendar year)



- Handbook for Public Health Managers was developed and released during 2011 for management of Diarrhoea, Malaria, Dengue & Chikungunya

- Pilot Introduction of Bivalent Killed Oral Cholera vaccine along with RMRC Bhubaneswar and IVI Korea in 10 sub centre area of Sakhigopal block to assess feasibility, acceptability etc in the public health setting. There was no notable adverse effect following immunisation.



## 5.2. National Iodine Deficiency Disorder Control Programme (NIDDCP)

### Back ground

The National Iodine Deficiency Disorders Control Programme (NIDDCP) started in our State since December-1989. It is a 100% Central Plan Scheme.

### Major Activities

- During the Year-2011-12, Rs.16,00,000/- (Rupees sixteen lakhs only) has been sanctioned by Govt in Health & F.W.Deptt. and out of which Rs. 10,60,000/- (Rupees ten lakhs sixty thousand only) has already been distributed among all the Chief District Medical Officers and State Institute of Health & F.W. Odisha and SCB Medical College ,Cuttack for utilization of the same. The balance amount of Rs.5,40,000/- (Rupees five lakhs forty thousand only) is to be utilized during the Current Financial year.
- For continuance of the Programme along with establishment of one IDD Monitoring Laboratory in the State and it has been proposed for establishment of said laboratory during the year-2011-12.

## 5.3. Yaws Eradication Programme (YEP)

### Background

Yaws Eradication Programme is in operation since 1996-97. The nodal agency for implementation of YEP in National Institute of Communicable Disease (NICD), New Delhi, Government of India. YEP has been implemented in 10 districts of Odisha in two phases.

**1<sup>st</sup> Phase-1996-97:-** Korpaut, Rayagada, Nowarangpur, Malkangiri

**2<sup>nd</sup> Phase-2000-2001:-** Mayurbhanj, Balasore, Kalahandi, Kandhamal, Keonjhar, Dhenkanal

### Yaws Elimination

Yaws Elimination achieved in India-on 19<sup>th</sup> Sept. 2006-declared by Hon'ble HFM.Nil reporting of early yaws cases supported by Lab confirmation, Good quality search, Validation by independent appraisal

- Cessation of Yaws transmission (Reporting of no early /infectious case )
  - o Eradication of Yaws
- No sero-respectively to RPR/VDRL/TPHA in under five children, after achieving "Nil" reporting of early case a continuous period of three years.

### Programme Strategy

- Advocacy & creating awareness through IES
- Development of trained manpower
- Active case search operation-selective mass campaign approach
- Treatment of cases & contacts
- Monitoring & supervision including inter search surveillance
- Primary health care delivery approach



Table No-6  
YEP Anti Yaws Teams

District	Sanctioned	Position
Team-A-Mayurbhanja	10	6
Team-B-Kalahandi	10	6
Team-C-Kandhamal	10	6
RS Team-Koraput	10	

#### Major Activities

- The Sero- survey less than 5 years activities of the 10.nos of districts coming under YEP was conducted by the NICD. The state level workshop of the Yaws Eradication Programme has also been conducted on 13.11.09 at the conference hall of D.H.S, Odisha where the A.D.MOs of the 10 districts participated in order to discuss the Action Plan for better implementation of YEP in the state.
- One case namely Lisi Mallik, Village Pederipada under Bakhama PHC of Balliguda block of Kandhamal district has been found +ve in the sero survey report for which the CDMO Kandhamal has already been intimated and requested to make an action plan for active surveillance of the whole district by the special team stationing at Kandhamal. The same action plan has not yet been received.

### 5.4. Mental Health Programme

#### Background

The national mental Health program is operational in Odisha, with the State Institute of Mental Health located at SCB Medical College being the Nodal institution. The district mental health program component is implemented in eight districts of Odisha. The Nearest medical colleges to the district are the referral centre and provide technical support to the district.

Table No-7

Nodal Institution	Districts covered
SCB MCH, Cuttack	Khurdha, Puri, Dhenkanal, Mayurbhanj, Keonjhar
MKCG MCH	Koraput & Kandhamal
VSS MCH	Bolangir

#### Major Activities

**Center of Excellence in Mental Health:-** The State Institute of Mental health SCB Medical college is being upgraded to center of excellence with financial assistance from GOI , to the tune of 30 crore and the additional requirement being met by Odisha health system project through NRHM.

Strengthening, upgrading the Psychiatry wing of the medical colleges were also part of the program. Rs.1.51 crores was provided by GOI for the purpose. This was with the view to upgrade the undergraduate and the post graduate training in psychiatry.

#### Mental Health Institutions in the State

- Mental health Institute ,SCB Medical college, Cuttack
- MKCG Medical college
- VSS Medical college

#### 1. Mental Health Institute ,SCB Medical college, Cuttack

The erstwhile mental hospital of 1961 was converted to Mental Health Institute in 1966. Now it is being converted to center of excellence in the year 2010 with the following inputs:-

- 60 bedded hospitals converted to 120 beds.
- Six special units like Pediatrics, Adolescent, Geriatric, emergency, forensic, de-addiction units are added.
- With expansion of two units of Psychiatry, new teaching department in clinical psychology, psychiatric social work and psychiatric nursing.

#### Infrastructure Development

- OPD expansion and renovation done
- Extended academic blocks created
- 20 bedded new indoor block commissioned
- 50 bedded old indoor block renovated.
- With an expenditure of 1.51 crores.

#### Service

- 6 day OPD 9-5 pm
- Round the clock and Sunday emergency service 24/7
- Liasioning service on call to attend
- Community clinics, disability camps and clinical support to mental health NGOs
- Drug de-addiction and Child guidance clinics



### In service Training

- 6 days training to GDMOs from District Mental Health Programme covered districts

### Teaching

- UG/PG in Psychiatry
- Diploma B Sc, M Sc Nursing, Physiotherapy and Occupational Therapy, M. Phil students from General Colleges and University

### 2. MKCG Medical College and Hospital, Berhampur

- 20 bedded Unit with

### 3. VSS Medical College and Hospital, Burla

- 20 bedded Unit with the post of
- UG teaching and other camp services
- Received a grant of Rs 50 Lakh during 10<sup>th</sup> Plan for up gradation

### Ongoing activity

- Four districts have Psychiatrist (Dhenkanal, Bolangir, Mayurbhanj, Khurda), others 4 managed by Medicine specialist
- Daily OPD service.
- 10 (5male +5 female) bedded Indoor service provision in all 8 district. Drugs and equipments ECT, Boyles' apparatus, Ambu bag, Oxygen cylinder available.
- One month drug is provided to each Psychiatric patients from district level.
- Referral service and Follow up service

### Activities Planned and being Implemented

- Doctors and the clinical psychologist of Khurda, Puri, Dhenkanal, Mayurbhanj, Keonjhar, and Koraput & Kandhaml have undergone SIX days training.
- Prototype of IEC messages have been prepared & provided to the districts for display & distribution among the community.

## 5.5. National Tobacco Control Programme

### Background

The pilot phase of NTCP launched in 2007-08 in eighteen Districts covering nine States across the country, wherein funds were released for establishment of State as well as District Tobacco Control Cell. Again in 2008-09, the pilot programme was upscaled to cover 24 new Districts in 12 States and funds were provided only for District Tobacco Control Programme barring State Tobacco Control Cell. Presently the programme is being implemented in 42 District of 21 States in India including Odisha.

### Major findings

- Tobacco use, especially use of smokeless tobacco in Odisha is much higher than national average.
- In Odisha, 56% male and 36% female used tobacco in any form.
- Over all in Odisha 38% of Urban and 48% of rural people consume tobacco in any form.

	Tobacco Use	Smoking smokeless	Use of Tobacco
India	34.6	14.0	25.9
Eastern Region	45.4	15.7	37.6
Odisha	46	10	43

[Source: Global Adult Tobacco Survey, 2009-10]

- In Odisha, consumption of tobacco started by age 18 is 51% while Mean age at initiation of tobacco use 16.7 years.
- Almost two third (67%) of daily tobacco users in Odisha use Tobacco within 30 minutes.

### Major Activities

- State and District level Task force and monitoring committee has already been formed.
- A separate Head of Account bearing No. "0210-Medical & Public Health-04-Public Health-104-Fees & Fines etc.-0049-Fines & Confiscation-02208-COTPA, 2003" has been opened for fine collection under violation of COTPA-2003.
- Enforcement squad has already been formed in the Districts as well as State for monitoring and challan and receipt book has already been distributed among the enforcing squad both in the state as well as District.
- World No Tobacco day- 2011 has been observed in State, District head quarters and block with generating proper awareness through rallies, street plays, mobile van, distribution of IEC materials viz. pamphlets, hand outs, posters, milking etc regarding anti tobacco among the masses.
- Fine rupees amounting to Rs 18, 99,700/- (From April 2010-December-2011) have been collected for violation of COTPA-2003.
- Sum of rupees six lakh and six thousand has already been allocated to each NTCP districts i.e. Cuttack and Khurda.



- One Psychologist and one Social Worker has been appointed in the District Tobacco Control Cell of Khurda and they are providing counseling services (Smokeless-344, Smoking-122) as well as cooperating the District Nodal Officer in accelerating the progress of various components under the District Tobacco Control Programme. The process of recruitment of staffs in DTCC of Cuttack is in process.
- Regular raids have been conducted by the Commissionerate police for violating COTPA-2003 and they have started a special drive for generating awareness regarding the ill effects of Tobacco among masses of slum areas through audio and video clips.
- The State Tobacco Control Cell with its State NGO Partner VHAI-APARAJITA has conducted a Compliance study with the help of Xavier Institute of Management, Bhubaneswar and accordingly more than 90% compliances shows for smoke free criteria and hence the City had been declared as Smoke Free City.
- Regular sensitization about COTPA-2003 to the Districts officials in the review meeting of CDMOs and ADMOs.
- Sensitization of Police officials, Food Inspector and Drug Inspector has been done.
- Resource materials on Anti-tobacco have been distributed to the Districts.
- The state Tobacco Control Cell has developed the Odia version of Health Workers Guide and also had developed the odia version of different IEC materials viz. posters, handouts etc and the protocol has been distributed to the Districts and for printing of the same letter has been issued to SIH&FW.
- Steps have been taken regarding Transmission of Anti Tobacco Message in local language to include the salient information contained in the booklet to create awareness among female SHG members through the captioned newsletter in "SUNA BHAUNI".
- For the effective and proper implementation of various components of Tobacco Control Programme the State Tobacco Control Cell has prepared a detailed draft guideline and have communicated the same to the NTCP Districts.
- Steps have been taken for integration of Tobacco Control Programme with ongoing School Health Programme of NRHM, ARSH and Mental Health Programme also involvement of GKS for monitoring and evaluation of Tobacco Control Programme at the Grass root level.
- Steps have also been taken for integrating the ICTC Counsellors for Tobacco Counselling.
- IIPH- B with the help of HRIDAY- SHAN has taken Five Intervention Districts viz. Angul, Bhadrak, Gajapati, Kalahandi and Nayagarh for implementation of COTPA -2003 and VHAI - Aparajita has taken Jagatsinghpur district, State Tobacco Cell is providing the requisite help.
- Letter has been issued for involvement of BEE & MEIOs (re-designated as Public Health Communication Officer and District Communication Officer.) in Tobacco Control Programme for better implementation of IEC activities.
- The Govt. of Odisha has been pleased to raised the tax to 25 % for tobacco and its product other than unmanufactured tobacco, bidis and tobacco used in manufactured of bidis with effect from 8.12.2011.
- The Govt. of Odisha has been pleased to raised the tax to 10 % for unmanufactured tobacco, bidis, and tobacco used in manufactured of bidis with effect from 08.12.2011.
- Addressing to public interest litigation, Odisha High Court has been pleased to give a direction to the MD, Odisha Milk Federation to prohibit the sell of tobacco products in their milk booths.
- All the RTO, of Odisha has been instructed to prohibit direct/indirect and surrogate advertisement of Tobacco in public Transport system.
- All the Guidelines circulars provided by Govt. of India have been communicated to all concerned for effective implementation of COTPA-2003.
- Sensitisation of School teachers and students at selected schools.
- Bhadrak, Kalahandi and Jagatsinghpur district head quarters are in the way to become smoke free. Initially the public notice has been issued by the District Administration, after compliance study the smoke free city - Bhadrak will be declared later on.



- IEC and awareness campaign done through Corporate Hospital, Educational Institution and Slum areas with the support from NGOs & Police Deptt.
- Monitoring of Tobacco Control Laws - Regular monthly review for violation of COTPA was done by the Police.

## 5.6. Bio Medical Waste Management

### Major Activities

- One Sr. Scientist from SPCB, Odisha has been included as a member in the SLTF on BMW.
- Scientists from SPCB were taken as Resource Persons in the State as well as District Level Training Programmes.
- A Booklet shall be developed to sensitize the field level staff on BMW. There shall be a need for Technical support from the SPCB in this endeavor
- The Oriya booklet produced during 2004 on the OHSDP is used and the guide line in English of 2004 is used by the districts.
- Strengthening Tie up with Urban Local Bodies (Municipalities/NACs).
- RKS funds are explored for General Sanitation and cleanliness of Hospitals. Also for BMW management

### Material Procurement and Outsourcing

- Guidelines have been issued along with fund released for logistic procurement.
- The decentralized approach and districts authorized to plan and procure
- Identification of Outsourcing Agents and TORs to enter into agreement issued.
- Full Reports on procurement not available.
- 7 districts only provided SOE which contains logistic
- Status report from districts seven districts only sent.

### Training/Sensitization

- District Managers (Hosp. Managers & ADMOs) sensitized at State Level.

- Districts completed training of Doctors and Paramedics/ Support Staff- Sundargarh, Bhadrak, Nayagarh, Dhenkanal, Anugul, Koraput, Nawarangapur, Deogarh, Nuapada, Rourkela general hospital, Capital Hospital BBSR, Jajpur, Bolangir, Baragarh and Kalahandi. (report on training not available) Other districts are planning to conduct soon.

### Waste Management Committee

- Sanitation Committee/ WMC has been formed in district as well as block level hospitals with the following members:
- CDMO Team Leader
- ADMO Medical / Medical Officer(I/C) Fully responsible for Implementation
- Hospital manger provide full support in planning, monitoring, reporting, procurement
- BPO/BADA/Sr. Clerk provide full support in planning, monitoring, reporting, procurement
- Unit/ Department Heads of disciplines
- available Nursing Personnel:- Matron /Asst Matron / Senior Nurse Lab Technician and sanitary Inspector
- One Group D Workers.
- Two members from the RKS ( Nominated by RKS)
- Representative from Local NAC/ Municipality
- One Member of NGO/SHG connected to the institution/out sourcing agent
- The committee would support in monitoring, reporting, and on the job training)

**Effluent Treatment Plant:** - The State has released funds for establishment of Effluent Treatment Plant in the three medical colleges of the state , the Sishu Bhavan in Cuttack and the capital hospital Bhubaneswar in this financial year.

**Equipments** - Most of the district in the state has procured colored bins for segregation, Wheel barrows and consumable items required for the bio- medical waste management activity.

Repair of the Autoclave and the Shredder used for the bio medical waste management has taken place in four districts

## 5.7 ISO certification

Government of Odisha in its bid to bring about sustainable improvement in the Health Care Delivery System across the secondary and tertiary care health institutions had undertaken initiative for Quality Improvement in the Public health institutions with the Technical Assistance from National Health System Resource Centre (NHSRC), a technical support wing of Ministry of Health & Family Welfare, Govt. of India. The major objective is to aware the service providers that availability does not directly improve its utilization. It needs concentrated efforts to bring about improvement in the quality and comprehensiveness of service through improvement initiatives for service delivery process. With this objective the ISO certification process was started in following 8 District Headquarter Hospitals.

1. Capital Hospital, Bhubaneswar
2. DHH Koraput
3. DHH Mayurbhanj
4. DHH Kandhamal
5. DHH Balasore
6. DHH Jajpur
7. DHH Anugul
8. DHH Keonjhar



# Family Welfare



No. of SNCUs increased



Skill attendance at birth training in progress



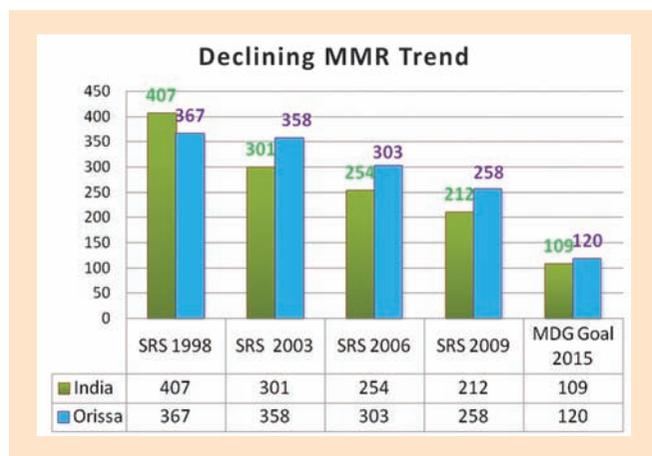
LLIN for pregnant mothers under "Mo Mashari" scheme

## Chapter - VI

### 6. Directorate of Family Welfare (DFW)

#### 6.1 Maternal Health

- As per survey report maternal death of Odisha decrease by 100 points from SRS 2003 to SRS 2009.



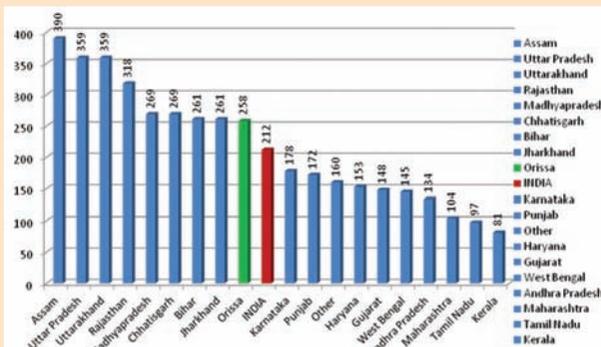
- Odisha is having lowest Maternal Mortality Ratio among all the 8 EAG state and Assam.
- To achieved this target the state has implemented following programs :
- Till Dec 2011, 26.14 lakhs beneficiaries benefited through Janani Suraksha Yojana
- 343 Janani express are functional for transportation of mother and child at the time of delivery.
- 56 blood bank and 20 blood storage units are operational throughout the state.
- 382 institutions are designated as delivery points for JSSK functionalisation in the state.
- IN the JSSK programmes following facility are provided to the pregnant women i.e. Referral transport, Free blood, Free drugs, Free service, Free diet, Free Diagnostic.
- Standardization of labour room protocol are given to all the districts.
- Village health nutrition day held once in month in every AWC for check up of Ante natal Care, Post Natal Care of Pregnant women, family planning counseling and weighing of 0-3 years children.

- The malnourished children from VHND (mamata diwas) are sent to Pustikar Diwas held on 15<sup>th</sup> of every month to the DHH, CHC & PHC level for better treatment.
- Skilled Attendant at Birth training given to the Paramedics and AYUSH doctors for increase of institutional delivery. These SAB trained staffs are posted in the identified delivery points in priority basis.
- Life saving anesthesia skill, Emergency obstetrics care & Basic Emergency obstetrics care training given to the Medical Officer.
- Maternal death review committees are formed at State and district level review of maternal death of the state.

Govt. of India  
Appreciation  
Letter No.  
M.12015/60/  
2008 MCH, dtd.  
18th April, 2011  
on MDR  
Reporting

This is with reference to DO Letter No. M.12015/60/2008-MCH dated 18<sup>th</sup> April 2011 along with the MDR Reporting Format sent from DC (MH) I/C, MoHFW, addressed to the Mission Director and the Maternal Health Programme Officer of your State regarding initiation of vertical monitoring of MDR process across the States and UTs.

The efforts of your State in submitting regular monthly MDR Reports to GOI has been appreciated. We would expect this to be continued in the future



## 6.2 Child Health

### IMR (Infant Mortality Rate) Reduction Interventions

As per Sample Registration Survey, Infant mortality rate of our state has come down by 30 points in last 10 years.

To reduce the Infant mortality rate, the State takes following initiatives both in Community and facility level :

#### Community level :

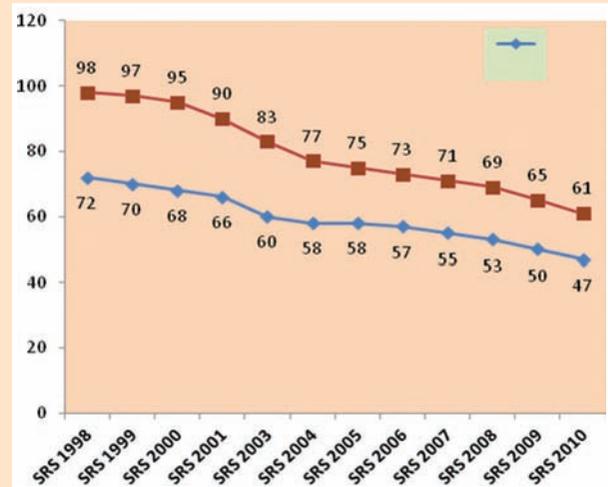
- Started community facilitation through IMNCI (Integrated management of neonatal and childhood illness), and till date 23363 -AWWs & 3937 -ANMs are trained till date for this purpose.
- HBNC (Home based newborn care) training for ASHAs are taken as new initiatives this year.

#### Facility Level

- Navajat Sishu Surakshya Karyakram has been taken up to save the newborn at the labor room and the operation theatre by the trained staffs. 3460 health personal has been trained so far.
- Newborn care corner are established in the labor room and the OT to save the newborns from the Birth Asphyxia. 452 NBCCs are functional.
- Special Newborn Care Units have been established in the DHH to take proper and timely care of the sick newborns. All the new born with preterm, LBW, sepsis, asphyxia which are the main causes of NMR, are being taken care in these SCNU. 450 staff and the doctors has been trained and giving service in the all the SNCU of the district and the medical colleges of the state.
- Neonatal stabilization units has been established in the CHC and FRU level of the state to stabilize the newborn and to refer the critical cases to SNCU in time. Till date 30 NBSUs units are functioning in the State.
- Pustikar diwas is being implemented every month at the PHC & CHC level on 15<sup>th</sup> of each month cases being referred from the Mamata Diwas.
- Facility based IMNCI training has been given to the PHC medical officer to render service as per the protocol of IMNCI. The essential Newborn care is also given these medical officer.

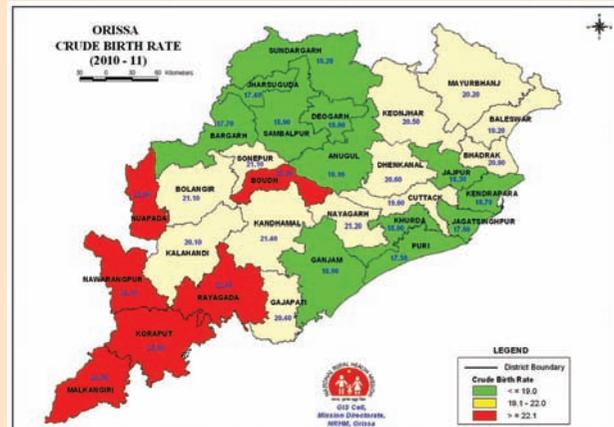
- To meet the malnutrition in the state Nutritional Rehabilitation centre are established in the DHH level to take care of the malnourished children.

### Infant Mortality Trends in Odisha and India



#### Making Progress

- IMR decline from 98 to 61 (1998-2010) - Almost plateauing
- Neo-natal Mortality (NMR) contributes to 66% of IMR
- Interventions targeted towards the neonatal period results in a decline in IMR
- Highest 10 point decline of NMR in the country (last 5 years)





### 6.3 Family Planning

- **Developing District Family Planning Plans:** As part of the effort to promote differential & evidence-based Planning as per the mandate of National Rural Health Mission, SFW Cell got 'District Family Planning Plan Documents' for all the 30 Districts developed through organization of a two-days state level planning workshop of key district officials (ADMO-FW, DPM, SA/SI, MEIO/Dy. MEIO). The District Family Planning Plans both for the years 2010-11 & 2011-12 were developed and the capacity of more than 120 District Officials was built up on 'Planning & Strategy Making'. The Plans were built into NRHM PIP and integrated with RCH Sub-Plans of Odisha for better implementability.
- **Orientation on Family Planning Programme Guidelines:** As part of the initiative to promote prudent clinical practices, district level Programme Officers and Operating Surgeons (ADMO-FW, O & G Specialist from Hd. Qtr PPC & a well-performing Operating Surgeon) were sensitized on the 'Family Planning Programme Guidelines' published by MoHFW, Government of India through a one-day Zonal level orientation workshop.
- **Contraceptive Updates Training:** Knowledge Management Initiatives have been undertaken to strengthen the information dissemination system on various technical aspects of contraception. As part of this effort, a state level ToT was organized to prepare a District Trainers' Team on Contraceptive Updates; where in 60 District Officials (ADMO-FW & O & G Specialist of Hd. Qtr PPC) were trained through a one-day workshop.
- **Promoting Emergency Contraceptive Pills and Need-based Communication Activities:** Being one of the important non-medical interventions for information-dissemination and demand-generation, Communication Initiatives were taken up to promote Family Planning Services through various Multi-media channels both at the state as well as district levels.
- **Promoting Post Partum & Post Abortion Contraception:** Odisha has witnessed a steep rise (39% in 2005-06 to 78% in 2010-11) in the numbers of institutional deliveries after implementation of 'Janani Surakshya Yojana' (JSY), which has created ample opportunities for promoting both limiting & spacing services among the clients visiting health facilities for delivery. As part of the initiatives to promote both PP & PA contraceptive services, SFW Cell has undertaken following measures:
  - **Post-Partum Contraception through 'Family Planning Counselors':** As part of the state innovation, steps have been undertaken to re-designate Yashoda Coordinators placed under NIPI Interventions as 'FP Counselors' in 16 Districts. They have been sensitized through a one-day orientation workshop to promote Post-Partum Family Planning Services among the clients visiting the health facilities through counseling & motivation.
  - **Orientation of Staff Nurses of Labor Rooms & PP Centres:** Since Staff Nurses of Labor Rooms & PP Centres are exposed to an intimate interface with the mothers while providing health services in health facilities, it became all the more important to make the best use of this interaction between Service Provider & Service Seeker to promote immediate PP contraception as part of strengthening Family Planning Activities.
  - More than 78 Staff Nurses were trained through a one-day orientation workshop on 'Post-Partum & Post-Abortion Contraception & Family Planning Counseling' at regional levels in an attempt to provide skilled family planning services to the clients.
  - **Ensuring Improved Access to Functional Static Centres through Sensitizing the Private Service Providers.**
  - **Improving Supply System for Family Planning Programmes through Web-based Inventory Management System (Pro-MIS) & Integrating FW Store with District Central Store.**
  - **Sensitizing District Officials on 'Logistics & Supply Chain Management' for better managing the System.**
  - **Rapid Assessment Exercise to Ascertain the Logistics & Supply System.**
  - **Observation of World Population Week from 11-17 July' 2010:** As part of the efforts to strengthen advocacy initiatives for Family Welfare Programmes in Odisha, a weeklong state wide campaign was carried out for observing



World Population Week-2010 from 11<sup>th</sup> to 17<sup>th</sup> July' 2010. Hon'ble Chief Minister of Odisha launched the Campaign on 11<sup>th</sup> July'10 on the occasion of World Population Day and the campaign was subsequently rolled out at the district & sub-district level to create awareness and generate demand among public on various Family Planning services.

- A state specific innovation in terms of designating all Mondays as 'Parivar Kalyan Diwas' was initiated on this occasion wherein the entire range of 'Family Planning Services' would be provided to the Target Audience through Fixed Day Static Centres all across the state. The initiative has paid off well in increasing the achievements against the ELA and helped improve the Family Planning Service Delivery Mechanism through Fixed Day Centres.
- During this week, Odisha was able to register an outstanding achievement of conducting more than 13,000 sterilization operations which was highest among all states in the country. The success was entirely due to the integrated approach and concerted efforts undertaken collectively by all Directorates (SFWB, NRHM & SIHFW) of Department of H & FW and Development Partner (UNFPA).
- The initiative was appreciated by the MCH Committee of Odisha under Chairpersonship of Secretary (H & FW) so much that, SFW Cell was assigned to organize such campaigns at least once in every six months to provide additional momentum to the ongoing Family Welfare Programme of the state.
- k. **Establishing better Coordination among other Implementing Agencies such as Mission Directorate, SIHFW, SDMU and Development Partners for better management of Family Welfare Programmes:** Sensing the importance of Synergy and the way it impacts the Developmental Projects, SFW Cell ensured greater & better coordination among different Agencies both within and outside Health & Family Welfare Department, that contribute to the overall achievements of the Family Welfare Programmes in Odisha as part of the initiative to promote inter sectoral convergence and stakeholders' partnership.

## Pre Conception & Prenatal Diagnostic Technique (PCPNDT) Cell

- The State Supervisory Board has been constituted on 13/6/2003 and reconstituted vide notification number FW (Misc) 7/2010 -9974 on 6th May, 2011.
- The State Advisory Committee constituted on 27/12/2001 and reconstituted vide notification number FW (Misc) 71/2010 dated 28/4/2011 and the District Advisory Committee constituted as per section 17(6) of PC & PNDT Act -1994. They are functioning and regular meetings are being held as per the provision of the Act. and regular submission for Quarterly Report to Central Government.
- The District Magistrate of each district is appointed as District Appropriate Authority as per section 17(2) of PC & PNDT Act. 1994 from 27/7/2007 and they are functioning as per the provision of the Act.
- On receipt of information related to search and seizure of Ultrasound Machine, the District Appropriate Authority files cases against the erring clinics, and sealed the clinic as well as the Machine.
- Total 20 cases have been filed by the different District Appropriate Authorities for violation of PC & PNDT Act and 16 cases are pending in different courts and 4 cases have been stayed by Honorable High Court. But recently in the month of January, 3 cases have been convicted in District Jharsuguda.
- Total 611 Ultrasound Clinics have been registered by the Appropriate Authorities as on 30th September, 2011.
- A dedicated PC PNDT Cell is functional at the state level since 2009 to assist the State Government and State Appropriate Authority on implementation of PC & PNDT Act.
- Resources have been allocated from NRHM for strengthening act implementation from July, 2011.
- Concerted efforts are being taken up since 2010 for building alliances and strengthening partnerships with Judiciary, Medical fraternity and Civil Societies in the state. The state has been working in close collaboration with United Nations Population Fund for curbing sex selective



practices and in strengthening Act implementation.

- Toll free number (1800-345-6746) and web based compliant mechanisms through the states PCPNDT website ([www.pndtOdisha.gov.in](http://www.pndtOdisha.gov.in)) are available for registering complaints and violations under the act since 2010.
- Inspection teams have been constituted at state and district levels and are randomly inspecting ultrasound units. During 2010-11, 37 ultrasound units have been visited by state level team and the districts report inspection of 423 ultrasound units. 4 clinics have been sealed due to non maintenance of records, 92 clinics were issued show cause notice and warnings were issued to 32 clinics. During 2011-12, 4 clinics were raided and 4 cases have been filed against ultra sound clinics for violation of PCPNDT Act. In the state, so far 20 cases have been filed against ultra sound clinics for violation of PC PNDT Act.
- National Inspection and Monitoring Committee visited Odisha and inspected ultrasound clinics in and around Nayagarh and Khurda Districts.
- Recently in the month of January, 2012, 2 doctors have been convicted by the Court of SDJM, Jharsuguda in 2 cases for violation under PC & PNDT Act. and 1 case judgment has not been pronounced as the accused person was not present during the hearing of the judgment. For the same Nonbailable warrant has been issued
- A team comprising of AD (CH), CDMO Nayagarh, Dy. Director (D&S), Dy. Collector, Ganjam, Legal advisor, PNDT and Programme Manager FW Cell in the month of August 2011, visited to Indore for an exposure visit to adopt the best practices of Madhya Pradesh on implementation of PC & PNDT Act.
- A profiling exercise was carried out to assess the compliance of about 611 registered ultrasound clinics in the state till June 2011. This had active participation of civil society.
- Communication activities are being organized through mass media, IPC through ASHAs, Anganwadi workers, ANMs and Village Health and Sanitation Committee platforms.
- Awareness campaigns are being organized through School legal literacy clubs in partnership with Odisha State legal services Authority to address

discrimination against girls and women in the community and promote dignity of girl child is completed in 850 schools & sensitization workshop are being organize rid on PC & PNDT Act for judicial officers, prosecuting officers, sub-collectors and medical professionals in 27 districts through Odisha State Legal Services Authority.

- The PC & PNDT website is being updated with relevant information about various provisions of the Act.
- Quarterly software has been developed and been hosted in the Government website.  
The dealing personnel of the PC & PNDT file and the MCH Coordinator of the respective districts are trained on the quarterly software.
- Regular instructions are being conveyed to the Districts on Government Guidelines and Recommendations of different statutory bodies on the implementation of PC & PNDT Act.
- Regular reporting to Ministry of Health & Family Welfare and various compliance to NHRC, PMO's Office, Writ Petition, Parliament Question, Assembly Question, RTI and District queries.

#### Partnership with Odisha State Legal Services Authority to Address the Issues

- Department of Health and Family Welfare, Government of Odisha, in collaboration with the Odisha State Legal Services Authority in collaboration with support of United Nations Population Fund (UNFPA) is implementing a project "Capacity Building of Judicial Officers and other stakeholders under PC & PNDT Act" in the State. In connection with the project, the Authority organized orientation workshops for key stakeholders under PC & PNDT Act like Judicial Officers, Public Prosecutors, and Sub Collectors appointed as Sub District Appropriate Authorities, District Level Medical Officers, Judicial Officers-on-probation, young lawyers, legal services functionaries, teachers-in-charge and members of Student Legal Literacy Clubs etc. Besides, Additional District Judges, District Collectors cum District Appropriate Authorities, representatives of Department of Health & Family Welfare, representatives of State implementing authority etc. were invited to participate in the workshops organised at regional level.
- The workshop for key stakeholders constitutes different aspects of the PC & PNDT Act like social



- dimensions of sex selection, medical aspects of the Act with reference to Medical Termination of Pregnancy (MTP) Act, Legal provisions and judicial approach to the Act, State's experience of implementing the Act etc. The objective of the one-day workshop was to sensitize key stakeholders on different provisions under PC & PNDT Act 1994 and its amendments. The theme for orientation workshop for young lawyers, legal services functionaries, and teachers-in-charge included gender related laws prevails in India.
- Under the project 269 Judicial Officers, 134 Public Prosecutors and Assistant Public Prosecutors engaged in cognizance taking courts, 38 Sub Collectors cum Sub District Appropriate Authorities (SDAA) at State level and 21 SDAA at regional level, 30 District level Medical Officers, and 91 other representatives of key stakeholders were sensitized during the year 2011. Besides, 800 Teachers-in-Charge of Student Legal Literacy Clubs were also sensitized on gender related laws with focus on PC & PNDT Act.
  - During the fourth quarter (October - December) of the year 2011, a mega campaign was launched on the theme "Save the Girl Child" in 19 identified districts, where the Child Sex Ratio is less than 950, involving the Student Legal Literacy Clubs functioning at secondary schools promoted by Odisha State Legal Services Authority through its district units. A total of 843 secondary schools with their student legal literacy clubs were involved in the campaign. One workshop was organized for the young lawyers and Secretaries of District Legal Services Authorities (DLSA) from the selected 19 district on gender related laws with focus on PC & PNDT Act.
  - Different communication and resource materials were developed for using in orientation workshops for stakeholders, school level legal literacy campaign and for distribution among people. Regular advertisement depicting the legal provisions and message on "Sex determination and sex selection is punishable" was published in all editions of three major Odia dailies namely the Samaja, Sambad, Dharitri even in leading English Daily as The Times of India, Indian Express and in different magazines.

## 6.4 Immunisation

### State level immunization coverage

	HMIS 2010-11	HMIS 2011-12 (April - Dec- Now going at the rate of in %)
BCG	85.08%	92.63%
DPT	79.42%	80.37%
OPV	104.39%	75.78%
MEASLES	76.03%	81.61%
MEASLES 2 <sup>ND</sup> Opp. From (May ' 2011)	NA	1.12%
Hep-B Imm. From (May' 2011)	NA	24.57%
Vitamin -A	94%	93.81%
Alebandozle (6 Districts)	NA	80.2%
FULL IMMUNIZATION	74.91%	79.15%

The State Launched Hep-B vaccine, Measles second opportunity, Vitamin-A & Albendazole biannual bundling to children below 05 years and conducted special Immunization Programs at Car-Festival Puri, URS Mela Bhadrak and at Baliyatra Cuttack to Eradicate poliomyelitis. With our all efforts Odisha has been free from Polio for more than 3 years and India is Polio free for 1 year.

#### Cold Chain Status :

- State Vaccine Store - 1
- Regional Vaccine Stores - 8
- District Vaccine Stores - 30
- ILR Points - 1168 ( twin set ILR and DF) all CFC equipments are converted to NONCFC.
- Solar Refrigerator - 27 Nos Solar Refrigerator installed at Hard to Reach Areas (Where No electricity Facility) in last year.
- The construction of dedicated 4 RVS and 8 DVS is in progress.

#### Major interventions

- Rational head count based micro-planning of immunization services.
- Data validation and correct data entry for immunization coverage.
- Microplan based vaccine distribution system at all levels.
- Strengthened monitoring and supervision at all levels. external monitoring.
- Improved VPD and AEFI surveillance.
- Odisha Vaccine & Logistic Management System (OVLMS), an web based system developed to know the vaccines stop positions. OVLMS along with cold chain inventory has been extended up to district level.
- Maintenance of vaccine vans and construction of all vaccine stores
- Alternate vaccinators for urban areas with focus on slums.
- Incentive paid to ASHA for mobilization of all beneficiaries.
- AVDS (Tikka Express) for better management of vaccine and logistics.



- NGOs are used for supply of vaccines to IP (Immunization Point ) at Koraput and Kandhamal.
- Quarterly review meetings held for ADMO (FW)s in Routine Immunization at State level.
- Training conducted for Health Workers, Cold Chain Handlers & ICA's at District level.
- 2012 is declared as Immunization Year by Govt. of India.
- 130 High Risk Blocks have been identified for Routine Immunization where special Immunization week are being held to achieve more percentage of coverage.
- State level Task Force, District Level Task Force and Block Level Task Force has been formed and sensitization meeting already completed to tackle any event of Polio case detected in future.



# Medical Education & Training (DMET)



website of DMET launched



Trauma ward at  
SCB Medical College



Central ICU established at  
SCB Medical College



## Chapter - VII

### 7. Directorate of Medical Education & Training (DMET)

#### 7.1 Objectives

- To strengthen "Education" in the field of Medical Science
- To provide modern and advanced technology in the field of Medical Science for better training and tertiary patient care
- To impart latest training to medical personnel in the state which involves under graduate, post graduate and super specialty medical students, training of paramedical & Nursing personnel (both in degree & diploma) and other related health programme.
- To facilitate opening up of new institutions for education and training of medical and paramedical professionals.
- To coordinate with modern advanced technology in the field of medical science
- To promote research in the field of medical and allied sciences

#### 7.2 Major Activities

##### Increasing the intake capacity of the Medical College and Hospitals

- SCB Medical College & Hospital, Cuttack granted with permanent recognition from Medical Council of India for 150 intake of UG seats.
- Proposals made for other two medical colleges i.e. VSS and MKCG to make them 150 intake permanently from the Medical Council of India.
- Enhancement of BDS seats at SCB Dental College, Cuttack from 20 to 50 by Dental Council of India.
- Master plan prepared for enhancement of UG intake capacity of all 3 Govt Medical College & hospitals from the present 150 to 250.

- All Medical Colleges and Hospital has been provided with 3 Buses of 52 Seater.

##### Information Technology(IT) initiatives

- Dedicated website for the Directorate created
- Bio metric system of attendance in the Directorate and three Govt Medical College Hospitals introduced and made functional.
- Proposals in place to make campuses of the Medical Colleges Wi-Fi.
- Proposals in place to introduce hospital automation in all three Govt Medical Colleges.

##### Opening of new Paramedical institutions

- Creation of Regional Institute of Paramedical Sciences (RIPS) at Bhubaneswar is in process.

##### Augmentation of existing departments in Medical College

- Enhancement of beds in different departments
- Augmentation of Mental Health Institute at SCB Medical Colleges, Cuttack to "Centre of Excellence".

##### Opening of new departments in Medical college

- Department of Transfusion Medicine and Emergency Medicine opened in three Medical Colleges and Hospitals.
- Department of Hepatology and Rheumatology created in SCB Medical College and Hospital at Cuttack.
- In the 3 Medical College and Hospitals 15 new PG Seats were created.

##### Augmentation of Infrastructure

- Renovation of Dental College made with the cost of approximately Rs 3 Crores.
- Pathology building of SCB Medical College & Hospital renovated.



- 1st floor of O&G building of SCB Medical College & Hospital renovated.
- Burn Unit in VSS Medical College & Hospital, Burla construction completed.
- 1<sup>st</sup> floor of Library at VSS Medical College Hospital, Burla constructed.
- Improvement of indoor building made at MKCG Medical College & Hospital, Berhampur.
- New Departmental Building like Radio diagnosis, Microbiology, Lecture Theatre block at SCB Medical College approved.
- New Paediatric, Central ICU, O.T Complex, Pulmonary Dept. Building at V.S.S approved.
- New Casualty ICU, Gynaecology, Library, Lecture Theatre Complex, PHR Dept at MKCG Medical College Approved.

#### Augmentation of Tertiary care

- Sick and Newborn Care Unit(SNCU) established in SCB Medical College and Hospital, Cuttack
- Kidney Transplantation Unit established and made operational in SCB Medical College & Hospital, Cuttack.
- 869 nos of beds has been increased in 3 Medical College & Hospitals i.e. 478 in SCB Medical College & Hospital, Cuttack, 181 nos in MKCG Medical College & Hospital, Berhampur and 210 nos at VSS Medical College & Hospital, Burla.
- Establishment of Cath-Lab in SCB, VSS and MKCG Medical College & Hospitals of the State has been done and made functional with facility of Angiography, Angioplasty, Balloon Vulvotomy .
- New ultramodern diagnostic facilities (IHC, automated haematology analyser, frozen biopsy, automated histopathology established in the Medical Colleges.

#### Odisha State Treatment Fund(OSTF)

- Started to support the lower Socioeconomic Group for Medical Treatment.
- Rs 1 Crore placed under the Superintendent of the three Medical Colleges under OSTF to facilitate free medical treatment to the poor patients of the State.

- Superintendent, Shishu Bhavan, Cuttack, CMO, Capital Hospital and RGH, Rourkela are placed with Rs 50 lakhs each
- CDMOs of all DHH are placed with Rs 10 lakhs.
- Disbursement of money has already been Started.

#### Improvement in Human Resources

- Keeping in view of the increase in the patient load 7 nos of Professors, 20 nos of Associate Professors and 70 nos of Asst Professors and 110 nos of Senior Residents and Tutors posts created in the 3 Government Medical College and Hospital of the State.
- 472 nos of paramedical posts have been newly created in the Medical Colleges.

#### Augmenting Nursing Education

- Senior Nursing personnel from the State visited Nottingham School of Nursing as part of the collaboration with the Nottingham School of Nursing for improving nursing education in the State. A participatory workshop in College of Nursing, Berhampur to improve the clinical skill of the nursing personnel conducted.
- Vision document prepared for improving the nursing education in the State in collaboration with ANSWERS, Hyderabad.
- Increase in the intake capacity of GNM seats from 50 to 100 in MKCG MCH, Berhampur and VSS MCH, Burla is Proposed.
- Enhancement of B.Sc, Nursing seats from 40 to 60 in College of Nursing, Berhampur Proposed.
- New Nursing School at Nawarangpur, Boud, Subarnapur Opening very shortly.
- Creation of 21 new posts of Tutor in School of Nursing, Berhampur and Burla each.
- Creation of 17 posts of Tutor in GNMTTC, SCB Medical College, Cuttack.
- Creation of 10 new posts of Clinical Instructor at College of Nursing, MKCG MCH, Berhampur.
- Creation of 1 post of Prinicipal Tutor, 5 posts of Tutor in ANMTC, Boudh.

- Creation of 1 posts of Principal Tutor, 14 posts of Tutor for GNMTC, Nawarangpur.
- Creation of 1 posts of Principal Tutor, 5 posts of Tutor for ANMTC, Subarnapur.
- 71 new tutors and 2 new Clinical Instructors appointed to the various nursing institutions of the State.

#### Improvement in non-clinical services in Medical College And Hospital

- To provide high quality services to patients Laundry, Sanitation, Security & Biomedical waste management services are outsourced.

#### Clinical establishment

- 82 new clinical establishments have been registered under Clinical Establishments Act.

#### Training

- Training in Biomedical Waste Management given to all the hospital managers of the State.
- ICU management hands on Training given to Doctors and Nurses



#### Research

- Approximately 300 research papers presented or published on medical sciences in various national and international forum by the Medical College faculties.
- Research is promoted in collaboration with Indian Council of Medical Research (ICMR), Dept of Biotechnology, National Institute of Technology (NIT), Rourkela in the three Govt Medical Colleges.

#### Strengthening Ancillary/Non-clinical Services in Institutions

With a commitment to focus on Non clinical service provision in 583 institutions, Level 2(24x7) & Level 3(FRU) Recurring funds are provided over and above the RKS funds. Recurring support has contributed towards strengthening and improving the non-clinical service provision of public health facilities like



- Housekeeping and cleanliness services
- Hospital linen and laundry services
- Security services
- Ambulance services
- Dietary services
- Help Desk
- Basic amenities such as, drinking water, sitting lounge etc.



# Training & Health Communication



Center of Excellence in Communication at SIHFW inaugurated



State IEC Resource Center at CoE, SIHFW



Launch of Swasthya Kantha Abhijan

## Chapter - VIII

### 8. Training & Health Communication

#### 8.1 Background

The State Institute of Health & Family Welfare, Odisha is a premier Institute in the sphere of IEC, Training & Health System research. The Institute is the nodal centre for Information, Education & Communication (IEC) of the State and has been identified as an Institute of Excellence by National Institute of Health & Family Welfare (NIH&FW), New Delhi.

#### 8.2 Major Activities

##### 8.2.1 Health Communication & IEC/BCC Activities:-

Centre of Excellence (CoE) for Communication at SIH&FW(O) has been inaugurated by Hon'ble Minister Health & Family Welfare, Government of Odisha on dated 17.12.2011 (Saturday) in the presence of Commissioner-cum-Secretary, H&FW Department.

The Vision entails the need of communication across all programmes in order to improve the health outcomes in Odisha giving special focus to the marginalized and vulnerable groups, contributing more than 60% of the population. An informed knowledge of the services they are entitled to and provision of services made at the facility level will not only increase the demand and access but also the health seeking behavior of an individual and community. Health Communication programme will strengthen the linkages of service with the client and promote behaviour change on preventive and curative aspects among the population impacting the programme indicators in achieving the desired objectives.

#### DoHFW Policies and Strategies to address Health Communication Issues;

The DOHFW has developed a 5 year health communication plan that enables an evidence based behaviour change communication strategy and planning approach with strategic focus on programme areas. The recent reform exercise of the Govt. under NRHM and OHSP is undertaken with SIHFW on review, rationalization and restructuring of the existing staff and a revised model structure into developing it as a Centre of Excellence in Communication. A high level

Committee to guide and develop the restructuring plan has been constituted and a task force has been set-up from technical assistance of T&MST (DFID assisted) and UNICEF to support the restructuring process.

The key highlights are;

- State of art human resource, infrastructure
- Partnership with Mudra for capacity building on communication
- Modelling as a Communication Institute
- Media and Communication management
- Material Development and Programme management Unit
- Documentation and Research Cell
- Web based IEC Warehouse

Integrated approaches towards IEC/BCC interventions are supported with;

- Center of Excellence at SIHFW and integrated BCC Cell in districts
- Formative Research such as Information Need Assessment Study in tribal districts of Odisha
- Consultative Meetings with Programme Managers and other key stakeholders
- Promoting Engagement with traditional Folk Media troupes in the state
- Partnership with Song and Drama Division, Field Publicity, Doordarshan and AIR
- Message and Material development workshops
- Pretesting and Previewing of materials
- Clear Guidelines for implementation and monitoring
- Training and Sensitisation
- Monitoring and Evaluation



## Tracking indicators corresponding to Health Communication strategies

Maternal and Child Health	Malaria	Tuberculosis
ANC registration-Trend in Antenatal Care (Any) -% of women who received ANC	Sleeping under Nets (both LLIN and ITMN)	Cure Rate
Trend in Antenatal Care -% of women who received 3 ANC visits- COMPLETE ANC (including consumption of IFA tablets)	Coverage of Indoor Residual (inside house)	Spray Default Rate
Trends in Institutional Delivery		
Post Natal Check-up		
Complete Immunization coverage		
% of children breastfed within one hour of birth and 6 months exclusively		
Knowledge of services ( Mamta Diwas, Pustikar Diwas, JSY, Janani Express, other referral services, 24x7 services at block level, FRUs and SNCUs)		
Home based neonatal care (danger signs and symptoms of fever, cough, diarrhea + referral)		
Prevalence rate of anaemia among pregnant, children and adolescent		

## Maternal and Child Health Malaria Tuberculosis

## Key IEC/BCC Activities

The following important IEC/BCC activities have been undertaken in the State during 2011-2012.

## Integrated Behaviour Change Communication

Integrated BCC Programmes have been prepared and developed for both State & District level to create awareness among the community on different health programmes at Center of Excellence, SIHFW. The key highlights are;

- Partnership with Mudra for capacity building of all CoE Staffs at SIHFW
- Information Need Assessment Study in tribal districts of Odisha
- Training of District and Block Health Communication Cadre
- Message Development Workshops
- Integrated NRHM PIP 2011-12
- Integrated BCC Cells in all 30 districts of Odisha

## Swasthya Kantha Campaign: Kantha kahe Kahani

Swasthya Kantha - a health wall in every GKS village used as an information notice board. This campaign is



conceptualised on the backdrop of Swasthya Kantha with an objective of improving behavioural practices and knowledge on entitlement among community on key health and health related issues i.e maternal and child health, malaria, tuberculosis, diarrhoea and nutrition. An integrated 52 week Multimedia behaviour change campaign using special programme on Radio, TV, IPC & Community Media was launched at State level by Hon'ble Chief Minister of Odisha on 19.01.2011. The campaign is jointly organised by NRHM and SIHFW with support from TMST,DFID.

## Highlights:

- Weekly Special programme in DD1 every Tuesday at 5:02pm

- Weekly Special programme in AIR every Wednesday at 6:15pm
- Gaon Swasthya Diwas and Poster launch in every village on last thursday of the month
- Inter-personal communication by ASHA/AWW every week and during Village health and nutrition days

#### Village Contact Drive

Social Mobilisation Campaign in Media Dark area supplementing Swasthya Kantha Campaign: A PPP initiative between NGO and MHU :



The RCH focus blocks more or less coincide with the tribal pockets which are essentially media dark areas where penetration of Television and Radio is poor. With poor penetration of modern mass media tools, folk dance, folk shows, magic shows etc. are still the most preferred medium for information dissemination. In those media dark and hard to reach areas we organize social mobilization campaign as a day long activity and the shows are being organised around the areas where the density of target population are higher. This is organised in the advantageous locations nearing Swasthya Kantha and integrating with MHU through different traditional / folk media activities like baby show, puppet show/magic show, jatra/palla, pada yatra/rally, Video Show/ QUIZ/ QA session and exhibition with enough pre-publicity.

#### Population Fortnight :

World Population Day is observed all over the world on 11th July every year. During the current year it has been decided that Population Stabilisation Fortnight is to be observed during 11-24 July 2011, throughout the state to generate awareness amongst people on population stabilisation issues and bring back the focus on family planning. The slogan is to be disseminated as: "Small family: Overall Development" (Chhota Parivar: Sukhara Sambhar)

Key Activities in the Mobilisation Fortnight included ;

- Updating of the eligible couple survey register by

the ANMs and ASHAs of each district so that the target couples could be identified and sensitised.

- Awareness generation activities using folk media.
- IEC on various FP methods/services as well their availability at various facilities

#### Biju Gramina Swasthya Sibira:

Govt. of Odisha has initiated a state specific health awareness drive in all assembly constituencies of the state. The health camps will be organised under direct supervision of MLAs/MPs in their respective constituencies and special awareness drives such as exhibitions, melas, counselling, folk shows are the highlights in a 2 daylong event

#### Malaria Campaign :LLIN BCC Campaign - Nidhi Mousa to Masari Ne

A strategic behavior change campaign alongside distribution to promote the use and maintenance of LLIN was launched in the state to promote use of LLIN. To generate this awareness and ensure usage of LLIN by the community, a pre-publicity to generate demand for mosquito net, demonstration of use during distribution and a month long BCC Campaign 'Nidhi Mousa to Masari Ne' following distribution. A Van Campaign along with folkshow using NIDI Uncle as the brand ambassador from the school books was the highlight. The distribution and BCC model of Odisha got recognition at the national level as a best practice. Evaluation is initiated to measure impact.

#### Special Drive for Dengue :

An awareness drive on dengue prevention and treatment is done recently in the state using extensive mass media and social mobilisation programmes with various stakeholders. Partnerships with Municipal Corporations and Corporates initiated to strengthen the drive.

#### Observance of Designated Health Days

The important Health Days were observed in State, District & Block level to generate awareness among the communities & people in general on various Health and related issues. Those are

- New born care week
- International Women's Day
- World Breast Feeding Week
- World Health Day

#### Health Exhibition

Health Exhibitions have been carried out at State, District, Block & Sub-centre level for awareness of general public. The main attraction of the year was the Republic Day Tableau, 2011, which focused on GKS and Swasthya Kantha campaign all over the State. Adivasi Exhibition is focused mainly on Maternity Waiting Home,



Janani Express & Swasthya Kantha which was well appreciated by Hon'ble Chief Minister & general public.

#### Hoardings

To create awareness, steps have been taken to erect hoardings on various health issues and programmes i.e. Hand washing, RNTCP, Swasthya Kantha Campaign etc.

#### Wall Painting

Wall painting activities have been under taken to disseminate health information on key issues such as Child Health, Maternal Health, Adolescent Health, Family Planning and Tribal Health for popularizing the programmes and schemes of Government of Odisha among general public.

#### Sensitising Kalyani Club members/ Youth volunteers

Kalyani Club members/Youth volunteers have been sensitized on Family planning issues to act as community volunteers for promotion of Health care services in rural areas.

#### IEC corner in Maternity / Paediatric Ward

The Maternity ward / Paediatric ward is becoming an important place of Information dissemination. Health messages on Child Health & Maternal Health has been disseminated in IEC corner at Maternity ward/Paediatric ward to create awareness among the indoor patients.

#### Swine Flu

Mass Media as well as the mid media have been used in the awareness to the general public on swine Flu. More stress has been laid on the Electronic Media i.e. Telecast of TV spot in Doordarshana, local channels & Broadcast of Radio Jingle in AIR & FMs and also Print Media on Swine Flu to create awareness among people. Massive campaign was also undertaken with the involvement of CBOs/NGOs all over the State on Swine Flu.

#### Pulse Polio

More stress has been laid on the use of Electronic Media i.e. TV & Radio and also Print Media like advertisement through local dailies.

#### Mass Drug Administration (MDA)

More stress has been laid on the use of Electronic Media i.e. TV & Radio and also Print Media like advertisement through local dailies for elimination of Lymphatic Filariasis.

#### National Programme for Control of Blindness (NPCB)

More stress has been laid on the use of Electronic Media i.e. TV & Radio and also Print media like advertisement through local dailies for National Programme for Control of Blindness.

#### Heat Stroke

More stress has been laid on use of Electronic Media i.e. TV & Radio and also Print Media like advertisement through local dailies and printing for awareness on heat stroke.

#### "No Smoking" Awareness

Major IEC interventions have been made through Electronic Media i.e. Telecast of TV spot in Doordarshan & local channels & Broadcast of Radio Jingle in AIR, FMs & Print Media like advertisement through local dailies to aware the general public on Smoking.

#### Gramsat Programme

Gramsat interactive programme are being organized monthly on a regular basis for sensitisation and monitoring of IEC/BCC activities.

IEC/BCC Programme planning in ODISHA are based on evidences of formative research, tracking indicators, programme consultation. Standardise Messages and materials are developed in consultative workshops with programme managers and creative team with pretesting. Communication management is done by Center of Excellence at SIHFW. Established partnerships with development partners, communication institutes, Media Houses and other stakeholders.

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#### Converging Initiatives :

##### Suno Bhouni - Listen Sister's :

A campaign to empower 'Self Help Groups' in all the 47000 villages across the State of Odisha on health and nutrition related messages. The broad objectives of the 'Suno Bhouni' Campaign are to provide health and nutrition messages for improved health and nutrition seeking behavior and link service package for women related schemes and help in establishing SHGs as a reliable health and nutrition communication resource at the village level. The Campaign will use the existing platform of Swasthya Kantha Campaign launched recently.

'SUNO BHOUNI' will use a inter personal communication kit comprising of leaflets, flipbooks, flashcards etc along

with existing radio and television programmes and posters available from existing

Swasthya Kantha campaign. The initiative is led by Dept. of Health and Family Welfare and Dept. of Women and Child Development.

#### Mother and Child Protection Card :

Content planning ,designing and printing supported by DoHFW and distributed by DWCD.

#### Swasthya Samachar:

A Panchayati Raj newsletter for PRI members. Content planning and designing by DoHFW and printing and distribution by Panchayati Raj Dept.



### 8.2.2 Training Activities

State Institute of Health & Family Welfare (SIH&FW) Odisha is the apex institute of the state dealing with three major areas, that is Training, IEC/BCC and Operational Research. It has been declared as Collaborative Training Institute (CTI) of National Institute of Health and Family Welfare (NIH&FW), New Delhi to conduct all inservice trainings of the state.

#### Summary of Training During 2011-12

1. Refresher Training for BPO- 29 (1 Batch)
2. Induction Training of Newly Appointed Medical Officers through OPSC- 54 (3 Batches)
3. Refresher Training for BADA,- 54 (2 Batches)
4. Induction Training for DPMU Staff- 29 (1 Batch)
5. 3 days Routine Immunisation Training for Allopathic & AYUSH doctors- 111 (7 Batches)
6. 3 days Training Programme on STI Service Delivery for MOs- 13 (1 Batches)
7. 5 days HIV / AIDS Counseling Training for SNs / ANMs- 51 (2 Batches)

8. Induction Training for BADA- 79 (3 Batches)
9. Induction Training for AYUSH MOs - 86 (4 Batches)
10. State Level TOT on PPIUCD Training - 66 (3 Batches)
11. One day Orientation and Planning on MTP Training - 49 ( 3 Batches)
12. State level TOT on Skill Attendance at Birth (SAB) -23 (2 Batches)

### 8.2.3 State Child Health Resource Centre (SCHRC)

SCHRC is a Norway-India Partnership Initiative (NIPI) assisted interventions at State Institute of Health & Family Welfare (SIH & FW), Odisha

#### Objective of SCHRC:

- Providing Resource Support for facilitation Child Healthcare, interventions in the state.
- Creating a platform for learning & sharing by involving grassroot level workers more intensively.
- Conducting operational researches to strengthen Child Health Programme in the State.
- Organizing convergence Workshops at different levels by identifying region specific child health problems.
- Providing technical supports to the state's training activities related to child health on the basis of feedbacks and gaps identified.
- Creating a Child Health Repository- a resource pool for different child health indicators and state specific issues.
- Establishing a study centre for different courses on Maternal & Child Health with a free accessible library.
- Development of District Health Training & Resource Centre in three NIPI focused Districts i.e. Sambalpur, Jharsuguda & Angul



Table No. 14

SI No	Key Activities	Achievement
1	Seminar/Workshop/Training	11 nos of Issue Based Workshops/Seminar, Training organized for the various aspect like Child Rearing Practices in Odisha, Under Nutrition, Gender Sensitization and New Born Care, etc.
2	Child Health Conclave	State Child Conclave was conducted on 26.10.10 with main aim to reduce knowledge gap between the healthcare recipients as well as to find out the solutions relate to childhood mortality and morbidity in the state.
3	Research Work	<ul style="list-style-type: none"> <li>• JSY Evaluation Study in Angul District.</li> <li>• VHND appraisal in Kandhamal, Nayagarh and Sambalpur Districts.</li> </ul>
4	Documentation	Three booklets giving guideline on management of Childhood Diarrhoea for three tier levels (i.e Doctors, Nurses & Grass root level health worker) have been prepared. A quarterly News letter focusing child health issues and state's intervention has been developed, Booklet on Diarrhoea in Odia for the common people has been prepared.

#### 8.2.4 Regional Resource Centre : Committed for Strengthening PPP in Odisha.

##### RRC, Odisha: The Mandate

Regional Resource Centre in Odisha has a comprehensive mandate to foster NGO involvement and their active participation in complementing & supplementing the state government's effort towards attainment of NRHM/RCH-II goal . Equipped with a committed human resource pool and adequate logistics, RRC- Odisha delivers need based support services to FNGOs/District Coordinating NGOs/MNGOs/NGOs managing Urban Slum Health Projects/PHCs/Vulnerable Group Projects/AROGYA+/Maternity Waiting Home and other health NGOs working across the state mostly in identified hard to reach/underserved as well as underserved areas. Be it programmatic or technical, RRC has been acting as a frontline resource centre in the areas of training, capacity building, development of guidelines for PPP projects, preparation TOR for evaluation of PPP activities, monitoring, supervision, financial management etc.

##### Capacity Building of PPP NGOs

While there is adequate medical intervention for reducing IMR & MMR in Odisha, yet poor community mobilization, gap in service delivery & poor service demand by the community generated scope for the involvement of Civil Society Organizations in health sector. The growth of civil society organizations in health sector & their mega scale contribution can be visible from different dimensions. It is the communities which are largely benefitted from this upsurge.

RRC has redefined the capacity building programme by not confining to the classroom sessions but providing hand holding support for translating the theories into practice. It has tried to rope in resource persons and focus on application oriented inputs. The post training follow up mechanism and an effective monitoring system for ensuring quality interventions by the trained CSO personnel has been a hallmark for RRC.



### TRAINING STATUS CONDUCTED BY RRC(O) DURING FY 2010-11

SI No.	Plan	Trainings	Achievement	Training Duration (in days)	No. of Participants
1	GOI	MNGO/FNGO/SNGO	15	32	508
2	A.11.9.8.1	Training of NGOs on Urban Slum Health Project	5	15	146
3	A.11.9.8.2	Training of NGOs on implementation of Vulnerable Group project	4	12	102
4	A.11.9.8.3	Training of PPP NGOs managing PHC (N)	6	18	148
5	A.11.9.8.5	Training of NGOs on MHU (Arogya+) management	3	6	72
<b>G. TOTAL</b>			<b>33</b>	<b>83</b>	<b>976</b>

### TRAINING STATUS CONDUCTED BY RRC(O) OF NRHM PIP 2011-12 (till December, 11)

SI No.	Plan	Trainings	Achievement	Training Duration (in days)	No. of Participants
1	A9.11.3.9.6	Training of NGOs managing Urban Slum Health Project	5	12	122
2	A9.11.3.9.7	Training of PPP NGOs managing PHC (N)	6	18	158
3	A9.11.3.9.8	Training of Corporate Sectors managing PHC (N)	2	3	30
4	A9.11.3.9.9	Training of NGOs managing Vulnerable Groups	2	6	52
5	A9.11.3.9.10	Training of NGOs managing MHU (Arogya+)	4	6	72
6	A4.1.11.5	One day sensitization on ARSH	2	2	57
<b>G. TOTAL</b>			<b>33</b>	<b>47</b>	<b>491</b>

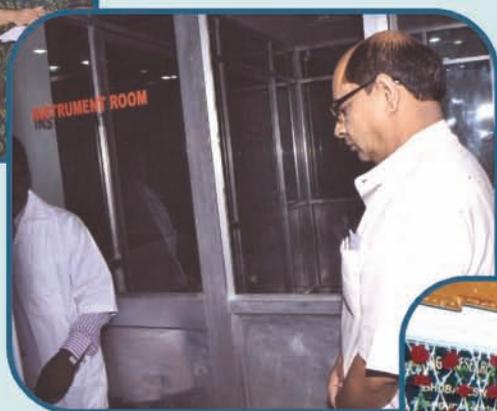
The other major activities liaised and facilitated by the RRC, SIHFW, Odisha :

- The Swasthya Kantha, which is otherwise called as village health bulletin board and is placed at rural areas will be maintained at the urban slum areas. It will also mention important health topics as well as health issues related to the urban slum people.
- The Regional Resource Centre Odisha facilitated the observance of World Health Day 2011. The theme of this year's observance is "Microbial Resistance: No Action Today, no Cure Tomorrow".
- The State Institute of Health & Family Welfare facilitated Village Contact Drive across the state. The Village Contact Drive (VCD) which is a joint exercise of Regional Resource Centre & State Institute of Health & Family Welfare aims to strengthen MCH services through strengthening of Anganwadi centres.
- Indoor Residual Spray has been considered as one of the major strategies adopted in recent past to counteract the malaria issue. The Regional Resource Centre has extended necessary technical support to prepare the micro plan.
- RRC has conducted one day sensitization programme (16th & 17th, December, 2011) for PPP NGOs working for migratory population in Odisha. Around 60 NGO Coordinators/Chief Functionaries (02 batches) participated in the above programme.
- Sensitization of NGO Functionaries on Family Planning Issues.
- Management of Health Information System through PPP NGOs managed by RRC, SIHFW, Odisha. All the PPP NGOs were engaged in giving information on different key Health indicators relating to pregnancy, child birth and post natal period to community under PPP NGO scheme of RCH II/NRHM.

# Indian Medicines & Homoeopathy (DIMH)



Inauguration of Microbiology Lab



Hon'ble Minister visiting the Instrument Room of Microbiology Division



Inauguration of New Building by Hon'ble Chief Minister, Odisha

## Chapter - IX

### 9. Indian System of Medicines and Homoeopathy (DIMH)

#### 9.1 Background

Indian Systems of Medicine and Homoeopathy are nationally recognized systems with an impressive record of safety and excellent line of low cost treatment. In Odisha, people prefer these systems of treatment for their indigenous, comparatively cheaper and gentler therapies for cure of diseases and improving quality of life. Government of Odisha is taking of the following activities to improve the health standards of people by providing facilities under Indian Systems of Medicine and Homoeopathy.

#### 9.2 Activities

- To strengthen Government Ayurveda, Unani and Homoeopathy Hospitals and Dispensaries of the State by the year 2011-12, Govt. have established 619 Ayurveda, 09 Unani and 561 Homoeopathy dispensaries to provide primary health care to the people.
- To strengthen Government Ayurveda and Homoeopathy Medical Colleges for producing Ayurveda and Homoeopathy graduate and post graduate doctors to serve the people, Govt. have established 05 Ayurveda Hospitals with 468 indoor beds and 04 Homoeopathy Hospitals with 125 indoor beds.
- Specialized Panchakarma treatment of Ayurveda has been provided in Govt. Ayurveda Hospital, Bhubaneswar and Puri. State Government has been managing 3 Ayurveda and 4 Homoeopathy Medical Colleges. Also post graduate training in 4 Ayurveda and 5 Homoeopathy subjects are available at Gopabandhu Ayurveda Mahavidyalaya, Puri and Dr. Abhin Chandra Homoeopathic Medical College and Hospital, Bhubaneswar. These two premier Colleges have been upgraded to the status

of State model College. The State Govt., for excellence of Homoeopathy teaching, have created 13 more posts of Professors, 33 posts of Reader and 13 non-teaching posts in 4(four) Govt. Homoeopathic colleges of the state.

- Government have established Govt. Ayurveda Pharmacy at Bolangir & Bhubaneswar and Homoeopathy Pharmacy at Dr. Abhin Chandra Homoeopathic Medical College, Bhubaneswar to manufacture quality medicines for supply to Government Ayurveda and Homoeopathy Hospitals and Dispensaries.
- Govt. have made the Government Drug Testing & Research Laboratory (ISM) functional inside the Govt. Ay. Hospital premises, Bhubaneswar to ensure Good Manufacturing Practices (GMP) in public interest.
- Government have decided to develop the existing 9(Nine) Herbal Gardens maintained by Directorate of Indian Medicines & Homoeopathy, Odisha.

#### Infrastructure development:

- Construction of new building, renovation and improvement of water supply and sewerage system at GAM Puri, and renovation of hospital of K.A.T.S. Ayurveda College, Ankushpur, Berhampur and repair of Pharmacy building of





Govt. Ayurvedic Pharmacy, Bolangir has been done out of Central grants.

- 56 nos. of Govt. Ayurvedic and Homoeopathic dispensaries building have been constructed by NRHM fund.
- Administrative approval has been made for construction of six nos. staff quarters for Govt. Ayurveda, Homoeopathy & Unani dispensaries in tribal areas of the State out of 13<sup>th</sup> Finance Commission grant.

- Steps have been taken for setting up of Central Research Institute with 100 bedded Hospital of Yoga and Naturopathy with Govt. of India funding in the State. Govt. land measuring Ac.20.00 has been selected at Binjhagiri, Bhubaneswar .Necessary steps for alienation of land has been filed by the Director, Indian Medicines and Homoeopathy, Odisha , Bhubaneswar, before the Tahasildar, Bhubaneswar.

### New Initiatives

- Setting up of Central Research Institute with 100 bedded Hospital of Naturopathy and Yoga in the State of Odisha.
- The Central Council for Research in Yoga and Naturopathy, Govt. of India, under the Deptt. of AYUSH, has approved the proposal for opening an OPD of Yoga and Naturopathy at Govt. Ayurvedic Hospital, Bhubaneswar which would function as a satellite centre for the upcoming centre for Central Research Institute for Yoga & Naturopathy. The OPD will have a Yoga and Naturopathy physician, 2(two) Yoga Instructor, 2(two) Naturopathy Therapist, 1(one) attendant.

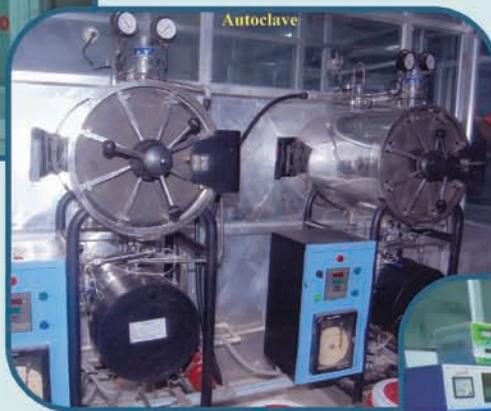




# Drugs Control Administration



Microbiology Division



Autoclave installed in drug testing lab



Highly sophisticated Incubator

# Chapter - X

## 10. Drugs Control Administration

### 10.1 Background

The Drugs Control Administration, Odisha is responsible to regulate, manufacture, distribution and sale of allopathic and homeopathic drugs and to ensure availability of quality drugs to the consumers of our State at a fair price as well as to prevent the circulation of objectionable advertisements making false claim about drug on the label or separately by leaflets to misguide the consumers.

### 10.2 Major Activities

Further to check/arrest movement of fake / not of standard quality medicines, sale as well as manufacture, a State level Task Force Committee has been formed under the Chairmanship of the Chief Secretary to review the progress of raids conducted under D & C Act vide Govt. Notification No. 19224/H dt. 28.7.07. Similarly district level Task Force Committee has been formed under Chairmanship of district Collectors to review the progress of raids conducted in the districts, vide Govt. Notification No. 19221/H dt.28.7.07. To assist the district level Task Force Committee the Drugs Inspectors have been placed under the disposal of Collectors vide Govt. Notification No. 20234/H dt.7.8.07. Further Drugs Inspectors have been instructed to verify at different checkgates vide this Directorate Letter No. 1114 dt.7.2.08 to check the inflow of suspected drugs entering to market without proper supportive documents.

Lastly, for decentralization of Drug License System, both Dy. Drugs Controller (South Zone) and Dy. Drugs Controller (West Zone) have been empowered to grant Drug Licenses to the applicants directly w.e.f. 01.12.10 without seeking concurrence for the purpose from the Drugs Controller, Odisha vide Directorate letter No.10515 dt.24.11.10

This organization has its own testing laboratory at Bhubaneswar for test and analysis of Drugs as well as Excise samples except injectables, disinfectant fluid, sterilized surgical items and other biological drugs like vaccines etc.

During the last five years w.e.f. 2006-07 to 2010-11 (Upto December 2010) the achievements/activities of the Drugs Control Administration., Odisha, Bhubaneswar and State Drug Testing & Research Laboratory, Bhubaneswar are included in the table.

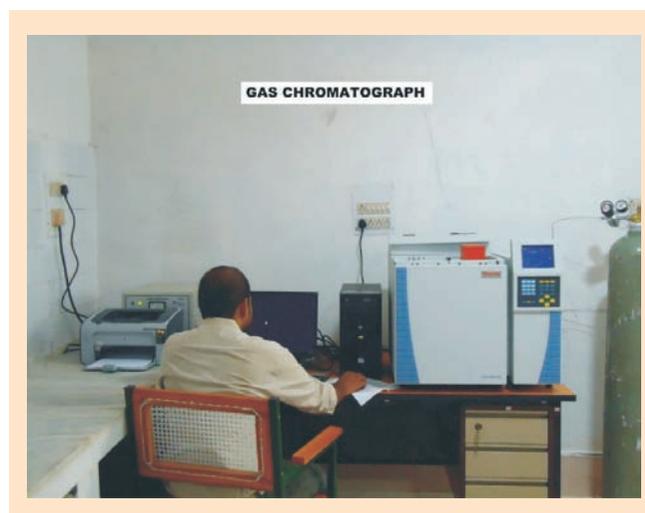
- The Laboratory facilities are being augmented by funding under T.F.C. grants and State Plan Provision.
- Steps are being taken for computerization of the Drugs Control Administration, Bhubaneswar, two zonal offices and all existing 40 range office under T.F.C grants for proper record keeping towards grant & renewal of licenses, actions taken on spurious/ adulterated/ misbranded/ not of standard quality drugs, actions taken on detection of different drug laws etc.
- Steps are being initiated for up-gradation of State Drug Testing & Research Laboratory and renovation of Microbiology, Pharmacology wing for Test & Analysis of all categories of drug.

#### State Drug Testing & Research Laboratory, BBSR

- To test & analyse statutory drug samples & Non-Statutory Drug Samples (survey).
- To test & analyse Excise samples send by Court, Excise Deptt.

#### Upgradation of Drugs Control Administration.

- Govt. have provided Rs.80 Lakhs under State Plan 2011-12 for construction of Office-cum-Residence Building of 4 nos. of Drugs Inspector office i.e. at Keonjhar, Nuapada, Ganjam-II & Gajapati for which the site selection work is already over and action is being taken by the concerned P.W.D. Authorities for construction.





- All the range offices including the zonal offices and Directorate has been provided with computers by utilising 12th Finance Commission Grant. Necessary steps have also been taken with National Informatics Centre, Bhubaneswar to link the range/ zonal offices with the Directorate for exchange of information for prohibiting movement of Spurious / Adulterated / Misbranded / Not of Standard Quality drugs.
- National Rural Health Mission, Odisha has provided Data Entry Operators for the Headquarters Drugs Control Administration, State Drug Testing & Research Laboratory, Zonal Offices & Range Offices for computer networking.

**Upgradation of State Drug Testing & Research Laboratory.**

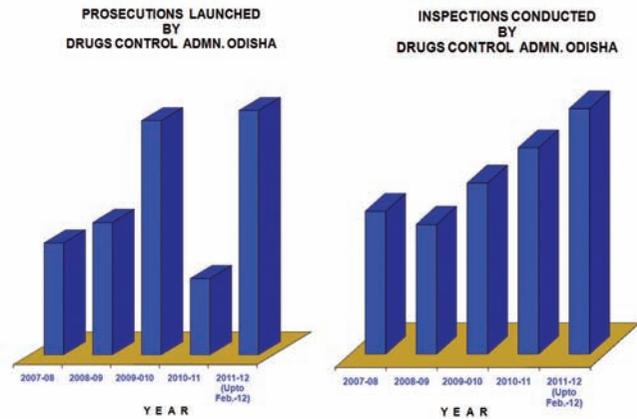
- This organization has its own testing laboratory at Bhubaneswar for test and analysis of drugs as well as Excise samples including surgical items, injectables Large volume Parenterals, Small volume Parenterals, disinfectant (excluding vaccine, sera, toxin, antigen, antibiotic etc.)



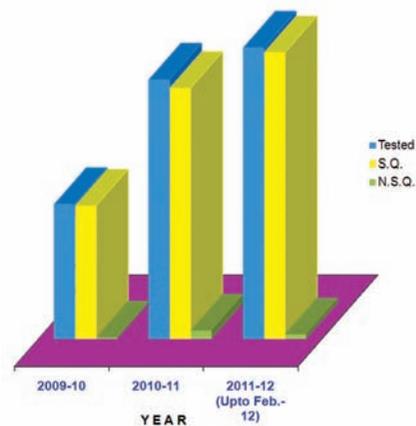
- Commissioning of Microbiology Laboratory in the State Drugs Testing & Research Laboratory, Bhubaneswar to facilitate the testing of schedule C & CI Drugs for which the Directorate was depending earlier with other Central Laboratory.
- Installation of Drug Testing and Data Management System in State Drugs Testing & Research Laboratory, Bhubaneswar.
- Procurement of sophisticated instrument for State Drugs Testing & Research Laboratory, Bhubaneswar to facilitate testing as per current official compendia.

**Strengthening Manpower**

- Government had increased no. of Drug Inspectors from 24 to 44.
- No. of ranges were increased from 22 to 40.
- For the laboratory, 1 post of Principal Scientific Officer, 3 Sr. Scientific Officers & 27 Sr. Lab Assistant post were created & filled up.
- 2 Jr. Scientific Officers were added to make a total of 12.



**PERFORMANCE OF STATE DRUG TESTING & RESEARCH LABORATORY ON TESTING OF DRUG SAMPLES**





**ACTIVITIES OF THE DIRECTORATE OF DRUGS CONTROL, ODISHA  
FOR THE LAST THREE YEARS**

**(1) Enforcement work  
(Including revenue collected)**

Table no: 16

Sl No	Activities	2009-10	2010-11	2011-12
1	No. of inspections conducted to verify compliance of condition of manufacturing and sale drugs licences and to check movement of Spurious / Not of Standard Quality drugs.	6735	8129	6393
2	No. of raids conducted to check the manufacture and sale of drug without valid drug licence and towards compliance of condition of licence and movement of spurious drug.	692	657	924
3	No. of drug samples drawn for test and analysis.	1007	2940	2830
4	No. of drug samples declared Not of Standard Quality and action taken for the same.	25	111 (Drugs-109, Cosmetic-2)	54
5	No. of samples declared Spurious and action taken for the same.	1	Nil	Nil
6	No. of seizures made for violation under & Cosmetics Act and Rules thereunder	67	25	38
7	No. of prosecutions submitted in different courts after approval for violation under Drugs & Cosmetics Act and Rules thereunder.	46	15	48
8	No. of drug samples tested at State Drug Testing & Research Laboratory, Odisha.	1650	3166	2910
9	No. of excise samples tested at State Drug Testing & Research Laboratory, Odisha.	6463	7123	5161

# Odisha State AIDS Control Society



Award to Comm. of Police for best Blood Donation Drive in Odisha



State level Function on World AIDS Day-2011



Photo Painting Exhibition on HIV & AIDS



# Chapter - XI

## 11. Odisha State AIDS Control Society (OSACS)

### 11.1 Background

At present it is estimated that 4.19 crores people living with HIV/AIDS in the world, in India around 25 lakhs people are affected and in Odisha 23,535 have been detected HIV positive in different Integrated Counseling & Testing centers as on December 2011. HIV/AIDS is not only a health related issue but also a developmental challenge for Odisha as more than 76% of the total affected population are in the age group of 25-49 yrs. Districts have been categorized as 'A' to 'D' according to HIV Sentinel Surveillance 2006

- 'A' Category districts - 4 (Angul, Bolangir, Bhadrak, Ganjam)
- 'B' Category districts - 3 (Baleswar, Khordha, Koraput)
- Rest districts are under 'C' & 'D' Categories.
- This categorization is going to be altered in NACO based on the result of HIV Sentinel Surveillance 2010
- Ganjam is having the highest number of HIV/AIDS affected people which accounts about 38.4% of the total HIV detection in the state.
- There were 1317 deaths till December 2011.

Although there are 4 modes of transmission of HIV, but in context of Odisha more than 83% of transmission are through sexual route.

### 11.2 Objective and Strategy

National AIDS Control Programme Phase III is in operation which is basically based on the 4 pronged strategies

- Prevention of new infections in high risk groups through: Saturation coverage with Targeted Interventions and in general populations through awareness campaign.
- Providing greater care, support and treatment to larger number of People Living with HIV/AIDS.
- Strengthening the infrastructure systems and human resources in prevention care, support and treatment programmes at the district, state & national level.

- Strengthening the nationwide strategic information management system.

### 11.3 Major Activities

#### Prevention of new infections

- At present in Odisha 1,18,525 population are covered under Targeted Intervention projects, out of which 18,525 are high risk group population and 100,000 are among the Migrants & Truckers spreading over 29 districts through 67 Targeted Intervention Projects run by different NGO partners.
- Out Migration Strategy - In order to reach the rural population specifically out migrant workers, a new strategy is being implemented through source, transit and destination interventions. In this regard transit intervention has been started in 13 Railway Stations in Odisha state.
- In order to bring awareness among general population, OSACS has taken the help of electronics cum print media, Mid-Media activities as well as folk media to reach the rural & urban population of Odisha.
- OSACS is providing financial assistance, blood bags & consumables like testing Kits to 59 Blood Banks, which includes 7 Blood Component Separation Units and one Model blood Bank cum State Training Center for Blood Banking purpose. Besides this, 15 Blood Storage Centers have been established in Odisha.
- Govt. of Odisha with the support of National Rural Health Mission, with the technical support from Odisha State AIDS Control Society & State Blood Transfusion Council has implemented a web based Blood Banking system along with SMS and IVRS facility on 14th Dec 2011. This will help the people to know the available status of the blood units in the nearest blood bank and also other blood banks throughout the State when they need blood. However, the greatest advantage of such automation shall be for the public as the system will link all the blood banks in the State through internet, SMS & IVRS (Interactive Voice Response



- System) so that the rare blood groups can be available from any blood bank at need.
- During 2011-12 (April to December) 183069 units of blood have been collected out of which 39% are collected through 1522 voluntary blood donation camps. Further to strengthen the Voluntary blood collection one well equipped Mobile Blood Van started operational from 1.12.2010. NACO has also supplied 8 Blood Storage Vans to cater the needs of Blood storage centers in rural areas.
  - Integrated Counseling and Testing Centers (ICTC) To provide Pre-test, post- test counseling and testing for HIV/AIDS at present ICTCs have been opened at District headquarter hospitals, Sub Divisional Head quarter hospitals, in some CHCs and Area hospitals.
    - Stand alone Integrated Counseling and Testing Centers (ICTC) 184 are functional
    - Facility integrated ICTC (24X7) 20 in number are functional.
    - 11 Public Private Partnership mode ICTCs are functioning in the state.
    - 37 Sexual Transmitted diseases (STD) clinics named as Surakshya clinics have been established in the state to access to STI/RTI treatment.

#### Care, Support and Treatment

- Anti Retroviral Therapy Center - People living with HIV/AIDS (PLHA) now avail the free ARV drugs & CD4 testing facilities through 9 ART centers established in Odisha, at Berhampur, Cuttack and Burla, medical colleges, District head quarter hospitals of Balasore, Anugul, Bolangir, Koraput, Capital Hospital Bhubaneswar, RGH Rourkela. 15 link ART centers are also providing free drugs and referring cases for testing to nearby ART centers.
- Community Care Centre: To provide integrated health care facility in terms of care, support & treatment, 5 Community Care Centers have been established in Odisha.
- Drop in Center: - In order to strengthen the People Living with HIV/AIDS (PLHA) networks, and giving space for positive living, 9 Drop in Centers are functional & managed by the PLHA networks in Odisha.
- NRHM-NACP convergence: OSACS works closely with RNTCP and NRHM.

- The HIV-TB intensified package has been rolled out in Odisha state.
- NRHM has put the following points in the NRHM PIP for the year 2012-13
  - Incentive of Rs 100/- to ASHA for motivation of pregnant women for HIV screening in A and B category districts
  - Additional incentive of Rs. 1000 (Rs 500/- to ASHA & Rs 500/- to HIV +ve Mother) only for A & B category districts
  - Engagement of 12 contractual Medical Officer for designated STD clinics
  - Provision of Post Exposure Prophylaxis drugs to all the districts with ICTC facilities
  - Travelling expenses for the people living with HIV AIDS to ART centers

#### Mainstreaming HIV/AIDS

- HIV/AIDS prevention requires a concerted collaborative effort from all organisations in public life through their work and programmes. This integrated, inclusive and multi-sectoral approach transfers the ownership of HIV/AIDS issues - including its direct and indirect causes, impact and response to various stakeholders, including the government, the corporate sector and civil society organisations. OSACS have taken initiatives for mainstreaming HIV/AIDS with Women and Child Development, Panchayati Raj, Housing and Urban Development, Home, Rural Development, ST and SC and Minorities Development, Tourism, Higher Education, School and Mass Education, Youth and Sports Affairs, Labour, Industries and Steel and Mines.





- Madhubabu Pension Yojana (MBPY) & 'Mo Kudia Yojana' ( Social Security for PLHAs) : Odisha is the first state in the country which provided social security schemes to people living with HIV/AIDS under Madhubabu Pension Yojna. At present 14,566 numbers of people have been benefited from this scheme and in Mo Kudia Yojana 74 families have been provided with low cost houses.

- Apart from this convergence also being established with international NGOs. Like UNICEF - LWS (Koraput District), UNDP - LWS in 4 districts, Bhadrak, Balasore, Anugul, Bolangir, GFATM- works in the district of Puri, Cuttack, Ganjam, Khurda, Sundergarh, Nuapada, UNFPA - Female Condom Distribution, IRCS - Red Ribbon Clubs in different undergraduate colleges 700 in number are functional in the state, training of lecturers in 18 districts have been completed, TE & SCERT - Nodal Agency for Adolescent Education, SATHI - State Training and Resources Center (STRC) for TI capacity Building, Indian Oil Corp. LTD. - To create awareness through its service outlets.
- 7 DAPCUs have been established in A&B category districts of Odisha and they coordinate with the general health system and district administration for the program.



# Acharya Harihar Regional Cancer Centre (AHRCC)



Inauguration of new building  
with additional capacity



Governing Body meeting for  
health care management



Team at AHRCC for quality care management  
of cancer in the state

## Chapter - XII

### 12. Acharya Harihara Regional Cancer Centre (AHRCC), Cuttack

#### 12.1 Background

On recommendation of WAHI committee, the erstwhile Cancer Wing of SCB Medical College, Cuttack was elevated to the level of a Regional Cancer Centre (RCC) for Research and Treatment in 1983 with a view to develop it into an integrated complex providing facilities for research, investigations, early detection, treatment and prevention of cancer. On 24th April 1984, this Centre was declared as an autonomous institution and was named after the great dedicated social worker Acharya Harihara, a disciple of Acharya Vinoba Bhave, the founder of the Bhudan movement. Now, this hospital forms an important component for treatment of cancer in the eastern part of India covering the whole state of Odisha and its neighboring states like Andhrapradesh, Chhatisgarh, West Bengal, Bihar and Jhadakhand.

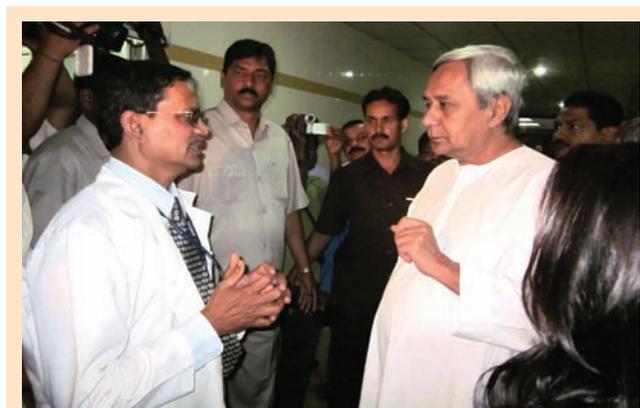
This Cancer Centre is governed by a Governing Body under the Chairmanship of the Hon'ble Minister, Health & Family Welfare, Odisha as per the rules and regulations of the Government of Odisha and its own Bye-laws. There is an Executive Committee chaired by the Secretary to Govt. of Odisha, Department of Health & FW to supervise the affairs of the society, issue directions and empower the Director as they deem proper to attain the over all objectives subject to the guidelines issued by the Governing Body. Besides, various Sub-committees are constituted as per the approval of the Governing Body for the smooth management of the society.

The Tumour board of this institute is being held everyday just after the OPD-hour. Each cancer case is discussed in the board and treatment protocol is decided. A Medical Referral Committee consisting of the tumour board and two other members like the Superintendent and the HoD, Dept. of Surgery, SCB Medical College & Hospital, Cuttack decide about the outside state referral of the cancer cases. Many poor patients have been benefitted by way of getting relief from different sources such as Chief Minister's Relief Fund, Prime Minister's National Relief Fund, recently introduced Health Minister's cancer patient fund and RAN scheme of the Govt. of India etc. Poor patients, BPL card holders and their families are treated free of cost.

The post-graduate course leading to MD (Radiotherapy) was continuing here since 1973, the 1st batch of which had successfully completed the course in 1975. Now every year, 5 PG-students of Radiation Oncology and 20 students of Diploma in Medical Radiation Technology (DMRT) of SCB Medical College, Cuttack are continuing their studies in this Centre.

There is a Library for the students and the staff of this centre with about 260 books & 150 journals under the charge of a senior medical officer of this Institute. PG-Seminar and Symposia are being held at regular intervals. The doctors of this institute are being updated in their respective field of modern science & technology by attending symposia, Seminars, Workshops and conferences at national and international levels. Periodical training & reorientation programs are being conducted for PG-students, periphery doctors, members of the NGOs and Para-medical doctors. 25 such training programs have been conducted so far. Cancer awareness programs are being conducted at peripheral areas. 102 cancer detection camps have been organised during last 10-years. Awareness programs for tobacco-related cancers are being conducted in educational institutions and public places. A Tobacco cessation clinic is being continued in this centre. This centre has participated in a national project for the development of Cancer-atlas of India under ICMR. Several research papers are published by the faculties of this centre in different national and international journals, which are now available in various websites.

This institute has 75,240 Sq. feet of floor area with 130 free beds, 9 cabins, 7 paying beds, 70 new beds in private ward, 29 beds in Dharmasala and 14 beds in Pain &





Palliative care unit. Air conditioners and cable-TV connections have been provided in the patient wards for their comfort and entertainment.

Annually, about 20,000 patients are registered in the OPD of this centre, half of which take admission as indoor patients. Every year, on an average 1000 patients are treated by surgery, 2000 patients by radiation therapy and 6000 cases are treated by chemotherapy. Approximately, Rs. 50 lakhs is collected annually as users' fee which is being utilized for routine maintenance expenditure related to treatment. Government has been sanctioned posts of 6 Professors, 9 Associate Professors, 29 Asst. Professors and 10 senior residents to render their services for this Centre. This Centre solely depends on the grants-in-aid received from Govt. of Odisha, Govt. of India and the Users' fee collected from the patients.

### 12.2 Objective

- To undertake basic, applied and statistical research in various specialties of oncology.
- Generation of technical and scientific man-power in collaboration with other Medical Colleges of the State.
- To organize and conduct under-graduate, post-graduate and doctoral training courses for medical personnel.
- To organize and conduct PG & doctoral courses in Radiation Physics, Immunology, Bio-Chemistry, Radiation Pathology, Radio-Biology, Cyto-Genetics, Cell-Biology, Molecular Biology and Cancer Epidemiology.
- To organize paramedical courses in Laboratory science, Nuclear Medicine, Radiotherapy, Radiodiagnosis, Cytology, Nursing and Cancer epidemiology.
- To train medical professionals in Oncology.
- To provide modern and advanced clinical services to cancer patients in collaboration with the Medical Colleges of the state.
- To institute professorship, readership, fellowship and other teaching & research positions for the above purposes.
- To design preventive services for the General Health Care, Delivery System for extension to other areas.
- To conduct lectures, seminars, study groups, workshops, conferences on problems related to cancer.
- To organize hospital based tumor-registry on modern lines.

- To institute and maintain an up-to-date library, related to various specialties of cancer.
- To publish research papers, treaties, books and periodicals & other literatures relating to various specialties of cancer.
- To work in collaboration with other medical institutions, Health Service Department, other Universities, aid agencies and institutions of repute and to co-ordinate with other societies in the pursuit of any of the above objects.
- To perform all such acts as may be necessary or appropriate or incidental for achievement of any or all of the above objects.

### 12.3 Major Activities

- New 70 bedded Annexe building was inaugurated by Hon'ble Chief Minister on 25-04-2011.
- New 10 bedded Paediatric Oncology Ward was opened on 1st June 2011 in the Annexe Building..
- A spirituality session was conducted with volunteers from Prajapita Bramha Kumaris on 24th April 2011. Doctors and nurses participated.



- A seminar on Spirituality & Medicine was conducted on 7th February, 2011 by Swami Brahmeshanand, the Chief of Ramakrishna Mission Ashram, Chandigarh. Swamiji, himself a qualified Gastroenterologist trained at AIIMS discussed at length the role of spirituality in the deterioration health care services..
- Gynecological Oncology Conference was hosted by the Dept. of Gynecological Oncology during December 9-11, 2011.
- A workshop on Ethics was held on 7-January, 2012.
- Workshop on Palliative care was held during 7-8, February 2012



- Cancer Awareness day was observed on 04-02-2012. The famous film about living well and dying better , "Life Before Death" was screened for doctors, staff, patients and their relatives
- Breast cancer awareness program was observed on 26th October 2011.
- World No Tobacco day was observed on 31st May 2011. Collector Cuttack flagged off a "No Tobacco Rally", which ended at the office of the Mayor, Cuttack Municipal Corporation.
- World Hospice day was observed on 8th October 2011. Voice of the hospice was conducted by renowned singers.
- The following NGO participated inpatient welfare activities

Rotary Inner Wheel Club	Satya Sai Foundation
Cancer Care Every Where	Swarga Dham Charitable Trust
- Training of Biotechnology students is being arranged regularly.
- Storm water treatment plant project is in progress.
- Governing Body approved to increase the bed-strength of AHRCC by 100 more beds.

# Innovations in Health Sector



Cycles for ASHA as an empowerment drive to support mobility



Boat Ambulances in cut off areas



School Health Programme in all Schools

## Chapter - XIII

### Innovations in health sector

1. **Healthy Hospital Hygiene Hospital : H4 concept for all hospitals**
  - A Healthy and Hygienic hospital denotes much more than just a clean hospital. It mainly focuses on the client satisfaction and non-clinical aspects of health service; like environmental security, housekeeping, laundry services, waste disposal etc..
  - A score sheet with a total of 400 points is maintained to assess non-clinical service provisions . Any institution acquiring more than 75% is declared as H4 hospitals.
  - The drive is initiated in a campaign mode sensitizing the Rogi Kalyan Samitis



2. **Janani Express and Mini Janani Express - Referral Transport**

- To promote institutional deliveries, National Rural Health Mission and Odisha Health & Family Welfare Department have collectively introduced 'Janani Express' to provide nonstop free transportation facilities to pregnant women.
- These referral transport facilities are available in each block PHC/CHC. 292 JEs are currently in operation; of which 149 are managed by NGOs in PPP mode and 25 managed by SHGs.
- Mini Janani Express in difficult districts for extensive coverage including non-motorable and inaccessible areas

Key Process Indicators of the State	NFHS - III (Baseline)	DLHS III (Mid Term)	HMIS - (Current)
PNC ( 48 hours)	33	---	68
Institutional Delivery	38.7	44.3	57.30



3. **Reaching the unreached : Mobile Health Units**

- 302 MHUs operational as of date
- AROGYA Plus piloted in Kandhamal since October 2009, Arogya Plus is managed by seven NGOs in 21 GPs of the district. 12 AROGYA Plus MHUs operational as of date.
- Branding of MHU and treatment point.
- Piloting GPS tracking at Rayagada

4. **Arogya Plus**

Specially designed Mobile Health Unit has been instituted to address the concerns of people in the riotand left wing affected districts in Odisha. Piloted in Kandhamal since October 2009, Arogya Plus is managed by seven NGOs in 21 GPs of the district. The MHU is on field visit for 24 days in a month and covers each village at least twice during the month. Each MHU is assisted but a community facilitator and supported by the ASHA, AWW, ANM and the GKS members





**5. Maternity Waiting Home in hard to reach tribal areas of Odisha**

- It is a temporary home for expectant mothers living in hard to reach tribal areas, where they come 5-7 days before EDD and can wait for delivery.
- On onset of labour, they are to be shifted to nearby health facility. Accommodation facilities for expectant mothers & her escorts.
- Provision of food for expectant mothers, dependants & escorts, Lady Health Care Assistant, for attending cases in shifts, Provision for shifting of cases from Maternity Waiting Home to hospital, Regular health check-up by doctor., Health education sessions through IPC & Audiovisual aids., Compensation for Loss of wages to expectant mother & Recreation facilities at Maternity Waiting Home.



**6. Branding of MCH Centers**

- Branding of MCH Centres (Functional L3, L2 & L1 Institutions)
- Accreditation of potential Private Institutions



**7. ASHA GRUHA- rest shed for ASHA in hospitals**

- ASHA Gruha having the provision of Help Desk cum

Rest shed facility is being established and operationalised at the health facilities in 35 health institutions including District Headquarter Hospitals, Hospitals attached to three major Medical Colleges at Berhampur, Burla and Cuttack, Capital Hospital and Rourkela Govt. Hospital.

- ASHA Gruha is having one room with attached toilet and bathroom facility, with proper electrical fittings . The room is having a provision of at least two beds with all other accessories like bed sheet, bed cover, pillow, drinking water etc.
  - Relevant informative documents on health issues remain available in ASHA Gruha for reference. The room is exclusively used by ASHAs.
  - It is accessible for use on 24x7 basis
- 8. Bicycle to ASHA in difficult areas for greater mobility**
- NRHM and OHSP has made provision of bicycle as a mobility support to ASHA. This is intended to support ASHA to reach out to the households that she covers while performing her tasks. Cycle is the immediate



mobility support in the areas where any other transport system is not available. Besides, during natural calamities, in the absence of any other health functionaries, availability of bicycle as a mode of transport for the ASHA would be of great help.

- Bicycles remain a property of GKS

**9. ASHA Fixed Day Payment**

- Service delivery in rural areas has been significant especially with regard to performance of ASHAs laying the key as a community link worker.

- Fixed ASHA Incentive Payment Day has been introduced in the State to address grievances related to payment of ASHA incentives in time and encouraging performance based incentive motivation



#### 10. Swasthya Kantha Campaign- Kantha Kahe Kahani

- Swasthya Kantha - a health wall concept introduced in Gaon Kalyan Samiti Campaign in 2009
- A placard for GKS designed with names of GKS members, roles and responsibilities of GKS and the middle portion as a blackboard for information dissemination
- A 52 week multimedia campaign 'Kantha kahe Kahani'- which means wall tells stories using Swasthya Kantha as the backdrop is launched on March 2011 to empower GKS.
- Each week deals with a health issue relating to maternal and child health, malaria, diarrhoea, nutrition and tuberculosis as topics for the month

The campaign is a media mix of weekly episodes in Doordarshan and AIR, poster campaign releasing the topic for the month, Group discussion by GKS every last thursday of the month as 'Gaon Swasthya Diwas' and IPC by ASHA and AWW after listening to Radio.

#### 11. Tika Express : Alternate Vaccine Delivery System

- TIKA express, an alternative mode for vaccine Delivery system is introduced to enhance immunization coverage & to strengthen the routine immunization programmes. especially in the pockets, which confirm low vaccine coverage and low rates of full immunization.
  - Delivery of vaccine and logistics to HW at the session sites on FIDs, ensuring cold chain
  - Return of unused vaccines, logistics, reports and immunization waste after the session completion to the ILR point on the same day.



Single Window : Janani Sewa Kendra

- Single Window Delivery System (Free Birth certificate distribution increased from 24% to 31% in a year)
- Single window delivery system - Birth Certificate, BCG & OPV, JSY Package, Mother & Baby Kit, Contact Point for Janani express, Counseling

#### 12. School Health Program

- Covers all Govt. and Govt. added Schools.

##### Intensive School Health Programme

- Being implemented in 1793 Residential Schools under SC & ST Dev Deptt.
- 30,122 students treated on the spot by MHU/ Medical Team & 6560 students referred to higher institutions

##### Extensive School Health Programme

- Over 58 lakhs students of 60000 schools covered
- Two days technical training for basic health workers - 80% completed by March 2011
- School health card issued -54.58 Lakhs
- Total children screened -48.52 lakhs
- Students referred to higher institutions - 1.16 lakhs students
- GIS- based mapping Was taken up to analyze the overall coverage of each level of institution available in all the districts of Odisha. This GIS based exercise facilitated in;
  - Identifying facilities at strategic locations,
  - Identifying coverage of Level - 3 & Level - 2



institutions and their probable sharing by surrounding health units,

- Connectivity to the next upper level institutions,
- Distance / proximity of Level-1 & Level-2 institutions to Level-3 (FRU) institutions, and,
- Feedback to the districts for finalizing district sub plans to cover details of transition processes, with time lines.

GIS technology was suitably utilized to acquire the best of the coverage and suitable site for proper utilization of Janani Express.

### 13. IT Innovations in Health Sector - "e-Swasthya"

#### Programme Monitoring applications:

- e-Swasthya Nirman for monitoring Construction activities.
- Drug Testing and Data Management System
- e - Sanjog : GPS based MHU Tracking
- FRU (First Referral Unit) Monitoring System
- Contraceptive Logistics Management Information System (C-LMIS)
- OVLMS (Odisha Vaccine Logistics Management System)
- ITEMS (Integrated Training & Evaluation Management System)

#### Human Resource monitoring and management:

- e- Attendance
- HRMIS (Human Resource Management Information System)
- Mission Connect (CUG)

#### Citizen centric applications:

- e-Blood Bank
- Grievance Redressal System for JSSK Scheme
- Telemedicine

#### Applications for Planning and management:

- OSMIS (Odisha State Malaria Information System)
- GIS in Odisha Health care planning & Management

#### For building a robust IT System for health department:

- Hardware Setup (Data Center)

