NATIONAL RURAL HEALTH MISSION
ODISHA

Annual Report 2012-13

Health & Family Welfare Department
Govt. of Odisha

Our Best Practices

- Swasthya Kantha Campaign
- ASHA PNC
- Bicycle to ASHA for greater mobility
- ASHA Fixed Day Payment
- ASHA Gruha
- Gramsat to promote health Provisions
- Public Private Partnership
- Reaching the unreached : Mobile Health Units
- Janani Express : Referral Transport
- Mobile Boat Clinic
- Tika express : Alternate vaccine delivery system
- Healthy Hospital & Hygienic Hospital: Towards quality health care
- Maternity waiting home in hard to reach tribal areas of Odisha
- Branding of MCH centers
- Single window : Janani Sewa Kendra
- LLIN distribution in malaria endemic clusters and state
- 'Mo Masari' and 'Nidhi Mousa to Masari Ne' abhijan
- EmOC & LSAS Training
- BEmOC Training
- IT Innovations in health: e-Swasthya
- Application in GIS Technology in health care planning and monitoring.

Dr.Damodar Rout
Minister, Health & Family Welfare
Micro, S&M Enterprises
Odisha

Message

The efforts put in by National Rural Health Mission, Odisha have already started showing positive results on the ground. A lot of changes have been observed both in the service delivery as well as community mobilization process. This has given hope to the millions of the rural people, who live in far off and inaccessible places devoid of basic health care service.

I sincerely believe, Community has a far greater role to play in making the health system more transparent & effective. The community based organizations such as Rogi Kalyan Samiti & Gaon Kalyan Samiti are slowly emerging as community catalyst, which are really carrying forward the health programmes meant for the rural community.

However, we have miles to go & still many more miles to achieve. I sincerely, believe the health as a cross cutting issue affects our lives equally & hence, all of us must equally participate in thinking, planning & executing health care activities.

I am happy to note that all the endeavors put in by National Rural Health Mission for reducing maternal mortality as well as child mortality rates, malaria deaths along with under five malnourishment, which are biggest challenges for health planners in the year 2012-13 have been captured & is published for dissemination in the form of Annual Report 2012-13.

I take this opportunity to congratulate all the health officials as well as consultants of National Rural Health Mission, Odisha for successfully bringing out the publication and do hope that the successful initiatives planned in the 2012-13 will continue to enthuse all concerned to make health services more community-oriented and accessible to the state.

Dr. Damodar Rout

Shri P.K. Mohapatra I.A.S
Principal Secretary
Health & Family Welfare Dept.
Govt. of Odisha

Acknowledgement

The National Rural Health Mission, an umbrella organization for all national health programmes, aims to reach the people in the rural areas, with affordable solutions to their primary, secondary and tertiary health care needs. Being a high focus state with adverse reproductive and child health indicators, the success of the initiatives taken up by NRHM is all the more crucial for the state of Odisha. In the expectation of the people and is facilitating quality health care services to the rural people of the State.

The positioning of ASHA, institutionalization of Gaon Kalyan Samities, strengthening of health infrastructure through RKS involvement at micro level along with community based health care interventions has helped Odisha in carving a niche for itself. The innovations such as e-transfer of ASHA incentive payment, fixed day payment to ASHAs has been appreciated by Govt. of India.

The Annual Report 2012-13 includes major NRHM interventions, RCH Programmes, National Disease Control Programmes, Public Private Partnership, initiatives on advocacy etc., which will prove quite useful for planners and implementers, alike.

On the occasion of publication of this report, I congratulate Mission Director, NRHM & his team for putting in their untiring efforts to bring out a comprehensive and a very useful annual report.

Shri P.K. Mohapatra, IAS

Smt. Roopa Mishra I.A.S
Mission Director
National Rural Health Mission, Odisha

Preface

The Annual Report for the year 2012-13 is a premier document of National Rural Health Mission, Odisha. It broadly covers different activities, events, projects and programmes initiated and implemented by National Rural Health Mission, Odisha during the year 2012-13. With the core area of NRHM targeted at reproductive and child health (RCH), the Mission Directorate, Odisha in the recent past has initiated a number of unique facility based, community oriented & practical approaches to protect mothers & children.

Reaching the unreached has always been the prime concern of NRHM Odisha. The Annual Report provides a glimpse of the processes to achieve this objective. To quote the third Common Review Mission, Odisha has done exceedingly well on communitisation processes, which involve intensive motivation of ASHA, activating the village health and sanitation committees i.e. Gaon Kalyan Samitis, proactive involvement of Rogi Kalyan Samitis and active participation by NGOs in managing Janani Express. This huge success has resulted in increased immunization, improvement in quality of ANCs, increase in institutional deliveries, and increased ownership of health facilities and public health programmes communities.

To consolidate gains of previous years, NRHM has also endeavored for realizing effective synergy and partnership with other departments, like minded organizations & civil society agencies in order to reach out to the community with qualitative RCH services. Launching of Mamta Diwas and Pustikar Diwas, management of PHCs in remote areas through PPP and Arogya Plus (mobile health units managed by NGOs) have been a few attempts to realize this goal.

The Annual Report 2012-13 also strives to cover all the major events that have shaped the course of present day and the way forward. The quantitative information furnished in the report is backed by qualitative case studies & local specific achievements of the districts.

I also take this opportunity to pledge my honest dues to the Hon'ble Chief Minister, Odisha, Hon'ble Minister Health & Family Welfare Dept, Odisha and the Commissioner-cum-Secretary, Health & Family Welfare Dept, Odisha. But for their constant guidance, review and direction, the team NRHM Odisha could not have carved out a unique position for itself, in the country. The strong foundation that has now been laid provides a great platform and opportunity to expand, innovate and, evolve, so as to reach the unreached.

Finally, on the eve of this publication, I would like to thank all the Health Directorates, field officials & the NRHM team for bringing out a very useful and comprehensive annual report.

Smt. Roopa Mishra

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CHAPTER ONE

NATIONAL RURAL HEALTH MISSION IN ODISHA - AN OVERVIEW

Introduction

The National Rural Health Mission has been in operation since June 2005 in Odisha, which has been extended up to 2017. 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.

It seeks decentralization of programmes for district management of health. It aims to undertake architectural correction of health system to enable it to effectively handle increased allocation as promise under the National Common minimum Programme and promote policies that strengthen public health management and services in the country. NRHM subsumes of all exiting programmes like Reproductive Child Health, Immunization, National Disease Control Programme, and Integrated Disease Surveillance Project. It aims at integration of all vertical Family Health Programmes and funds for optimal utilization of funds and infrastructure and strengthening delivery of primary health care, through the existing health care system..

Goal

To improve the availability of and access to quality health care by people, especially for those residing in rural areas, the poor women & children.

Objective

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

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

Outcomes

Achievement on Key Outcome Indicators

Key Indicator	Base Line		Current		CAD (%)	
	India	Odisha	India	Odisha	India	Odisha
Maternal Health	SRS 2004-06		SRS 2007-09			
MMR	254	303	212	258	-5.80%	-5.20%
Child Health	SRS 2008		SRS 2011			
U5MR	69	89	55	72	-7.30%	-6.80%
IMR	53	69	42	53	-5.6%	-6.4%
NMR	35	47	31	40	-4.00%	-5.20%
Family Planning	SRS 2008		SRS 2011			
TFR	2.6	2.4	2.4	2.2	-2.60%	-2.90%

Observations of 6th Common Review Mission on NRHM Performance in Odisha

Positives

State has added substantial new infrastructure during the NRHM period: 2 DHs, 146 CHCs and 762 Sub centers, with maximum facilities sanctioned in the high focus districts. 74% of all infrastructure funds are allocated to delivery points. Monitoring of progress on infrastructure is done through the e-Swasthya Nirman system.

There has been a consistent increase in the patient load across the delivery points. Multi skilled AYUSHMOs play an active role in monitoring of VHNDs, immunization sessions and participating in school health teams.

Specialists and nurses are available in Level 3 and 2 facilities. Routine tests are carried out in all L2-3 facilities. All FRUs are provided an additional recurring grant (apart from AMG, RKS and UF) for non clinical service.

Facility based care for new born has been initiated through 21 SNCUs, 28 NBSUs and 370 NBCCs.16 NRCs functioning in state .

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There is a strong ASHA programme with focus on community mobilization and support mechanism.

Well established VHSNCs/ GKS with PRI and women members undertake planning for routine activities and identifying and responding to local health needs.

Challenges

Facility based new born care needs to be strengthened .There is a need to ensure optimal utilisation of SNCUs and NBSU through adequate posting of staff trained in NSSK and F-IMNCI. NRCs need to made functional through trained staff and linkage with VHNDs for referral of SAM children to be strengthened.

Infection control measures and bio waste management are weak in all facilities. Staff sensitization, following up on protocols especially in labs should be ensured

Patient amenities and hygiene conditions in high load facilities need urgent attention from the MCH Managers and district managers. Supportive supervision should direct towards building the capacities of district and block personnel and improve outcomes.

Out of pocket expenditure still high in drugs and diagnostics and referral transport in spite of JSSK

and awareness on entitlements is low. Availability of drugs needs improvement and diagnostics for PW and sick new born should be provided free of cost , preferably in house . Better availability of JE required for home to facility and drop back. Information on JSSK entitlements to be disseminated widely. Steps should be taken to address the menace of informal fee in facilities.

Positives	Challenges
Notable initiatives in HR are online HRMIS for HR data base and ITEMS software for monitoring performance of trained manpower and performance management system. State has shown commendable progress in malaria control. Positive cases have decreased by 20% and deaths by 30%. There is effective coordination between depts. of health and WCD : Mamta Cash transfer scheme for health and nutritional support to mothers ; monthly joint coordination with CDPOs and MOIC (chaired by the DM); coordinated efforts by frontline providers (ANM, AWW, ASHA) for delivering services at VHND.	Technical support at State from multiple agencies haven't percolated to the district and sub district level. The SHSRC should be the window for routing the technical support and engage proactively in policy support and handholding the districts for district planning, monitoring and implementation. State has established the HMIS system. To make it effective, a system for analysing and use of HMIS data for monitoring outcomes and informing planners and administrators at all levels needs to be introduced

Physical Achivement under NRHM

Parameter/Indicator	Target	2012-13
Maternal Health Intervention		
No. of FRU functional	96	51
No. of Institutional Delivery against expected	876962	602062
No. of 24x7 facilities operational	460	460
No. of MHU operational	354	350
No. of Maternity Waiting Home (MWH) established	50	28
No. of Pregnant Women benefitted in hard to reach areas by MWH		4706
No. of Blood Storage Unit functional	28	28
No. of Janani Express operational	466	419
No. of JSY Beneficiaries	734854	547648
No. of Delivery Points -Institutions in-readiness for quality normal delivery services	700	700
Yashoda Engaged	156	156
JSSK (Janani Sisu Surakshya Karyakam) for PW (Total institution covered)		700
Free Drugs & Consumables	670000	462815
Free Diagnostics	670000	281905
Free Blood	50400	14324
Free Drugs & Consumables	67000	116692
Child Health		
No. of SNCU operational	32	24
Total no. of admission in SNCU		29112
No. of New Born Stabilisation Unit (NBSU) operational	50	34
Total no. of admission in NBSU		3990
No. of Malnourished Children treated at Pusitkar Diwas	232776	206895
No. of NBCC operational	700	608
No. of Nutritional Rehabilitation Centre (NRC) operational	44	32
Total No. of admission in NRCs		2062
No. of VHND Session conducted	465221	438873

Parameter/Indicator	Target	2012-13
Immunization		
No. of Immunisation session Planned Vrs. Held Strengthening Cold Chain System	333741	330055
No. of ILR (Ice Lined Refrigerator) Points operational	1182	1182
No. of Children Fully Immunized	852661	736471
Family Planning		
No. of Sterilization cases conducted	170532	148229
Community Process		
No. of ASHA in position	43530	43134
No. of ASHA Gruha functional	145	137
No. of ASHAs trained in Module 6 & 7	43530	29666
No. of GKS formed	45469	45304
No. of RKS formed	1741	1605
No. of AFHC (Adolescent Friendly Health Clinic) operational	145	116
Human Resource		
No. of EMoC Doctors trained and posted	38	38
No. of AYUSH Doctor in Position	1476	1252
No. of Addl. ANM engaged	979	979
No. of Staff Nurse engaged	1696	1084
No. of Lab. Technician (LT) engaged	112	83
Training		
BEmOC (Basic Emergency Obestratic Care) training	450	218
NSSK (Navjyoti Sisu Surakshya Karyakam) training	1264	987
Minilap training	141	117
IUD (Intra Urinal Device) insertion training	1490	1298
No. of LSAS trained Doctor	127	127
No. of SBA Trainied	1761	788
IMNCI Training	6688	4347
PPP Interventions		
No. of Urban Slum Health Project operational	40	37
No. of PTG (Primitive Tribal Group) Programme operatioanl	24	24
No. of districts with MNGO / FNGO Programme	7	7
No. of PHC -N Management by NGOs	40	32
No. of Vulnerable Groups Project managed by NGOs	37	26
No. of 108 Emergency Medical Ambulance operational	280	54
No. of districts with Sickle Cell Project	12	12
Malaria		
Functional sentinel Laboratory- for diagnosis and malaria tracking	90	70
LLINs (Long Lasting Impregnated Nets) for high risk populations	365300	365300
No. of "Mo Mashari" distributed among the expectant mothers	81000	81000
Impregnation of Mosquitoes Nets (ITMN)	89700	89700
Blindness Control		
Free Cataract Operation	130000	116595
School Eye Screening Programme		
Estimated children detected with refractive errors		28889
No. of free spectacles provided to poor students		17586
No. of Eyes Collected by Eye Bank	800	598
Eyes Transplanted		463

CHAPTER TWO

ASHA & GKS

Community Process for better health outcomes

ASHA

Now a day, ASHA or Accredited Social Health Activist is the key component of health system. We can compare the ASHA with the root of a tree, as the standing position of the tree is totally depends on its root so the aims and objectives of health system can only be fulfilled by the active participation of ASHA. An ASHA is selected within the community itself which caters 1000 population. In every corner of the community, you can find a health care provider named ASHA who gives a ray of hope for every health care seeker. Till date 43530 numbers of ASHAs are performing actively towards supporting the health care seekers of Odisha. With ASHA, the health services are finally at the door steps of every village household even in inaccessible and hard to reach habitations of the state.



ASHAs are working as the bridge between the community and the health facilities in order to provide better health services to the needy health care seeker. ASHA is contributing towards enhancing quality of life with focus on health, nutrition, sanitation, drinking water etc. ASHA is the first port of call for any health related demands of deprived sections of the population, especially women and children, who find it difficult to access health services.

Activities performed by ASHA

The aim for creation of ASHA was to facilitate and increase the institutional deliveries for which the IMR & MMR will reduce. Besides this, ASHAs are providing every type of health services to the community.

- Motivate for Male and Female Sterilizations
- Facilitate Immunization and pulse polio programme
- Attend sector and GKS meeting
- Maintain Swasthya Kantha with important health bulletin

- Help for completion of Leprosy case treatment
- Help for completion of DOTs treatment
- Facilitate VHND session
- Support screening camp under School Health programme
- Help for FTD treatment
- Facilitate First Aid services
- Facilitate organization of Mobile Health Unit
- Identify and facilitate cataract operation
- Ensuring Birth certificate distribution
- Accompanying Freedom fighters for treatment
- Inform PHC/CHC on emergency health situations and timely referral
- Mobilization of pregnant women for HIV testing
- Accompanying HIV positive pregnant women for institutional delivery
- Promoting MTP and accompanying to institutions
- Reporting of all women death
- Identify and reporting childhood disability.
- Facilitate Home Based Newborn Care
- Other need based activities.

Support Structure for ASHA

In order to increase the belongingness of ASHA with the health system, the following supports are being provided to each ASHA

Community Process Resource Centre

Community Process Resource Centre is functioning as a part of Mission Directorate, National Health Mission provides required support for implementation of Community Process activities.

Uniform - When a health care seeker sees a woman with blue color saree and navy blue apron with logo of NRHM embossed on it, takes a little relax for availing health care services very soon. The woman with such type of costume is known as ASHA. An amount of **Rs 350/- per year for one saree** from the financial year 2012-13 has been transferred to the bank account of each ASHA through e-transfer to purchase from open market at her own level.

Identity Card - With one year validation each ASHA has been provided an Identity Card for her personal identification among the health services providers in the state.

ASHA Diary - To maintain her day to day activities in order to providing health services, to follow up future activities, to know the incentive amount against the activities conducted by her, important days for celebration and many other activities, a Diary has been provided to each ASHA in each year.

ASHA Bi-cycle - With provision of Bi-cycle it becomes easy for the ASHAs to reach the unreached areas where transport system is not available in her working jurisdiction to provide the health services to the needy ill fellow. By the end of June'2013, 40459 numbers of Bi-cycles have been provided to ASHAs to cover more areas with short period of time.

Drug Kit and First Aid Kit - A drug kit and first Aid kit has been provided to all ASHAs to provide curative first contact care for symptomatic relief, pending referral and manage cases as per the protocol she has been trained in.

ASHA Gruha - To take rest and update her own knowledge, a space named as ASHA Gruha with some refreshment facilities has been provided in institutional level. ASHA accompanying the patient to the health institutions will take rest in the Gruha which has been maintained by a group of six ASHAs within the radius of 10 km from the institution on a rotation basis. By end of **July'13 a total of 141** numbers of ASHA Gruhas are functioning at institutional level all over the state.

ASHA Award - Every year there is a system of awarding ASHAs for their best performances at district and national level to encourage the awardees ASHA and other ASHAs to do better in future.

Last year i.e. during 2012-13 **Chanchala Chakrabarti**, an ASHA from M.P.V-65, GP-Tigal, Block- Kalimela, dist- Malkangiri has received the national level award as best ASHA of Odisha.

ASHA Convention - ASHA convention is a platform where ASHAs shares and learn from each other's experience of activity implementation. The convention has been organized at district level where ASHAs from all the blocks are invited.

Training Programme - ASHAs are imparted training on Module 1 to 5 where they were sensitized on their roles and responsibilities and to reorient them refresher training has been given to them. They are also trained on first aid treatment and other communicable and non-communicable diseases with management of epidemic situation.

Module - 6&7 : Apart from these trainings the most important i.e. training on Home Based Newborn Care (HBNC) is going on which will cover four rounds of training. In Odisha context it has been planned separately to conduct the training in 18 high focused and 12 non-high focused districts. ASHAs are trained on module 6 & 7 in four rounds five days each. Out of four rounds, round -1 to 3 have been completed in high focused districts and round - 1 has been completed and round -2 is ongoing in 12 non-high focused districts.

Skills in Module - 6 & 7

- Weighing the newborn
- Measuring newborn temperature
- Process of hand washing
- Wrapping a newborn baby in a baby blanket
- Re-warming the baby
- Eye, Skin and Cord care
- Use of Mucus Extractor on a Asphyxiated baby at birth

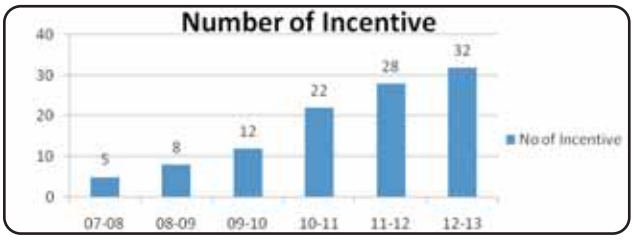
Field activity implementation

After completion of training, ASHA provides essential care to all newborns and mothers through a series of home visits from the time of birth to six weeks after the delivery. HBNC equipment kit and medicines has been provided to all trained ASHAs. ASHAs are filling PNC format for each new born visited.

Status of field activity implementation

Total no. of HBNC forms received	123072
No. of newborn visited on first day	94718
Six home visits conducted to no. of newborns	115723
No. of newborns diagnosed with danger signs	4029
No. of post natal mothers diagnosed with danger signs	1209
No. of newborns referred to hospital	2280
Incentive paid (in Rs.)	2.94 crores

Number of ASHA Incentive provision



ASHA SAATHI

ASHA SAATHIs are selected and positioned at sector level in order to provide field level mentoring support to low performing ASHAs and maximize their functional effectiveness. In order to build their capacity and sensitize them on their role and responsibility ASHA SAATHIs are imparted five days induction training. 1155 numbers of ASHA SAATHIs are positioned in different health sectors.

Performance monitoring of ASHA

A monitoring system has been developed to monitor the functionality as well as outcomes of the ASHA programme at block, district and State level. Performance each ASHA has been monitored based on 10 activity indicators. Identified low performing ASHA will be provided required hand holding support by ASHA SAATHI.

Gaon Kalyan Samiti

Background:

Village Health Sanitation and Nutrition Committee (VHSNC) popularly known as Gaon Kalyan Samiti (GKS) in the state of Odisha is a revenue village level institution constituted by the community as a simple and effective management structure for improvement of health and sanitation standard of the villages as a part of National Rural Health Mission initiative. An untied fund of Rs 10000/- on a yearly basis has been given to each GKS for undertaking various need based activities at the community level related to health, nutrition and water & sanitation. Gaon Kalyan Samiti plays an important role with integration of the Panchayati Raj, Women & Child Development and Rural Development departments. As a community level organization, the support and involvement of community will strengthen the capacity of GKS to create a healthy environment. As on June'13, 45407 numbers of GKS are functioning at revenue villages in Odisha.




Activities performed by GKS:

- Regular organizing Gaon Swasthya Diwas meeting i.e. last Thursday of every month. It is a forum for review of all activities related to health, nutrition and water & sanitation.
- Preparation of quarterly and yearly health plan for implementation of need based activities at the village level by the GKS in order to improve health and other social determinants.
- Rational utilization of GKS untied fund strictly followed by the DOs and DON'Ts guideline and as per the prepared health plan.
- Active involvement for prevention and management of epidemic situation at community level.
- Facilitate and providing need based support for organizing VHND session on a regular basis.
- Provide referral and transportation support to the needy and destitute person to avail requisite services.
- Facilitate health camp and sishu mela at the village level.

Support for strengthening GKS:

- Annual untied fund of Rs 10,000/- to each GKS.
- Capacity building training programme to GKS presidents (Ward members) in order to improve their capacity for implementation of GKS activities. During 2012-13, 45063 numbers of GKS President have got training.
- Record keeping training programme provided to the conveners (AWWs). A total of 44476 numbers of GKS Convener (AWW) have got training on record keeping.
- 13195 numbers of GKS members have provided thematic training for management of epidemic and disaster.
- 20% low performing GKS have provided hand holding support for maximize the utilization of untied fund.
- 450 numbers of GKS awarded "Sustha Gaon Puraskar" for achieving indecators related to health and social determinants of health.

- District and block level GKS convention conducted to provide platform for experience sharing among GKS members and strengthen interface between GKS and govt. functionaries.
- Sensitization campaign organized on "DOs and DON'Ts" (What GKS must do and what GKS must not do) during the Palli Sabha & Gram Sabha shashaktikaran karyakrama.
- During 2012-13, 10213 numbers of Bi-cycle provided to ASHAs through GKS in order to accomplish her tasks at field level.

Achievements by GKS

Sl No	Major Activities	Achievements
1	No. of GKS involve in distribution of LLIN	12530
2	No. of GKS involve in IRS campaign	20000
3	Total no. of cleaness drive condcuted by the GKS	187000
4	No. of waste disposal dustbin placed at village	14582
5	No. of tube wells repaired by GKS	48837
6	Wall writing on health messages at the village level	162000
7	Organised folk media show at the village level	30000
8	Provided referral services to the poor people at the time of emergency	254879
9	No. of Health Camp and Sishu Mela organized by GKS	4902
10	No. of Swasthya Kantha Campaign conducted by GKS	31882
11	No. of jalachatra organized by GKS	90000
12	No. of Platform area of the tube well repaired by GKS	28152

Gaon Swasthya Samikshya

Community-based Monitoring of health services is a key strategy of National Rural Health Mission (NRHM) to ensure that the services reach those for whom they are meant, especially for those residing in rural areas, the poor, women and children. In Odisha context we are implementing this programme in the name of "Gaon Swasthya Samikshya". Swasthya Samikshya is to review the progress to ensure that the work is moving towards the decided purpose, and the purpose has not shifted, nor has the work got derailed in any way. Such a review can help to identify obstacles in the work, so that appropriate changes can be made to cross the obstacles.

This programme is being implemented in 10 districts i.e. Bolangir, Ganjam, Jagatsinghpur, Kendrapara, Keonjhar, Khurda, Mayurbhanj, Nawarangpur, Rayagada & Sambalpur. To monitor the community level activities, various samitis have been formed at GP, Block, District & State level.

Activities Undertaken

- District and block level advocacy workshop conducted in five districts.
- Training programme for district, block and GP SSS members.
- Provision of partner NGO for district and for each block to facilitate the activities.
- Develop GSS guideline, broacher and posters.
- Launching of Lokarpana Samaroha programme by Hon'ble Chief Minister, Odisha at Karanjia, Mayurbhanj.

CHAPTER THREE

HOSPITAL DEVELOPMENT THROUGH ROGI KALYAN SAMITI (RKS)

Introduction

Rogi Kalyan Samiti is the model of granting functional autonomy to the Government Hospitals to improve the quality & efficiency of the Hospital facilities. It's a concept of managing the Public Hospitals through community participation. Over the years with consistent efforts & capacity building the RKSs in Odisha, it have emerged as empowered autonomous bodies to take up various developmental activities in the district as well as sub-district level hospitals. However RKSs have evolved as the system for ensuring permanency & sustainability for Public Hospitals of Odisha.

Major interventions that lead to increase in the efficacy of the RKS & Achievements during 2012-13:

- Sub divisional & District Hospital PIPs were prepared by the respective RKS by doing the gap analysis of their health institutions.
- Rogi Kalyan Samiti were formed & Registered under Society Act in 32 DHH, 27 SDH, 375 CHCs, 1117 PHC (N) and 54 Other Hospitals.
- Dedicated power supply has been completed in 13 DHHs and the same is under progress in rest of the DHHs.
- Power Backup including Inverters has been installed in all OT and Labour Room of major Hospitals.
- Special fund has been provided to the FRU level institution under Recurring Expenditure head to address the day to day needs of the hospital and strengthening of ancillary services like Housekeeping, Laundry, Dietary, Security services etc.
- RKS doing MOU with other agencies for all purpose; i.e. Execution of civil works, engagement of service Agencies for services like out sourcing of Housekeeping service, Laundry services, Security Service, Dietary Service & maintenance of PH and Electrical works etc.
- Display of Citizen Charter, list of drugs available in the Hospital store & members profile of RKS were fixed at strategic locations in the Hospitals.
- AMC & CMC of all major functional Equipments were done for better service delivery and steps were taken to make the defunct hospital equipments functional.
- State & District level Quality Assurance Committee were formed for monitoring of quality of health care services.
- In Quality Management System of Hospitals, process has been continued in 8 District Head Quarter Hospitals for ISO 9001:2008 Certification. Management Review committee were formed in all the 8 district Hospitals proposed for ISO certification. Calibration of Hospital Equipments has been done and External Quality Assurance of Laboratory Service through AIIMS, New Delhi has been made in the proposed ISO Hospitals. DHH Baripada has obtained AERB approval.

- Signages were fixed in strategic locations in the Hospitals.
- Ancillary services like House Keeping Service, Laundry Service and Security Service were out sourced in all the DHHs. In some of the DHH the Dietary service was also outsourced.
- CCTV camera has been installed in DHH, Sundargarh and is approved and planned worth Rs.9,00,000 (Approx.) in DHH Baripada for better monitoring.
- Auto Carbonated Prescription pads are introduced in 20 DHHs.
- Bio Medical Waste Management Excellence Award was received by DHH, Bhawanipatna from State Pollution Control Board for best practices in waste management.
- Public Address System Approved and Planned Wroth Rs.5,00,000 (Approx.) in DHH Baripada.
- Central Registration system was Introduced in DHH Baripada & DHH Kendrapada which is computerized software based. This will track the patients in the same day and both OPD and IPD data will be generated in a single point.
- 100% expenditure was made for the RKS grant, Untied Fund released for DHH, SDH and CHC.

Statement of Expenditure under RKS, UF & AMG during 2012-13 (Rs. in lakhs)

Activity Head	Budget as per Norms	Approved budget for 2012-13 as per ROP	Expenditure during 2012-13	% of expenditure
RKS				
DHH	160	160	160	100%
SDHs	26	26	26	100%
CHCs	377	377	377	100%
Untitled Fund				
SDHs	13	13	13	100%
CHCs	188.5	177.68	188.5	100%
PHCs & OHs	326.75	273.02	290.129	89%
Sub Centers	668.8	419.21	537.969	80%
VHSC	4547	3294.75	4018.69577	88%
Annual Maintenance Grant				
SDHs	26	26	26	100%
CHCs	377	276.27	377	100%
PHCs & OHs	653.5	401.42	541.986	83%
Sub Centers (DPs having building)	12.8	12.8	12.8	100%

Signages for facility available in DHH, Baripada, Mayurbhanj

Receiving of Excellence Award by DHH Bhawanipatna Team for best practices in Bio-Medical Waste Management, From OSPCB.

Centralised Registration System, DHH Baripada, Mayurbhanj

Beautification with Display of Health Messages in DHH, Nabarangpur

Renovation of Waiting Area in DHH, Bhawanipatna, Kalahandi

Partition of Labaour Room of DHH, Bhawanipatna, Kalahandi

CHAPTER FOUR

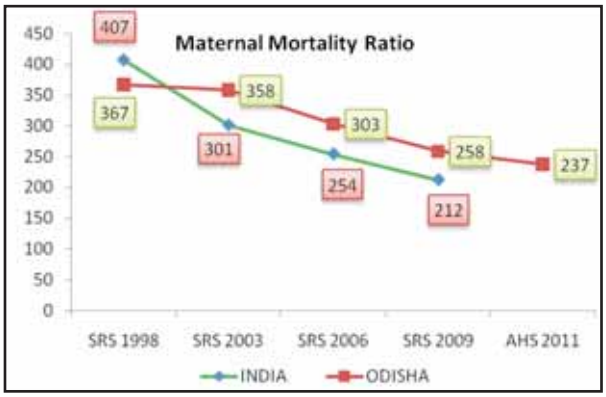
MATERNAL HEALTH

Introduction

RCH Programme is one of the most ancient programme run in the state with the focus of reducing maternal & infant mortality. The programme serves as the nucleus among band of programmes currently run & managed by National Rural Health Mission. Maternal health is the most vital component amongst various RCH programme.

Maternal Health

Odisha, has shown a steady and sustained improvement in Maternal Mortality Ratio since the launch of NRHM in 2005 which declined from 303 in 2006 (SRS) to 237 in 2011(AHS). The major initiatives and achievements under taken for reduction of MMR includes :



- Upgradation of institution FRU & 24*7 operationalization offering emergency obstetric care and basic obstetric care
- Multiskilling of doctors in anesthesia and emergency obstetric care, and their placement in FRUs
- Augmenting skills of health care providers, ensuring access to Emergency Obstetric Care services (BEmONC and CEmONC)
- Strengthening the JSY scheme
- Undertaking outreach RCH activities through VHND and Mamta Divas, increasing reach of SBAs
- Strengthening referral transport
- Janani Shishu Surakya Karyakaram (JSSK) : In order to reduce out of pocket expenditure on families of pregnant women and new born (upto 30 days)who seek care in government health facilities
- Special Initiatives to increase Institutional Delivery in hard to reach areas- Maternity waiting Homes in difficult blocks

Establishment of First Referral Unit (FRU)

Those institutions can be designated as FRU where in caesarian sections can be performed with new borne care and Blood transfusion facilities along with availability of Specialist in O & G, Anesthesia and Pediatric.

Total functional delivery points in Public Health Facilities of the States/UT

State/UT- Odisha
Date: (Monthly Avg of (Q1 to Q4) of 2012-13 i.e. April 2012 to March, 2013 to be taken for calculation purposes)

S.No	Indicator	Number
1	**Total No. of SCs**	**6688**
a	No. of SCs conducting >3 deliveries/month	68
2	**Total No. of 24X7 PHCs/ OHs**	**160**
a	No. of 24X7 PHCs/ OHs conducting > 10 deliveries /month	76
3	**Total No. of any other PHCs/ OHs**	**1145**
a	No. of any other PHCs/ OHs conducting > 10 deliveries/ month	44
4	**Total No. of CHCs (Non- FRU)**	**289**
a	No. of CHCs (Non- FRU) conducting > 10 deliveries /month	228
5	**Total No. of CHCs (FRU)**	**87**
a	No. of CHCs (FRU) conducting > 20 deliveries /month	87
b	No. of CHCs (FRU) conducting C-sections	23
6	**Total No. of any other FRUs (excluding CHC-FRUs)**	**26**
a	No. of any other FRUs (excluding CHC-FRUs) conducting > 20 deliveries /month	26
b	No. of any other FRUs (excluding CHC-FRUs) conducting C-sections	19
7	**Total No. of DH**	**32**
a	No. of DH conducting > 50 deliveries /month	32
b	No. of DH conducting C-section	32
	Sub Total (1.a + 2.a + 3.a + 4.a + 5.a + 6.a + 7.a)	**561**
8	**Total No. of District Women And Children hospital (if separate from DH)**	**0**
a	No. of District Women And Children hospital (if separate from DH) conducting > 50 deliveries /month	0
b	No. of District Women And Children hospital (if separate from DH) conducting C-section	0
9	**Total No. of Medical colleges**	**3**
a	No. of Medical colleges conducting > 50 deliveries per month	3
b	No. of Medical colleges conducting C-section	3
10	**Total No. of Accredited PHF**	**17**
a	No. of Accredited PHF conducting > 10 deliveries per month	17
b	No. of Accredited PHF conducting C-sections	17
	Sub Total (8.a + 9.a + 10.a)	**20**
	Grand Total	**581**

Institutions at various levels targeted to be upgraded as FRU- 2011-12:

Blood Bank

Now Govt. Of Odisha has decided to operationalise 94 FRUs out of 145 as per the population norm i.e. 5 lakhs per FRU.Out of 94 FRUs Blood Banks are functional in 53 facilities.

Blood Storage Unit

- ❖ Blood Storage Units will be providing where Blood Bank is not available. Here Bloods will be stored after it is collected from Mother Blood Bank. Here the blood will be cross matched and given to the patients. Training of M.O & LT is finished. Drug Controller is requested to give the license.
  - BSU operational in 28 institutions out of which 16 are functional in FRUs.
  - Already steps have been taken to operationalise BSUs in 25 places in the FY 2013-14 which is going to be fully operational by 2013.

24/7 Hospitals

These are the hospitals where residential doctors and other staffs are available where facility for round the clock normal and assisted delivery with new born care.

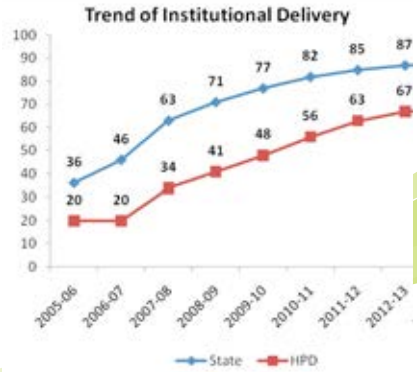
STATUS OF 24/7 HOSPITALS			
2009-10	**2010-11**	**2011-12**	**2012-13**
261	357	383	460

JSY (Janani Surakshya Yojana) Program

- ❖ **Janani Suraksha Yojana (JSY) :** this conditional cash transfer scheme resulted in dramatic increases in institutional delivery. JSY enables women to make use of public health facilities for safe delivery by providing Rs. 1,400 in rural and 1,000 to urban areas to cover travel costs and other expenses. So far 33.00 lakh women have been benefitted under JSY and institutional deliveries have increased from 33% in 2005-06 to 69% in 2012-13.Quality of antenatal and postnatal care is also being strengthened, with the ASHA providing support for increasing utilization.
- ❖ JSY payments to beneficiaries are being disbursed through cheques in all institutions.
- ❖ Institutional level JSY Spot payment all across the state implemented from 5th Sept, 2009.
- ❖ State has taken the initiative to provide Free Birth Certificate, '0' dose Polio, BCG & JSY money paid together to the beneficiary at the time of discharge i.e known as Single Window Delivery System.

Institutional Delivery Trend (against reported cases)

Substantial increase in Institutional delivery from 36 % in 2005-06 to 87 % in 2012-13 against reported delivery. In case of high priority districts where IMR and MMR indicators are poor has also shown improvement from 20% to 67% during the reported period.



VHND/ Mamata Diwas

- ❖ Fixed health Nutrition day (VHND/ Mamata Diwas) organized in every Tuesday / Friday at village Anganwadi centers.

- ❖ VHND services basically aim to improve access and quality of ANC services, PNC, Immunisation of mothers, adolescent health and nutrition of the children (0-5yeras) jointly with the W&CD department.
- ❖ Now steps has been taken to provide BP instruments, Stethoscope, Haemoglobinometre and Uristix, So that complete ANC can be done along with Tetanus and IFA tablet distribution to combat anemia.
- ❖ As reported by 30 districts sessions 438873 held against the planned 465221 VHND sessions in during 2012-13 (up to March).
- ❖ Incentive provision of Rs. 50/- to ASHA & AWW each & Rs. 100/- to ANM per session as mobility cost.

Mo Masari for Pregnant Women

This is an initiative of Govt. of Orissa in which 80000 nets procured by GoO has been distributed to pregnant women in the high malaria risk areas of Keonjhar, Kandhamal, Rayagada, Nawrangpur & Malkangiri districts.

Yoshada Scheme

About 57 percentage of maternal death occur in post maternal period. 40% of the woman die within 1st 24 hours. In order to ensure 48 hour stay of the post maternal woman ,Yoshada scheme was introduced in Angul, Sambalpur and Jharsuguda in pilot basic NIPI (Norway Indian Partnership Initiative). These Yoshadas are working in 8 hourly shifts in the maternity ward of DHH. Now this scheme has been extended to 16 DHHs. Total 156 Yashodas are working in the State. They are engaged in counseling the mothers regarding maintenance of hygiene, breastfeeding and family planning for the new born, counseling on cord care keeping the baby worm and immunization. Due to this retention of mothers after delivery has increased by 35% (Hospital Record).

Janani Shishu Suraksha Karyakram

In order to provide free services to pregnant women and new born (upto 30 days),Janani Shishu Suraksha Karyakram was launched in Odisha from 1st November 2011.

OBJECTIVES:

- ❖ Eliminating out-of-pocket expenses for families of pregnant women and sick newborns, who seek care in government health facilities
- ❖ Reaching the unreached pregnant women (nearly 1.18 lakhs / year, who still deliver at home)
- ❖ Timely access to care for sick newborns

  Thereby to reduce MMR and IMR (specifically neonatal mortality)

Target Beneficiaries

- ❖ All pregnant women during delivery and all sick new born up to the age of 30 days

Achievements:

Pregnant Women:

Free Drugs & Consumables	:	462815
Free Diet	:	394150

Free Diagnostics : 281905

Free blood : 14324

Sick Newborn :

Free Drugs & Consumables : 116692

Free Diagnostics : 44765

Free blood : 1133

Referral Transport	Pregnant Women	Sick Newborn
Home to health institution	317190	116692
Transfer to higher level facility for complications	42782	44765
Drop back home	271292	1133

Referral Transport (JE/ Ambulance)

Jananai Express

Highlights

- Re- locating JE -For catering uniformly to the population in the target areas
- Defining JE operational area -Targeting 10 Kms radius at V3 & V4 areas & 20 Kms in normal areas
- Provision of additional JE wherever required as per requirement
- Expanding spectrum of service areas - Complicated ANC & PNC cases , Sick neonates & children needing referral as per IMNCI protocol, PPS cases.
- 419 Janani Express out of targeted 466 engaged in all 30 districts of the state.
- Provisions made for management of Janani Express - Rs. 20,000/- per month per JE in KBK+ Districts & Rs. 18000/- in Non-KBK districts
- Incentive Provision to Driver - Rs. 50/- per case to carry pregnant women during night.
- Average case load - 42 per institution/ per month.

District wise Ambulance Position

Name of the District	No. of Ambulance at Present on road (In working condition)	No. of new Ambulance Supplied by (OHSP)	Total
KBK Districts	87	55	142
Non_KBK Districts	173	107	280
Grand Total	**260**	**162**	**422**

Maternity Waiting Home

- Special Initiatives to increase Institutional Delivery in hard to reach areas- 28 Maternity waiting Homes are functioning in difficult blocks out of 50 targeted.

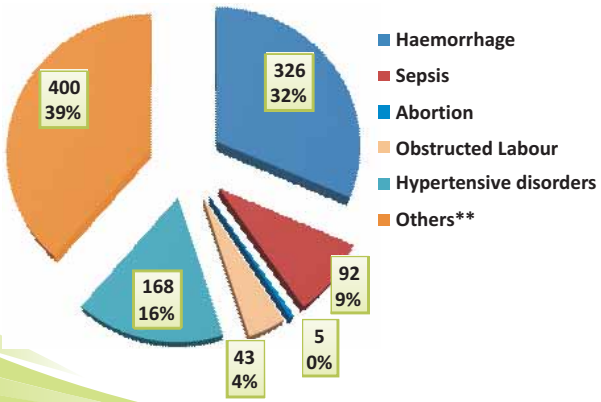
Standardization of Labour Room :

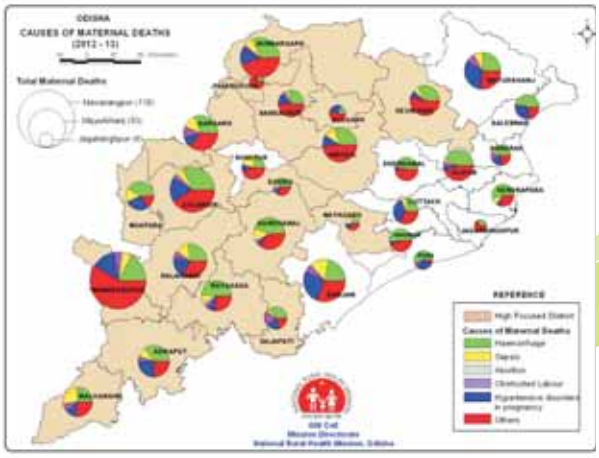
- Construction of New Labour Room -111 Projects completed
- Labour Room Protocol - Provided to each institution
- Labour Room checklist - Printed & supplied
- Uniform Labour Room register introduced
- Improving accessibility- Gender….
- Partition in Labour Room
- Female Sweepers in labour room
- Contingency fund- with MOI/c of Labour room

Maternal Death Review

Parameter	Year: 2011 -12	Year : 2012-13
No. of maternal deaths reported (Apr.'11-Mar.'12)	1038	1034
Cases reviewed by the MDR committee of CDMO	818 (79%)	934 (90%)
Cases reviewed by the MDR committee of Collector	427 (41%)	620 (60%)
Major causes of MDs	Haemorrhage 344 (33%) Others 470 (45%) Anaemia 221 (21%)	Haemorrhage 326 (32%) Others 400 (39%) Anaemia 150 (15%)
District Maternal Death more than State Avg.	Angul, Bargarh, Bolangir, Ganjam, Jajpur,Kalahandi, Kandhamal, Keonjhar, Koraput, Malkangiri, Mayurbhanj, Nabarangpur, Sambalpur, Sundargarh **State Avg. 35**	Angul, Baragarh, Bolangir, Ganjam, Jajpur, Kalahandi, Kandhamal, Keonjhar, Koraput, Malkanagiri, Mayurbhanj, Nawarangpur, Rayagada, Sundargarh **State Avg. 34**

Cause wise Maternal Deaths- 2012-13





CHAPTER FIVE

CHILD HEALTH

The Infant Mortality Rate of Orissa has substantially reduced from 65 (SRS 2009) to 53 per 1000 (SRS 2012) live births. The Neonatal Mortality Rate has also reduced from 47 (SRS 2008) to 39 (SRS 2012) per 1000 live births and is contributing to around 74 of infant deaths in the State. In order to reduce the mortality rate of neonates & children under 5 years both facility & community based child health interventions have played a significant role. Some of the child health initiatives in the state are as follows:

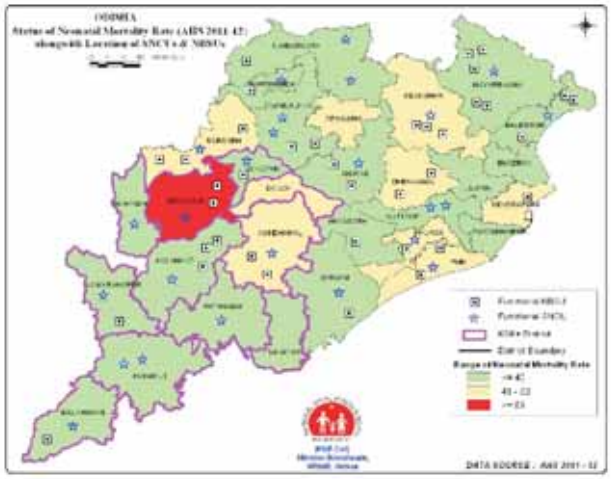
Newborn Care Corner: Newborn Care Corners are set up in the labour room & OT to provide immediate care to all newborns like resuscitation, provision of warmth, prevention of infection, early initiation of breastfeeding, weighing the newborn, immunisation, identification & prompt referral of sick newborns. 608 newborn care corners have been established in Odisha.

Newborn Stabilisation Unit:

Newborn Stabilisation Unit is a facility within or in close proximity of the maternity ward where sick & low birth weight newborns can be taken care for short periods. 34 Newborn Stabilisation Units are functional in Sub Divisional Hospitals & Community Health Centres in Odisha. During 2012-13, out of the total 3990 admissions, 2928 babies have been discharged & 590 babies have been referred to higher institution after stabilization.

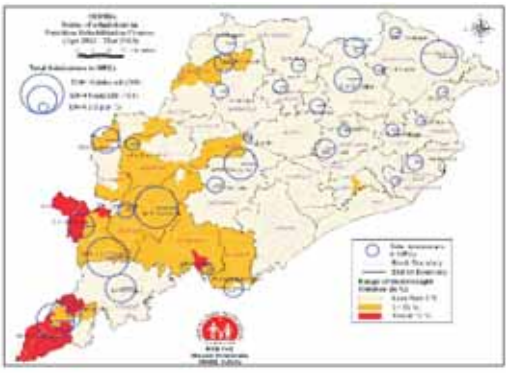
NBSU, SDH, Padampur, Bargarh

Special Newborn Care Unit: Special Newborn Care Units is a neonatal unit established at the Medical College Hospitals, District Head Quarters Hospitals & Sub Divisional Hospital to provide special care to the sick newborns. A 12 bedded unit is required for DHH where more than 3000 deliveries are conducted per annum.



22 Special Newborn Care Units are functional at Sishu Bhawan, Cuttack, SCB MCH, Cuttack, MKCG MCH, Berhampur, VSS MCH, Burla, Capital Hospital, Bhubaneswar, SDH, Jeypore, DHH, Angul, Balasore, Kalahandi, Keonjhar, Kandhamal, Koraput, Mayurbhanj, Nabarangpur, Nuapada, Puri, Rayagada, Sambalpur & Sonepur.

During 2012-13, out of the total 29112 babies admitted in the SNCU, 21220 (73%) babies were cured & discharged whereas 7% cases were reffered to higher institutions and 14% deaths were recorded. Three major causes of deaths in SNCUs: HIE/ Moderate-Severe Birth Asphyxia (33%), Sepsis/ Pneumonia/ Meningitis (18%), Jaundice requiring phototherapy (12%).



Nutrition Rehabilitation Centre: Nutrition Rehabilitation Center is a unit established in a health facility where children with Severe Acute Malnutrition (SAM) are admitted and managed. Children are admitted as per the defined admission criteria and provided with medical and nutritional therapeutic care. The average admission Load in NRCs is 11/ month. So far 2062 SAM children treated in NRCs with Kalahandi DHH having highest load of 22/month. NRCs with highest no. of SAM children admitted and treated in NRCs are DHH Kalahandi (22/ month), DHH Nawarangpur (21/month), DHH Malkangiri (17/month) & DHH Baripada (15/ month). The recovery Rate in 3 NRCs is >50% (DHH Kandhamal, DHH Nawarangpur, DHH Deogarh).

Pustikar Diwas: Pustikar Diwas is organized on 15th of every month (fixed date approach) at Block PHC/CHC for examination & treatment of malnourished children. Malnourished children between age group 0-5 years are referred to Pushtikar Diwas from Mamata Diwas. Pustikar Diwas involves the convergent action of both ICDS & Health department. Major activities of Pustikar Diwas are growth monitoring, tracking, referral & follow up by AWW & treatment at block level institutions. During 2012-13, 206895 malnourished children are treated at Pushtikar Diwas.

Integrated Management of Neonatal & Childhood Illnesses (IMNCI): The main objective of IMNCI is to train all basic health care workers to identify, treat & refer children between 0-5 years, from the community to the health facility so that treatment can start early.

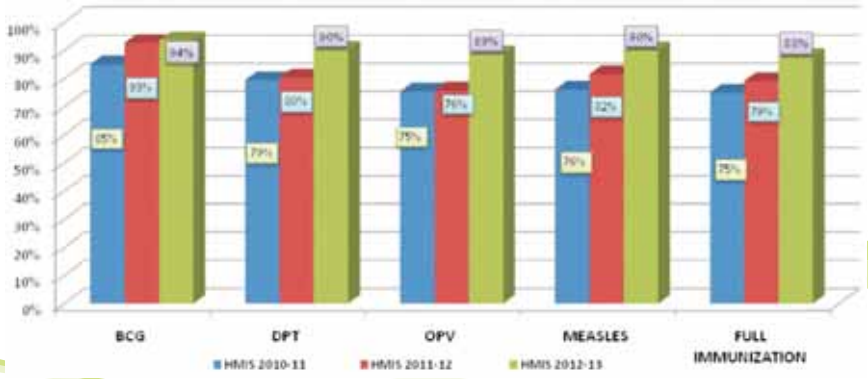
The major activities of IMNCI are as follows:

- Home visits are to be provided by ANM, AWW, and ASHA to every newborn on day 1, 3 and 7 & for LBW babies 3 more visits are undertaken.
- Counselling for breast feeding and supplementary feeding.
- Immunization
- Recognition of risk conditions, management / referrals of all sick children (0-5 years).

Implemented in 20 identified high IMR districts - Keonjhar, Rayagada, Malkangiri, Nabarangpur, Bolangir, Sonepur, Boudh, Gajapati, Deogarh, Sundargarh, Balasore, Kalahandi, Nuapada, Kandhamal, Mayurbhanj, Koraput, Cuttack, Bhadrak, Ganjam, Jajpur.

Immunization

Reported Antigen wise coverage analysis (Within one year of age)



CHAPTER SIX

ADOLESCENT REPRODUCTIVE AND SEXUAL HEALTH (ARSH)

Background

Adolescent 10-19 years (10-14 Years: Very Young Adolescents) in India constitute 22% of the country's population. Adolescent are not a homogenous group, again their situation varies by age, sex, marital status, class region and the cultural context. A large number of them are out of school, get married early, work in vulnerable situations, are sexually active and are exposed to peer pressure. These factors have serious social, economic and public health implication.

Objectives of undertaking ARSH programme

- To improve health condition of adolescent aiming at reduction of IMR & MMR, Adolescent Sexual Reproductive Health (ARSH) component under RCH- II is being initiated in selected districts.
- To address the health issue and risks of adolescents under ARSH through establishing adolescent friendly health clinics (AFHC) at L3/FRU health institutions and outreach activities at community level

Under Adolescent Health following programmes are being undertaken in the State

- Adolescent Reproductive & Sexual Health (ARSH)
- Adolescent Anaemia Control Programme (AACP)
- Menstrual Hygiene Scheme (MHS)

Activities being undertaken under ARSH

- 95 AFHCs were functional at L-3 institutions (145 to be established by March'13). 15286 adolescents were attended AFHCs and provided treatment & counseling on adolescent health.
- Quarterly KishoriSwasthyaMela (QKSM) are being organized at Anganwadicentre (33440) level by ANM & AWW across the State. Where 1114599 adolescent girls were benefited for providing outreach services & educative session on ARSH along with basic health checkup.
- 7510169 (67.38%) adolescent girls were consumed 4 IFA tablets per month (complete dose) under Adolescent Anaemia Control Programme (AACP), as on November, 2012.
- 243479 adolescent girls (10-19 Yrs) were supplemented sanitary napkins @ Rs. 6 per pack of 6 through social marketing by ASHA under Menstrual Hygiene Scheme (MHS) in Bhadrak, Dhenkanal, Jagatsinghpur, Kendrapada&Ganjam districts.
- District level annual meet for Peer Monitors are being organized to laud their efforts in mobilizing adolescent group, sensitize on ARSH & develop leadership quality.
- 11 Nos. of incinerators were installed in residential schools under OPEPA in Bhadrak, Dhenkanal, Jagatsinghpur, Kendrapada&Ganjam districts.
- **Messages on menstrual hygiene on TV channels**. Educative sessions on MHS by AWW/ASHA through showing flipbook, leaflets, brouchers on MHS. Printing of messages through Swasthya Kantha

Quarterly Kishori Swasthya Mela at
VHND level, Kalahandi district

Hb% test during Kishori Swasthya Mela
in Bargarh District

Bangle ceremony during QKSM
at VHND level Kalahandi District

Diagnosing the adolescent girls at AFHC
at Bellgaon CHC, Ganjam dist.

Adolescent girls are taking supervisory dose
of IFA in Rayagada District

CHAPTER SEVEN

FAMILY PLANNING

Introduction

Despite visible improvements in family planning service delivery in the state and with fertility level 2.3 (SRS 2010), the unmet need continues to be high (23 as per DLHS III) and has increased by 4 points from DLHS II (19). Further, the unmet need among scheduled tribes is higher than the state average (26.9) and they constitute 23 percent of total population. In Odisha, although the use of modern contraceptives among currently married women aged 15 - 44 years is 44 percent as per AHS 2010, the couple protection rate among currently married women in 20-24 year age group is 19 percent (NFHSIII). The female sterilization accounts for 65 percent of all contraceptive use. The service statistics of Orissa indicates that mini lap is most popular method with 70 percent of acceptors of limiting method availing mini lap. The service provision for spacing methods across districts indicates gray areas with respect to availability of supplies; and knowledge and attitude of front line functionaries. Considering the population composition of the state with nearly the median age of population being 27 years, counseling, promoting informed choices particularly among young couples, ensuring availability of supplies and knowledge and attitude of front line functionaries play a crucial role in improving access and utilization of quality family planning services.

During 2012-13, efforts were made to consolidate the processes initiated during 2010 and 2011 and the focus was on differential planning, promotion of informed choices, quality of care, skill enhancement trainings, strengthening reporting mechanism and facility operationalisation for fixed day services and strengthening the logistics and supply chain for contraceptives in selected districts with exploring scope for inclusion of MH and CH supplies. The objective is to establish Reproductive Health Commodities Logistics Management Information System (RHCLMIS) in the state. Meanwhile the MOHFW launched the scheme "Home delivery of contraceptives by ASHA" in 18 RCH high focus districts. The SFW Cell is facilitating in rolling out the program in the state. Efforts were also made to leverage resources from NRHM for improved family planning program.

Objectives of the Intervention:

1. Providing techno-managerial support to State Family Welfare Bureau (SFWB) for effectively implementing all Family Welfare Activities.
2. Assessing state specific needs, identifying challenges in developing and implementation of programmatic strategies.
3. Improving evidence-based planning & strengthening program implementation.
4. Strengthening monitoring and evaluation of family welfare activities.
5. Capacity building for improving family planning program performance, streamlining logistics and supply management as well as strengthening quality assurance mechanism.

The programmatic interventions have been divided into following categories.

1. Improving planning, coordination and monitoring of family planning programs.

2. Promoting post-partum and post-abortion contraception services.
3. Ensuring improved access to functional static centers for better family planning services.
4. Establishing monitoring and feedback system for 'Quality Assurance Committee' (QAC).
5. Improving supply system for family planning programs to address Logistics issues.
6. Strengthening planning and monitoring system for effective family planning program implementation.
7. Program management for improved techno-managerial support to the health system.

Activity 01: Improving Planning and Coordination of Family Planning Programs:

As part of the effort to promote sequential, differential and evidence-based planning in line with the mandate of National Rural Health Mission, SFW Cell facilitated development of 'District Family Planning Sub Plan Documents' for 30 districts of the state. The family planning sub plans encompass facility strengthening, human resource development, equipments and supplies, IEC and addressing district specific needs in family planning program. Orientation workshop for district program managers and ADMOs (FW) were organized for review of program and updating plans for 2012-13. 25 out of 30 districts submitted their family planning sub plan. Based on the district plans, state family planning sub plan was developed. District FP sub plans were uploaded on the Health Department's Website.

SFW Cell was instrumental in influencing the family planning sub section of NRHM PIP to allocate resources for strengthening counseling, revival of eligible couple survey and improving quality assurance. NRHM PIP for 2012-13 has made budgetary provisions for 33 family planning counselors to be posted at all the district head quarters hospitals. Provisions were also made for eligible couple survey in all 30 districts and training of ASHAs on home delivery of contraceptives in 18 high focus districts. Budgetary provisions under NRHM PIP were also made for strengthening family welfare bureaus, quality assurance, review of the accredited Institutions, orientation on program guidelines and standard operating procedures for newly appointed surgeons and IEC activities.

Support to events and campaigns:

The platform of "World Population Day" was utilized to renew commitments and high light need for client centric services in family planning, which had the presence of Honorable Health Minister and Health Secretary.

The SFW Cell has also made efforts to strengthen supervision and monitoring of family planning services during the population stabilization fortnight with orientation of state and district level nodal officers and through provision of monitoring check lists in addition to field visits. Feed backs were provided based on observations from the field with focus on improving quality of care and maintaining standards stipulated by MOHFW, Govt. of India.

Eligible couple survey:

Eligible Couple Survey (EC Survey) is an integral part of planning, monitoring and implementing family planning service delivery. It provides the complete information of eligible couple in a village covering age, marital status, contraceptive use, pregnancy, number of children, etc that help in addressing unmet need. EC survey facilitates a process of promoting informed choices through cafeteria approach and helps in streamlining the family planning service delivery for reaching out to the eligible couples. During 2012, attempts are being made to revive the EC survey in four districts on a pilot basis. District level sensitization of health personnel on EC survey was organized at Ganjam, Keonjhar, Boudh and Nayagarh districts. This was followed by block level training of ANMs on EC Survey. The EC survey was monitored through field visits and with help of district facilitators positioned in these districts. The survey is in the process of

completion and compilation is being done by the ANM. Once the compilation is over, SFW cell will analyze the reports and analytical report will be shared at state level. District level resource pool was created through training of master trainers in 18 high focus districts, who in turn will train the ANMs on EC survey. The SFW Cell also facilitated district level sensitization of health personnel on EC survey in other 9 non high focus districts of the state utilizing NRHM funds.

Activity 02: Ensuring improved access to functional fixed day static centers and support for demand generation:

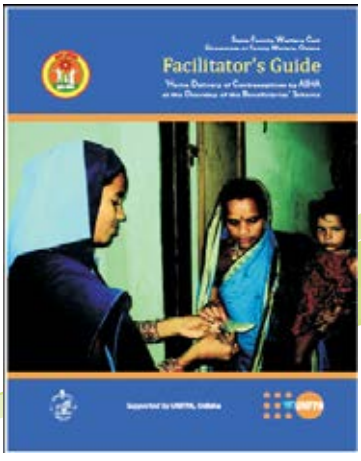
Implementation of "Home Delivery of Contraceptives by ASHA at the Doorstep of the Beneficiaries" scheme in 18 high focus districts of Odisha

Sensitization Workshop at Keonjhar District

To improve access and utilization of contraceptives by eligible couples by delivering it at the door step and to address "unmet need" for spacing methods, 18 districts of Odisha were identified to implement the "Home delivery of contraceptives by ASHA" scheme. It was decided in a policy level meeting that SFW Cell will facilitate in rolling out the program in the state. Taking opportunity of the ASHA scheme, the SFW Cell planned to adapt the communication material used in Ganjam District under UNFPA's CBD program, create resource pool of master trainers and establish monitoring mechanism and to bring in focus on youth fertility, reproductive rights and family planning counseling for promoting informed choices through ASHAs. Accordingly, district level sensitization workshops for both district and block level health officials and program managers of 18 intervened districts were completed during 2012 and 748 health personnel were oriented in "Home delivery of contraceptives by ASHAs" scheme and were sensitized on the various aspects relating to informed choices, youth fertility and operational guidelines of the implementation of the scheme along with demand forecasting and logistic supply management

Master Trainers' Training at Kandhamal District

During 2012, a resource pool was created at the district and sub district level by training master trainers in all 18 high focus districts. 614 master trainers were trained on reproductive rights and family planning, addressing youth fertility and needs of young couple, methods of contraception, eligible couple survey and family planning counseling. The master trainers will train the ASHAs at sector level. Resources for ASHA training is leveraged from NRHM PIP 2012-13.



The SFW Cell developed proto types for IEC material, ASHA survey register and reporting formats which was printed by NRHM. SFW Cell, with inputs from UNFPA, developed a facilitator's guide for master trainers which covers topics on overview of "Home delivery of contraceptives by ASHA" scheme, reproductive rights and family planning, addressing youth fertility and needs of young

couple, methods of contraception, eligible couple survey and family planning counseling. The efforts are envisaged to establish ASHA as the Community-based family planning counselor who will provide family planning counseling to the identified eligible couples for informed choice and will provide appropriate family planning methods as per the choice of the couple.

SFW Cell has also developed a standalone reporting system for "Home delivery of contraceptives by ASHA". ASHA keeps a list of contraceptive users and reports her utilization to ANM on the sector meeting day. ANM compiles the reports of ASHAs under her jurisdiction and reports it in her facility based HMIS to the block. At the block level, the MIS coordinator/Statistical Assistant compiles the ANM reports and sends the soft copy to the district. At district level, the state has nominated DMNCH coordinator as the nodal person (supported by ASHA coordinator) for this scheme. The district nodal person compiles the "Home delivery of contraceptives by ASHA" reports and submits it to the state (SFW Cell) by 5th of every month. SFW Cell compiles the district reports and sends it to MOHFW. Also the SFW cell analyses the district reports and provides feed back to districts and keeps a close watch on supply chain.

Review-cum-Orientation of District ASHA Coordinators and GKS Coordinators on "Home Delivery of Contraceptives by ASHA" scheme and " Incentivising efforts of ASHA for promoting spacing" scheme:

Review undertaken by DFW & other state level officials

ASHA and GKS coordinators are placed at the district level to facilitate monitor and review ASHA program in the district by NRHM. ASHA coordinator is also designated as the district nodal officer for "Home delivery of contraceptives by ASHA" scheme. A state level "Review-cum-Orientation workshop of district ASHA coordinators and GKS coordinators" was organized to review the progress of the scheme under chairmanship of DFW. Senior officials of the directorate of FW and NRHM were present in the workshop. 42 participants from all 30 districts participated in the workshop. This provided an opportunity to both the senior officials of directorate of family welfare and the program managers from the districts to interact, identify issues and suggestions to resolve them

ASHA and GKS coordinators from different districts

Activity 03: Ensuring Improved Logistics and Supply system for family planning (Reproductive Health Commodity Security including MH and CH):

A robust logistics system is crucial for spacing methods in family planning to ensure that the right goods, in the right quantities, in the right condition, are delivered to the right place, at the right time, for the right cost But the demand based planning and supply of contraceptive was missing in the state. There were overstocks or frequent stock out at Block, PHC and sub centre level Staff at various levels, because of lack in skills on demand forecasting and inventory management of the contraceptive supplies. The stores were overcrowded, unorganized and lacked proper conditions for storage of contraceptives. Above all, the monitoring of the supply chain for contraceptives was almost missing.

Block level training on RHCLMIS in Rayagada district

In order to address the bottlenecks in the logistics and supply chain, the SFW Cell worked towards streamlining the logistics and supply system with regular technical support from UNFPA. An innovative Logistics Management Information System (C-LMIS) was developed, which was aimed to address supply chain issues through short service messages (SMS) using mobile phones. This system was to help in tracking the entire family planning supply chain, preventing break down of supplies for contraceptives, making process of indenting and forecasting easier which can be tracked at different levels and for ensuring availability of accurate, timely and appropriate data for decision making. C-LMIS was launched by the honourable Chief Minister on the World Population Day 2011 drawing attention at the policy level. After the review of C-LMIS, it was decided by Govt. of Odisha that the existing CLMIS can be upgraded with inclusion of Maternal Health and Child Health drugs along with the Family Planning commodities. UNFPA was requested to upgrade the soft ware. The list of MH and CH drugs was finalized by a state level technical committee for incorporation into the C-LMIS. The software is renamed as Reproductive Health Commodities Logistic Management System (RHCLMIS). The software has been upgraded and the trainings are being rolled out in the 10 identified districts (Angul, Dhenkanal, Koraput, Bolangir, Rayagada, Kandhamal, Ganjam, Boudh, Nayagarh and Keonjhar). 4,424 health personnel comprising of store pharmacists of district, and sub district health institutions, LHVs, ANMs, Addl. ANMs of all sub centers and post partum centers were trained on RHCLMIS.

Efforts continued to ensure availability of family planning supplies (both free & home delivery by ASHA supplies) from MOHFW and to avoid break down in supplies in the field. With the available stock, demand based distribution is being ensured to the district and block level institutions. Regular follow up with MOHFW and coordination with district functionaries continued during 2012 for supply of contraceptives both free supply and supplies under "Home Delivery of Contraceptives by ASHA" scheme. To address the immediate need, SFW cell coordinated with State AIDS Cell and 10, 00,000 pieces of CC were procured on loan basis for distribution in 12 non RCH high focus districts. Similarly, unused laparoscope machines were tracked, brought back to the directorate and redistributed to other districts where there was a need.

With constant efforts and training of stores personnel and logistic assistants (under NRHM), the PRO - MIS is being made functional and supply of contraceptives are updated in all 30 districts. PRO - MIS of MOHFW provides information only up to the district level and will be used until RHCLMIS is fully operational and expanded to 30 districts of the state.

ToT on RHCLMIS

A state level ToT on RHCLMIS was organized for the 32 District Vaccine Logistics Managers to create a pool of resource persons available at the district level to provide handholding support to district; block and sub block level store personnel including ANMs in managing the family planning supplies through RHCLMIS.

State level review meeting for the district level Store Personnel

Review of District level Store Personnel

For the first time, a review meeting was organized

for the district level store personnel of 30 districts to review and discuss the bottlenecks in managing the family planning logistics and supply chain in their respective districts. 49 participants including Store Medical Officer, Asst. District Medical Officer (FW), Store Pharmacist and the Logistics Assistant of the District Central Warehouses were participated in the meeting. Issues related to supply chain was reviewed and suggestions were provided to address them by the senior officials of directorate of FW.

Activity 5: Promoting Post-Partum (PP) and Post Abortion (PA) family Planning Counseling and services

After the introduction of JSY scheme, there is a substantial increase in institutional delivery in the state. This has provided opportunities for counseling the post partum mothers on various family planning methods. Keeping this in view, the state emphasizes post partum contraception under the state family planning program. A three day capacity building workshop on post partum contraception, family planning counseling, youth fertility and reproductive rights was organized for Staff nurses, LHVs of high delivery load institutions and Yashoda coordinators posted under NIPI program. 45 staff nurses and 13 Yasoda coordinators attended the workshop. State level resource persons facilitated the workshop.

Review workshops and refresher trainings were also organized at regional levels. A flex board depicting various methods of post partum contraception was developed and supplied to all L3 institutions of the state for display at the labor room. During the year, the SFW cell regularly monitored the post partum contraception performance and regular feed backs were given to the districts and Directorate of FW. As a result, there has been a steady rise in post partum contraceptive acceptance in the state. The SFW Cell also coordinated with SIHFW to roll out

Year	% of PP sterilization	No of cases
2010-11	3.09	4539
2011-12	4.01	5606
2012-13	5.98	4192 As of second quarter

Activity 06: Strengthening and activating monitoring mechanism including Quality Assurance:

Review meeting of district health administrators to track progress against plan.

Steps were taken to institutionalize monitoring mechanism at state and district level. Regular meetings of ADMO (FW) and district program managers were held under chairmanship of Director, family welfare to track the progress of family planning activities against plan during the reporting period. During 2012, efforts were made to further strengthen monitoring processes with quality intervention. Two biannual review workshops were organized under the chairmanship of director, family welfare to review the family planning performance. CDMO/ADMO (FW)s and DPMs of all 30 districts attended the workshop. District wise review was conducted by the DFW with emphasis on services, FDS and quality. Bottlenecks were identified and suggestions provided to address the gaps. Poor performing districts were called for desk review by the DFW and issues were taken up for improved family planning performance. In addition to the meetings and workshops, field visits were undertaken to monitor the performance, quality issues and FDS operationalisation. As a result, structured district level family planning reviews with analysis of HMIS are now taking place and family planning performance is improving in the state.

Capacity building of key functionaries of the demographic and statistics cell of the Directorate of FW and district family welfare bureaus to review concurrent monitoring activities

Data validation team member interacting with a beneficiary

An orientation of demography unit was organized on issues pertaining to data collection, data uploading, data coverage and administrative aspects. Guidelines on validation of HMIS data and the new laid down procedures indicating the role of each stakeholder starting from the sub centre level to the district level were discussed. In order to improve data quality particularly for spacing methods, the SFW Cell initiated the "data validation" exercise through the demography unit under Directorate of family welfare. Data validation exercise was taken up in Jagatsinghpur, Bolangir, Rayagada, Sundargarh, Nayagarh, Kondhamal and Subranpur district. Formats and check lists were developed and approved by DFW. The data validation team from demography and statistics cell of directorate of family welfare visited villages, sub centers, PHCs, CHCs to validate the reported family planning data (for the reference period 1st April 2011- 31st March 2012). The validation reports revealed mismatch between the reported coverage and validated coverage except the sterilization cases in an average of 12-20%. The reports were shared with the districts and DFW for programmatic intervention.

Mini lap operation at DHH, Nuapada

Orientation of QAC members

District Quality Assurance Committee (QAC) mandated to monitor quality of FP services, were confined to meetings and settling of insurance claims. SFW Cell took initiatives and sensitized district QAC members in 11 districts (Boudh, Angul, Kandhamal, Kendrapara, Puri, Gajapati, Nabarangpur, Malkanagir, Nuapada, Subranpur and Baleswar) and is regularly following -up. Facilities were audited in the presence of district QAC members and emphasis was laid on client exit interviews. Presently 16 districts are sending quarterly reports. To ensure quality family planning service delivery, regular monitoring and field visits were under taken and feed backs provided for improving quality of sterilization services.

Hon'ble Health Minister Felicitating the best family planning performers during World Population Day-2012

Other Activities under taken during 2012:

1. Observation of World Population Day-2012 and "Stabilization Fortnight-2012

The platform of "World Population Day" was utilized to renew commitments and high light need for client centric services in family planning. During this quarter, the "World Population Day" was observed

in the state in presence of Honorable Health Minister.

The SFW Cell supported the Directorate of FW in planning the event. The SFW Cell had also made efforts to strengthen supervision and monitoring of family planning services during the population stabilization fortnight with orientation of state and district level nodal officers and through provision of monitoring check lists in addition to field visits. Feed backs were provided based on observations from the field with focus on improving quality of care and maintaining standards stipulated by MOHFW, Govt. of India.

The SFW Cell also provided continuous support in terms of issuing orders for mobilizing operating surgeons from one district to other, arranging laparoscopic instruments for the districts, managing family planning supplies, etc.

This resulted in encouraging family planning performance and the state was able to register significant achievement of the ELA given by Government of India. 33019 persons were operated for permanent methods and 37989 women given IUCD during the fortnight.

2. Support provided for the larger program delivery in family planning

i. Strengthening Directorate of family welfare:

During the year, the SFW Cell tried to bridge the gap in program planning, implementation and monitoring. The issues and concerns on family planning activities were identified and flagged. Suggestions were provided to address the issues. Efforts were made by providing techno-managerial support to the Family Welfare Directorate for institutionalizing effective coordination between the three directorates of health, the state Institute of Health & Family Welfare- responsible for training, Mission Directorate for Budget provision and Directorate of family Welfare for implementation of the Program. The SFW cell has not only supported the directorate in improving the performance in quantitative terms but also in quality parameters. This included promoting counseling in family planning for informed choices, quality assurance; reproductive rights, addressing needs of young and newly married, promoting fixed day services, working towards ensuring contraceptive security.

ii. Participated in the monthly MCH Review meeting and CDMO conferences chaired by Health Secretary. District wise progress in family planning performance, issues and constraints in family planning service delivery were presented in these review meetings.

iii. Regular follow up with State Institute of Health & Family Welfare (SIHFW), for expediting family planning trainings at the district level.

iv. Coordinated with State Drug Management Unit / Sate Equipment Maintenance Unit, NRHM and District Family Welfare Bureaus for procurement of Laparoscopic instruments. Coordinated efforts with State Equipment Management Unit resulted in repair and re-distribution of laparoscope machines which were lying unutilized in the districts.

CHAPTER EIGHT

RASHTRIYA SWASTHYA BIMA YOJANA (RSBY)

Introduction: Health Insurance for the Poor:

For people living below poverty line, an illness not only represents a permanent threat to their income earning capacity, in many cases it could result in the family falling into a debt trap. When the need to get the treatment arises for poor families they often ignore it because of lack of resources, fearing wage loss, or wait till the last moment when it's too late. Even if they do decide to get the desired health care it consumes their savings, forces them to sell their assets and property or cut other important spending like children's education. Alternatively they have to take on huge debts. Ignoring the treatment may lead to unnecessary suffering and death while selling property or taking debts may end a family's hope of ever escaping poverty.

These tragic outcomes can be avoided through a health insurance which shares the risk of a major health shock across many households by pooling them together. A well designed and implemented health insurance may both increase access to healthcare and may even improve its quality over time.

Objective & Coverage of RSBY:

RSBY has been launched by Ministry of Labour and Employment, Government of India to provide health insurance coverage for Below Poverty Line (BPL) families. The objective of RSBY is to provide protection to BPL households from financial liabilities arising out of health shocks that involve hospitalization. Beneficiaries under RSBY are entitled to hospitalization coverage up to Rs. 30,000/- for most of the diseases that require hospitalization. Government has even fixed the package rates for the hospitals for a large number of interventions. Pre-existing conditions are covered from day one and there is no age limit. Coverage extends to five members of the family which includes the head of household, spouse and up to three dependents. Beneficiaries need to pay only Rs. 30/- as registration fee while Central and State Government pays the premium to the insurer selected by the State Government on the basis of a competitive bidding.

A view of ASHA Worker (also designated as AFKO) handed over the RSBY Smart Card to beneficiary at the enrollment station.

Activities undertaken during 2011-12 onwards by NRHM, Odisha:

The following IEC/BCC activities has been carried out at the district and block level across the state.

RSBY Hospital Signage Design

1. **Leaflet distribution at each sector:**

A prototype of RSBY leaflet design, hospital signage (to be placed at each RSBY helpdesk) and RSBY hoarding design was developed at the state level by CoE, SIH&FW, Bhubaneswar, Odisha and instructions given to all 30 district officials to print it at their level and to distribute it at all sectors.

(A view of RSBY Helpdesk at DHH, Balasore)

A view of GRAMSAT discussion with the district officials (from left to right Deputy Labour Commissioner (Hqrs.), AVP, ICICI Lombard GIC Ltd, Consultant-cum-Depty. Nodal Officer, RSBY, O/o-DHS (O), State Nodal Officer – RSBY, Health & FW Dept., Labour Commissioner, Odisha, and Director, SIH&FW, Odisha)

Photographs of Folk Show at block level

2. **Organising Video Conferences through GRAMSAT:**

In order to discuss various issues with the districts on RSBY implementation regular video conferences were organized by H&FW dept. in coordination with Labour Dept..

3. **Folk media shows at each block:**

Folk Media Show on RSBY @ 2 show per block level was organized to generate awareness on RSBY.

4. **Sensitization workshop at each sector for ASHAs, GKS members, WSHGs and PRI members:**

Photographs of Sensitization Workshop

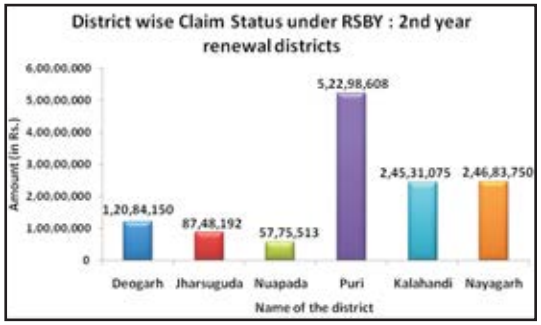
5. **Training of Trainers (ToT) on implementation and technicalities of RSBY to District level officials.** The training of trainers (ToT) on implementation, technicalities and various processes of RSBY has been organized to ground the scheme in an effective and proper way. The participants for this ToT were CDMOs, ADMOs, MO I/Cs, DPM and Hospital Managers.

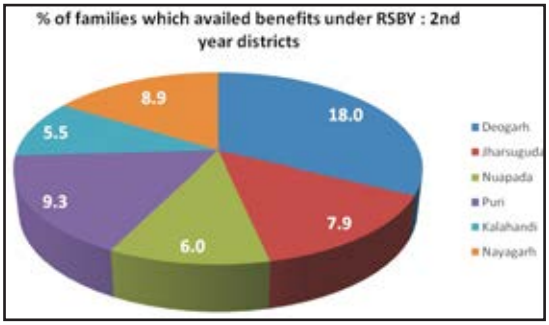
State Level ToT on Implementation of RSBY

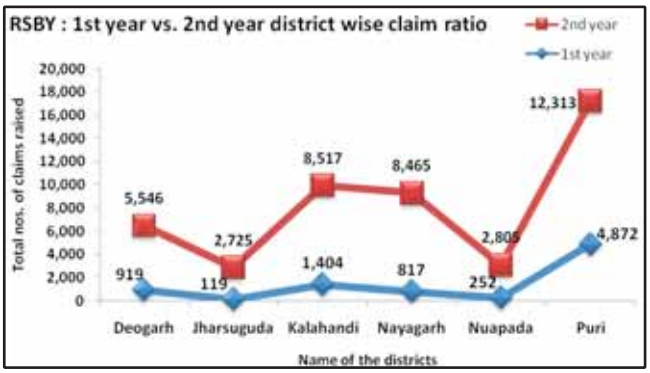
District wise Claim Status:

RSBY : 2nd year renewal districts

Sl. No.	Name of the District	Total BPL families	Total Nos. of families enrolled	Total No. claims raised	% of families benefited	Total Claim Amount (in Rs.)
1	Deogarh	64,004	30,843	5,546	18.0	1,20,84,150
2	Jharsuguda	70,558	34,280	2,725	7.9	87,48,192
3	Nuapada	1,17,647	47,007	2,805	6.0	57,75,513
4	Puri	2,49,721	1,31,966	12,313	9.3	5,22,98,608
5	Kalahandi	2,58,733	1,55,512	8,517	5.5	2,45,31,075
6	Nayagarh	2,00,051	94,622	8,465	8.9	2,46,83,750
	Total	**9,60,714**	**4,94,230**	**40,371**	**8.2**	**12,81,21,288**

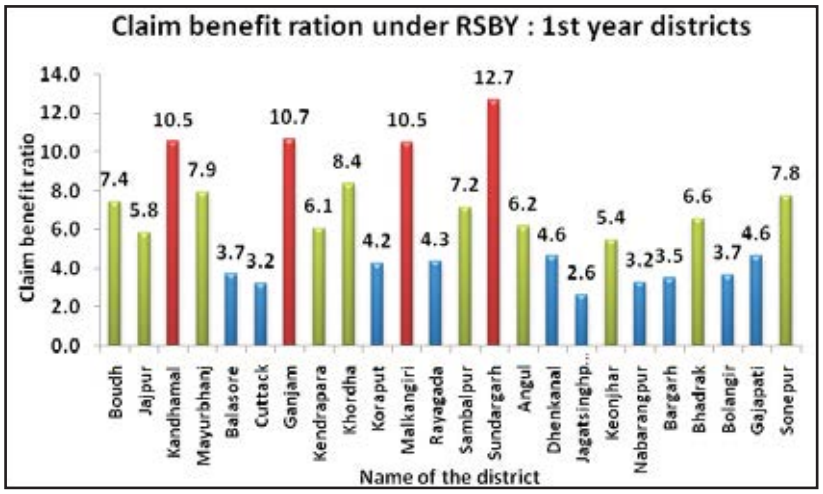




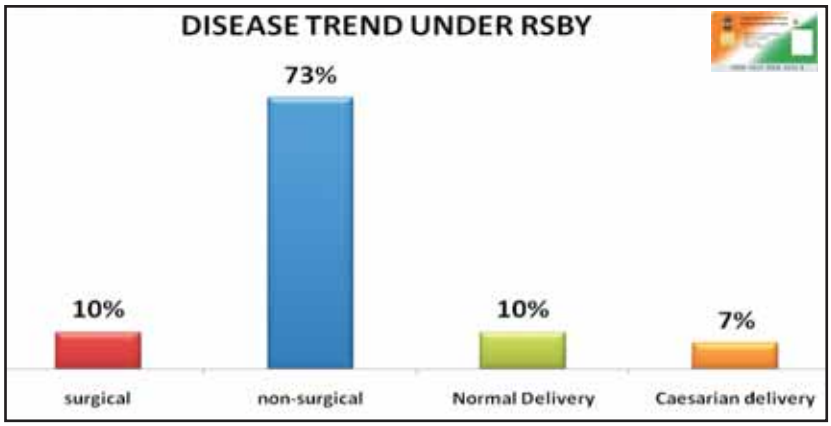


RSBY : 1st year districts

Sl. No.	Name of the District	Total BPL families	Total Nos. of families enrolled	Total No. claims raised	% of families benefited	Total Claim Amount (in Rs.)
1	Sundargarh	2,17,159	1,51,159	19,168	12.7	4,12,12,600
2	Ganjam	3,49,436	2,19,421	23,387	10.7	8,90,89,475
3	Kandhamal	1,18,958	83,420	8,768	10.5	1,51,79,075
4	Malkangiri	1,17,738	88,125	9,249	10.5	2,22,65,125
5	Khordha	2,08,965	1,28,313	10,724	8.4	7,54,97,900
6	Mayurbhanj	3,80,109	2,68,827	21,281	7.9	3,41,99,775
7	Sonepur	86,203	58,982	4,579	7.8	1,58,93,625
8	Boudh	71,006	52,351	3,885	7.4	92,49,092
9	Sambalpur	1,48,835	83,894	6,008	7.2	2,11,71,425
10	Bhadrak	1,51,918	1,07,790	7,063	6.6	3,50,44,025
11	Angul	1,29,600	1,03,469	6,393	6.2	1,40,64,975
12	Kendrapara	1,41,002	1,03,600	6,274	6.1	1,96,78,375
13	Jajpur	1,79,224	1,30,299	7,581	5.8	1,62,21,650
14	Keonjhar	2,39,910	1,75,406	9,530	5.4	2,61,53,700
15	Gajapati	74,128	48,229	2,234	4.6	94,07,525
16	Dhenkanal	1,43,902	1,12,468	5,181	4.6	1,66,13,375
17	Rayagada	1,44,013	1,00,862	4,373	4.3	1,05,48,800
18	Koraput	2,44,563	1,47,613	6,241	4.2	1,47,87,200
19	Balasore	2,61,459	1,57,691	5,799	3.7	1,83,94,200
20	Bolangir	2,19,540	1,65,080	6,044	3.7	2,01,66,142
21	Bargarh	1,88,333	1,27,138	4,403	3.5	2,10,07,220
22	Nabarangpur	1,31,020	89,518	2,908	3.2	72,40,300
23	Cuttack	2,26,399	1,35,963	4,336	3.2	1,76,12,250
24	Jagatsinghpur	88,011	58,329	1,533	2.6	78,90,600
	Total	**42,61,431**	**28,97,947**	**1,86,942**	**6.5**	**57,85,88,429**

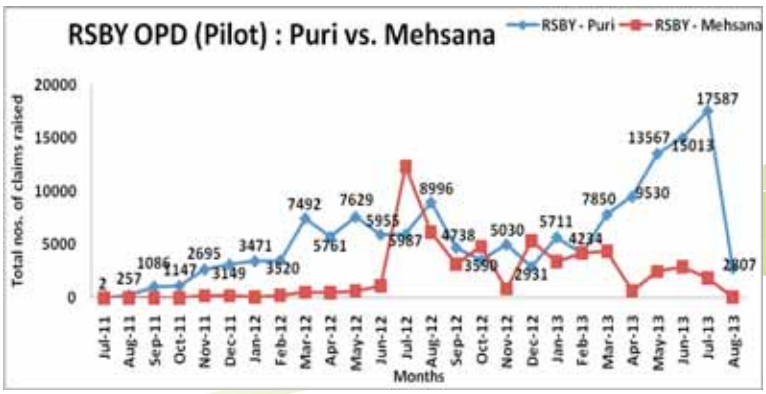


Major ailments covered under RSBY:



Outpatient care (OPD) complementing RSBY- A Pilot project in Puri district only.

There is no outpatient component in the present RSBY structure. RSBY is experimenting new mechanisms to provide outpatient health care to complement the existing RSBY which will be in conjunction with its present inpatient insurance scheme. The first experiment is being conducted with the support of ICICI Foundation for Inclusive Growth (ICICI Foundation) through premium financing with grant from the International Labour Organisation (ILO) in Puri district. ICICI Lombard General Insurance Company which is implementing the RSBY inpatient scheme will test, design and rollout the outpatient pilot project in Puri. The outpatient software will use the same smart card platform which is being used for the inpatient scheme & use the same processes as the inpatient insurance for beneficiary enrolment, transactions and monitoring (with modifications to existing software and installation of hardware in outpatient facilities).



The outpatient pilot project is aimed to develop mechanism to address frequently occurring out of pocket expenditure. The outpatient insurance product will cover up to 10 outpatient visits by a family in empanelled outpatient clinics (public and private) per year per family. Each visit is Rs. 50 which includes consultation as well as medicines for the patient. The patient can come for follow up to the hospital within seven days should there be any requirement. The same patient is eligible for a new visit only after 7 days of the previous visit. In this scheme, 14 public hospitals and 30 private clinics participated in order to provide services. The detailed treatment figures are as follows:

Name of the district	No. of patients benefitted	Male	Female	Children <5 Yrs	Total Claim Amount (in Rs.)
PURI	1,43,112	7,728,0	60,107	5,724	98,02,700

RSBY OPD - Disease Pattern

Sl. No.	Major symptoms for which consultation with Doctor sought	No. of cases
1	Abdominal Pain	7,685
2	Ailments related to Bleeding	22,760
3	Cough	6,532
4	Discomfort	2,453
5	Distension	13,444
6	Fever	24,536
7	Inflammation	6,870
8	Other (Symptoms not listed in the software)	32,130
9	Pain	15,789
10	Weakness	10,913
	Grand Total:	**1,43,112**

Consultant-cum-Deputy Nodal Officer, Health & FW Dept., Govt. of Odisha receiving award from the Hon'ble Union Minister of State, Ministry of Labour & Employment, Govt. of India.

The services rendered by NRHM, Dept. of Health & Family Welfare in implementing RSBY in Odisha were recognized by the Ministry of Labour & Employment, Govt. of India. For this, NRHM has been awarded for excellent performance in implementing the scheme though public hospitals, last year during National Workshop on RSBY at Puri, Odisha.

CHAPTER NINE

TRAINING

Introduction:

To ensure quality health care services at institution level (L1, L2 & L3) training need is continuously increasing in Odisha. Skill up-gradation is the call of the day and keeping in view the requirement of L1, L2 and L3 institutions and the shortage of health personnel of the State, the paradigm of training has been shifted from capacity building to functionalisation of health institution through skill building and multi skilling. Skill building training like SBA, BEmOC, RTI/STI, multi skilling of LTs and different FP trainings ensure functionalisation of L2 and L1 institutions. Multi skilling of MBBS doctors on Life Saving Anaesthetic Skills-LSAS, Emergency obstetric Care- EmOC, Blood Storage management training are functionalising L3 institutions of the State. Skill building trainings and proper utilisation of skills improves the quality of health services. The quality health services reduce the IMR, MMR and TFR of the State in specific and the country as a whole

Major Objectives

- To strengthen the State, regional and District Training Institutes to deliver quality trainings for the State.
- To improve the skills of Service Providers and to enable them to provide high quality services at grass-root level.
- To improve the quality of services provided at L1, L2 and L3 healthcare facilities and to ensure their optimal utilization
- To develop management skills of specialized staff towards efficient and effective management of public health programmes.
- To strengthen the service delivery mechanism through multiskilling of health personnel at FRU and 24x7 Institutions in the State.

Major training of the year 2012-13:

As approved in PIP FY-2012-13 NRHM, Department of Health & Family Welfare has implemented training on Maternal Health, Child Health, Family Planning, Adolescent Health, School Health, Immunisation and Multi Skilling training, ASHA Training, Management training at different levels to achieve the MDG-5 goal. Major training programmes during 2012-13 are as follows:

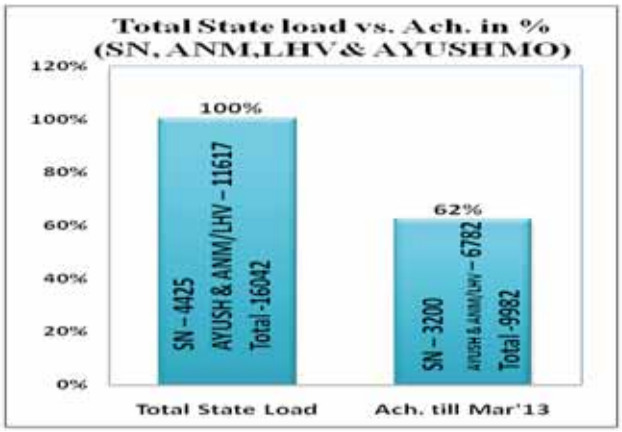
Trainees in ANC Session

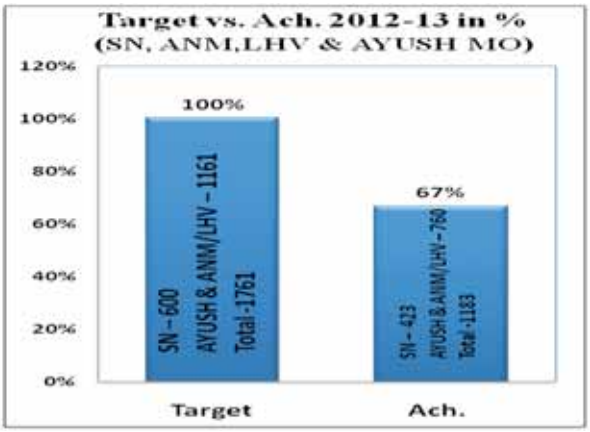
Skill Attendant at Birth (SAB):

Odisha is one of the States in the country to organize 21 days SBA training for AYUSH Doctors (MOs) along with SNs, ANMs and LHVs of the State to enhance their capacity. It has been implemented since 2007 by the Department of H & FW, Govt of Odisha to reduce the Maternal Mortality Ratio (MMR) and Infant Mortality Rate (IMR) to a larger extent. Out of total load of 1761 paramedical staff

(ANM, LHV, SNs) including AYUSH doctors of FY-2012-13, total 423 Staff Nurses, 674 ANMs & LHVs and 86 AYUSH doctors have been trained During FY' 2012-13.

Keeping in view the need of better utilization of SBA skills at L1, L2 and L3 institutions, 3 days refresher training has been conducted for ANM and SNs at selected District HQ hospital. Total 435 SN and ANM have been trained in Refresher training on SBA.





It is mentionable that Mrs. Padmabati Meher, ANM, Ghasian, Jogimunda, Bolangir has been awarded at National level on Safe Motherhood Day- 11th April 2013 due to her outstanding performance after SAB training by MoHFW, Govt of India and Dept. of Health and Family Welfare, Govt of Odisha.

BEmOC (Basic Emergency Obstetric Care)

BEmOC Training of Trainers (ToT) has been organized at State and National level by Liver Pool School of Tropical Medicine(LSTM) UK. Odisha is the 1st State in the country to implement 10 days BEmOC training for MBBS Doctors of L1, L2 and L3 institution. Presently, Department of OG . of 3 Govt. Medical Colleges are functioning as BEmOC training venue. Out of total approved target of 450 MBBS doctors for 10 days BEmOC training, during 2012-13, total 218 MBBS doctors have been trained during FY'12-13.

EmOC (Emergency Obstetric Care)

The multi skilling training has been conducted at three Govt. Medical college Hospitals for MBBS Doctors, who are conducting CS at functional FRUs. Total 38 MBBS doctors have been trained and joined at L3 institutions to provide EmOC services. Dr. Mahija Sahoo, SCB MCH, Cuttack has been awarded as best master trainer of EmOC training at National level during 2012-13.

LSAS (Life Saving Anaesthetic Skills) training:

SAS training is conducted at Dept. of Anaesthesiology, in 3 Govt. Medical colleges and it has been initiated since October 2007. It is 18 weeks hands on training programme for MBBS doctors to provide spinal anaesthesia for EmOC cases at functional FRUs. During FY-12-13, total 23 doctors have been trained against the target of 18 only. Till March 2013, 127 doctors have been trained in LSAS training. Dr. Ramesh Ch. Samantray, Prof. Anaestheisiology, SCB MCH, Cuttack has been awarded as best master trainer of the State in LSAS training at National level .

Navjat Sishu Surakshya Karyakram :

Training on Navjat Sishu Surakshya Karyakram (NSSK) has been conducted by NRHM under H&FW Deptt. to ensure skill based newborn care at birth and resuscitation. During FY 2012-13, total 1040 medical and paramedical personnel (O&G Spl. and Pediatrician, SNs, ANMs and LHVs of L1, L2, L3 institutions) from 30 districts have been trained against 1264 targeted and most of the trained personnel are posted at the labour room to conduct delivery & neonatal resuscitation, using bags & mask to ensure prevention of hypothermia and identification of danger signs and it's management.

IMNCI (Intigrated Management of Neonatal & Childhood Illness)Training

The duration of the training is eight days and conducted for ANMs, AYUSH MOs and AWWs in 20 IMNCI districts. It is a convergence training programme with WCD. During FY-12-13, 5304 persons (ANMs, AYUSH MO, AWWs) have been trained in 20 IMNCI districts.

BSU (Block Storage Unit)

Increasing trend is observed in BSU training. In Odisha, total 145 FRUs to be functional. Out of 145 FRUs, 54 Blood Banks are available in 54 FRUs. So, total requirement of BSU training is only 271 MOs and LTs. Till Mar'13, total 293 MOs and LTs have been trained from selected FRUs. Additional MOs and LTs have been trained to address the issue of transfer and retirement. NRHM, Deptt. of H& FW ,Government of Odisha has taken initiation to operationalise BSU at 145 FRUs. The main objective of BSU is to ensure blood at the time of CS at FRUs.

ARSH (Adolescent Reproductive Sexual Health)

In ARSH Training, 27890 Basic Health Workers (BHWs) have been trained on ARSH during FY-12-13. The objective of ARSH training is to educate the adolescent boys and girls (10-19 years age group) on ARSH issues and to functionalise adolescent Friendly Health Clinic(AFHC) for treatment of RTI & STI.

Family Planning Training

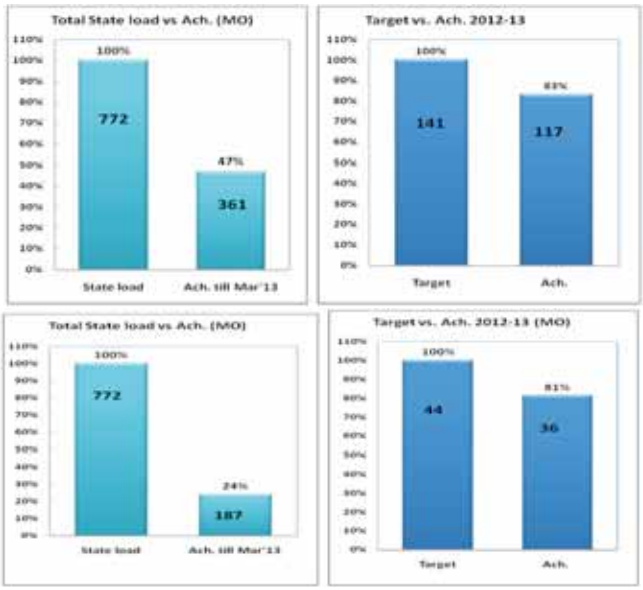
Family planning training in Odisha has made significant progress with support from SIH &FW, Dept. of Health & Family Welfare, and Govt. of Odisha. Improved & qualitative family planning service coverage was acknowledged and appreciated due to conducting different family planning training programmes at State, District and Sub district level. The major training programmes are as follows.

Minilap Training

It is a twelve working days training for Assistant Surgeon posted at L2 & L3 institutions. During FY: 12-13 total 117 Medical Officers have been trained.

NSV (Non Scalpel Vasectomy) Training

It is a five working days Training for Medical Officers. Total 36 M.Os have been trained against total annual target of 44 M.Os during the year 2013-14.

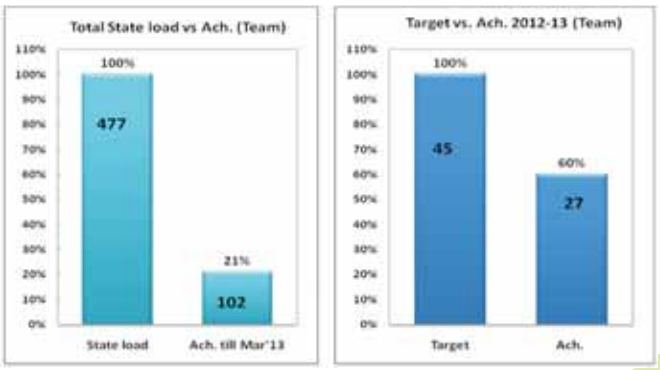


IUCD (Intrauterine Contraceptive Device) Training

Through IUCD training during 2012-13, the acceptance of IUCD has been improved among eligible couples. The duration of the training is 6 days and organized at district and block level for M.Os, SNs, ANMs & LHVs. During 2012-13, total 1298 MOs, SNs and ANMs, LHVs have been trained in IUCD training.

Laparoscopic Sterilization Training

It is a twelve working days training for 3 team members (MO, OT-SN and OT Attendant) organized at state and Regional level. Total 27 MOs, SNs and Attendants have been trained during the year 2012-13.



Innovations in Training

Indemnity Bond

National Rural Health Mission (NRHM), Odisha has initiated professional indemnity bond for 175 LSAS and EmOC trained doctors who are providing CS services at designated FRUs. The MoU is being signed between Director, Health Services and the Oriental Insurance Company Ltd. Total yearly premium (including service tax) of Rs.4,96,631 for 175 LSAS and EmOC trained doctors. The insurance company is liable to pay total Rs. 60 lakh per year to the patient and the trained doctors due to death, treatment and legal expenses as per the terms and condition of MOU.

Training Bond for LSAS training:

Training bond for LSAS trainee doctors has been introduced to ensure the quality of training. The agreement has been made between "Director of Health Services, Department of Health & Family Welfare, Govt. of Odisha" and the "Trainee LSAS doctor". As per the agreement the trained doctor in LSAS is bound to provide at least 5 years of service in the designated FRUs after completion of the Training under Health & Family Welfare Department, Govt. of Odisha.

Performance Incentives for LSAS & EmOC Trained Doctors

The EmOC & LSAS trained doctors are posted at FRUs as per Govt Order or deputed to provide EmOC services. The LSAS trained doctors are administering spinal anaesthesia for CS cases and EmOC trained doctors are conducting CS, assisted delivery or instrumental delivery at designated FRUs. As per the approved provision of performance incentives the LSAS and EmOC trained doctors are eligible to get up to Rs.8000/-per month at FRU level below sub-District level. In case of DHH and Sub-District FRU the trained doctors may earn up to Rs. 5,500 per month as performance incentive.

Replication of 2days BEmOC Training in 30 districts (LSTM)

Keeping in view the importance and application of BEmOC skills at Delivery points, NRHM, Dept of H & FW, and Govt. of Odisha has organized 2days manaequin based (LSTM UK Module) BEmOC training for all 711 delivery points. During the year 2012-13, 296 MBBS doctors have been trained in 2 days BEmOC Training from functional DP points on priority. It is observed that the utilization of BEmOC skills at L2 institutions is very effective in terms of timely referral, breach delivery and management of shoulder dystocia.

Physical Achievement, 2012-13

Sl. No	Name of the Training Programme	Target and Achievement 2012-13 (April'12 to Mar'13)		
		Target in persons	Achievement in persons	%
A	**Maternal health Training**			
a)	**SBA training**			
1	State Level TOT on SBA	40	19	48
2	21 days hands on Training for SN	600	423	71
3	21 days hands on Training for ANM & LHV	1000	674	67
4	21 days hands on Training for AYUSH Doctors	161	86	53
	BEmOC			
1	10 Days BEmOC training of Specialist, for L2&L1	300	218	73
b)	**Multi skilling Training**			
1	Refresher Training of Trained MOs on EmOC for 2 weeks	20	3	15
2	LSAS training for MBBS doctors	18	23	128
3	Refresher Training of Trained MOs on LSAS for 4 weeks at selected MCH.	40	6	15
	BSU			
1	Blood Storage mgt. training for MOs & LT	30	42	140

B	**Training on Child health**			
a.	SNCU training : Observership training for SNCU staff at National level	156	42	27
1	FBNC training for MOs and SNs of SNCU -I & II	624	144	23
b.	**IMNCI Training**			
1	District BHW Training on IMNCI	7296	5304	73
3	Dist level NSSK of MOs & SNs	1264	1040	82
4	F-IMNCI training	240	192	80
C	**ARSH Training**			
1	2 days TOT on ARSH for MOs/DM RCH at State Level (330 = 300 Mos+30 DM RCHs)	80	40	50
2	1 day Sensitisation on ARSH to BPMs at State Level (96)	90	30	33
3	1 day Sensitisation to representative MNGOs/ FNGOs/ PPP-NGOs on ARSH at State Level (200)	180	30	17
4	Two Days District Level ARSH training for medical officers	690	660	96
5	Two-Days ARSH training for AYUSH/ANMs / LHVs / SNs / ICTC Counselloer/STD Counseller at Block level	4025	3920	95
6	One Day ARSH training for AWWs/ HW (M) / MPHS at Block level	27580	23310	85
	Family Planning Training			
1	Minilap Training for MOs	141	117	83
2	NSV Training for MOs for 5 working days State Level (ToT)	20	16	80
3	NSV Training for MOs for 5 working days district Level	44	36	82
4	Laparoscopy Training for MOs, SNs & Attendant	45	27	60
5	District Level training on IUCD for MO, SN and ANM/LHV	1490	1298	87

CHAPTER TEN

SCHOOL HEALTH PROGRAMME

Background

School Health Programme, implemented through National Rural Health Mission under Health & Family Welfare Dept., is the largest public sector programme, focused on school going children. Its main objective is to address the health needs (both physical and mental) of children. It intends to cover around 64 lakhs students from 59010 Government and Govt. aided schools across the State to provide comprehensive (Preventive, Promotive & curative) health care service.

Objective

1. To improve scope for early & complete treatment of diseased school children.
2. To improve coverage of immunisation against vaccine preventable diseases among school going children.
3. To decrease the incidence of malnutrition among school children.
4. To create an environment where most preventable disease can be prevented.
5. Improved knowledge on health & hygiene resulting in imbibe the habit- "Health is wealth"
6. Children to act as agents of change in the family & community

Approaches

The Residential & Non residential schools are covered in two distinct approaches i.e. Intensive & Extensive School Health Programme. The former type is visited fortnightly by the MHU team/AYUSH doctors where as the later is being visited by the Screening team (HW -F &M and ASHA)of concerned Sub-Centre.

Activities undertaken

A) Intensive School Health Programme

Screening & Health care Services

1. No of schools covered : 2070
2. No of students screened : 354718
3. No of students given spot treatment : 153465
4. No of students referred : 28748

B) Extensive School Health Programme

Screening & Health care services:

Sl. No.	Activity	1st round	2nd round
1	No of schools covered	50366	43957
2	No of students screened	4768278	3417611
3	No of students given spot treatment	1219995	869610
4	No of students referred	78076	90025

C) Health Promotional Activities:

1.	No of schools given untied fund	:	2070
2.	No of schools having first aid box	:	2070
3.	No of schools having height & weight measurement Machine	:	2070
4.	No of schools having School Health card	:	2070
5.	No of students given IFA tablet	:	542956
6.	No of students given De-worming tablet	:	1688325
7.	No of students given spectacles (NPCB)	:	17736

D) Health Awareness Activities:

1.	Awareness Campaign on 'Prevention of Malaria and Diarrhoea'	:	2070
2.	Health information Board	:	1310

MHU Team Visit to residential schools in Sambalpur District

Medical Service to School Children through Swasthya Mela in Balasore district

IFA supplementation to adolescents Untied fund, at Baliapal AS, Jajpur

Water filter for safe drinking water, through at Kanyashram Junagarh, Kalahandi

BCC campaign at Gurandi UP School, Gajapati

Health Awareness programme at Satiguda, Malkangiri

Orientation to BRCC & CRCC, on SHP at Keonjhar

Training of School Health Coordinators at S.R.Chandrapur CHC, Gondia Block, Dhenkanal

CHAPTER ELEVEN

PUBLIC PRIVATE PARTNERSHIP PROGRAMMES

Introduction

Public Private Partnership (PPP) has remained one of the key strategies for ushering reforms in health sector in Odisha. Its major goal is to complement and supplement the health system by utilizing collaboration with private institutional partners.

Initiative has been taken by NRHM, Odisha to undertake different PPP projects to meet the growing need for health services in rural as well as urban areas. Through a transparent selection process, NGOs and Corporate Houses have been roped in as implementing partners in NRHM. It has resulted in providing better infrastructure, optimal utilisation of resources and service at an optimal cost, particularly in hard-to-reach areas. Moreover, it has boosted the morale of the existing service providers working in adverse areas.

Objectives

The major objectives of the PPP initiative are:

- To improve equity and accessibility of the poor and vulnerable sections to avail public health services.
- To upgrade quality of health services being provided by developing collaboration and cooperation between government and private agencies.
- To utilize the resources, experience and community rapport of the NGOs in delivering health services to the unreached and unserved population.
- To tap the resources of corporate houses in creating and bettering health infrastructure for the communities.
- To create conducive situation for bringing out and implementing innovations; and replicating effective models.
- To promote convergence effort among multiple stakeholders for establishing health practices.
- To improve health seeking behaviour of disadvantaged groups by creating awareness through grass-root level NGOs.

Ongoing Projects

The ongoing PPP projects under NRHM are:

1. Urban Slum Health Project
2. PHC(N) Management Project
3. Vulnerable Group Project
4. NGO Scheme for V4 Sub Centres
5. Arogya Plus (Mobile Health Unit) Project
6. Maternity Waiting Home Project (MAA GRUHA)

1. URBAN SLUM HEALTH PROJECT (USHP)

Objectives:

- ❖ To provide an integrated primary health care service delivery with emphasis on Maternal & Child Health services and communicable diseases in the urban areas of the State, particularly for urban poor living in slums and other vulnerable groups.
- ❖ To improve health status of the urban poor through increased coverage of key reproductive child health services, adoption of healthy behaviours and by responding to the unmet family planning needs.
- ❖ To undertake programs on health determinants (water, sanitation, hygiene & nutrition etc) for the benefit of the urban poor.
- ❖ Promote and strengthen the capacity of community for demand generation and to access services.

Services:

1. Curative Care- OPD and Referral
2. Preventive & Promotive Care-Outreach services including Health camps, Immunization, Family planning promotion, Life skill education and IEC/BCC activities
3. Community Participation- Formation of Slum/Ward Committees and Capacity building of SHGs/CBOs

Progress:

Name of the District	Name of the Urban Area	Name of the Partner NGO	Slum Covered	Population covered
Cuttack	Cuttack	Lions Club of Mahanadi	34	29000
		Madhusudan Matru Managal Kendra	19	27744
		CHANGE	29	19301
		NIAHRD	26	20370
		SAI	19	21059
		Utkal Sewak Samaj	17	20157
		Pragati Yuba Chakra	34	28541
		Suprativa	20	20000
Khurda	Bhubaneswar	My Heart	16	22205
		FPAI	17	21244
		Open Learning System	27	22897
		Orissa Voluntary Health Association	17	26320
		Bhairabi Club	42	26702
		Gopinath Juba Sangha	60	24367
		Nikhila Utkal Harijan Adivasi Seva Sangha	27	24463

		VIKASH	45	24020
		CARAM	24	24955
		Viswa Jeevan Seva Sangha	30	23614
		Ashirbad Health Care Centre	24	26097
Sundargarh	Rourkela	SEWAK	18	23002
		NISWAS	25	26080
		BSS	21	23879
Balasore	Balasore	Punaruthan Voluntary Organization	15	19417
		May I Help You	10	20025
Ganjam	Berhampur	Indian Redcross Society	16	25000
		CARD	40	25292
		Govinda Pradhan Smruti Sansad	20	26205
		Association for Rural Uplift and National Allegiance	28	25800
Sambalpur	Sambalpur	Adarsa Sisu Mandir	32	22875
		Aruna Institute of Rural Affairs	34	24649
Jagatsinghpur	Paradeep	IRDMS	8	21466
Jharsuguda	Brajarajanagar	LAVS	36	26678
	Jharsuguda	SEWA	32	21913
Mayurbhanj	Baripada	IMTS	35	24602
Puri	Puri	PENCODE	3	30000
		ISERD	7	22000
Keonjhar	Joda	Aruna Institute of Rural Affairs	15	23856

Outcome:

In the year 2012-13, the following figures have been achieved in 37 Urban Slum Health Projects.

- Patients treated at OPD: 355613
- Patients referred to higher health institutions having some complication: 8583
- Patients treated at outreach camps: 50833
- ANC support provided: 13408
- Support provided for Institutional Delivery : 10571
- PNC support provided: 10690
- Support provided for immunization: 12251
- Community bed nets impregnated: 180893
- Female sterilization (permanent): 124

2. PHC(N) MANAGEMENT PROJECT

Objectives:

- To engage NGOs/Corporate Houses to act on behalf of the Government health institution in effective planning and delivery of services in the PHC sector.

- To provide curative, preventive and promotive health services in hard-to-reach & inaccessible areas.
- To promote comprehensive client-centred integrated Public Health Communication strategy to bring about a change in knowledge, attitude, behavior and practices in the population through Community Health Partnership Programme.

Services:

1. OPD and IPD Services
2. Referral services to secondary health care centers.
3. Promotion of Institutional Delivery
4. Institutional Services for pregnant women-ANC and PNC
5. Immunization programmes
6. Family Planning services
7. Supplement to the other National Disease Control Programmes.
8. Participation in all the national health programmes
9. Outreach Services-Health Camp, RCH Mela, Focused Group Discussion (FGD)
10. IEC/BCC Activities
11. Innovative Practices

Progress:

District	Block	PHC(N)	NGOs/Corporate Houses
Dhenkanal	Parajang	Dadaraghati	NEW INDIA
	Kamakhyanagar	Sirimula	Social Organisation for Voluntary Action
Sundargarh	Subdega	Tangorgaon	Bharat Sevasharm Sangha
	Koida	Jharbeda	Juba Jyoti Jubak Sangha
	Lahunipara	Mahulpara	YAVARD
	Bonaigarh	Jangala	DAYA PARISAD
Balasore	Jaleswar	Paschimabad	Alternative for Rural Movement
	Soro	Bagudi	M/s. Seashore Health Care Pvt Ltd.
	Simulia	Jamujhadi	
	Jaleswar	Lakhannath	
Kalahandi	Th. Rampur	Nakrundi	Society for Eyecare & Voluntary Activities
	M. Rampur	Barbandha	Seva Jagat
	Jaipatna	Dhansuli	Indo National Socio Economic Research & Upliftment of Rural Poor
	Th. Rampur	Adri	Voluntary Health Association of India
Kendrapara	Rajnagar	Talchua	Gram Utthan
	Mahakalapara	Bati Ghara	Voluntary Association for Rural Reconstruction and Appropriate Technology
	Rajnagar	Dangamal	M/s. Seashore Health Care Pvt Ltd.
	Mahakalapara	RKT	

Nawrangpur	Jharigaon	Ichapur	Gram Vikash Sangathan
Ganjam	Patrapur	Baranga	Karuna Trust & Human Development Foundation
	Sorada	Goudagotha	
	Buguda	Manitara	
	Beguniapada	Rahada	
	Jagannath Prasad	Alasu	
	Polasara	Pandripara	
Mayurbhanj	Khunta	Gadigoan	Indian Management & Technical Society
Sonepur	Biramaharajpur	Harihar Jora	Juba Jyoti Jubak Sangha
Kandhamal	Tumudibandha	Lankagada	Karuna Trust & Human Development Foundation
	Tumudibandha	Sunagaon	
	Baliguda	Khamankhole	
	Baliguda	Sudra	
	Baliguda	Sindrigaon	
Koraput	Laxmipur	Keskapadi	Seashore Foundation Trust
	Bandhugan	Kumbhariput	
Keonjhar	Harichandanpur	Rebanapalaspal	Ramadevi Village Development Organisation
Malkangiri	Khairaput	Mudulipada	Gopabandhu Development Society
	Kudumuluguma	Janbai	Social Development Society
Cuttack	Narasinghpur	Ekdal	M/s. Seashore Health Care Pvt Ltd.
	Narasinghpur	Debabhumi	
	Athagarh	Jagiapada	

Outcome:

In the year 2012-13, the following figures have been achieved in 40 PHC(N) Management projects.

- ❖ Patients treated at OPD : 256706
- ❖ Patients treated at OPD (AYUSH) : 67722
- ❖ Patients treated IPD : 4149
- ❖ Institutional Delivery : 720
- ❖ Cases where ambulance support provided : 2356
- ❖ Malaria patients treated : 1559
- ❖ Diarrhoea and dehydration patients treated : 1565
- ❖ Permanent female sterilization : 76
- ❖ NSV cases : 75

3. VULNERABLE GROUP PROJECT

Objectives:

To improve the health and wellbeing on the vulnerable masses residing in hard-to-reach areas or in cut-off zones.

Services:

The focus is given on following key technical components and community mobilization initiatives.

- Maternal Health: ANC, PNC, Promotion of institutional delivery, referral transportation during the emergency, VHND, outreach camps, RTI/STI screening etc.
- Child Health: Immunization, Pustikar Diwas, facilitate in School health programme.
- Family Planning: Promotion of temporary and permanent FP methods, counseling etc.
- Adolescent & Sexual Reproductive Health: Formation of Balika Mandal, sensitization of life skill education, personal hygiene, deworming, IFA etc.
- Community Participation: Strengthening of ASHA & GKS activities, Facilitating preparation of GKS health plan, Development of kitchen garden, Observation of different designation days at community level, etc
- IEC/BCC: Mass IEC campaign and Wall Painting

Progress:

District	Operational area	Name of Vulnerable community	Name of NGOs
Malkangiri	K. Gumma block	Diday Community (PTG)	Parivartan
	Kalimela Block	Koya Community	Gopabandhu Development Society
	Khairput Block	Bonda Community	Gandhiji Seva Parisad
Kalahandi	Lanjigarh block	PTG Community	DAPTA
	Th. Rampur	PTG Community	VISION
	Lanjigarh block	Kutia Kandha Community (PTG)	Kutia Kandha Developpement Agency
Keonjhar	Bansapal block	Juanga Community (PTG)	Tribal Rural Devlopment Social Service
	Harichandanpur Block	Juanga Community (PTG)	WOSCA
	Telkoi Block	Juanga Community (PTG)	Ramadevi Village Development Organization
Gajapati	Gumma Block	Kandha, Lanjia Soura & Soura Tribe (PTG)	SURAKHYA
Kandhamal	Bilimal & Belgarh block	Kutia Community (PTG)	Seva Bharati
	Baliguda block	PTG Community	Shanti Maitree
	Tumudibandha block	PTG Community	Banabasi Seva Samiti
Bolangir	Gudvela block	Kandha & Hial Community (PTG)	RAJENDRA YUVAK SANGH,
Mayurbhanj	Karanjia Block	Santala Tribe	SAMBANDH
Nabarangapur	Chanahandi Block	Tribal Community	Gram Vikash Sanghathan
	Raigarh Block	Tribal Community	Rural Effort for All-round Development
Sundargarh	Lahunipara block	Paudi Bhuina Community	SEWAK
	Gurundia block	SC/ST Community	SEWAK

Dhenkanal	Kankadahad block	Juanga, Santala & Munda Community (PTG)	Arun Institute of Rural Affairs
Deogarh	Barkote block	SC/ST Community	JEETA
Boudh	Kantamala block	Tribal Community	SURABHI
Sambalpur	Chamankira block	SC Community	Adarsa Sishu Mandir
Puri	Krushnaprasad block	Fishermen Community	Indian Society for Rural Development
Balasore	Bhogarai block	Fisherman Community	Punaruthan Voluntary Organisation
Kendrapara	Mahakalapada & Ali block	Fishermen Community	Natures Club
Nayagarh	Daspalla block	SC/ST Community	Centre for Action Research and Training
Jharsuguda	Lakhanpur Block	Fisherman Community	LAVS

4. NGO SCHEME FOR V4 SUB CENTRES

Objectives:

- To complement and supplement the role of the government in quality health care delivery system.
- To address the unmet health needs in unserved and underserved areas.
- To build strong institutional capacity at the District & Block level.
- To address the gaps in information on health services in the project area.
- To advocate for the community to get health entitlements.

Coverage:

The programme is implemented in 182 Sub Centers in seven districts identified as V4 institutions.

Sl No	Name of the Districts	Total number of V4 SCs
1	Kalahandi	17
2	Kandhamal	14
3	Keonjhar	13
4	Koraput	64
5	Malkangiri	37
6	Rayagada	26
7	Sonepur	11
	Total	**182**

Services:

- Maternal Health
- Child health
- Family Planning
- Adolescent & Reproductive health
- Prevention & management of RTI/STI
- Strengthening community process

Progress:

The programme is operational in 7 districts by Field NGOs (FNGOs), coordinated by one District Coordinating NGO (DCNGO) in each district.

District	DCNGOs		FNGOs	Block
Koraput	MY HEART	1	PRASTUTEE	Bandhugaon
		2	ANKURAN	Bandhugaon
		3	NEED	Boipariguda
		4	GITA	Boipariguda & Lamtaput
		5	JAGRUTI	Nandpur
		6	HELP	Nandpur
		7	Grameen Vikash Trust	Borriguma
		8	EKTA	Dasamantpur
		9	IDS	Dasamantpur
		10	SHED	Dasamantpur
		11	WORD	Laxmipur
		12	Koraput Development Foundation	Kundra
Kandhamal	JAGRUTI	1	SWATI	Raikia
		2	BABP	Raikia
		3	READ	Daringbadi
		4	SAHANUBHUTI	Daringbadi
		5	PRDATA	Tumudibandh
		6	RESCUE	Tumudibandh
		7	SHANTI MAITREE	Kotagarh
		8	FARREL	Kotagarh &Tumudibandh
Malkangiri	PARIVARTAN	1	Social Development Society	Mathili
		2	PUSPAC	Khaiput
		3	Sishu O Mahila Kalyana Samiti	Korukonda
		4	ORRISSA	Malkangiri
		5	Utkal Minorities Weakers Section Development Society	Podia

		6	Gopabandhu Development Society	Kalimela
		7	Sihid Laxan Nayak Development Society	Kalimela
		8	Gandhiji Seva Parisad	Kudumuluguma
		9	Malkangiri Organisation for Development Education	Kudumuluguma
Kalahandi	Brundaban Sanskrutika Anusthan	1	ASHA	Jaipatna & Golamunda
		2	Mercy Foundation	Golamunda
		3	CARADA	Golamunda
		4	SEVA	Th. Rampur
		5	SANKALPA	Langigarh
Sonepur	Viswa Jeeban Seva Sangha	1	Juba Jyoti Jubak Sangha	Ullunda
		2	Center for Professional and Social Development	Ullunda
Rayagada	Action for Social and Human ACME (ASHA)	1	ALISHA	Rayagada
		2	SSSC	Rayagada
		3	JAGARAN	Chandrapur
		4	PREPARE	Kolnara
		5	ANKURAN	Kolnara & Rayagada
		6	CARAM	K. Singhpur & Rayagada
Keonjhar	AIRA	1	Tribal Rural Development Social Service Organisation	Bansapal
		2	Ramadevi Village Development Organisation	Telkoi
		3	Biswa Gyana Chetana Samaj	Harichandanpur
		4	Forum for Economic & Cultural Advancement	Joda

5. AROGYA PLUS (MHU PLUS) PROJECT

Objectives:

- ❖ To deliver a set of public health services in the inaccessible and naxalite-infected areas through Mobile Health Units (MHUs).
- ❖ To bring synergy between various health programmes and traditional MHU services.
- ❖ To ensure better delivery of health services by enhancing community ownership.

Services:

a) Scheduled movement of Mobile Health Units (MHUs) into villages to provide curative services as well as services like RCH, Family Planning and IEC/BCC.

b) Strengthening of Gaon Kalyan Samitis (GKSs)

c) Community Based Monitoring

Progress:

District	Block & Operational Area	NGO
Kandhamal	Kotagarh	Antodaya Chetana Mandal
	Kotagarh	PRDATA
	Tumudibandh	Seva Bharati
	Daringbadi	Jagruti
	Daringbadi	AMAGAM
	Raikia	Bana Durga Anchalik Bikash Parisad
Malkangiri	K. Gumma block (Panasput, Jodamba & Andrapally)	LEPRA Society
	K. Gumma block (Badapada, Paparmetla, Ralegada & Badapadar)	PARIVARTAN
	Motu, Pusugua & Malavaram of Podia block	Gopabandhu Development Society
	Badadural & madakapadar of Khairpur block	Tagore Society of Rural Development
	Kartanpalli, Kamarpali & Mahupudar of Mathili Block	Social Development Society
Gajapati	Mohana	SWSS
	Nuagarh	ORD
Dhenkanal	Kankadahada	New India
Sambalpur	Redhakhole (Rairakhole)	AIRA
Keonjhar	Banspal Block (Singhpur, Talakadakala, Nayakote, Kalanda)	PRAKALPA
Koraput	Bandhugaon	Seashore Foundation Trust
	Pattangi	Seashore Foundation Trust
	Narayanpatna	SHEED
	Lamtaput	GITA
Kalahandi	Lanjigarh	Maa Santoshi Jana Kalyan Foundation
Ganjam	Sorada	CARD

CHAPTER TWELVE

TRIBAL HEALTH

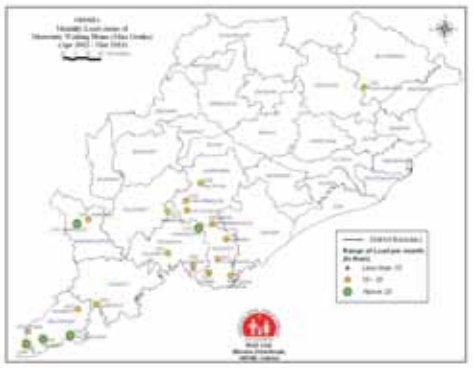
Introduction:

Tribal Health is intended to provide primary Health care services for the tribal's living in the remote and hard to reach tribal settlements. Health, hygiene sickness, diagnosis and disease - treatment comprises a vital role for human society at everywhere. In tribal Odisha not much has been done, it is always from the view point of modern medical science. A modern allopathic treatment presupposes certain conditions which go along with it and follow it too. Such conditions are almost totally non-existent in tribal societies. However, all tribal's like primitive or advanced; consider disease as pernicious and detrimental to normal life. Thus for the promotion of tribal health care facilities, some key activities has been undertaken in the tribal dominated district of Odisha e.g. Maternity Waiting Home and Tribal HealthCamp.

I. Maa Gruha: Maternity Waiting Home

It is a temporary home for the pregnant mothers where they can wait for a safe delivery during the final weeks of pregnancy. On onset of labour, they are to be shifted to nearby health facility having Be MOC facilities for delivery. This programme is running by different NGO in PPP mode. This activities has been implementing in the tribal hard to reach blocks like - Malkangiri, Gajapati, Kandhamal, Raygada, Nabarangpur, Koraput and Mayurbhanj districts of odisha.

Objective of MWH:



- To establish alternative support infrastructure for addressing communication problems in difficult tribal pockets for ensuring institutional delivery.
- To provide a setting where pregnant women of hard to reach area can be accommodated during the final weeks of pregnancy near a hospital with comprehensive obstetric and Newborn care facilities
- To increase institutional delivery in the difficult tribal pockets.
- Provide nutritional, recreational and medical facilities to the expected mother.
- Additional emphasis is put on education and counselling regarding pregnancy, delivery and care of the newborn infant and family.

II. Tribal health camps - are organized in most difficult tribal blocks to create awareness on health care services on biannual basis. The facilities like health check up by a specialist Doctor

with free supply of medicines for different common diseases. In case of critical patient if any, referrals services are provided at the District headquarter hospital and Sub-divisional hospital.

Table -1 Activities undertaken in Tribal Health

Strategies/activities	Achieved
1. Establishment of 50 institutions based "Maa Gruha (Maternity Waiting Home)" in 46 difficult tribal blocks	28 number of Maa Gruha has functioning in 26 most difficult tribal blocks
2. Quarterly Health Camps in 46 most difficult tribal.	All 136 health camps are completed and around 3000 population attend the camp
3. Sensitization campaign to PRI members about Maa Gruha	All 20 Sensitization campaign has been done covering of 120 GPs in 20 Maa Gruha areas
3. IEC material for improving health seeking behaviour and utilization of health services.	In 46 most difficult tribal pocket

Table-2 No of Institutional Delivery during the year, 2012-13

District	Maa Gruha	No of Institutional Delivery	Assigned NGO
Malkangiri	Kalimela	338	GDS
	MV-79	363	GDS
	Podia	235	UMWSDS
	Chitrokonda	290	SOMKS
	Khairput	205	BISWA
Gajapati	R.Udaygiri	261	ORD
	Kainpur	230	ORD
	Gumma	253	SURAKSHA
	Mohana	264	PEACE
Kandhamal	Baliguda	227	SANTI MAITRI
	Kotgarh	244	FAREL
	B.gaon	232	AMGAM
	T.Bandh	222	BISWA
Raygada	Gunupur	226	ASHA
	Kolnara	219	ALISHA
	Chandrapur	294	MADANI
	Ambadola	184	BISWA
Nabarangpur	Umerkot	18	READ
	Jharigaon	21	GVS
Koraput	Lamtaput	157	JAGRUTI
Mayurbhanj	Thakurmunda	213	SAMBANDH
	Jashipur	32	SAMBANDH
Nabrangpur	Jharigaon	280	GVS
	Ummerkote	313	READ
Keonjhar	Bansapal	64	TRDSSO
	Champua	26	FECA
	Harichandanpur	102	WOSCA
	Telkoi	47	RVDO
	Total	**5570**	

CHAPTER THIRTEEN

INFRASTRUCTURE STRENGTHENING

Background:

Health and Family welfare department, Government of Odisha has been receiving a sizable amount of funds under NRHM and other health programmes for strengthening infrastructure of health institutions from central as well as state government. As NRHM with its minimum support structure is not in a position to monitor the execution of large no. of works under implementation at field level, the responsibility of execution is entrusted to Zilla Swasthya Samitis and the district administration. However, to centrally monitor the activity of the ZSS, the requirement of a complete monitoring tool is highly felt, which will give the instant physical and financial progress of each and every work assigned at different level.

- Augmenting the capacity of State level Engineering Unit.

  State Unit has been strengthened by the posting of Superintendent Engg. & Executive Engg. (2 Govt. Officials) in 2007-08. Now it has 9 other Engineering Consultants (Asst. Engineer, Architect, Junior Engineer) coordinating with civil construction Agencies.

- Augmentation of District Engineering Unit

  For effective monitoring and to expedite the supervision and execution of civil works at ZSS level 33 nos AE and One JE per 3 blocks has been engaged.

  - Up-gradation of rural health care facilities on priority basis like PHC/CHC/PHC(N)
  - Saturation of Sub center building.
  - 24x7 running water supply and electricity.
  - Dedicated power supply to all DHH.

Our Priority action

To provide better health care service delivery under sophisticated and modernization fully furnished hospital in integrated manner to the needy people.

Saturation of Sub center building in the state.

- Construction of PHC-N building.
- Provision of Staff Quarters to all health care provider of all level.

Progress Review Strategy

- At present ZSS/RKS authorized to supervise and execute all civil construction works since October'2009. Collectors are empowered both financially and administratively for accordance of approval.
- Collector-cum-Chairman, ZSS holding fixed day monthly civil construction progress review regularly.
- The fixed day and date in all 30 districts has been finalized.
- Nodal agency for overall monitoring and supervision at district level finalized.
- Nodal agencies supporting ZSS in technical matters.

- At state level Commissioner-cum-Secretary (H&FW) & Mission Director taking review regularly in every month on 21st of every month.
- Zonal progress review meeting by RDC regularly of all NRHM civil works.
- For better monitoring and to assure good quality State established a Quality Monitoring Cell under NRHM.
- QMC is solely responsible for effective monitoring & good quality of works.
- The engagement of Quality monitoring personnel zonal wise has been approved.

PIP 2012-13 (PHYSICAL & FINANCIAL) STATUS

Rs. In lakh

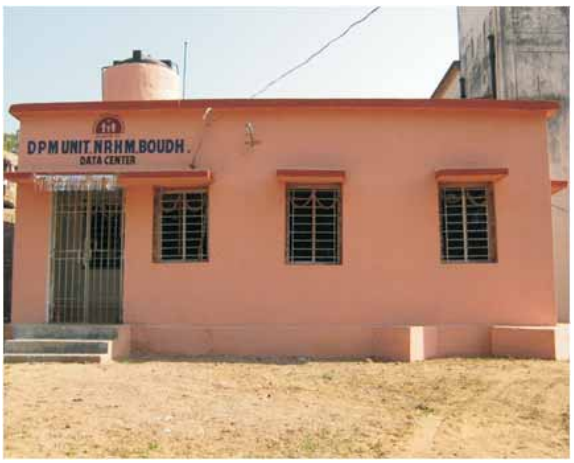
District	No. of work	A/A Cost	Completed	In progress	Not started	Expenditure
Angul	115	2353.33	53	47	15	354.63
Balasore	71	2304.08	26	29	16	223.74
Baragarh	134	2844.39	17	41	76	98.64
Bhadrak	58	1100.09	7	29	22	159.35
Bolangir	128	4457.11	29	57	42	137.65
Boudh	34	223.38	17	11	6	56.61
Cuttack	37	516.02	3	14	20	21.25
Deogarh	129	262.12	68	60	1	89.74
Dhenkanal	63	4936.81	20	36	7	130.22
Gajapati	77	356.35	8	11	58	60.59
Ganjam	81	1408.65	23	42	16	160.03
Jagatsinghpur	53	570.11	27	11	15	83.26
Jajpur	57	2185.26	28	19	10	87.23
Jharsuguda	54	5320.05	6	27	21	339.68
Kalahandi	150	1728.8	75	35	40	537.6
Kandhamal	119	813.73	44	59	16	379.78
Kendrapada	55	2539.51	10	20	25	84.27
Keonjhar	156	1059.6	85	33	38	418.58
Khurdha	71	1936.57	21	12	36	160.2
Koraput	115	1586.45	46	30	39	270.6
Malkangiri	79	1182.7	34	38	7	543.22
Mayurbhanj	51	2421.82	8	20	23	134.72
Nawarangpur	184	1626.38	64	23	97	149.09
Nayagarh	71	487.56	6	14	51	142.25
Nuapada	58	586.92	11	7	40	65.01
Puri	34	2016.07	2	19	13	202.3
Rayagada	89	525	19	50	20	392.77
Sambalpur	103	1064.49	15	62	26	93.98
Sonepur	19	388.34	4	8	7	84.34
Sundargarh	185	4413.22	27	74	84	190.27

District Head Quarter Hospital

- ❖ New Construction of DHH - 5Nos.
- ❖ Up-gradation of DHH - 27 Nos.

Infrastructures of different service units has been developed through different line departments with a project cost of Rs. 64.35 cr. of all 32 DHH.

Category	No. of Institution	No. of work	Budget Approved	Physical Status			Expenditure
				Completed	Work in progress	Not started	
DHH	32	279	6435.82	126	102	51	1410.88



DPMU – Data Centre Boudh

Regional Disease Detection Centre, DHH, Koraput

SDH

Up-gradation of SDH – 22 Nos.

Category	No. of Institution	No. of work	Budget Approved	Physical Status			Expenditure
				Completed	Work in progress	Not started	
SDH	25	198	2124.95	61	77	60	749.00

SDH Padampur, Baragarh

SDH Baliguda, Kandhamal

P.H.C & C.H.C.

Category	No. of Institution	No. of work	Budget Approved	Physical Status			Expenditure
				Completed	Work in progress	Not started	
CHC	225	1670	10892.29	483	586	601	3019.48
AH/GH/OH	10	66	720.36	10	38	18	235.27
PHC(N)	32	229	688.85	51	74	104	196.14

Upgradation work of CHC Bhatakumuda, Ganjam

CHC Barachana Jajpur

CHC Rajsunakhala, Nayagarh

CHC Khaira, Balasore

SUB CENTRE (State)

Category	No. of Institution	No. of work	Budget Approved	Physical Status			Expenditure
				Completed	Work in progress	Not started	
SC	152	188	1057.31	80	71	37	240.83

Manitri Sub Centre, Balasore

SC Jaunrabhaunra, Sonepur

SNCU

- SNCU Level II are proposed to be established in all 32 DHH.
- 20nos of SNCU Level II completed & functional.
- SU at all Block PHC/CHC proposed to be established.
- 83nos of Su established & functional.

SNCU at DHH Nabarangpur

SNCU at DHH Kalahandi

DRUG WARE HOUSE

- For smooth management and distribution of essential drugs it is planned for construction of drug ware houses at all DHH, SDH & 314 Block PHC CHC level.
- Presently 29DWH at DHH level completed and handed over and put to use.
- 29 Drug Ware House at DHH furnished with heavy duty racking system.
- Drug Ware Houses at all 22 SDH and 150 PHC/CHC level are under progress & in-verge of completion.
- Rs. 35.52 crores has been sanctioned for construction of DWH.

DWH at CHC Simulia

DWH at Birmaharajpur, Sonepur

DWH at CHC Papadahandi

Staff Qtrs

Category	No. of project	A/A Amount	Fund Utilized	Physical Status		
				Comp.& Handed over	In progress	Not started
D type Qtr	335	6573.21	4436	482	648	7
E type Qtr	425					
F type Qtr	377					
Total	**1137**	**6573.21**	**4436**	**482**	**648**	**7**

E type Qtr at CHC Barpali

CHAPTER FOURTEEN

REVISED NATIONAL TUBERCULOSIS CONTROL PROGRAMME (RNTCP)

Introduction

The RNTCP is implemented as per the Technical, Operational and Financial guidelines of Central TB Division, Govt. of India. The programme is implemented though 31 implementing units, 109 TB Units and 549 Microscopy centers. In addition there are 43335 DOT Centres are identified and under the programme. DOTS (Directly Observed Treatment Short Course Chemotherapy) strategy 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 under the Revised National TB Control Programme (RNTCP). The Lepra-India, an international NGO, is also providing support under "Sahayog" and "Axshaya" 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.

Achievement

Sl. No.	Indicator	Achievement
1	Population covered (in lakh)	424.3
2	TB Suspects examined per lakh population per quarter (Norm-150)	133
3	Total TB Cases registered for treatment	49,192
4	New Sputum Smear Positive (NSP) Patients detected & put on treatment	22,177
5	NSP case detection rate and percentage (Norm: Rate: >60, % >70%)	52/lakh (61%)
6	3 Months Sputum Conversion of New Smear Positive cases registered in the last Quarter (Norm-90%)	88%
7	Cure Rate of New Sputum Positive Cases registered in corresponding quarter of last year	83%
8	Success Rate of New Sputum Positive Patients registered in corresponding quarter of last year (Norm-85%)	87%

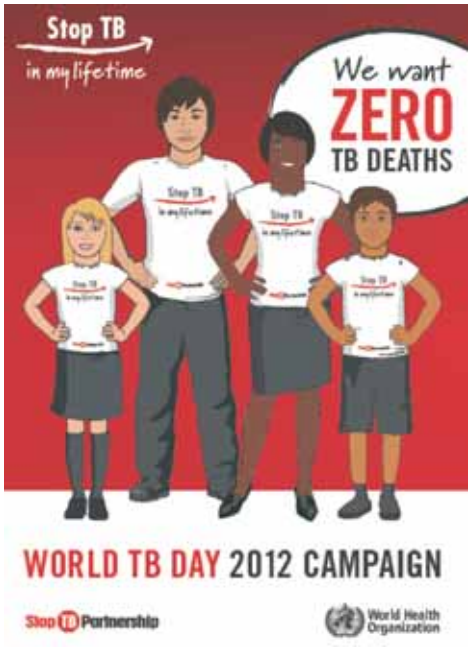
Infrastructure

The programme is implemented through 31 implementing District TB Centre units, 109 TB Units and 549 Designated Microscopy Centres. In addition there are 46786 DOT Centres identified and under the programme. The Anti TB Demonstration & Training Centre (ATD&TC) Cuttack is functioning as a training centre of RNTCP. This centre conducts External Quality Assessment (EQA) to maintain good quality sputum microscopy. The Intermediate Reference Laboratory (IRL) has been established at ATD&TC, Cuttack and accredited by National TB Institute,

Bangalore in August 2009 for Culture & Drug Susceptibility Test (DST) to diagnose Drug Resistant TB Patients (DR-TB) under the Programmatic Management of Drug Resistant TB (PMDT). Currently it is using both solid culture as well as Line Probe Assay (LPA) to diagnose DR TB Cases. The DR TB (Drug Resistant TB) Centre is already established and functional at SCB Medical College, Cuttack to provide indoor treatment to the diagnosed MDR-TB patients. The DR TB Centre at MKCG Medical College, Berhampur too is ready to admit and treat patients New DP ward is under construction at VSS Medical College, Burla.

Progress under Programmatic Management of Drug Resistant TB (PMDT):

1. DOTS Plus services (Programmatic Management of Drug Resistant TB Cases) is being implemented in all 31 districts of the State.
2. The Line Probe Assay (LPA) was installed at Anti TB Demonstration & Training Centre, Cuttack and accredited by the National TB Institute and Central TB Division. This has cut down the time taken for diagnosis of MDR TB from 2-3 months to 2-3 days.
3. Three DR TB Centres are functioning at SCB MC Cuttack, MKCG MC Berhampur and VSS MC Burla. Creation of a 4th DR TB Centre at DHH Koraput has been approved.
4. Additional Human Resources (1 DOTS Plus and TB HIV supervisor), have been sanctioned for all districts. 16 districts have already completed the recruitment process.
5. NIKSHAY: All A/DEOs are trained and TB Treatment cards up-dation is under progress.



TB Notification

1. CDMOs have been designated as TB notification authority. All PPs/labs/Hospitals are in the process of being sensitised. IMA has been taken as leading organisation to make it success.

Progress under TB HIV

- TB HIV Intensive Package is implemented in all the districts since 2010 in collaboration with the OSACS. During January December 2012, 21537 TB patients have been tested for HIV of which 561 patients were diagnosed with HIV.

CHAPTER FIFTEEN

INTEGRATED DISEASE SURVEILLANCE PROJECT (IDSP)

"Disease Surveillance & Response"

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. Orissa Multi Disease Surveillance System (OMDSS) came into existence with the technical help of MSF & financial help of WHO-UNDP Orissa & the Orissa 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 1st phase came to an end by 31st 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 31st March 2012.

The objective of the restructured project is

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

2nd Phase States - Orissa (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

Outbreak Detected in 2011

Sl 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, Khurda, 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. 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.

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 undertake 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.

CHAPTER SIXTEEN

NATIONAL VECTOR BORNE DISEASE CONTROL PROGRAMME

Background

The National Vector Borne Disease Control Programme (NVBDCP), Odisha envisages and implements different strategies in the state towards achieving the target of Millennium Development Goal 2015 to reduce morbidity and mortality due to malaria. Following six Vector Borne Diseases (VBD) are addressed under NVBDCP: Malaria, Filariasis, Kala-azar, Japanese Encephalitis (JE), Dengue and Chikungunya. Out of these Kala-azar has not yet been reported and Japanese Encephalitis (JE) has not yet been confirmed. Malaria and Filariasis are traditional diseases prevalent in the state while Chikungunya and Dengue are recently emerged and reported since 2005. All the vector borne diseases have seasonal fluctuations and are influenced by geo-ecological factors. Malaria poses major public health problem among the six VBDs.

Table 1: Disease burden (as reported) of vector borne diseases in 2010, 2011 and 2012.

Year	Malaria cases	Malaria deaths	Dengue cases	Dengue deaths	Chikun gunya cases	AES/ JE cases	AES/ JE deaths	Microfilaria rate
2010	395651	247	29	5	0	0	0	0.41
2011	303555	100	1833	33	6	0	0	0.41
2012	262759	79	2255	6	17	15	38	0.43

Status of indicators for Vector Borne Disease in 2012-13

Sl. No.	Indicator	Status
1	ABER for Malaria	10.83
2	API for Malaria	6.17
3	Morbidity for Malaria	262842
4	Mortality for Malaria	79
5	Mf rate for Filaria	0.43
6	Case Fatality Rate for Dengue/Chikungunya	0.26%

Malaria

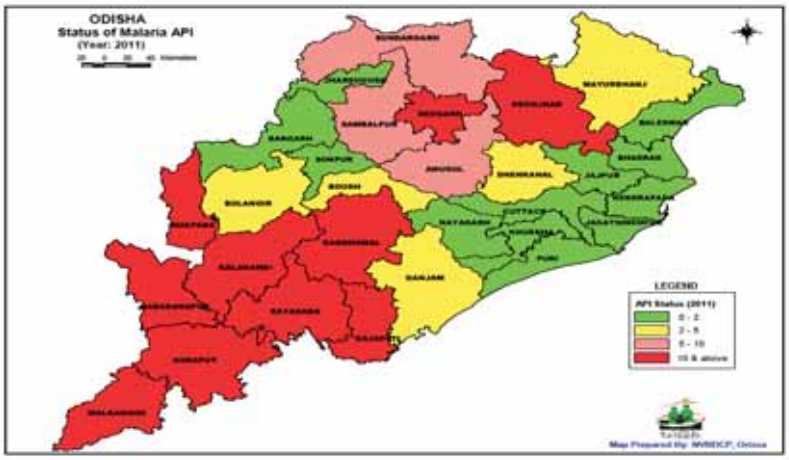
Odisha is one of the inflicted States of India in terms of Malaria burden, accounting for about a quarter of the country's total cases. The majority of the State's load of Malaria has been contributed by the southern districts. Odisha contributes around 25.45% of cases and around 16.42 % of deaths attributed to malaria in 2012-13 to the country total (Table 2). It is observed that in the last five years Odisha contributes to around 24% of Malaria cases. The contribution of deaths due to malaria by the state to the country's total has shown a significant decline i.e. from 24.26% in 2010 to around 16.42% in 2012. There has been overall improvement in surveillance,

diagnosis and treatment, since 2009. There are few districts where, these districts need stronger focus on monitoring and evaluation, local programme management and research support.

Table 2: Malaria burden (as reported) in India and Odisha, 2010-2012:

	2010		2011		2012	
	Malaria positive cases	Death	Malaria positive cases	Death	Malaria positive cases	Death
India	1599986	1018	1310656	753	1032540	481
Odisha	395651	247	308968	99	262759	79
Percentage contribution by Odisha to the country	24.72	24.26	23.57	13.14	25.45	16.42

Stratification of Districts on the basis of API of 2012.



Major Activities:

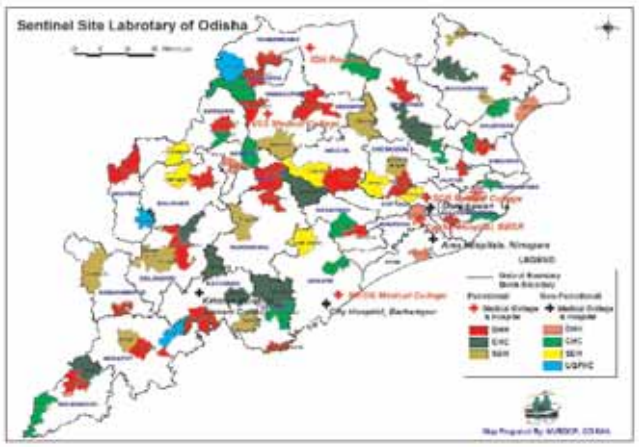
Early Diagnosis and Complete Treatment (EDCT)

Following activities have been undertaken:

Rapid Diagnostic kits (RDK) and new drug for treatment of falciparum malaria i.eArtemisinin Combination Therapy (ACT) have been provided upto the village level and are being optimally used by trained ASHAs

Capacity building of more than 38000 ASHAs, 500 Forest Animators, 787 AYUSH doctors, 5061health workers and 3500 tribal school teachers to provide basic diagnostic and treatment services on malaria

50 Sentinel Site Malaria Laboratories have been established and are functioning at hospital and CHC clinic level: Dist. HQs Hospital, Sub Divisional Hospital and CHCs where falciparum malaria case load is very high. These site are meant for diagnosis and tracking the severe malaria cases.



Integrated Vector Control Measures

Long Lasting Insecticidal Nets (LLIN):

LLIN is the recent intervention measure in malaria control programme. By 2012, state has distributed 38 lakh family size LLINs (GoI supply) protecting around 90 Lakh high risk population. The distribution was done using state specific LLIN distribution guidelines

State LLIN distribution guideline: State specific LLIN distribution guidelines have 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 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. An Odisha LLIN guideline was circulated to other states by Govt of India to adopt to their own states.

State initiative for distribution of LLIN in undivided Koraput

Undivided Koraput district (Koraput, Malkangiri, Nawarangapur and Rayagada) is highly endemic for malaria having Annual Parasite Incidence (API) >10. To protect the entire population of these Tribal districts, State procured 365000 LLINs and distributed to the left out beneficiaries of these districts.

State initiative "Mo- Mashari" scheme

- Expectant mothers and young children are most vulnerable to falciparum malaria infection in high falciparum endemic areas. Expectant mothers are highly susceptible to complications like severe anemia, premature delivery, still birth low birth weight, abortion due to falciparum infections and there is every apprehension of death due to such complications.
- To protect the expectant mothers state has initiated a state scheme "Mo Mashari". By 2012, 3.04 lakh family size LLINs were provided to protect around 3 Lakh pregnant mothers in following seven tribal districts: Keonjhar, Kandhamal, Rayagada, Nawarangpur and Malkangiri by 2012-13. These LLINs were given during the first ANC as a component of ANC package.

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 2011-12, 3.30 lakh single size plain nets have been provided to boarders of tribal residential schools. These nets have been impregnated with SP flow.
- In 2012-13 single size LLINs have been provided to tribal school boarders instead if Insecticide Treated Nets - Around 90000 single size LLINs have been provided.
- Under School "Mo- Mashari" scheme, 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 malaria during high transmission periods. The 1st round of IRS-2012 had protected around 23 Lakh very high risk population, and in the 2nd round IRS 69 lakh high risk population could be protected.
- Hand compression spray pumps, the new inclusion in state IRS program. These have been used in 4 high endemic districts (Kandhamal, Koraput, Rayagada and Dhenkanal).
- The wage rate of spray wages has been enhanced to Rs.150/- which was Rs. 100/-earlier - this was decided keeping in view the wage rate in the surrounding area. Personal Protective Equipments (PPE) have been provided to spray personnel to protect the occupational health hazard.

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

- IEC & BCC activities were conducted to promote EDCT, increasing acceptance of IRS and up- scaling the use of LLLIN etc. BCC activities have been adoted which are culturally and socially acceptable.
- IEC & BCC activities were also conducted in campaign mode (Anti Malaria Month Campaign) during the transmission season in all the 314 blocks of the state.
- IEC activities have also been carried out using 4 Lakh leaflets, 4 Lakh FAQs, 1..20 Lakh posters, 980 wall paintings at sector PHC, publicity in print and electronic media for 60 days, 26 newspaper advertisement and 344 advocacy meetings, involving all related sectors including PRIs, school teachers and students.
- Sensitization of 150000 GKS on prevention of Vector Borne Diseases

❖ Message dissemination through drum beating was carried out in tribal

Innovative BCC activities "Nidhi Rath" campaign is a mix of Social Mobilization Campaign through outdoor publicity, IPC and Folk media, where Nidhi Mausa street theatre takes the centre stage. Nidhi Rath campign has been conducted in 7000 villages addressing 46 lakh population.

"Nidhi Mousa Adalat", a social audit for LLIN distribution and use has been initiated in few districts. This is conducted as a process of social audit in LLIN distributed areas.

490 Malaria Samadhan Sibiras were conducted in 2012 for social mobilisation with service delivery for Malaria and other Vector Borne Diseases.

Public Private Partnership (PPP) and Inter-Sectoral Coordination

❖ Implementation of BCC activities in NGO/PPP mode has been started in 1st 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 2012 LQAS is upscaled to 21 districts of Odisha. This is integrated with the routine monitoring programme at districts and sub district level.

Human Resources

District Malaria Officer (DMO): There are 7 State level consultants. In all the districts DMO post has been sanctioned. Additional manpower: There are 30 VBD consultants, 178 MTS, 89 SSMTC, 21 FLA, 19 DEOs and 663 MPW (M) supported under Malaria Control project.

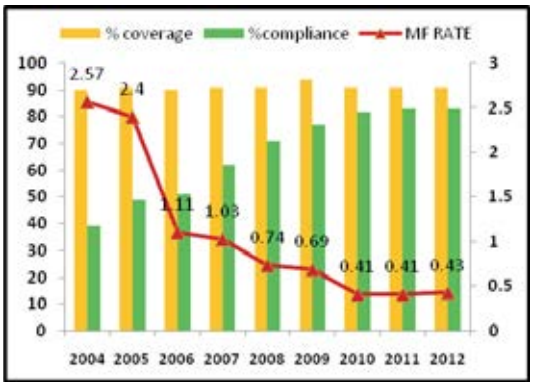
Our partners

Comprehensive case management (CCM) - Govt. of Odisha signed MoU with NIMR & MMV to implement a research project known as Comprehensive case management (CCM). The project involves Improving malaria case management by strengthening the overall health system in line with broader goals like case management of malaria, beyond 'treating the sick', which could reduce the infectious reservoir. The concept of the project is to test, treat and track each case of malaria. The project is piloted in 3 districts on Odisha viz Angul, Dhenkanal and Bolangir. Such a project has been undertaken first time in the country.

-ICMR organizations like RMRC, NIMR and VCRC working in the state are provided financial support to conduct relevant studies like assessing the treatment seeking behavior, IRS acceptance & usage, vector dynamics and impact of LLIN in different regions of the State. The research helps the programme to take appropriate measures.

Elimination of Lymphatic Filariasis

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 181 Blocks, 69 urban areas, 4023 subcentres and 30563 villages of 20 endemic districts.



The MF rates of the districts are as follows

91% of population was covered under MDA and there was 83% compliance to MDA drugs.

Besides reducing the micro-filaria transmission in the community by MDA other activities have been integrated as part of Elimination of lymphatic filariasis (ELF).

- Around 3000 Hydrocele operations have been conducted in 2012. Morbidity management of Lymphoedema, Elephantiasis is also conducted.
- Intensified IEC and BCC activities are undertaken as integral part of vector control measures.

Mf rate	Name of the Districts
0	Koraput, Jagatsinghpur, Nawarangpur, Malkanagiri, Gajapati
0-1	Nayagarh, Nuapada, Puri, Khurda, Kendrapara, Jharsuguda, Jajpur, Dhenkanal, Cuttack, Boudh, Bhadrak, Balasore, Angul
>1 to 1.5	NIL
>1.5	Ganjam & Deogarh

Prevention of Dengue and Chikungunya

Dengue and Chikungunya are the emerging vector borne viral diseases in Odisha reported since 2005. In 2012-13, 2255 dengue cases have been reported and 6 deaths have occurred.17 positive cases of chikungunya have been reported in 2012-13.

Year	Blood samples tested	+ve cases	Death
2011	5313	1846	33
2012	5639	2255	6

Vector control measures:

1250 volunteers were engaged during the high transmission months for conducting IEC & BCC activities through Interpersonal communication and source reduction for vector control, both in urban and rural areas. The squads created awareness and demonstrated identifying Aedes mosquito breeding sites and methods of source elimination.

The GKS members were sensitized for vector control measures and in many villages GKSs have utilized their fund for village cleaning and source reduction.

IEC/ BCC and advocacy

A massive fortnight campaign was conducted for prevention of Malaria, Dengue and Diarhhoea from 1st to 15th August - It was a massive cleanliness and awareness drive

- Anti dengue month was observed in July. Intensified IEC & BCC activities were conducted using local media, print and electronic media as appropriate to different levels.
- Community level organizations like GKS, PRI, SHGs, NGOs, CBOs, mining workers were ensitized.
- Sensitization of School teachers and staffs, Medical and Paramedical staffs, WCD deptt, private and public undertakings organizations have been sensitized for preventive measures.
- Massive awareness activities were conducted in urban and industrial areas
- Sensitization of 65 Urban elected representative of NACs, municipalities and Municipal Corporations

Strengthening of Health facilities

Seven Sentinel site laboratories for dengue and chikungunya diagnosis using Elisa based tests have been established in Microbiology Deptts of three Govt. Medical Colleges, 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, Hon'ble Health Minister and Chief Secretary respectively where different Govt. Deptts. and other stakeholders have participated. Directives have been issued to all concern Deptts. /sectors for preparedness and dengue & other VBD preventive measures.

- ❖ NVBDCP- IDSP coordination mechanism has been strengthened for surveillance and early actions.
- ❖ 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 website for updating the knowledge of Doctors and other service providers.
- ❖ More than 200 specialists of Medicine and Pediatric have been trained on management of complicated dengue cases.

Way Forward:

- ❖ It has been proposed for establishment of 264 microscopy centres at sector level PHCs of high endemic tribal districts of South Odisha.
- ❖ IT facility for managing the entire reporting system.
- ❖ Ensuring Bivalent kit and antimalarial drugs with all ASHAs.
- ❖ Massive vector studies with the help of ICMR institutes and Programme manpower.
- ❖ Saturation of high endemic districts with LLIN and monitoring the use of LLIN.
- ❖ Assessing the impact of LLIN.
- ❖ Social audit of LLIN in malaria samadhan sibira.
- ❖ Case management of Dengue with medical colleges as apex referral labs.
- ❖ Establishing more sentinel sites (another two) for dengue diagnosis- one at Balasore and one at Sundargarh.
- ❖ Establishment of one sentinel site for JE in Southern Odisha.

CHAPTER SEVENTEEN

NATIONAL LEPROSY ERADICATION PRORGRAMME (NLEP)

Introduction

National Leprosy Eradication Programme (NLEP) is one of the most successful programme implemented in the State since 1982-83. Since inception of the programme, over 12 lakh leprosy cases have been cured with MDT in the State. Leprosy Prevalence Rate (PR) has come down from 123.20 in 1983 to only 0.98 per 10,000 population as on 31 March, 2013. In July, 2006, Odisha achieved leprosy "ELIMINATION' objective of < 1 case per 10,000 population and is still sustaining it up to March, 2013.

Total new leprosy cases detected during the year 2012-13; Paucibacillary (PB) - 4,231, Multibacillary (MB) - 3992 (Total 8226), total cases released from treatment (RFT) is 8058 and total cases under treatment (UT) at the end of the year is 4737. Special Activity Plan or Intensive Case Detection Drive (ICDD) otherwise known as 'Kustha Mukta Gaon Abhiyan' was carried out in 147 high endemic blocks where in 1756 new cases were detected. In 14 districts of the State the PR as on 31.03.2013 was > 1 per 10,000 population with six districts having PR > 2 per 10,000 population. Districts like Sonepur (4.13), Boudh (3.07), Bolangir (2.49), Bargarh (2.41), Samablpur (2.14) and Nuapada (2.13) are high endemic districts.

We have utilized about 94% (including committed liability) of the total budget under the PIP 2012-13.

Objective

- ❖ Elimination of leprosy i.e. prevalence of less than 1 case per 10,000 population in all districts.
- ❖ Strengthen Disability Prevention & Medical Rehabilitation of persons affected by leprosy.
- ❖ Reduction in the level of stigma associated with leprosy.

Strategy:

In order to achieve the objectives of the programme, the main strategies to be followed are:

- ❖ Integrated leprosy services through General Health Care System.
- ❖ Early detection and complete treatment of new leprosy cases.
- ❖ Carrying out house hold contact-survey for early detection of cases.
- ❖ Involvement of Accredited Social Health Activists (ASHA) in the detection & completion of treatment of leprosy cases on time.
- ❖ Strengthening of Disability Prevention & Medical Rehabilitation (DPMR) services.
- ❖ Information, Education & Communication (IEC) and Behavioural Change Communication (BCC) activities in the community to improve self-reporting to Primary Health Centers (PHC) and reduction of stigma.
- ❖ Intensive monitoring and supervision at block Primary Health Centres/Community Health Centers.

Major Activities (Present & Future)

a. Integrated Leprosy Services and Special initiatives -

- ❖ Integrated Leprosy Services through all the Primary Health Care facilities will continue to be provided in the rural areas.
- ❖ All the urban areas will be covered under the urban leprosy control programme integrating services from all the partners available in the area, including the private practitioners.
- ❖ Involvement of the Multi-purpose Health functionaries, ASHA in villages and selected NGOs in urban areas are to be engaged for case referral and follow up during treatment to ensure regular MDT collection and consumption, so that all the cases are detected early and put under treatment gets cured in shortest possible time.
- ❖ Emphasis will be laid on providing best quality leprosy services through the GHC system. This means easy availability of services on all working days to all patients, correct diagnosis and adequate counseling to patient and family members, provide MDT to patient whenever approached, regular monitoring of the patient during treatment. Treatment completion by all patients will be desired outcome of the programme.
- ❖ The system of referral of difficult cases to the District hospital for diagnosis and management, which has already been started, will be further strengthened with capacity building of persons involved at PHC as well as District Hospital level.
- ❖ The laboratory facilities at the District Hospitals for smear examination to diagnose difficult cases will be further strengthened.
- ❖ Desegregated data for Female, Schedule Tribe and Schedule Caste patients are to be maintained.
- ❖ Regular monitoring and surveillance at State, District and Block level will be continued to locate weak areas, so that needed plan for corrective action can be taken in time.
- ❖ During 2012-13, 262 Reconstructive surgeries have been conducted with our own trained surgeons.
- ❖ Regular monitoring and surveillance at State, District and Block level will be continued to locate weak areas, so that needed plan for corrective action can be taken in time.
- ❖ Provision of Rs.5,000/- per RCS case to institutions and Rs.5,000/- to LAP towards loss of wages.
- ❖ During the year 2012-13, 164 new Medical Officers and 72 AYUSH Medical Officers were trained in 3 days Modular Training on Leprosy. 306 Medical Officers were given refresh training in leprosy. 8640 ASHA and 609 Multi Purpose Health Supervisors/Multi Purpose Health Workers were given training on leprosy. Other trainings included Management Training to 67 District Nucleus Team members, Smear Taking & Microscopy training to 11 Laboratory Technicians and Refresher Training to 14 Physiotherapists.

b. New initiatives planned:

- ❖ GKS owning responsibility to make their village free from leprosy.Training and motivation of ASHA through payment of incentives on case basis for case detection and follow up till completion of treatment.
- ❖ Contact examination of all leprosy cases detected during last 2 years.
- ❖ During 2012-13, School Health Programme was conducted in 263 schools to generate awareness among the school children.
- ❖ Disability Prevention & Medical Rehabilitation Clinic are functional at Block PHC (Block PHC 314 & District Headquarters Hospital-32) with involvement of RKS.

- Reconstructive Surgery Unit at 3 Govt. Medical College Hospitals and District Headquarters Hospital (6).
- Field level research on emergence of drug resistance strain of M. leprae.
- Training of AYUSH M.O. in leprosy with special focus on Disability Prevention and Medical Rehabilitation (DPMR).

Awareness drives

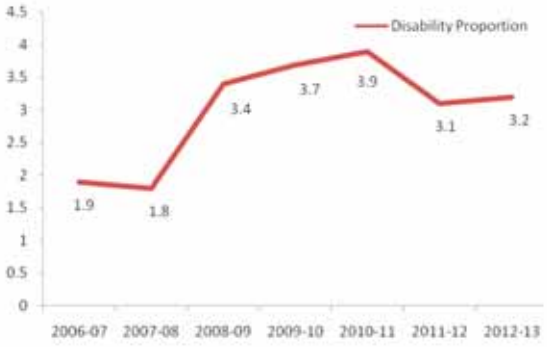
Capacity building of health personnel

House to house visit by search team

Validation by MOs

c. Disability Prevention and Medical Rehabilitation (DPMR)

- More emphasis will be given on Disability prevention among new leprosy cases and Re-constructive Surgery (RCS) services for leprosy deformed cases. RCS was done for 262 cases during the year 2012-13.
- 14 Physiotherapists have been engaged with OHSP supports to manage the DPMR and RCS activities in the State.
- Health workers will suspect cases of lepra reaction, relapse and insensitive hands & feet and will refer to PHC, Medical Officer for diagnosis & treatment.



- PHCs will diagnose and treat leprosy cases with reaction and Neuritis, provide counseling to patient on self care practices and also provide protective footwear to needy patients. Prednisolone tabs will be available in sufficient quantity at all PHCs to provide full course treatment to needy patient. 4,714 patients were provided with Micro Cellular Rubber (MCR) footwear and 3057 patients were provided with self-care ulcer kits during the year 2012-13.
- Severe/complicated cases and all Grade - II deformity cases will be referred by PHC Medical Officer to District Hospitals.
- PHCs will provide follow up treatment to all patients referred back from secondary & tertiary level.
- DPMR Clinic has been started functioning at every Block PHC and District HQ Hospitals on a fixed day of every week. The Grade-I & II will be referred to PHCs/Districts by peripheral institutions. Types of services as per DPMR guidelines will be provided to such cases. Adequate logistic supports will be available at every service points.

CHAPTER EIGHTEEN

NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS (NPCB)

Introduction

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.

Now our State Govt. is releasing 15% of the total Grant-in-Aid as matching share along with other infrastructural support like buildings maintenance, manpower and some medical expenses etc.

Objectives

a) To reduce the backlog of blindness through identification and treatment of blind;
b) To develop comprehensive eye care facilities in every district;
c) To develop human resource for providing eye care services;
d) To improve quality of service delivery;
e) To secure participation of Voluntary Organizations/Private Practitioners in eye care;
f) To enhance community awareness on eye care.

Achievements & Initiatives

1) Cataract Surgery

Years	No. of surgeries operated
2007-08	95690
2008-09	110716
2009-10	128508
2010-11	120852
2011-12	107975
2012-13	116595

2) School Eye Screening

Years	No. of school children screened	Free spectacles provided to poor students
2007-08	302128	7355
2008-09	483409	10942
2009-10	419274	9186
2010-11	564225	11624
2011-12	388703	11787
2012-13	467368	17586

3) **Eye Donation**

Year	Nos. of Eyes Collected	Nos. of Eyes Transplanted
2007-08	92	62
2008-09	120	91
2009-10	200	153
2010-11	437	256
2011-12	573	410
2012-13 498	463	

4) **Eye Banks:** There are six eye banks:

1) SCB MCH, Cuttack
2) MKCG MCH, Berhempur
3) VSS MCH, Burla
4) Drusti Daan(NGO), Bhubaneswar
5) SUM Hospital(NGO), Bhubaneswar
6) JPM Rotary Eye Hospital (NGO), Cuttack

5) **Eye Donation Centres:** There are three Eye Donation Centres:

1) Ganjam -2 nos. 2) Khurda - 1 no. 3). Sambalpur 4). Bargarh 5). Cuttack

6) **Vision Centres:**

There are 75 nos. of Vision Centres functioning in the state to cover the rural areas. Initiatives taken to establish 83 nos. more Vision Centres.

7) **Retina Care Centre:** Initiatives taken to open this unit at Capital Hospital, Bhubaneswar.

8) **Tele-Ophthalmic Unit:** Now the Tele-Ophthalmic Unit is going to be started at MKCG, Berhampur, Ganjam.

9) **Training:**

Besides above various training camps have been organized at state and zonal level to train the Medical Officers, Ophthalmic Assistants, Nurses for providing better service to general public. Also various 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.

Initiatives taken to give Management Information System (MIS) training to the DPMs (NPCB).

10) **Ophthalmic Equipment: The districts have been equipped time to time.**

11) **IEC**

IEC is the better way to touch the public. Every year Eye Donation Fortnight (from 25th August to 8th September) and World Sight Day (2nd Thursday of October and the full month) have been organizing at state and district level. During these occasions 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.

CHAPTER NINETEEN

NON COMMUNICABLE DISEASE PROGRAMME

The "National Programme for Prevention and Control of Cancer, Diabetes, CVDs and Stroke" (NPCDCS) & "National Programme for Health Care of Elderly" (NPHCE) were launched in April 2011 by Hon'ble CM, Odisha in Nuapada District. Subsequently the programmes were extended to Bolangir, Koraput, Malkangiri and Nawarangpur in 2011-12.

Objectives:

- Prevent and control common NCDs through behaviour and life style changes,
- Provide early diagnosis and management of common NCDs,
- Build capacity at various levels of health care for prevention, diagnosis and treatment of common NCDs,
- Train human resource within the public health setup viz doctors, paramedics and nursing staff to cope with the increasing burden of NCDs, and
- Establish and develop capacity for palliative & rehabilitative care.

Broad strategies

1. Prevention through behavior change
2. Screening/Early diagnosis
3. Establishing and strengthening affordable Diagnosis facilities
4. Treatment of NCDs
5. Linkages with Medical Colleges
6. Capacity building of HR in NCDs and Geriatric Care
7. Physio-Rehabilitation

Establishment of State and District NCD Cell

1. State NCD cell has been established at Health Directorate and it was equipped and furnished within the sanctioned budget of Rs. 5.00 lakhs as per guidelines of NPCDCS and GOI have released the same.
2. Finance and Logistic Officer, Programme Assistant and 2 DEOs at State NCD Cell have joined.
3. Similarly District NCD Cell has been established in all 5 implementing districts, inaugurated by respective Collectors.
4. Recruitment process for staffs of District NCD Cell completed in all five districts.
5. Procurement of computer, printer etc for District NCD cells have also been completed.

Screening of Population

Massive screening of population above 30 years of age, Pregnant Women, TB Patinets and School Childrens has been undertaken in all 5 districts for detection of diabetes and hypertension cases. Altogether 28.57 lakh people were screened since 2011-12 till end of Sept.2013. Odisha is the first State to start submission of weekly report of screening hence weekly report of screening is being collected and submitted regularly to GOI.

District wise out come screening is given below:

Sl. No.	Name of District	Target population (40% of total population i.e. above 30 Years age)	Population screened (Target Population + TB Patinets + Pregnant Women + School Students)	Persons found Diabetic	Persons found HPT	% Diabetic	% HPT
1	Nuapada	246060	245675	19504	10345	7.94	4.21
2	Koraput	550774	813397	43186	24809	5.31	3.05
3	Bolangir	674788	693038	38022	18817	5.49	2.72
4	Nabarangpur	496675	680060	35300	15875	5.19	2.33
5	Malkangiri	250368	425278	18536	10245	4.36	2.41
	Total	**2218664**	**2857448**	**154548**	**80091**	**5.41**	**2.80**

Referral and Treatment Protocol

Referral and Treatment Protocol of Diabetes and Hypertension has been developed by the State NCD Cell and forwarded to programme implemented districts for reference.

By the end of September 2013, there are 157 persons detected for Cancer out of which 147 patients are referred to AHRCC, Cuttack for higher treatment. Patient Card and Referral Card has been developed and available at DHH and CHC level for referral of patients. Presently Rs. 21.00 Lakh has been transferred to AHRCC, Cuttack and 3 Medical Colleges for treatment of cancer patients of 5 programme implementing districts.

Cardiac Care Units

- Cardiac Care Unit will be made functional at 5 DHHs from 1.1.2014.
- State has designed the plan for construction of NCD Complex in Nuapada, Koraput, Balangir & Nabarangpur districts (where under one roof 6 bedded CCU, 10 bedded Geriatric Ward, 4 Bedded DCC, Physiotherapy Unit, Lab, OPD for NCDs and Geriatric Patients) are under construction. Each complex will have total 6950 square feet area at DHH. And construction works in all 4 districts are on verge of completion.

District Cancer Facilities

- 4 Bedded "Day Care Chemotherapy Unit" is a part of NCD Complex under construction.
- 3 batch training programme for Spl. Surgery, O&G, Patho, Med, Cytopathology Technician, Lab Technician are over at AHRCC, Cuttack.
- Early Diagnosis facility with investigations like VIA, PAP smear, Colposcopy, FNAC and scrape cytology from oral lesions for early diagnosis of cancer cervix, breast and oral cavity established at DHH
- Day Care Chemotherapy will be started at DHH with utmost care with full support unit to prevent any untoward incidence of drug complications
- The detail database of all the persons screened and all cases attending NCD clinic has been started. The monthly progress report on morbidity are being generated by all the districts and monitored at State NCD Cell.

Sl. No.	Particulars	Cumulative during the Year (From 1st April 2012)		
		Male	Female	Total
1	No. of Persons attended NCD Clinic at DHH	17068	11727	28795
2	No. of Persons attended NCD Clinic at CHC	36175	47648	83823
3	New Patients diagnosed with			
3.1	Diabetes	8517	6647	15164
3.2	Hypertension	5838	5113	10951
3.3	Cardiovascular Disease	387	235	622
3.4	Cancer	73	58	131
4	No. of Persons referred to Medical College/ Tertiary Hospital			
4.1	Diabetes	72	31	103
4.2	Hypertension	67	63	130
4.3	Cardiovascular Disease	50	28	78
4.4	Cancer	65	45	110

- All the drugs for NCD as per ELD are available at CHCs and DHH. Steps have been taken to include more drugs including chemotherapy drugs in EDL of State.

NCD Complex

The NCD Complex will have a total 6950 square feet area at DHH. The construction works in all 4 districts have started.

ICU, Malkangiri

Physiotherapy Unit, Malkangiri

Lab. Up gradation, Malkangiri

Oxygen Room, Malkangiri

Training

- 2 batches training of MO for five days at SIH&FW by core trainers team trained at NIH&FW, New Delhi
- 3 batches training were conducted on early diagnosis of cancer at AHRCC, Cuttack
- All counselors and care coordinators trained at Bhubaneswar jointly by State NCD Cell and Eli Lilly
- All Staff nurses, PTs and Rehab workers were conducted at NCD Cell Bhubaneswar
- Training of FLOs, PAs and DEOs were conducted on monitoring, reporting and finance and logistic management
- All HWs have been trained in use of Glucometer
- Thematic training on NCD for HWs and ASHA have been planned
- Training manual on NCD in Oriya for HWs and ASHA have been printed and distributed to all districts.

IEC/BCC

- 2350 nos of multi coloured Tin Plates showing 10 different messages regarding Diabetes, CVD, Stroke and Health Care of Elderly were printed and displayed at the PHCs, CHCs, SDHs and DHHs of districts.
- 2500 HW manual and 7000 ASHA manual on NCD are printed in regional language (Odia) and distributed for guidance.
- World Health Day-2012 and World Health Day-2013 and World Diabetes Day have been observed at State and District level for public awareness.

Unveiling of multi coloured tin plates by Principal Secretary, H&FW. Besides Additional Secretary, former Mission Director, NRHM, DHS and SNO, NCD and its display in Malkangiri within 15 days

State innovations

- State NCD Steering committee at State level and District NCD Advisory committee are formed for monitoring and guidance of programme.
- Construction of uniformed NCD Complex at DHH .
- Supports obtained from DIFD/OHSP for the activities not covered under NPCDCS guidelines and funding.
- NCD activities are integrated with NRHM initiatives like VHND, Pustikar Diwas, RBSK and School Health Programme for screening of pregnant women school children.
- Regional Cancer Center, AIIMS, BBSR and Medical colleges are linked with programme for referral and training of programme staffs.

- Integration with RNTCP and RCH programmes.
- Development of Tin plates for IEC activities
- Development of NCD manuals for ASHA and HWs in Odia.
- Recognition of Odisha by including SNO as one of the member of WHO's Advisory Committee for development of monitoring tools of NCDs and Expert Committee member for formulation of strategy to deal with co-morbidity.

HW & ASHA Manual in Regional Language (Odia)

National Programme for Health Care of Elderly (NPHCE)

- Construction of 10 bedded Geriatric Wards at DHH as a part of NCD complex.
- 10 bedded Geriatric wards functioning at Nuapada, Malkangiri and Nabrangpur districts separately and in Koraput and Bolangir in integrated manner.
- Physiotherapy Units are functional at DHH and Block CHC.
- Engagement of Staff Nurse, PT and Rehab workers at DHH and CHC.
- Training has been given on geriatric health care to NCD staffs and MOs.
- PT equipments have been procured and supplied to DHH and CHCs, PHC and SC.
- Total 82224 elderly persons attended in OPD, 5994 elderly provided IPD services and 6548 cases were provided physiotherapy services.

Challenges

- Day Care Chemotherapy at DHH
- Non availability of Doctors and technical personnel.
- Extension of programme to all districts
- Development of treatment protocol for Cancer, Diabetes, HTN, Stroke and Drug policy
- Inclusion of more commonly used NCD drugs in EDL
- Provision of free un-interrupted drug provision for NCDs.

CHAPTER TWENTY

IEC / BCC

Introduction

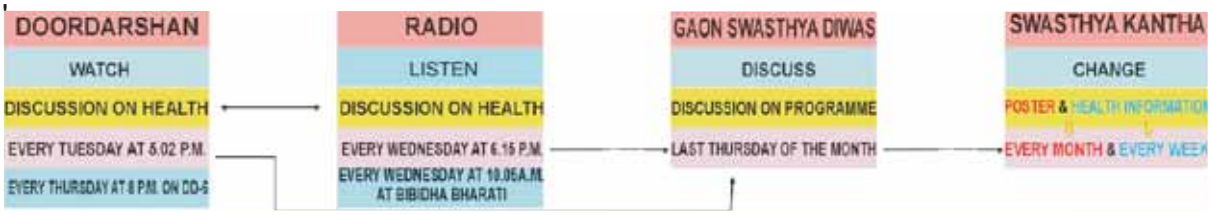
Communication is one of the critical strategic components of the programme that creates awareness and facilitates behavior change through improved health seeking behaviors by the target audiences and communities over a period of time. The Communication activities undertaken by the NRHM is headed by CoE at State Level.

The following important Behavior Change Communication activities were undertaken in the State during 2012-2013.

Integrated Behaviour Change Communication 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, SIH&FW. The key highlights are;

- ❖ Swasthya Kantha (Avijan) Campaign- On going
- ❖ Social mobilization through Village Contact Drive
- ❖ Mobilisation Fortnight Campaign on Family Welfare Services (27th June to 10th July 2012)
- ❖ BCC Fortnight campaign on Malaria, Dengue & Diarrhoea (MDD)- 1to15th Aug'-12
- ❖ Intensified Routine Immunisation Campaign- (August to November- 2012)
- ❖ Suna Bhauni Camapign- On going
- ❖ Grama Sabha Sasaktikaran Karyakrama Campaign (17th & 18th October 2012)

1.1. Swasthya Kantha Avijan: A Multi Modal & Multi Channel Campaign



KANTHA KAHE KAHANI' - the second phase of the multimedia program under Swathya Kantha Campaign KANTHA KAHE KAHANI program for the year 2012-13 has been started from 6th Nov' 2012 & will continue till 30th Oct' 2013.

This campaign is conceptualized on the backdrop of Swasthya Kantha. This Campaign is a mega communication campaign covers more than 40,000 villages across the length and breadth of Odisha and combines the power of Mass media & strength of inter personal communication. In the year 2011-12 as per the DART report of Door Darshan (DD) the programme ranked 2nd in viewership.

The Kantha Kahe Kahani establishes a virtual link between mass communication at top level and IPC at Village. It involves a set of actors at state & village level. SIH&FW at State level has forged a partnership with DD & AIR for the purpose of developing health related messages in tele & radio soaps and airing it in every Tues day at 5.02 pm. in DD & every Wednesday at 6.15 p.m. in

AIR. This program also works as a distance learing program for ASHAs & AWWs.

1.1. A. 12 Key Behaviours promoted through In Kantha Kahe Kahani

2. Early detection (immediately after 1st missed menstrual period) through help of ASHA & early Registration of Pregnancy to avail benefits of MAMATA Scheme.
3. Diet during pregnancy and Consumption of IFA tablets & nutritious food on a regular basis for pregnant woman.
4. Active involvement of all family members & especially of Husband for care of the expectant mother.
5. Minimum 48 Hrs. staying at Hospital after delivery.
6. Promote colostrums feeding & Kangaroo Mother Care as early as possible after delivery with attention to take zero dose polio & BCG, 1st dose of Hepatitis-B.
7. Exclusive breast feeding up to six month with starting of weaning at 6 month age with home available food.
8. Complete immunization as per mother & Child Protection Card (extra attention for De-worming & Vitamin -A supplementation).
9. Spacing for 3 years or more after 1st child birth.
10. Early diagnosis and treatment of fever within 24 hrs. and sleep under LLIN every day with its proper storage and maintenance.
11. Personal hygiene; proper hand washing practice with soap after defecation and before taking food.
12. Safe drinking water and community sanitation.
13. Cough for two weeks or more; go for sputum examination; if positive for TB adopt DOTs for complete cure.

1.2. Population Mobilisation Campaign (27th June to 24th July 2012)

The campaign of this year was a month long and was divided into two parts namely

- ❖ Mobilisation Fortnight from 27th June to 10th July 2012 and
- ❖ Janasankhya Sthirata Pakhya (from 11th July to 24th July 2012)

Mobilization fortnight was conducted with intensive state wide IEC/BCC Campaign.

The objective of the program is to generate awareness amongst people on population stabilisation issues and bring back the focus on family planning with the slogan of "Small family: Overall Development".

Objectives: Awareness generation among the community for the Family planning methods and services, sensitize the community on availability of services on fixed day Family Planning, approach.

1.2. A. State level activities: Under the aegis of State Institute of Health & Family Welfare, Prototypes were developed for the month long campaign. Thus communication in this campaign is the driver basing on which service delivery, demand generation and target achievement revolves round. State level Launching Ceremony, Production and telecast of TV spot, Production of Radio Jingle, Telecast of TV Spot, Broadcast of Radio Jingle, Advertisement in 13 Local dallies, Development of prototypes of IEC Materials like Hoarding, Standy, Poster, Leaflet, Ratha etc on the theme "Small Family Overall Development".

1.2. B. Social Mobilization Campaign on Family planning- District & Block level

30 District level & 314 Block level Function were organized to mark the World Population Day on 11th July 2012. 190 number of IEC vans were disseminating the FP Messages across the State

during this campaign period. 110 Kalyani Culb members were sensitized and 27603 numbers of GKS sensitisation Meetings & 14736 numbers of Folk shows were organized at different Villages of the State.

The Officials working at SIH&FW, Mission Directorate, NRHM, DFW Cell and Family Planning Cell supported by UNFPA designed the campaign in close coordination with each other at state level.

1.2. C. Social mobilization through Village Contact Drive

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.

Highlights: The village contact drive is a health communication program in media dark areas for

Integrating both curative and preventive services at one platform

A daylong activity and the shows are being organized around the areas where the density of target population is higher. This is organized in the advantageous locations nearing Swasthya Kantha and integrating with MHU through different traditional / folk media activities like Social Mobilization & pre-publicity by local NGOs, Tie up with MHU, Mass meetings, Folk Shows, Video Shows, Quiz Competitions, baby show, puppet show/magic show, jatra/palla, pada yatra with Counselling & referral to the higher hospitals. In this year 178 VCDs were organized.

CoE leaded this communication Campaign & formulate the strategy & guidelines for IEC/BCC activities and ensuring it's in time implementation, Monitoring & supervision. The IEC/BCC activities included

1.3. Creative Workshop on Material Development

A four days creative work shop was organized by DSIH&FW at IMA house from 8th to 11th May 2012, with the support of UNICEF. It aimed at building the Capacity of Communication personnel regarding preparation of various communication materials. Mr. Praveen Kumar Mishra, Prof. Creative Communication, MICA, Gujarat shared his experience and trained the participants.

Objective: To give the communication personnel a new look for designing more effective communication materials.

Learned:

- ❖ Theories of proper placement of a perfect picture in an appropriate place of a poster
- ❖ Rules of Photography and the understanding of Colour theory

Poster can also talk to..

Preparation of posters on particular themes Identified during Material Development Workshop.

Output: 12 posters on thematic areas Identified for Kantha Kahe Kahhani-2012-13 program.

1.4. Creative workshop on Communication research

The CoE organized a creative workshop in partnership with BBC WST in 6th & 7th March at the Hotel New Marion, Bhubaneswar. This workshop was inaugurated by the Director SIH&FW. Around 35 participants from different spheres like medical education, service providers, and communication officers from the State to districts & blocks were participated in this two days work shop. This workshop was an introduction to the communication research. The creative Team from the BBC Media Action, New Delhi were the resource persons and share shared experience and how to conduct communication also from the community level.

1.5. Intensified Routine Immunization Campaign

The inaugural ceremony of this week long campaign was inaugurated by the Hon'ble Minister Health & Family Welfare on 13th August 2012 at SIH&FW. Among others the commissioner cum

Secretary Health & Family Welfare, Mission Director NRHM & all other directors & other delegates were present in the meeting. Director, CoE has prepared all the prototypes and organized the events with technical support from UNICEF.

ASHA, VHND platform as well as GKS are used for the purpose of intensification of Routine Immunisation Purpose. Specific guidelines and prototypes have been released for this purpose and districts have been instructed to undertake activities during the campaign period.

1.6. 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 World Health Day, World population day, Safe motherhood day, World Breastfeeding week and Newborn care week.

Centre of Excellence has planned and design the entire program and also develop IEC materials based on the themes of each designated days for the year 2012-13. These prototypes has planned and designed all the prototypes displayed in and across the state to create awareness on the designated health days. Apart from that State level exhibitions were also organized during this occasion.

1.6. A.World Health Day

World Health Day 2012 was celebrated at IMA house 7th April 2012. Hon'ble Minister Health and Family Welfare graced the occasion by joining as the Chief Guest among others Hon'ble commissioner cum Secretary Ms. Anu Garg, Mission Director, NRHM and all the Directors of Health And Family welfare Department were present in the Function. Theme of the day was "Ageing and Health: Good health adds life to years".

1.6. B. Safe Motherhood Day-2012

Department of Health & Family Welfare celebrated the Safe Motherhood Day on 11th April 2012 at Jayadev Bhawan. Hon'ble Chief Minister Mr. Naveen Patnaik inaugurated the Exhibition planned and designed by CoE,SIH & FW(O) on the day and launched the logo of e-janani, a web based MIS tracking system for every mother and & child of the State. Also 3rd issue of quarterly news letter for SHG women Suno Bhauni prepared by CoE was also launched on this occasion. Among others Hon'able Minister Health & Family Welfare, Hon'able Minister WCD, Hon'able secretary Health & Family Wefare, Hon'able Secretary, WCD, Mission Director,NRHM (O) and, Director of Health Services were also joined the function.

1.6. C. World population Day

World population Day was observed on 11th July at Jayadev Bhawan, Bhubaneswar. Hon'ble Minister Health and Family Welfare graced the occasion by joining as the Chief Guest among others Hon'ble commissioner cum Secretary Mr.P.K. Mohapatra, Spl.Secretary to Govt. Dr. B.K. Panda and all the Directors of Health and Family welfare Department were present in the Function. Theme of the program was "Small family: Overall Development".

1.6. D. World Breast Feeding Week

SIH & FW (O), DHFW (O) observed the World Breastfeeding week from 1st to 7th August 2012 in partnership with Planning Association of India (FPAI), India. The week long observation was based on "Experience from past & planning for the Future". In partnership with 5 local NGOs working in different slum areas of Bhubaneswar.

Objective: is to make community especially mother aware about the benefits of breast feeding both for the mother & Child and its importance in our life.

Other Activities

- ❖ Quiz competition among women based on RCH/MCH,
- ❖ Healthy Baby show to encourage mothers how to caring their babies,
- ❖ mass meeting to sensitize the community about the purpose and
- ❖ Folk shows to create awareness among mother and other members of the community.

Also A live phone in program was organized by CoE in DD for 30 minutes on 7th August 2012. Director SIH&FW participated and address the mass regarding breast feeding and its benefits.

1.6.E. World New born care week

With a view to curb the infant mortality rate along with to provide best of health care facility to the new born of the state, the state institute of Health & family welfare, organized awareness campaigns and other activities to celebrate New Born Care Week i.e. from 14th to 20th Nov'2011.

- ❖ State Level Meetings,
- ❖ Street plays,
- ❖ Quiz competitions
- ❖ Exhibition on wheels

All these activities are designed to create awareness especially for urban slum dwellers of Bhubaneswar. All these activities were based on this year Theme "Evidence based Continuum of New Born Care" (Nabajata Sisu Jatna Saptaha).

1.6. F. World TB Day

The Director Health Services, State TB Cell observed the World TB Day on 24th March 2012 at IMA house Bhubaneswar. Hon'ble Minister Health & Family Welfare, Government of Odisha was the chief guest of the function. A meeting was organized to mark the occasion followed by the signature campaign and Photo exhibition at IMA house. Centre of Excellence prepared the materials and designed the entire exhibition at IMA House.

1.7. Awareness through display of exhibitions & tableaux

State's Core initiatives as well as NRHM innovations were show cased in the Republic Day. This year The Swasthya Kantha Campaign, JSSK, e-Blood bank were displayed on 26th January 2013. District level, tableaus were also displayed Republic Day Parade. The prototype for the purpose was designed by CoE and communicated to the districts.

1.7.A. Adivasi Mela: Health exhibitions have been carried out at State, District & Block level for awareness of general public. Adivasi Exhibition at State level is focused mainly on Janani Shishu Shurkshya Karyakram (JSSK),e-blood bank and Kantha Kahe Kahani program. The exhibition was from 9th Feb'2013 to 15th Feb' 2013 at Adivasi Ground,Bhubaneswar. The Honorable Chief Ministers of Odisha inaugurated the exhibition. CoE has prepared all the designs for this week long exhibition and disseminate awareness message to the community using this platform.

Pulse Polio

IEC/BCC campaigns for 1st phase pulse polio campaign on 26th Feb' and 2nd Phase campaign on 15th Apr'2012 has been carried out intensively. The campaigns include advertisement in Electronics and print media, miking & display of message through Polio Sachetanata Rath etc.

IEC/BCC activities during Heat Stroke & flood

Intensive IEC/BCC activities like miking, Swathya Kantha Updation, Display of poster,

advertisement through Electronic and print media were carried out during flood outbreak emphasizing massages on sanitation, Disinfection of water sources and drinking water, prevention from diarrhoea, snake bite etcetera.

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.

Generating Awareness on Spurious Drugs: CoE, SIH&FW, with technical inputs from Drug Control Administration took up an IEC drive on spurious drugs. SIH&FW prepared prototype of posters and circulated it to the districts along with guideline and financial support to take up the IEC activity. Rs 2,25,000/- were given to districts @ 7500/- for undertaking the awareness programmes. The districts were asked to paste posters on the wall of the medicine stores which are located in the medical compounds.

Converging Initiatives:

Suno Bhouni - Listen Sister's: A campaign to empower 'Self Help Groups' in all the 47000 villages across the State of Orissa on health and nutrition related messages through a quarterly bulletin called "Suna Bhauni".

The broad objectives of the 'Suna Bhauni' Campaign is 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 also used the existing platform of Swasthya Kantha Campaign.

BCC Fortnight Campaign on Malaria, Dengue & Diarrhoea (MDD)

In view of the seasonal trend of vector borne and water borne diseases in Odisha, Government of Odisha launched a state wide fortnight campaign from 1st to 15th August 2012 for behaviour change. This fortnight long communication campaign focussed on sustainable behavior change through increased awareness and linking of ongoing communication campaign named Swasthya Kantha. This multi partnered campaign based on synergetic relationship between different agencies and line depts. of Odisha such as Rural Development Dept, Women and Child Development Dept, Dept. of School and Mass Education, SC & ST Development Dept, Panchayati Raj Dept, Development Partners, TMST-DFID, UNICEF, Civil Society, Community, Media and other stakeholders.

The launching ceremony of MDD campaign was held at the IDCOL auditorium on 31st July 2012.

On this occasion the "Nidhi Rath"; Mobile IEC van is flagged off by the then Honorable Minister Health & Family Welfare, Govt. of Odisha, Mr. Prasanna Acharya.

MDD related IEC activities

- 30 no of Launching Programmes in districts
- 314 no of Launching Programme at Blocks
- 314 publicity van"Nidhi Ratha" lead the campaign
- 374 numbers of hoardings were mounted at strategic location
- 50 numbers of Villages contract drives were conducted

- 22301 numbers of sensitization meetings were conducted at GKS level
- 13700 folk shows were conducted
- 18660 numbers of village cleanliness drives

Objective of the MDD Campaign

- To create awareness on environmental, sanitation and hygiene practices among target groups to prevent and control malaria, dengue and diarrhea
- To reduce morbidity and mortality of malaria, Dengue and diarrhoea
- To promote social mobilization and intersectoral coordination with various department and various sector.

CoE lead the campaign in terms of designing the campaign outline, guideline, communicated the documentation format & monitored the activities during the campaign.

CoE has organized a exhibition and designed the entire campaign, produced and telecasted TV spots, Produced & aired Radio Jingles, published advertisement of local dallies and developed prototypes of IEC materials, printing of IEC materials (both in Odiya language & 4 local languages of tribal dominated areas like Desia, Kui, Saura & Santali). Poster- 2 lakhs, Leaflet-8 lakhs, Suna bhauni-5 lakhs were prepared and distributed in different districts.

Grama Sabha Sasaktikaran Karyakrama Campaign (17th & 18th October 2012)

- To disseminate the messages on entitlements of the community of different Health & Family Welfare schemes & other IEC/BCC issues among the members of the Palli Sabha & Gram Sabha.
- To integrate the community level H&FW issues in the agenda of Palli Sabha & Gram Sabha to help the PRI representatives at community level to know vividly about the H&FW programme so that they can able to supervise & monitor for better implementation of the health programmes in their locale.
- To make GKS & Swasthya Kantha Campaign more vibrant by the integration & support of PRI institutions.

As on 15th Jan, 2013, 5274 GPs in 30 districts have taken up the campaign. At the end of the campaign the IEC materials were positioned in the GP office itself.

Sustha Panchayat Samachar: Panchayati Raj Department is publishing the Newsletter "Panchyat Samachar" for PRI members, DoHFW(O) is using last page of Panchyat Samachar as Swathya Samachar to communicate health awareness messages with PRI member. The Content, planning and designing of Swasthya Samachar page is prepared by CoE, SIH&FW (O), H&FW Dept.

CHAPTER TWENTY ONE

HUMAN RESOURCE

Introduction

The Health workforce includes all those people engaged in actions whose primary focus is to promote health component & motivated and committed health workforce which form the core of an effective and efficient health system. Reforms in health system can bring about intended benefits only when there is an effective and optimum health workforce management. Human Resources and their management are keys to the success of any organization / society. Effective Human Resource Management is one of the key building blocks of human development strategy.

Major Initiatives

- **Implementation of HRMIS:**
  - ☞ An Information System which keeps the details of the contractual employee recruited under the project.
  - ☞ Facilitates Renewal details of service contract of the employee. His / her Leave, Pay & Performance tracking is made.
  - ☞ Generates Reports at various levels like Vacancy, Renewal, Salary, Performance, Leave etc of the employee.
- **Performance Initiatives:** Performance incentive up to 20% is proposed for all the State level positions, and composite index in district & block level.
- **Increment:** Increment @ 5% shall be provided to the employees of the organization only after completion of two contract periods of 11 months. The increment is also applicable to all concerned who have been subsequently selected for other post in the Society & working in the Society beyond two contract periods.
- **Renewal of Contract:** Every employee should undergo service contract with the Society at the time of joining. All contracts will be subject to review & renewal on an eleven months basis or as decided from case to case to basis by a Committee known as Contract Renewal Committee. The same requires post facto approval of the Executive Committee. Accordingly, proposals for review and renewal, where ever applicable, should be submitted at least one month before the expiry of existing contracts.

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CHAPTER TWENTY TWO

PARTNERSHIP INTERVENTIONS

The state has substantial support from international technical agencies for long duration - DFID, UNICEF, NIPI and UNFPA being the major stakeholders in this area. Mapping of areas of technical support with periodicity is provided below :

i. **DFID** (since 1990; Current phase 2007-2015 through OHSP): A comprehensive sector wide approach for increased use of quality health, nutrition and sanitation services by the poor (Esp in KBK + districts)

- Complementary activities under NRHM such as mobility andcommunications for health workers, prevention and control of malaria among pregnant women and scheduled tribes- LLIN procurement, distribution, improving usage, LQAS monitoring
- Improvements in under-funded areas such as medical and nursing education, biomedical waste management, drugs supply
- Funding for new areas such as sickle cell treatment, and critical care services
- Systems strengthening and reform including human resource
- reform, cadre restructuring,improved nursing and medical education, financial planning and management, drugs and equipment procurement and logistics, sstrengthening procurement systems and infrastructure; and establishment of the Centre of excellence in Communication and development of communication strategies and campaign

❖ **Convergence:** support to improve quality of VHND services, Community based management of acute malnutrition

- Evidence building: Independent concurrent monitoring of health and nutrition services(314 blocks; using mixed method); State Equity strategy
- Technical support enables: capacity building for institutionalising reforms; conducting studies and pilots for evidence-based planning; and improvements in implementation; developing guidelines for standardised, quality service provision; procurement , strengthening for drugs, equipment and services; generation of new ideas and ways of working; documentation of best practices

ii. **UNFPA (since 2002)**

❖ Family Planning: Improving planning, monitoring, quality assurance, Promoting informed choices and spacing methods, addressing youth fertility and strengthening Contraceptives Logistics Management Information System harnessing ICT. Rolling out Home delivery of contraceptives by ASHAs scheme in the state

❖ Maternal Health: knowledge management, planning and facilitation for improving quality of care at state level.

- ❖ Addressing gender biased sex selection through strengthening monitoring of implementation of Pre-Conception and Pre-Natal Diagnostic Techniques Act and training and capacity building of key stakeholders
- ❖ RCH program implementation in four districts of Odisha
- ❖ Human Resource support: FP consultants (5) at state level; PCPNDT-3 district level consultants and RCH/NRHM District facilitation (4)

iii. NIPI (since 2007)

Support to the Yashoda scheme including ASHA incentives, home based PNC including incentives, support to SNCU at state level and in 3 districts, Monitoring and Supportive supervision on RI, block level RCH implementation support in 3 districts, Referral transport system in hard-to-reach areas

IV . UNICEF (Since 1989)

Supports implementation of Facility based MNCH interventions: strengthened cold chain and vaccine logistics management, improved review mechanisms on immunization, maternal health and child health, sub-centre validation, rollout of maternal death review, monitoring of IMNCI and RI, strengthening micro-planning for RI and VHND, rollout of alternate vaccine delivery systems

Support s implementation of Community-based MNCH interventions: rollout of VHND with focus on quality support to MAMTA, and adolescent anaemia control programmes, universal salt iodisation, support to VHND quality services.

Supports systems strengthening: consultancy support to SMCS cell NRHM, state and district level reviews and capacity building of health program managers

Supports Operations research studies, and emergency disaster response

- ❖ There is clear division of work particularly geographical coverage (district focus) for RCH activities between donor/ development partners in Odisha. Based on discussions with the DOHFW, donor agencies have been allocated high burden districts (21 districts)- for example, DFID's support is expected in 5 districts, UNICEF's in another 5, UNFPA in 4, NIPI in 3, and UNDP in 4. However, this district level allocation is limited to RCH only, which happens to be the area in which most partners work in. This has included support for preparation of the district PIPs, placement of personnel in these districts.
- ❖ With regard to the thematic areas, one would find more than one partner working on a particular thematic are. However the state (NRHM/ Directorates) have set up coordination mechanisms (MCH review meetings, Immunization Task force, etc) to ensure synergy between partners as well improve coordination. In addition, most programmes have a Steering Committees/ Task Forces where multiple partners are members, thus providing a platform for sharing, addressing duplication and converging resources. As an example, Immunization activities in 2009-10 and 2010-11 had support from Govt of India as per the part C guidelines; UNICEF for micro-planning, monitoring, establishing alternate vaccine delivery systems, review meetings and state level training of trainers while DFID support was used for cold chain strengthening, as well as for district level trainings of cold chain handlers. NIPI's supported monitoring, review meetings at district level and block level in the 3 designated districts that it has been mandated to work in.
- ❖ However, with agencies expanding into other areas, and with the increasing focus on continuum of care approach, the boundaries are becoming more overlapping - having institutional mechanisms led by Govt would help limit these potential overlaps. For

example, UNICEF is planning to work on adolescent health, which has been UNFPA's core focus area.

- There is no district specific comprehensive ownership of any donor partner, resulting in weak managerial capacity of the districts in planning, implementation and monitoring despite large presence of donor partners.

4. State Health Systems Resource Centre

- The Odisha State Health Systems Resource Centre (SHSRC) was set up in 2010 and was envisaged to provide support to NRHM for Policy Planning, Monitoring, support in HR skill building and overall technical support to the Department of Health and Family Welfare. It is headed by the Team Leader and has Senior Consultants for Public Health Planning, Training, M & E, Procurement, SNCU and Works; for technical support to these domain areas. It is integrated into NRHM both infrastructural and technically, in the sense that Odisha SHSRC teams and NRHM teams function together, as one unit. OSHSRC has provided overarching support to NRHM and Directorates in development of PIPs, Monitoring and data analysis, systematizing trainings, and developing guidelines for programmes like JSSK. The SHSRC in the state in functional with 9 members which include 2 NIPI funded personnel.
- The SHSRC team has efficient, skilled staff who are actively involved in programme planning, training, community processes and HR having good coordination with the SPMU. However, much of their time and efforts are going towards in management of routine micro issues of the programme/office work. It will be useful to involve the SHSRC much more in policy support, technical assistance and building the capacity of the districts and blocks in implementation of the programme.

CHAPTER TWENTY THREE

IT INTERVENTIONS IN HEALTH SECTOR UNDER NRHM

Introduction

During the year 2012-13 various steps were taken by NRHM Odisha for incorporating IT in various planning and monitoring activities. The basic objectives for these IT related activities include:

- Strengthening the existing monitoring and evaluation System
- Assessing the gaps and rationally prioritize resource allocation.

Improving the reporting system (e-reports) and lessen file work.

Various applications have been developed for achieving the desired objectives

Programme Monitoring applications:

- e-Swasthya Nirman for monitoring Construction activities.
- Odisha Drug Inventory Management System (ODMIS)
- e – Sanjog : GPS based MHU Tracking (Piloted in Rayagada District)
- Contraceptive Logistics Management Information System (C-LMIS)
- OVLMS (Odisha Vaccine Logistics Management System)

Human Resource monitoring and management:

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

Citizen centric applications:

- e-Blood Bank provides blood availability information of various blood banks
- Sanjog Helpline for referral transport information
- Telemedicine

Applications for Planning and management:

- GIS in public health management

e - Swasthya Nirman

It 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.

Benefits

- Project Code Wise physical work progress and Financial Expenditure can be managed.
- District wise physical work progress and financial expenditure can be traced.
- Alert mechanism can be integrated by the System through Email and SMS.
- User-friendly screens for entry and analysis.
- Dynamic reporting for easy decision making by the management.
- Online system enables easy connectivity and instant updation of data
- Master Data can be centrally managed by the state User.
- Generation of consolidated reports.
- User can easily track and trace the physical Work progress and Financial Expenditure for every project.
- User can easily get the reports like work in progress, Work Completion, Work closure, Work in delayed with proper reason.

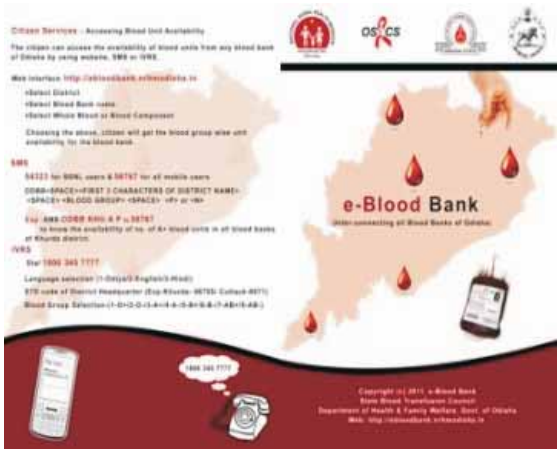
The Application has been developed, hosted at NRHM Server and training has been imparted to all JEs for necessary updation.

e-Blood Bank

It 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. Developed with support from National Rural Health Mission, Odisha and technical support of Odisha State AIDS Control Society as well as State Blood Transfusion Council, Odisha, the web based Blood Banking system, called "e-blood bank" was formally launched on the 14th 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.,

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

Thus, the initiative will go a long way in reducing the access time in acquiring the required quantity of blood units from specified blood banks. By doing away with the present manual system of such decision making, the initiative will also bring in the much needed transparency in the blood banking system.



Achievements

Since the launch of the e-Blood Bank system on 14th December 2011, the service has been widely accessed from all corners of the state. A snapshot of achievements from December 2011 to October 2013 is given below.

Outcome

- Number of clients who accessed the website : 98,017
- Number of clients who used IVRS : 54,483
- Number of clients who used SMS facility : 71,529

e-Attendance

H&FW, Govt. of Orissa has implemented Biometric based Attendance System in 32(thirty two) District Head Quarter Hospitals including Capital Hospital Bhubaneswar & RGH Rourkela, three medical colleges (SCB, MKCG & VSS) and all Directorates. Biometric Attendance System seeks to use ICT in monitoring and capturing the Attendance of employees at various places. The web based software will be able to record attendance log of the staff of the DoHFW, Govt. of Orissa throughout State. Presently, the attendance has been linked with the Salary of concerned employee at State NRHM headquarter office.

Mission Connect (CUG)

Under this scheme, selected field level designations are being provided with CUG post paid SIM cards for better communication and service among employees of H & FW departments. So far 13000 health personnel have been provided CUG connection.

Benefits

- Better communication and service delivery
- Strengthening MIS and reporting tools
- Develop interaction between user groups
- Prompt information sharing during epidemic & other emergencies

TELEMEDICINE

Telemedicine is an emerging mode of delivering health care services in places where there is none and improving the quality of health care where some kind of health care service is available.

Odisha initiated 'telemedicine activities' way back in the year 2001 with the support from the Ministry of Communications & Information Technology, Govt. of India and Sanjay Gandhi Post Graduate Institute of Medical Sciences (SGPGIMS), Lucknow.

Odisha Telemedicine Network connects three Govt. Medical College hospitals of the state to 28 district-level telemedicine nodes. A total number of 3385 patients have been benefited during last 11 years by the telemedicine facility through Tele-Consultative and Tele-Follow Up services. About 2205 teaching topics have been discussed through Tele- CME Programs, thus benefitting 10 batches of post graduate medical students. Nurses, laboratory technicians and medical professionals have also derived immense benefit by use of the facility through distance medical education programs.

Odisha Drug Inventory Management System (ODIMS)

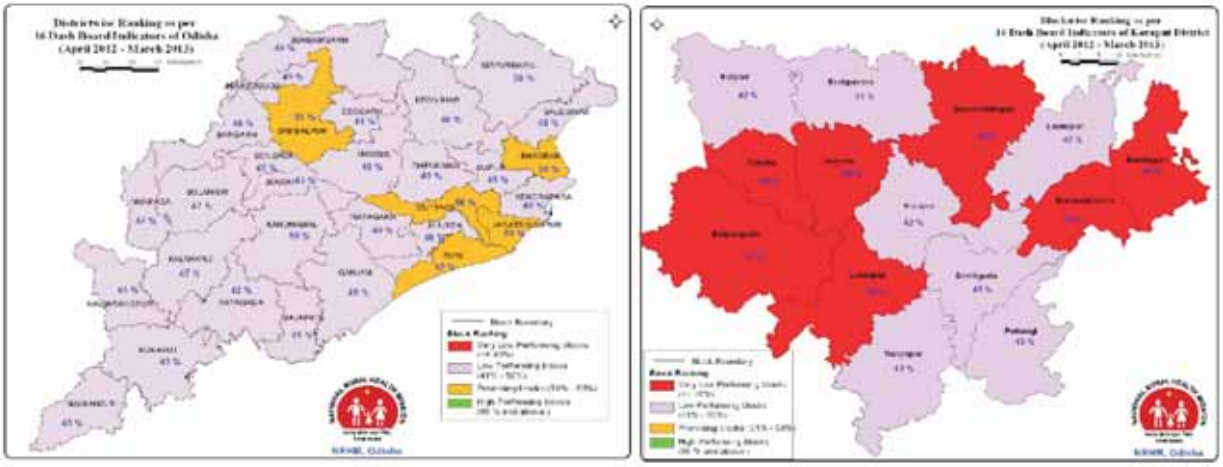
Odisha Drug Inventory Management System (ODIMS) is being used for

- Rational use of Drugs and Consumable
- Tracking of Drugs to be expired
- Minimization of Drug wastage
- Better annual procurement planning
- Instant assessment of Drugs and Consumables at health institutions
- Efficient control over inventory of Drugs and Consumables
- Actual quantification of requirements

ODIMS is available at Web site: http://dims.nrhmodisha.in for which training has been provided to pharmacist and MIS Coordinators for regular stock updation.

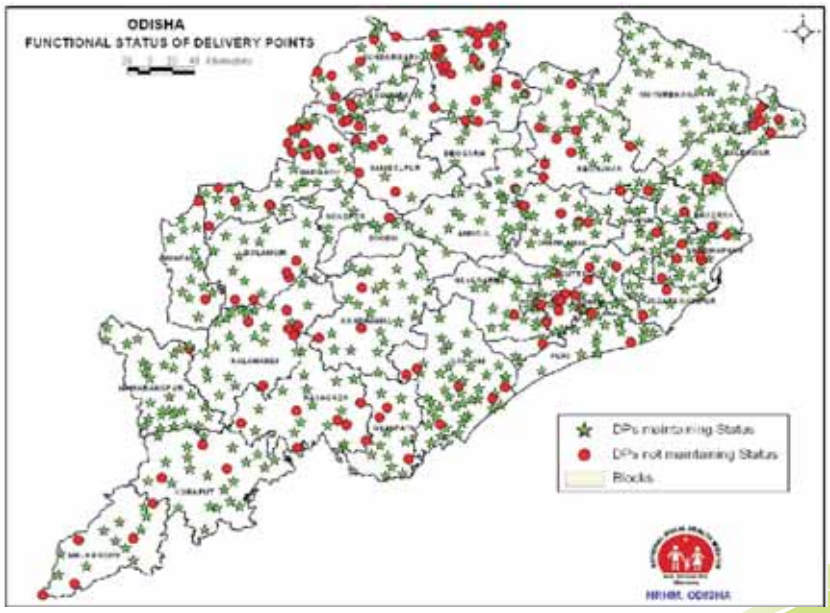
GIS in Public Health Management

GIS has been a part of NRHM Programme Implementation Plan since its inception. Starting from developing base line geodatabase to linking of health attributes upto village level, NRHM Odisha has come a long way towards attaining its desired output. The organization has not only used this technology for situational analysis but also in its regular monitoring and evaluation mechanism for analyzing the progress made under various programmes implemented across the State.



Some of the major applications of GIS undertaken by NRHM Odisha during 2012-13 include:

- Mapping of Dashboard indicators Odisha: Based on 16 dashboard indicators district ranking was done based on which GIS mapping was done for all the districts and State as a whole. The same was also shared with the districts and other officials.
- Mapping of district wise AHS data on various indicators of Child Health, Maternal Health, Family planning, etc and sharing the same with the districts.

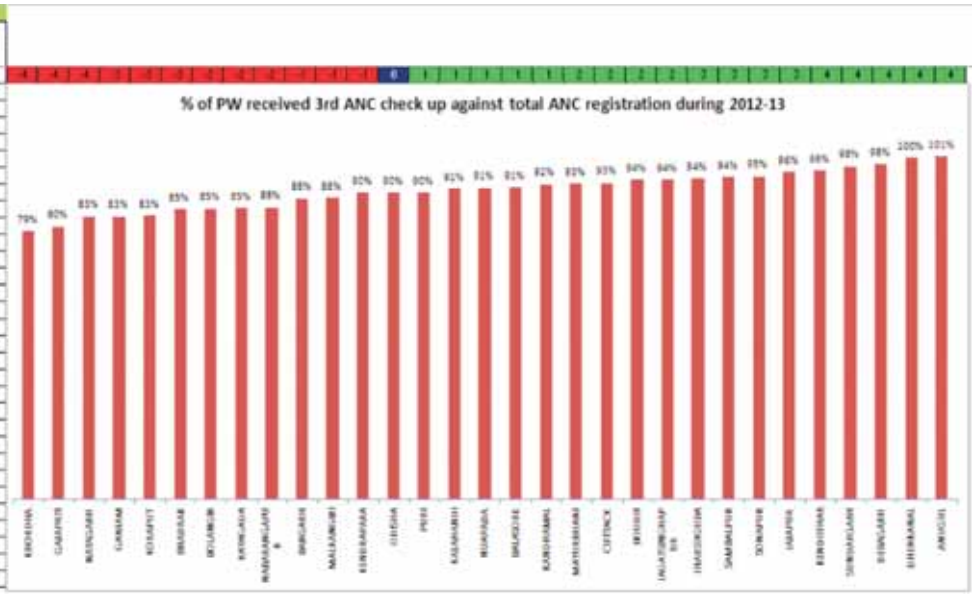


- Mapping the delivery point status: Under this activity all delivery points were mapped in GIS and their performance was depicted in terms of DPs performing as per standard and non performing DPs. Such maps were used during district programme review meetings.

HMIS/ MCTS: TOOL FOR MONITORING AND EVALUATION

Since 2009, state initiated the collection of facility based HMIS data with the aid of NHSRC. The data is being captured across 8403 institutions, ranging from Sub Centers to DHH &Medical Colleges from different parts of the State. However, as per the National guideline, the reporting is to be done on the GoI portal. At the state level this practice has been initiated since 2011 and reporting on GoI portal has been taken up for all 30 districts. Based on 16 dashboard indicators available in HMIS district ranking was done for all the districts and State as a whole. The same was also shared with the districts and other officials.

BLOCKS	% of registration during 1st Trimester	Mark
KHORDHA	79%	-4
GAJAPATI	80%	-4
NAYAGARH	83%	-4
GANJAM	83%	-3
KORAPUT	83%	-3
BHADRAK	85%	-3
BOLANGIR	85%	-2
RAYAGADA	85%	-2
NABARANGAPUR	86%	-2
BARGARH	88%	-1
MALKANGIRI	88%	-1
KENDRAPARA	90%	-1
ODISHA	90%	0
PURI	90%	1
KALAHANDI	91%	1
NUAPADA	91%	1
BALASORE	91%	1
KANDHAMAL	92%	1
MAYURBHANJ	93%	2
CUTTACK	93%	2
BOUDH	94%	2
JAGATSINGHAPUR	94%	2
JHARSUGUDA	94%	3
SAMBALPUR	94%	3
SONAPUR	95%	3
JAJAPUR	96%	3
KENDUJHAR	96%	4
SUNDARGARH	96%	4
DEBAGARH	98%	4
DHENKANAL	100%	4
ANUGUL	101%	4



CHAPTER TWENTY FOUR

EQUITY

Background

Equity is an overarching theme and is a companion to all the health interventions in the state. To adequately address the larger equity concerns, State Gender and Equity Cell was constituted to facilitate policy direction. Nodal Officer as Joint Director, Family Welfare, in the Directorate oversees implementation and monitors progress of equity concerns with support from Equity Advocacy Manager under NRHM placed in the Directorate of Health & Family Welfare.

The specific mandate of this Equity Advocacy Cell was to address gender and equity related issues. Convergence: Earlier there were independent efforts by departmental functions under State Govt. For a unified approach, attempts towards convergence are discernible in the last few years. The Odisha Health Equity strategy promulgated in 2009 reflected the commitment to gender & equity issues in health domain. The position of Equity Advocacy Manager under Directorate of H & FW was created to bring about further sustainability & convergence.

Physical Progress

Gender & equity interventions

1. Strengthening Techno-managerial Mechanisms for effective functioning of Gender & Equity Cell (Gender + Equity Advocacy division)

State Gender & Equity Cell (Gender Div. & Equity Advocacy Div.) under DFW has been set up during 2011-12. GoI Action Plan mandates State PCPNDT Cell to have a Equity Advocacy Manager, State Facilitator, Legal Advisor & Data cum Accounts Assistant (DAA). All personnel are in place as on March 2013. The position of DAA was being supported under UNFPA AWP. The approved position of Program Assistant is yet to be placed.

Communication expenses, Office Expenses, Operational Expenses and Contingency and miscellaneous of the above personnel is being borne from the program.

2. Capacity Building initiatives

One Day State level Equity Task Force Meet -cum-Capacity Building Workshop: The first meeting for the formation of Cross Sector Task Force was held on May 29, 2012, under the chairmanship of Director, Family Welfare. The dignitaries and officials present were Chairman, Director, Family Welfare, Programme Manager, UNICEF, Health Specialist, UNICEF, Additional Secretary, School & Mass Education Department, Joint Secretary, Women and Child Development Department, Joint Secretary, Higher Education Department, Director of Family Welfare, Government of Odisha, Director of Health Services, Government of Odisha, Director, Public Health, Government of Odisha, Additional Director, Child Health, Directorate of Family Welfare, Government of Odisha, Joint Director, Directorate of Family Welfare, Government of Odisha and other State level officials.

This state level meeting on equity and gender was held on dated 29th of May, 2012 with an objective to create a state and district level taskforce. Here the task for next 6 months was as follows:

1. Formation of Cross Sector Equity Task Force at State and District level.
2. Departmental GO on formation of Gender equity task force at state and district level.
3. Promote the construction of separate toilets for male and female till PHC level.
4. Provide privacy to women in all govt. health care facilities.
5. Provide citizens charter in health care facilities.

Achievements

1. Government Order received for the formation of Cross Sector Equity Task Force at State and District level.
2. Construction of separate toilets for male and female till PHC level under process.
3. Provision of privacy to women in all govt. health care facilities as separation between beds in labor room in all govt. health care facilities is under process.
4. Provide citizens charter in health care facilities is under process.

One Day State level Equity Task Force Meet -cum-Capacity Building Workshop: The second workshop was held on January 9, 2013 with 6 months planning as given below:-

1. Cross sector equity task force at State and District Level to have more departments added to it.
2. To promote the construction of separate toilets for female and male in all health care facilities.
3. Provision of privacy to women in all govt. health care facilities as separation between beds in labor room in all govt. health care facilities is under process.
4. To provide citizen charter in all health care facilities.

Achievements

1. Government Order received for the formation of Cross Sector Equity Task Force at State and District level with more departments.
2. Construction of separate toilets for male and female 32%.
3. Provision of privacy to women in all govt. health care facilities as separation between beds in labor room in all govt. health care facilities is 56.49%.
4. Provide citizens charter in health care facilities is 74.16%.

DETAIL ACTIVITIES PROPOSED ALONG WITH BUDGET

Capacity Building initiatives

- One Day State level Equity Task Force Meet -cum-Capacity Building Workshop: 2 Nos Rs.79,000/-
- One Day sensitization of State level officials and consultants on Equity. 1 No. Rs.39,500/-

CHAPTER TWENTY FIVE

MAINSTREAMING OF AYUSH UNDER NRHM

The Indian system of medicine have age old acceptance in the communities of India and in most place they form the first line of treatment in case of common ailment. The NRHM seeks to revitalize local health tradition and main stream AYUSH (including man power and drugs), to strengthen public health system at all levels. AYUSH medicines are included in the drug kit of ASHA. The traditional supply of generic drugs for common ailment at PHC/CHC levels under the mission is also including AYUSH formulations. Under Indian public health system two rooms will be provided for AYSUH practitioner at CHC level. At the same time, the single doctor PHC ie. PHC (N) are upgraded to two doctors PHC by induction of AYUSH doctor at that level.

1. Activities under taken

- Integration and Mainstreaming of AYUSH in health care delivery system including National Programmes.
- Integration of AYUSH service in 314 CHC & 1162 PHC News.
- Strengthening AYUSH units with supply of Equipments, Instruments and Furniture (EIF) & Reference Books to all the Co-located AYUSH Clinics.
- Construction of rooms for exclusive AYUSH OPD in CHCs.
- Providing AYUSH Drugs at all levels.
- Civil Construction has been completed for establishment of AYUSH Clinic in 2 District Headquarter Hospitals namely DHH Balasore and DHH Kendrapara for providing specialized services.
- Training of AYUSH doctors on Primary Health Care & Disease Control Programme.
- AROGYA FAIR, a mega event has been conducted for propagation of AYUSH system with support from Govt. of India.

2. Integration of AYUSH with ASHA

- Training module of ASHA has been updated to incorporate information on AYUSH. Till date 43530 ASHA are trained on Mainstreaming of AYUSH.

3. **General Information**

- Total Ayurvedic doctors in position-725
- Total Homeopathic doctors in position - 602
- Total Unani doctorsin position - 5
- Total AYUSH doctor trained on SAB- 626
- Total AYUSH doctor trained on IMNCI- 353
- Total AYUSH doctor completed Induction training- 1143
- Total ASHA completed training on Mainstreaming of AYUSH- 43530

- Most of the AYUSH doctors are trained on National Programmes like Routine Immunization, Tuberculosis, Malaria, Leprosy and School Health Programme.

4. Activities of AYUSH Doctors

- The AYUSH doctors are providing service in the most hard to reach areas where health system had not reached before initiation of AYUSH programme under NRHM.
- The AYUSH doctors attend the OPD patients in the OPD hour.
- They treat patients seeking medical care & prescribe medicines for ailments as per their own system of medicine.
- After integration of AYUSH with Modern Medicine, patients are getting multiple options for treatment.
- The SAB trained AYUSH doctors are conducting delivery in the remote areas & Assisting to MOs for conducting delivery.
- Attending Emergency under guidance of MBBS doctors
- Supervising the works of ANMs, ASHAs & other field staff
- Act as Sector MO & conduct Sector meeting where MBBS doctors not available.
- Manage Hospital (PHC New) where he/she is the only doctor.
- Actively participate in outreach programmes like RCH Camp, Tribal Health Camp, Biju Gramina Swasthya sibira, Mega Health Camp etc.
- Conducting Screening of students on School Health Programme.
- Managing Adolescent friendly health clinics in some facilities.
- AYUSH doctors are actively involved in all National programmes, especially in the priority areas like RCH, Disease control programme like Malaria, Filaria, Tuberculosis, Leprosy, Diarrhea and Scabies.
- Actively participate in the activities of RKS and in some districts monitor the functioning of GKS.
- Provide first aid in normal & emergency cases
- Participate actively in Epidemic Management where ever required & take a major role in Epidemic Management & Community awareness.
- Supervise & monitor Routine Immunization, IMNCI, VHND, Prustikar Divas, & GKS
- Average 18 no of patient treated in AYUSH OPD per clinic per day in the year 2012-13
- Average monitoring visit conducted by AYUSH Doctor per month is 7.

AYUSH OPD, Ramanaguda PHC, Rayagada

IEC Stall

CHAPTER TWENTY SIX

INTERSECTORAL CONVERGENCE

Introduction

Health is a cumulative outcome of efforts by various inter-related sectors like nutrition, water, sanitation and hygiene. The inter-relationships among all these sectors aim towards the common goal of ensuring better health outcomes. But the fact is that every sector has its own policy, programmes and separate line of operation to plan, execute, monitor and evaluate the service delivery system for better outcomes of its respective programmes. The sectoral approach not only affects the overall goal but at the same time causes lot of duplication both in terms of actions and utilisation of resources. Hence, inter-sectoral convergence is critical to ensure demonstrable synergy among the sectors in order to minimise the duplication of actions and optimise the resource utilisation.

Convergence with RD, W&CD & PR Deptt. under GKS

Inter sectoral convergence with Rural Development, W&CD & PR Deptt. are being strengthened at the village level through formation of Village Health Nutrition & Sanitation Committees popularly known as Gaon Kalyan Samiti (GKS). These Committees are also actively involved in preparation of integrated village health plan, addressing all issues related to nutrition, sanitation & safe drinking water.

Convergence with Development Partners

- Capacity building of GKS through involvement of Development Partners/ INGO are being done for strengthening of inter-sectoral convergence.

Convergence with Panchayati Raj Dept.

- Joint planning, implementation and monitoring of NRHM activities is a major convergent activity carried out in partnership with PR department to ensure involvement of panchayat representatives at all levels:
- GKS headed by ward member at village level.
- SC Untied Fund expenditure committee headed by Sarpanch at panchayat level.
- Rogi Kalyan Samitis at PHC (N) headed by Zilla Parishad members at sub block level.
- RKS, CHC, BPHC headed by Chairman, Panchayat Samiti at block level.
- District Health Mission (ZSS) headed by President Zilla Parishad
- In order to improve participation of PRI on health, information on different health schemes issues are being regularly included in "Panchayat Samachar", published by PR Deptt., which is circulated to all Gram Panchayats of the State.

Convergence with Women & Child Development

- In addition a special health bulletins namely "Suno Bhouni" is also published by H & FW Deptt. to sensitize more than 5 lakhs women SHG members on different health schemes

and issues in order to improve participation of SHG members on promotion of health, nutrition & sanitation status of the villages.

- To reduce the prevalence of Iron Deficiency Anaemia among adolescent girls (AACP and SABLA)
- Spread awareness among them about health, hygiene, nutrition (AACP & SABLA)
- Linkages with Adolescent Reproductive and Sexual Health (ARSH) component, and family and child care (AACP &SABLA)
- Joint review and monitoring of coverage and compliance at the district and state level (AACP &SABLA)
- MAMATA scheme (WCD) to provide partial wage loss compensation for pregnant and nursing mothers; increase utilization of maternal and child health services.
- AWW is a member convenor of GKS meetings at village level.
- Critical platforms like VHND/Mamata Divas or Fixed Immunisation Day are facilitated at the Anganwadi Centre.
- Verbal Autopsy of maternal and infant deaths is jointly facilitated by AWW and ANM.
- Implementation of MCP tracking card is proposed to be carried out jointly.
- IPPI, Mass Drug Administration is carried out with involvement of ICDS personnel at all levels.
- Case identification for malnutrition and referrals from VHND to Pustikar Divas primarily managed by AWW.

Convergence with Rural Development for taking up construction

- Safe drinking water availability at institutions.
- Self Employed Mechanic a member of GKS.
- RWSS Block Level personnel as members of ASHA training teams at all levels.
- Promotion of Individual Household Latrine by ASHAs. As a policy decision all ASHAs to construct own toilets to set example for awareness creation.
- A fixed day meeting is also held on every month with different civil agencies for smooth exhibition of civil works both at the State & district level.

Convergence with OSACS

- Functionalisation of Facility based Integrated Counselling and Testing Centres (FICTCs) for upscaling counselling, testing and follow-up services at sub-district level.
- Operationalisation of Blood Storage Centres (BSCs).
- Facility based RTI/STI management.
- Incentive of Rs. 500 to ASHA and HIV positive pregnant woman for institutional delivery in all 30 districts approved.
- Training and sensitisation of officers at district level, block level functionaries and frontline health workers on HIV.
- NRHM Drug Inventory Management System (DIMS) will be used for real time tracking of all supplies for HIV .
- Integration of OSACS IEC/BCC activities with NRHM.

H & UD Deptt.

- ❖ Implementation of Urban Health Project at slums
- ❖ Engagement of ASHA in urban slums
- ❖ Management of general waste in hospitals

School & Mass Education Deptt.

Extensive School Health Programme:

- ❖ School Teachers trained as School health coordinators, accompaniment to referral institutions after screening, awareness creation through School Health Commitees.

Labour & Employment

Implementation of RSBY scheme:

- ❖ Government institutions empanelled under RSBY. Labour Department identifies, engages insurance companies as service providers for RSBY and issues smart cards to eligible BPL families. NRHM hosts a Help Desk at PHC/CHC and provides space for District Kiosk at DHH. RKS concerned facilitates treatment for RSBY card holders and places claims to insurance companies

SC/ST Development Department

Intensive School Health Programme:

- ❖ Fund provided by NRHM and managed and operated by Tribal Development Department

Common Strategies

- ❖ Joint review of common indicators from block level till state once in every quarter viz. Monthly block level meetings held in presence of Block MO,CDPO,all ICDS Supervisors,ANMs,MPHS (male & female) and staff of BPMU/SI (Education) chaired by BDO, etc.

CHAPTER TWENTY SEVEN

FINANCE MANAGEMENT

Introduction

A standard operation procedure for financial management has been prepared at state and district levels to maintain fund flow of programme implementation. A few practices that promise to uphold transparency and efficient financial management has evolved in NRHM.

Financial Reform Measures Under taken

- Monthly concurrent audit by internal auditor at all levels.
- Annual statutory audit
- Performance audit by CAG
- Special Audits wherever irregularities are reported
- Delegation of financial powers at District & Sub-district level.
- Separate joint accounts maintained at all levels from State Society to "Gaon Kalyan Samities"
- Implementation of Central Plan Scheme Monitoring System (CPSMS)- common transaction-based on-line fund management and payment system and MIS
  - ♦ 90% of the agencies registered in the portal.
  - ♦ Registration of rest 10% of the agencies is in process due delay in inclusion of 'Grameen banks & Post Offices' in the portal.
  - ♦ Direct Benefit Transfer (DBT) to JSY beneficiaries & ASHAs piloted in Cuttack district and Capital Hospital in Apr'13.
  - ♦ DBT implemented in 4 districts i.e. Bolangir, Cuttack, Puri & Sonepur. Planned for rest 26 districts from December'13 onwards.

Manpower Position

- Key posts like Director-Finance (Addl. Director, Finance), State Finance Manager & State Accounts Manager are in position at SPMU.
- 30 District Accounts Managers are in position at District Prog. Management Unit.
- 68 Accountants against 77 sanctioned at district level
- 402 Accountants out of 460 at sub-district level.

Implementation of Customized Tally ERP 9

- In stead of Tally ERP 9, an ERP based accounting software has been procured through open tender.
- The same is now under implementation at Puri and SPMU on pilot basis.

Auditing Procedure

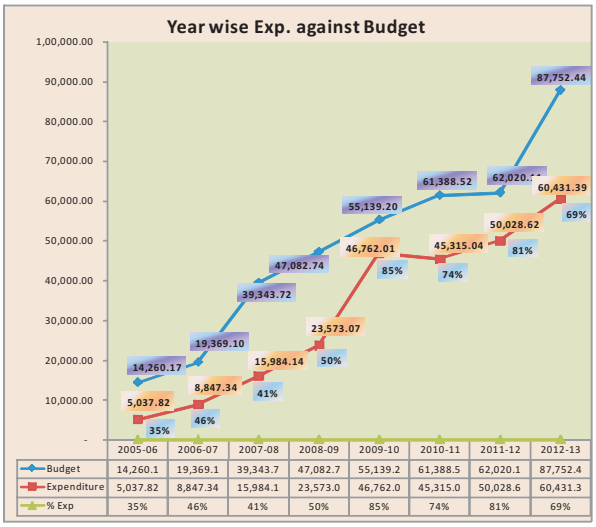
Statutory Audit

- ♦ Statutory auditor is appointed through open tender following the guideline of GoI.

- Decentralized audit, i.e. the auditor takes up the audit at district level and covers at least 40% of the CHCs of each district.
- Consolidation of district reports is being done at SPMU with support from the auditor.
- Consolidation of the reports consumes substantial time as it is done manually.

Concurrent Audit

- Concurrent auditor is appointed through open tender by each district.
- The auditor once appointed can be renewed for 2 years but 1 year at a time by the EC, depending on their performance.
- The auditor takes up the audit at district level and covers at least 30% of the CHCs each month.
- A copy of the Audit Report is submitted to State by the districts every month.
- Adverse observations of the auditor, if any, are sent to the CDMOs for compliance and further action.

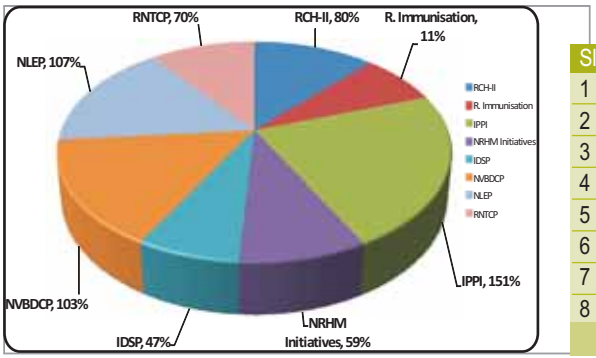


Year	Budget	Expenditure	% Exp
2005-06	14,260.17	5,037.82	35%
2006-07	19,369.10	8,847.34	46%
2007-08	39,343.72	15,984.14	41%
2008-09	47,082.74	23,573.07	50%
2009-10	55,139.20	46,762.01	85%
2010-11	61,388.52	45,315.04	74%
2011-12	62,020.11	50,028.62	81%
2012-13	87,752.44	60,431.39	69%

Rs. in lakhs

Sl No.	Name of the Programme	Budget	Total funds available for the year (including OB)	Expenditure	% of Expd. against budget	% of Expd. against funds available
1	Reproductive & Child Health - II (RCH-II)	32,666.69	34,819.13	26,063.16	80%	75%
2	Routine Immunisation (RI)	2,518.55	1,758.18	1,286.85	51%	73%
3	Integrated Pulse Polio Immunization (IPPI)	607.99	1,142.60	915.04	151%	80%
4	NRHM Initiatives (NI)	47,215.43	47,313.33	27,782.79	59%	59%
5	Integrated Disease Surveillance Project (IDSP)	309.76	271.38	146.48	47%	54%
6	National Vector Borne Disease Control Programme (NVBDCP)	1,792.42	2,276.10	1,843.99	103%	81%
7	National Programme For Blindness Irradication (NPCB)	853.49	1,533.79	909.95	107%	59%
8	National Leprocy Eradication Programme (NLEP)	329.16	414.02	228.77	70%	55%
9	Revised National Tubourculosis Programme (RNTCP)	1,458.95	1,640.49	1,254.37	86%	76%
	Total	**87,752.44**	**91,169.03**	**60,431.39**	**69%**	**66%**

Statement of Expenditure (against budget)



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3	IPPI	607.99	915.04	151%
4	NRHM Initiatives	47,215.43	27,782.79	59%
5	IDSP	309.76	146.48	47%
6	NVBDCP	1,792.42	1,843.99	103%
7	NLEP	853.49	909.95	107%
8	RNTCP	329.16	228.77	70%
	Total	**86,293.49**	**59,177.02**	**69%**

Expenditure analysis under RCH Flexipool for the year 2012-13

(Amount in Lakhs)

Sl No	Name of the Districts	Budget	Expenditure
1	Angul	964.03	773.20
2	Balasore	1,477.99	1,266.40
3	Baragarh	1,007.48	796.54
4	Bhadrak	808.30	737.94
5	Bolangir	1,269.68	1,126.19
6	Boudh	347.04	283.73
7	Cuttack	1,562.17	1,100.51
8	Deogarh	265.19	203.33
9	Dhenkanal	764.79	653.61
10	Gajapati	519.67	408.72
11	Ganjam	1,949.66	1,734.22
12	Jagatsinghpur	718.42	517.42
13	Jajpur	1,185.10	941.30
14	Jharsuguda	435.96	361.56
15	Kalahandi	1,066.81	872.26
16	Kandhamal	759.04	657.13
17	Kendrapara	906.81	758.90
18	Keonjhar	1,312.84	1,199.01
19	Khurda	1,096.20	821.32
20	Koraput	1,129.59	989.87
21	Malkanagiri	599.49	599.73
22	Mayurbhanj	1,885.86	1,692.66
23	Nawarangpur	932.81	903.93
24	Nayagarh	628.28	561.08
25	Nuapada	529.77	497.29
26	Puri	1,020.53	758.05
27	Rayagada	829.72	626.45
28	Sambalpur	772.59	712.48
29	Subarnapur	496.62	367.64
30	Sundargarh	1,402.12	1,095.00
31	State & Others	4,022.11	2,045.68
	Total	**32,666.69**	**26,063.16**

Expenditure analysis under Mission Flexipool for the year 2012-13

(Amount in Lakhs)

Sl No	Name of the Districts	Budget	Expenditure
1	Angul	1,317.76	622.68
2	Balasore	1,670.95	931.73
3	Baragarh	1,620.47	763.62
4	Bhadrak	1,031.14	521.35
5	Bolangir	1,989.35	1,196.91
6	Boudh	407.56	323.24
7	Cuttack	1,122.00	628.37
8	Deogarh	356.55	266.90
9	Dhenkanal	822.16	493.85
10	Gajapati	758.69	553.97
11	Ganjam	1,770.15	1,147.34
12	Jagatsinghpur	751.76	525.32
13	Jajpur	1,337.81	472.93
14	Jharsuguda	1,311.18	325.46
15	Kalahandi	1,860.76	1,513.15
16	Kandhamal	1,531.41	1,115.26
17	Kendrapara	1,498.87	799.47
18	Keonjhar	1,638.92	1,246.50
19	Khurda	1,535.10	693.58
20	Koraput	2,102.67	1,223.58
21	Malkanagiri	1,235.92	1,075.46
22	Mayurbhanj	2,205.71	1,562.84
23	Nawarangpur	1,763.20	777.71
24	Nayagarh	1,005.69	723.89
25	Nuapada	714.46	442.13
26	Puri	1,144.87	519.64
27	Rayagada	1,511.60	604.26
28	Sambalpur	1,332.00	704.47
29	Subarnapur	583.19	397.93
30	Sundargarh	2,633.13	1,280.28
31	State & Others	6,650.43	4,328.95
	Total	**47,215.43**	**27,782.79**

Expenditure analysis of Districts under Immunisation for the year 2012-13

(Amount in Lakhs)

Sl No	Name of the Districts	Budget	Expenditure
1	Angul	59.95	58.94
2	Balasore	102.44	114.21
3	Baragarh	69.27	71.49
4	Bhadrak	78.99	76.36
5	Bolangir	89.65	70.51
6	Boudh	24.14	29.53
7	Cuttack	121.33	95.82
8	Deogarh	17.85	20.16
9	Dhenkanal	62.61	68.10
10	Gajapati	42.06	37.80
11	Ganjam	163.51	151.50
12	Jagatsinghpur	57.54	53.31
13	Jajpur	76.51	76.66
14	Jharsuguda	31.34	31.19
15	Kalahandi	83.76	79.14
16	Kandhamal	55.58	55.71
17	Kendrapara	70.70	76.64
18	Keonjhar	100.02	100.16
19	Khurda	99.63	73.43
20	Koraput	100.21	76.44
21	Malkanagiri	46.78	45.32
22	Mayurbhanj	163.73	151.84
23	Nawarangpur	80.47	61.87
24	Nayagarh	55.44	57.28
25	Nuapada	35.76	36.26
26	Puri	75.35	90.03
27	Rayagada	73.44	58.81
28	Sambalpur	59.56	66.48
29	Subarnapur	34.12	28.46
30	Sundargarh	101.34	102.56
31	State & Others	893.46	85.90
	Total	**3,126.55**	**2,201.90**

Expenditure analysis under RNTCP for the year 2012-13

(Amount in Lakhs)

Sl No	Name of the Districts	Budget	Expenditure
1	Angul	25.10	30.01
2	Balasore	55.09	45.72
3	Baragarh	29.51	30.19
4	Bhadrak	42.70	32.32
5	Bolangir	36.88	36.26
6	Boudh	14.30	14.25
7	Cuttack	72.59	46.96
8	Deogarh	12.17	17.52
9	Dhenkanal	28.69	29.16
10	Gajapati	22.82	29.24
11	Ganjam	102.27	71.02
12	Jagatsinghpur	24.28	22.77
13	Jajpur	37.91	42.36
14	Jharsuguda	26.88	38.41
15	Kalahandi	37.07	38.32
16	Kandhamal	23.09	30.13
17	Kendrapara	32.62	30.90
18	Keonjhar	73.80	55.63
19	Khurda	29.03	30.56
20	Koraput	53.27	46.02
21	Malkanagiri	30.15	28.62
22	Mayurbhanj	98.02	86.50
23	Nawarangpur	34.01	33.77
24	Nayagarh	34.30	29.06
25	Nuapada	19.77	23.15
26	Puri	49.88	45.60
27	Rayagada	34.28	36.26
28	Sambalpur	49.60	46.79
29	Subarnapur	20.37	20.68
30	Sundargarh	133.66	87.71
31	State & Others	174.87	98.49
	Total	**1,458.97**	**1,254.37**

Expenditure analysis under NPCB for the year 2012-13

(Amount in Lakhs)

Sl No	Name of the Districts	Budget	Expenditure
1	Angul	15.35	11.44
2	Balasore	30.39	23.20
3	Baragarh	24.86	30.87
4	Bhadrak	16.73	20.07
5	Bolangir	23.36	20.89
6	Boudh	6.79	6.37
7	Cuttack	63.53	34.10
8	Deogarh	5.22	6.80
9	Dhenkanal	18.92	17.24
10	Gajapati	10.03	6.95
11	Ganjam	59.90	36.73
12	Jagatsinghpur	16.07	38.62
13	Jajpur	23.59	20.79
14	Jharsuguda	8.14	10.52
15	Kalahandi	21.98	2.34
16	Kandhamal	11.74	3.54
17	Kendrapara	21.75	24.27
18	Keonjhar	21.49	7.63
19	Khurda	48.09	24.46
20	Koraput	20.98	4.40
21	Malkanagiri	5.19	2.77
22	Mayurbhanj	37.59	19.77
23	Nawarangpur	14.29	3.31
24	Nayagarh	17.77	15.73
25	Nuapada	9.15	3.72
26	Puri	25.33	13.72
27	Rayagada	14.05	4.93
28	Sambalpur	23.43	23.28
29	Subarnapur	7.37	8.93
30	Sundargarh	30.79	18.18
31	State & Others	199.63	444.41
	Total	**853.49**	**909.95**

Expenditure analysis under NLEP for the year 2012-13

(Amount in Lakhs)

Sl No	Name of the Districts	Budget	Expenditure
1	Angul	3.24	3.33
2	Balasore	15.12	9.55
3	Baragarh	5.77	5.57
4	Bhadrak	6.82	4.66
5	Bolangir	11.55	8.63
6	Boudh	2.09	2.27
7	Cuttack	12.61	12.77
8	Deogarh	2.99	1.93
9	Dhenkanal	6.55	5.26
10	Gajapati	5.33	5.48
11	Ganjam	24.46	15.44
12	Jagatsinghpur	5.85	2.13
13	Jajpur	8.37	8.66
14	Jharsuguda	4.06	3.42
15	Kalahandi	10.63	9.51
16	Kandhamal	7.36	5.94
17	Kendrapara	5.65	5.38
18	Keonjhar	14.53	3.46
19	Khurda	8.13	6.43
20	Koraput	11.43	6.59
21	Malkanagiri	6.62	2.85
22	Mayurbhanj	18.58	18.07
23	Nawarangpur	6.20	3.49
24	Nayagarh	10.02	3.67
25	Nuapada	5.48	3.86
26	Puri	9.24	6.33
27	Rayagada	7.37	4.04
28	Sambalpur	7.11	6.24
29	Subarnapur	5.57	6.06
30	Sundargarh	8.39	4.70
31	State & Others	72.05	43.05
	Total	**329.16**	**228.77**

Expenditure analysis under IDSP for the year 2012-13

(Amount in Lakhs)

Sl No	Name of the Districts	Budget	Expenditure
1	Angul	7.57	2.92
2	Balasore	7.74	3.30
3	Baragarh	8.94	5.77
4	Bhadrak	7.57	1.87
5	Bolangir	7.97	2.40
6	Boudh	7.47	2.60
7	Cuttack	9.57	5.49
8	Deogarh	7.47	2.12
9	Dhenkanal	8.04	3.57
10	Gajapati	7.74	3.35
11	Ganjam	9.44	7.68
12	Jagatsinghpur	8.94	7.01
13	Jajpur	7.74	3.20
14	Jharsuguda	7.57	2.44
15	Kalahandi	9.94	9.65
16	Kandhamal	7.57	3.36
17	Kendrapara	8.24	3.31
18	Keonjhar	7.47	2.22
19	Khurda	8.07	2.28
20	Koraput	17.44	4.58
21	Malkanagiri	7.57	2.98
22	Mayurbhanj	8.74	4.26
23	Nawarangpur	7.74	4.22
24	Nayagarh	8.24	3.17
25	Nuapada	7.74	3.40
26	Puri	7.74	4.49
27	Rayagada	9.24	3.93
28	Sambalpur	8.77	8.14
29	Subarnapur	7.74	3.09
30	Sundargarh	8.64	3.53
31	State & Others	55.10	26.17
	Total	**309.76**	**146.48**

Expenditure analysis under NVBDCP for the year 2012-13

(Amount in Lakhs)

Sl No	Name of the Districts	Budget	Expenditure
1	Angul	70.57	91.87
2	Balasore	46.27	50.46
3	Baragarh	36.89	34.66
4	Bhadrak	22.38	23.67
5	Bolangir	40.10	70.73
6	Boudh	20.57	23.13
7	Cuttack	45.56	30.00
8	Deogarh	20.73	18.48
9	Dhenkanal	45.16	48.06
10	Gajapati	38.00	47.59
11	Ganjam	70.62	86.10
12	Jagatsinghpur	25.02	38.74
13	Jajpur	32.38	27.32
14	Jharsuguda	32.42	40.26
15	Kalahandi	55.95	61.88
16	Kandhamal	52.43	54.61
17	Kendrapara	27.16	36.89
18	Keonjhar	57.27	91.49
19	Khurda	39.55	38.27
20	Koraput	64.82	74.64
21	Malkanagiri	37.79	34.73
22	Mayurbhanj	39.67	53.66
23	Nawarangpur	52.13	62.67
24	Nayagarh	28.19	22.67
25	Nuapada	50.10	64.53
26	Puri	25.58	23.49
27	Rayagada	51.93	57.35
28	Sambalpur	33.01	38.62
29	Subarnapur	29.73	24.92
30	Sundargarh	70.05	89.61
31	State & Others	530.39	382.87
	Total	**1,792.42**	**1,843.99**

Districtwise Total Expenditure Status for the year 2012-13

(Amount in Lakhs)

Sl No	Name of the Districts	Budget	Expenditure
1	Angul	2,463.57	1,594.38
2	Balasore	3,405.97	2,444.57
3	Baragarh	2,803.20	1,738.70
4	Bhadrak	2,014.62	1,418.25
5	Bolangir	3,468.52	2,532.53
6	Boudh	829.97	685.12
7	Cuttack	3,009.36	1,954.03
8	Deogarh	688.16	537.25
9	Dhenkanal	1,756.92	1,318.83
10	Gajapati	1,404.34	1,093.09
11	Ganjam	4,150.02	3,250.04
12	Jagatsinghpur	1,607.88	1,205.33
13	Jajpur	2,709.40	1,593.22
14	Jharsuguda	1,857.54	813.26
15	Kalahandi	3,146.91	2,586.25
16	Kandhamal	2,448.23	1,925.71
17	Kendrapara	2,571.80	1,735.77
18	Keonjhar	3,226.35	2,706.10
19	Khurda	2,863.79	1,690.33
20	Koraput	3,500.41	2,426.11
21	Malkanagiri	1,969.51	1,792.45
22	Mayurbhanj	4,457.90	3,589.60
23	Nawarangpur	2,890.85	1,850.96
24	Nayagarh	1,787.92	1,416.56
25	Nuapada	1,372.23	1,074.32
26	Puri	2,358.51	1,461.35
27	Rayagada	2,531.62	1,396.02
28	Sambalpur	2,286.08	1,606.50
29	Subarnapur	1,184.72	857.69
30	Sundargarh	4,388.13	2,681.56
31	State & Others	16,797.85	7,455.50
	Total	**91,952.28**	**60,431.39**

LAUNCHING OF 108 AMBULANCE SERVICE

Mission Directorate, National Rural Health Mission
Annex Building, SIH&FW, Unit-8, Bhubaneswar - 751012, Odisha
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