

# Annual Activity Report

2017-18



HEALTH & FAMILY WELFARE DEPARTMENT  
GOVERNMENT OF ODISHA

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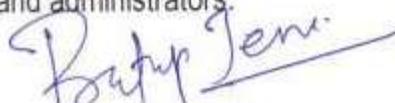
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## Message

State Government has made continuous efforts in providing quality health care services to the people of Odisha the results of which can be seen in the latest National Family Health Survey (NFHS-4), 2015-16 wherein Odisha has improved in many critical health indicators such as institutional delivery, full immunization, Infant Mortality Rate, etc. These encouraging achievements are due to enabling policies and sustained efforts made by the state government over last one decade.

The State Government under Health and Family welfare department has taken revolutionary steps like providing free medicine through NIRAMAYA scheme, implementation of State specific strategy for reduction of IMR and MMR (SAMPurNA), Malaria Control Programme (Daman), Free diagnostics (Nidaan), Free dialysis(Sahay), operationalization of two New Medical colleges (at Baripada and Koraput) along with creation of 1330 post of doctors and 5120 posts of Paramedics.

I take this opportunity to congratulate the Department for successfully bringing out the publication of the Annual activity Report-2017-18 which will prove to be a good reference for health professionals and administrators.

  
**(Pratap Jena)**



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## Foreword

The Department of Health & Family Welfare is committed towards providing adequate, accessible, equitable and affordable health care services to the people of Odisha. Recently published NFHS-4 survey report shows Odisha has registered sharpest decline in Infant Mortality Rate (IMR) among major States in the country from 65 in 2005-06 to 40 in 2015-16. The State's IMR has fallen below the National average of 41 for the 1st time. The quantum of jump is due to effective implementation of JSY, Niramaya-free drugs schemes, 108/102 free ambulance services, maternity waiting homes, operationalization delivery points and First Referral Units (FRUs), labour room standardization, establishment of Newborn Care units, Nutrition Rehabilitation Centers, early detection and treatment of childhood diseases under RBSK scheme, capacity building of service providers and overall improvement in quality of care at public health facilities. Moreover, active participation of ASHAs in every village has really bridged the gaps between community and service providers for utilization of public health facilities and increased institutional deliveries.

This year, the department has taken new initiatives especially in the areas of reducing out of pocket expenditures with the introduction of new schemes on Free diagnostics (Nidaan) and Free dialysis under (Sahay scheme). reimbursement of transportation cost @ Rs. 1,000/- per pregnant woman for institutional delivery in notified difficult villages. State has done exceptionally well as per WHO report, in reduction of malaria burden and other communicable diseases through extensive campaign across the State viz. Durgama Anchalare Malaria Nirakaran (DAMaN) in remote areas, LLIN distribution, MDD campaign. Recently more than 1.2 crore children were successfully immunised under MR campaign. For catering to the needs of the urban population with focus on slum population, comprehensive weekly specialist services during OPD hours implemented at 85 UPHCs in 27 cities under AMA Clinic scheme. Towards creation of new infrastructure, two New Medical colleges (at Baripada and Koraput) made operational along with creation and upgradation of PHCs and CHCs. ANMOL application based Tablets provided to ANMs to facilitate seamless digitization of records at its source in 9 districts. The Day care Cancer Chemotherapy units are functional in 28 districts and State is in process of providing comprehensive, accessible, affordable and equitable eye care to people of all age groups under Sunetra scheme.

Finally, on the eve of this publication, I would like to thank all the Health Directorates, field officials & National Health Mission team for bringing out a very useful and comprehensive Annual Activity Report for the year 2017-18.

(Dr. Pramod Meherda)



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## Abbreviations

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

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

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

# Chapter - 1

Activities of  
Health and Family  
Welfare Department :  
An overview 2017-18

# Activities of Health and Family Welfare Department : An overview 2017-18

## 1.1 Introduction

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

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

### Objectives

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

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

## 1.2 Health care Infrastructure in the State

**Table - 1 : Health Infrastructure in the State**

Health Facility	Numbers
Medical College and Hospitals	5 <small>Another 2 to start from 2018-19</small>
District Hospitals (in 30 districts + Capital Hospital, BBSR & R.G.H RKL)	32
Sub-Divisional Hospitals	32
Community Health Centres	374
Urban Community Health Centres	7
Other Hospitals	54
Infectious Disease Hospitals	5
Cancer Institute	1
Training Centres	5
Primary Health Centres (N)	1233
Urban Primary Health Centres	87
Sub-Centres	6688
A.N.M. Training Schools	19
G.N.M. Training School	8
M.P.H.W.(Male) Training School	3
Ayurvedic Hospitals (not attached to College)	2
Ayurvedic College & Hospitals	3
Ayurvedic Dispensaries	619
Homoeopathic College & Hospitals	4
Homoeopathic Dispensaries	561
Unani Dispensaries	9

(Source : SHRMU, 2017)

## 1.3 Resources and Budgetary Allocation for the Year 2017-18

For the financial year 2017-18 (BE) an amount of Rs. 56903310 Lakh had been made in the Health & Family Welfare Budget as detailed below:

**Table 2 : Resource and Budgetary allocation**

SI No	Budget Head	B.E (in Lakh)
1	Administrative Expenditure	203817.39
2	Programme Expenditure	365215.71
	<b>Total</b>	<b>569033.10</b>

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

An Amount of Rs615996.44(BE) Lakh has been proposed in the Budget Estimate for the financial year 2018-19 as per the table below:

SI No	Budget Head	B.E (in Lakh)
1	Administrative Expenditure	213707.93
2	Programme Expenditure	402288.51
	<b>Total</b>	<b>615996.44</b>

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

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

1. <b>MukhyaMantriSwasthyaSeva Mission (MMSSM):</b>	<b>(Amount in Lakhs)</b>
Infrastructure Development of Health Institutions	62500.00
Public Health Response	500.00
Odisha State Treatment Fund (OSTF)	6000.00
Health Investment Promotion Policy (token)	100
	69100.00
2. Mukhyamantri ChakshyuJatna Karyakram	8652.16
3. NIDAN	8000.00
4. NIRMAL	7000.00
5. NIRAMAYA	30400.00
6. Odisha comprehensive cancer care plan	2000.00
7. Strengthening of Blood services	2500.00
8. KHUSHI	5000.00
9. Sishu Abang Matru Mrutyuhara Purna Nirakaran Abhiyan (SAMMPurNA):	5225.00
10. Emergency Medical Ambulance services	7308.00

## 1.4 Major Activities undertaken during 2017-18

### System Strengthening

- Equipment procurement guidelines issued
- Drug management policy notified
- Full functioning of OSMC
- Contingency increased + untied funds guidelines made for DHHs, CHC and PHCs

## Service delivery

- Help desks made functional at all FRUS for providing better informations and services to the patients.
- Diet menu prepared for health institutions
- Niramaya: Free drug distribution scheme
  - Procurement & distribution activities of total 593 nos of EDL items (Essential Drug List) & programme items comprising of 317 nos of General items, 83 nos of surgical items, 107 nos of anti-cancer items, 66 nos of programme items and 20 nos of other items from Non Essential.
  - Drug List Provision of Rs. 222 Crs towards drugs & consumables has been made under State budget for the year 2016-17.
  - 12 NABL Laboratories are empanelled for quality testing of procured drugs before use.
  - 527 computerized Drug Distribution Centers (DDCs) are functioning. Drugs are also distributed at non computerized center up to PHC level.
  - 49 dedicated GPS enabled transport vehicles for door step delivery of drugs up to PHC level.
  - 2.05 crore patients have benefited under Niramaya scheme till date.
- 104 call Center : toll- free call centre providing information and counselling
  - Information on schemes.
  - Provide expert advice on selective days (O&G, Paediatric).
  - Share Information for accessing to the details of various facilities in their area like hospitals, pharmacies, independent practitioners, diagnostic services etc.
  - Follow up of sample beneficiaries registered under RCH for verifying service provisions.
- Ensuring free referral transport services to all pregnant women and sick infant of State, those are seeking health care services at Government health facilities, "102 ambulance services" is being operational in the State. Under this scheme, 489 out of 500 ambulances are operational in addition to 444 out of 512 emergency ambulance services under "108 ambulance service". More than 16 lakhs patients in distress have been benefited till now under "108 ambulance service" and more than 15 lakhs pregnant women & sick infants benefited under "102 ambulance services" till now. Induction of another 68 ambulances is under process..
- Integrated Lab:Public health labs set up in all districts. CHC integrated labs set up.
- JSY- e- transfers implemented at all levels.
- Maternal and Child death review strengthened via monthly reviews at State and district level.
- DHH, CHC and PHC grading: based on HMIS data set, district are being graded in a performance index and shared with districts for corrective action..
- NUHM activities rolled out: 94 Health institutions of 28 cities are notified as Urban PHC and 7 Health institutions of 3 cities are declared as Urban CHC.
- Ama Clinic "launched, under which 8 services (Pediatric, O&G, Nutrition, Adolescent, Vision, Physiotherapy, Psychiatric, Geriatric) provided at Urban PHC/CHC level.
- Nidaan Launched: Free Diagnostic Services at identified Public Health Facilities both through own system and PPP mode implemented.
- Sahay Scheme: Free dialysis services provided to all patients at identified Public Health Facilities both through own system and PPP mode.

- ANMOL: ANM On Line" is an android based application, developed to facilitate seamless work of ANMs as well as ensuring collection of good quality data and its digitization at its source. It has been implemented in 10 out of 17 targeted districts.
- Digital Dispensary: Digital Dispensaries made functional through PPP mode at remote areas of mining affected GPs of Joda Block in Keonjhar district and in remote areas of Nabarangpur district. Under this virtual OPD and consultation with the doctors through video conferencing, basic lab tests and drugs are provided on free of cost to the patients.
- Sunetra: Aims at providing comprehensive, accessible, affordable and equitable eye care to people of all age groups. Vision centres / clinics equipped with appropriate eye-care facilities and trained manpower will be established in govt. facilities. Started in 2 urban PHCs, Bhubaneswar .
- Khushi: Scheme for providing free sanitary napkins to school girls from Class 6 to 12 in all the government and government-aided schools in the state.

### Legislation

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

### Preventive

- Disease outbreak management for Jaundice, Dengue, Swine flu, Malaria (Tata trust, Daman, GFTAM)
- SOPs made for line depts + for collectors for disease outbreak management
- Strengthened review (fixed day monthly meeting)
- IDSP review by collectors

### Tertiary care

- 7 new Government Medical College started with two new at Koraput and Baripada made functional from 2017-18 and Bolangir & Balasore Medical Colleges to be made operational from 2018-19.
- Sishu Bhawan construction / up-gradation has started
- AHRCC made a Centre of Excellence for Cancer Care in the eastern region and made a teaching institution with launching of PG courses.

### New schemes from state plan

- IMR, MMR reduction strategy rolled out in 15 districts having poor health indicators in relation to IMR and MMR. An Action Plan along with budgetary allocation of about 50 crores per annum has been prepared to reduce Infant Mortality and Maternal Mortality & to accelerate the rate of reduction so as to be faster than the national rate of reduction.
- 11817 nos of Special VHND & RI sessions were held during April 2017 to January 2018.
- 8700 nos. of pregnant woman and 10461 nos. of children issued with red card during April 2017 to January 2018.
- Under SAMPURNA, 5857 nos. difficult villages have been identified.
- 2726 nos. of (Two thousand seven hundred twenty six) stretchers have been procured & supplied to Gaon Kalyana Samiti
- Alternative Transportation facility

- bike ambulance for transportation of pregnant women where four wheeler are not accessible
- boat ambulance for transportation of pregnant women-two such procured by Kalahandi
- Provision of reimbursement of Rs. 1000/- (Rupees one thousand) per pregnant woman from difficult villages towards transportation cost to nearest motorable point. 1,480 nos. of pregnant women were provided with transportation cost from difficult villages to motorable points during April 17 to Jan 2018.
- Free diet to pregnant mother including one attendant those who reside at Maternal waiting home, also for children below five years.
- Non-pneumatic anti sock garment to prevent PPH to be provided at FRU and Ambulances.
- High dependency Unit (HDU) at VIMSAR Burla & SCB Cuttack is functional
- Paediatric Intensive Care Unit (PICU) is functional at VIMSAR Burla , SVVPIG Cuttack , MKCG MCH Berhampur & Capital Hospital, Bhubaneswar. Further the Paediatric Intensive Care Unit at Koraput will be functional soon.
- Disposable draw sheets & gowns supplied and utilized in the labour room.
- Blood services Comprehensive multiyear action plan in place: Government has prepared a detailed road map along with budgetary allocation to strengthen Blood Bank services in the State and to provide safe Blood to the patients. The major features include :
  - Govt. approval on set up of 4 Regional Blood Transfusion Centers (RBTC) at 3 Govt. MC&Hs and Capital Hospital
  - 9 Mobile Blood Collection Vans and 11 nos. of Blood Component Separation Units are being procured.
  - Nucleic Acid Amplification Polyomeraise Chain Reaction (NATPCR) technology has been installed in three Govt. Medical College & Hospitals and Capital Hospital
  - Blood Banks have been linked with National Institute of Biologicals (NIB) for Haemovigilance Programme and to ensure quality in service.
  - Registration of camps and the camp calendar maintained at each blood bank online through e-blood bank.
  - Enhancement of refreshment cost of blood donors from Rs. 25/- to Rs. 50/- per donor and Rs. 10/- per donor for allocation of camp organizing cost.
  - 3 new day care centers have been announced at DHH Kandhmal, DHH Balasore and RGH Rourkela.
  - Transport assistance to Haemoglobinopathy patients requires blood transfusion @ Rs. 500/- per month/patient out of State budget have been ensured.
  - MOU has been signed between Government of Odisha and CSCR/CMC Vellore for implementation of a project called Control of Sickle Cell diseases and Thalassemia disorder in the State.
- Bio medical waste management : 1620 out of 1751 Govt Hospitals are under Authorization administration of SPCB . DHH Capital hospital got Pollution Control Excellence award in 2015 and CHC, Junagarh, Kalahandi got Pollution Control Appreciation Award for the Year 2016.
- Mental health: National Mental Health Programme is implemented in 14 districts & State Govt. support for rest 16 districts. Free psychotropic drugs made available through 'Niramaya'
- Food safety programme: Food Safety Appellate Tribunal has been established. State Food Testing Laboratory, Bhubaneswar is the approved statutory Laboratory by the FSSAI under Government of

Odisha for testing & analysis of all types of food samples. 4264 nos. of Food Business Operators have been inspected during the year 2016-17. One Mobile Food Testing Laboratory (MFTL) has been provided to the State by the FSSAI for ensuring spot quality testing & create awareness in different areas

- RNTCP Interventions Scaled Up : Cartridge Based Nucleic Acid Amplification Test (CBNAAT) made operational at 37 facilities. Till sept, 2017 around 34673 cases put under treatment.
- NVBDCP Interventions Scaled Up :
  - Establishment of 67 Sentinel site laboratories for diagnosis
  - 1.13 crore LLINs have been distributed 2017 in 17 high malaria burden districts and few high risk CHC of Sonepur, Dhenkanal and Jajpur
  - For JE, 3 existing (RMRC, Bhubaneswar, DHH, Koraput & DHH, Keonjhar) + 1 functional (DHH, Malkangiri) . JE vaccination campaign implemented in the State.
  - For Dengue 13 existing + 24 new Sentinel Sites with ELISA based test functional in the current year
  - Diagnosis & treatment is provided free of cost
- Telemedicine + telemedicine strategy for state. Expansion to 30 districts
- Cancer screening and day care chemotherapy initiated in 28 districts
- Construction of NCD Complex at 5 District HQ Hospitals (Koraput, Malkangiri, Bolangir, Nuapada and Nabarangpur) recognized as best Practice in the country by Gol.
- ICUs have been established in 10 DHHs/Capital Hospital
- Integrated NCD clinics at 30 DHH and 62 CHC established
- Physiotherapy units have been established at 15 DHH & 39 CHC Level
- Insurance : Under BKKY more than 32 lakh farmers and under OSTF 14142 patients benefited

### Strengthening Human Resources

- OMHS cadre was restructured with creation of 1330 number of new posts increasing the strength of cadre to 6719.
- 2 posts of Special Secretary, 11 posts of Directors, 352 posts of Additional Directors and 565 posts of Joint Directors have been filled up on recommendation of DPC during 2017-18.
- To mitigate the shortage of specialists, Post Graduate Diploma courses will be started in District Hospitals and newly opened Medical Colleges through College of Physicians and Surgeons (CPS) of Mumbai. Inspection of facilities and verification of teachers are completed and process for counseling and admission is under process.
- 25 no. of MBBS Doctors are pursuing Post Graduate Diploma in Public Health Management in IIPH , Bhubaneswar being sponsored by State Govt. during 2017-18.
- 205 posts of Dental surgeon have been created. Requisition has been sent to OPSC for recruitment of Dental surgeons.
- 501 regular allopathic doctors have joined the OMHS cadre on recommendation of OPSC.
- 61 doctors have been transferred through counseling under exit policy.
- Recruitment for newly created 5120 paramedics posts are under process.
- 26 no. of Doctors and Specialists have been posted under corpus fund.

- 527 no. of Contractual doctors and 336 no. of Adhoc doctors are working in different health institutions of the state.
- Placed Based Incentive: The State Govt. has implemented place based incentive to Doctors who are serving in rural and remote areas with specific focus on KBK and KBK+ regions. The state Government is funding the entire expenditure of about Rs. 42.00 crore on this account out of its own resources.
- Corpus Fund: Rs. 1 crore of corpus fund has been allotted to each KBK & KBK+ districts for human resources management.
- Contractual doctors remuneration increased: The State Govt. has increased the consolidated monthly remuneration of doctors engaged on contractual basis against the vacant posts of Asst. Surgeons/Specialists in different health institutions of the State. Hike of Rs. 15000 to Rs. 20000 over and above the existing remuneration.
- Remuneration of contractual faculties in Medical Colleges enhanced to 1.25 Lakhs for Professor, 1.00 Lakhs for Associate Professor and 0.50 lakhs for Assistant Professor.
- Incentives for Medical College faculties introduced. Rs. 1.25 lakh for Professor, Rs. 1.00 lakh for Associate Professor and Rs. 50,000/ for Assistant Professor in KBK area & 30% of it in non-KBK area.
- Faculty in Clinical and Para-clinical subjects will avail Rs. 20000/- per month over and above the incentive.
- Incentive for faculty of VIMSAR, Burla in broad speciality has been allowed at the rate applicable to KBK area.
- Incentive for faculty in Super-speciality disciplines of VIMSAR has been approved Rs. 2.00 Lakhs for Professors, Rs. 1.5 Lakhs for Associate Professor & 1.00 Lakhs for Asst. Professor.

### Others

- First Referral Unit: 83 hospitals are functioning as FRU (L3) institutions out of 95 for providing Comprehensive Emergency Obstetric care including C-Section. Specialist manpower with Blood Banks (51) and Blood Storage Units (70) are also operational
- Janani Suraksha Yojana (JSY): Total 5863504 number of beneficiaries benefitted under JSY till dec2017. Due to JSY the institutional delivery has increased to 85.4%. (NFHS-2015-16).
- Janani Shisu Suraksha Karyakram (JSSK) - Free services which include free drug, blood, diagnosis, diet & referral services are provided to all pregnant women and sick newborn and infants
- Training: In Life saving anesthesia skill (LSAS) 158 doctors were trained, Emergency obstetrics care (EmOC) training was given to 42, & Basic Emergency obstetrics care (BEmOC) training given 1054 nos. of Medical Officer for operationalisation of L3, L2 & L1 institutions, till date. 3 doctors trained on LSAS and 74 doctors trained on BEmOC and 4 doctors trained on EmOC during 2017-18.
- Maternity Waiting Homes (MWH) have been established for encouraging Institutional Deliveries (IDs) in the difficult & most difficult blocks. These homes serve as safe shelter for the expectant mothers who come for safe confinement prior to their deliveries. So far 62 MWH are operational out of 73 targeted.
- Nursing education strengthened: Started computerized counseling for admissions into all ANM and GNM colleges, establishment of Skill Labs, Computer Labs, Library, Model ANMTC & GNMTC, Scholarship for ST & SC Students.

- 31 Special Newborn Care Units (Target: 41) and 49 New Born Stabilization Units are operational. 6 new SNCU are under process to function at new MCH centres and bed capacity is being increased in 10 existing SNCUs. For preventing mortality and brain damage immediately after birth, 681/1190 Newborn Care Corners are functional at Delivery Points.
- 802029 malnourished children treated through PustikarDiwas from 2009 to 2015-16. Till Feb'2017, 57 Nutrition Rehabilitation Centers are being established in district and sub district levels to take care of the malnourished children (Target-67).
- Routine immunization strengthened with introduction of IPV and Rotavirus and Mission Indradhanush, MR and JE campaign.
- MHU: 114 Mobile Health Units are operational under State budget to provide primary health care services at the community level in 4682 most difficult villages every month. In addition, funds are also allocated for operationalisation of 22 additional Mobile Health Units in most difficult and LWE affected areas under "SwasthyaSanjog", through PPP mode.
- RBSK: 640 Mobile Health Teams formed for screening, treatment and referral of children identified with defects, deformity, development delay and diseases at schools and AWCs.
- RKSK: 211 AFHC (Adolescent Friendly Health Centers) clinics has been established to provide services for adolescent girls & Boys. Integrated counseling centers up to CHC DPs. 5 One Stop Crisis Centres on pilot basis (SCB MCH, Sambalpur DHH & MKCG Medical College, Koraput DHH & RGh Rourkela) integrated with SHRADDHA clinic whereas Capital Hospital already operational. Menstrual Hygiene Scheme (MHS) extended to 30 districts under NHM.
- National Urban Health Mission implemented in 36 cities to ensure availability of primary health care services through public health networks and provision of outreach health care services with focus on urban slums through ANMs, ASHAs, Mahila Arogya Samiti (MAS). Ama Clinic launched for providing specialist care in selected Urban facilities.

### Construction monitoring

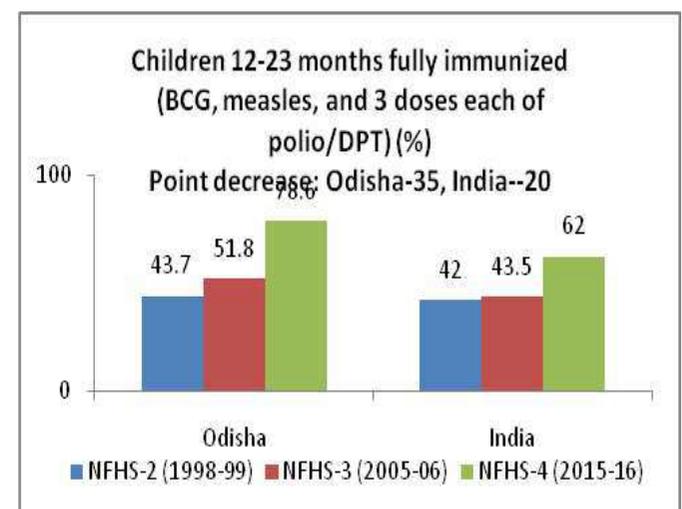
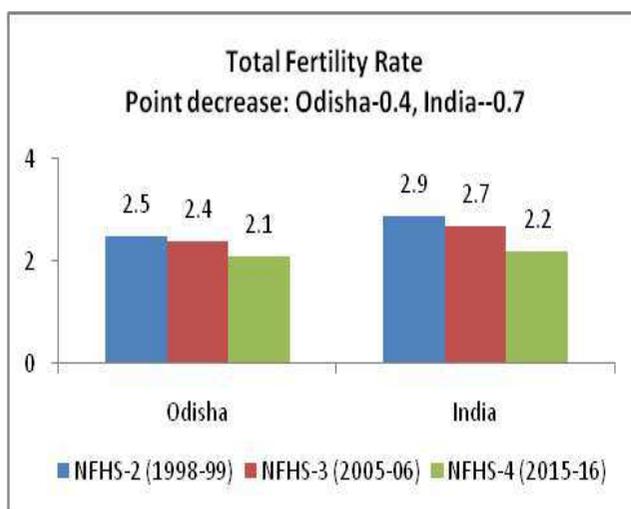
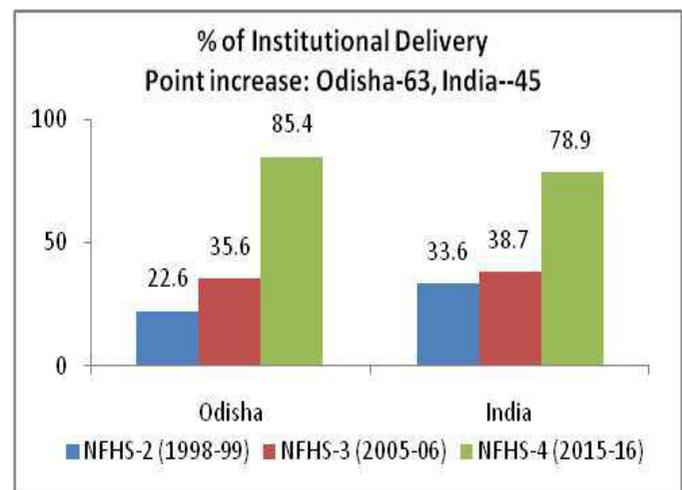
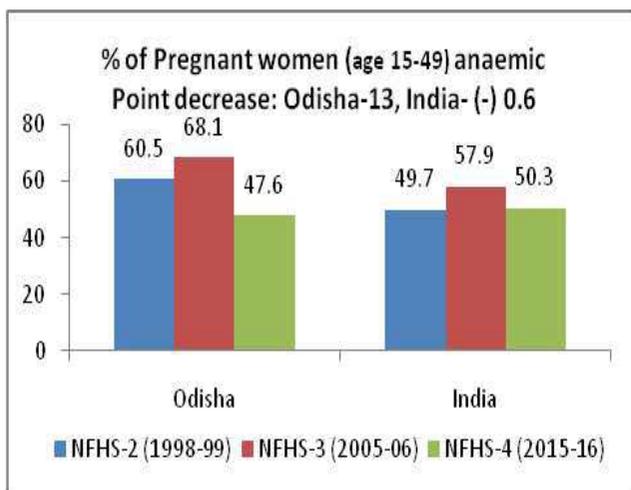
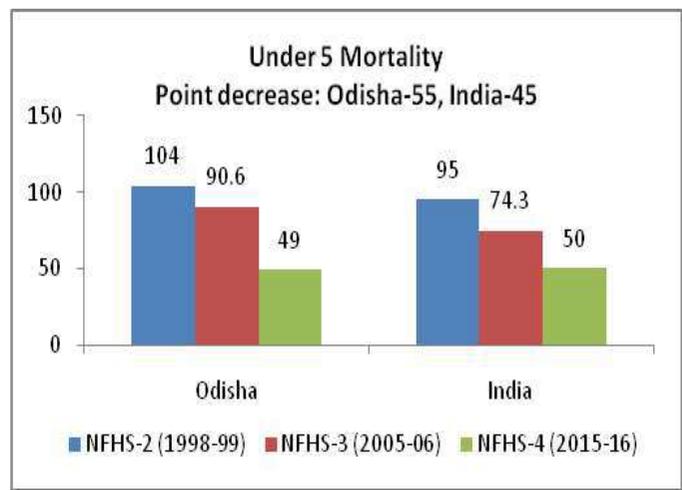
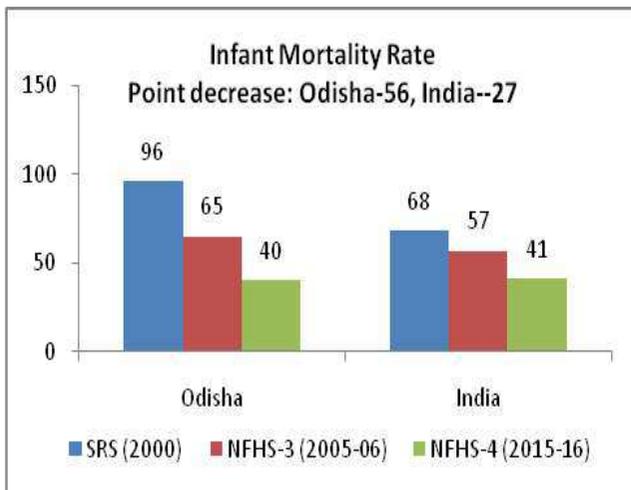
- 5 new Medical College & Hospitals has been constructed at Bolangir, Koraput, Balasore, Puri & Baripada (Koraput, Balasore, Bolangir & Baripada - Completed).
- 9 new DHH Buildings is being established at Jharsuguda, Dhenkanal, Malkangiri, Keonjhar, Rayagada, Baragarh, Nuapada, Deogarh and Kendrapada (Jharsuguda, Keonjhar, Rayagada - Completed & Functional).
- New MCH : Establishment of 57 nos. of Maternal & Child Health Complex in District / Sub-district & Block Level of various bed strength; ranging from 125 bedded complexes to 30 bedded complexes is in progress (26 completed).
- 716 sub centres buildings with a financial involvement of Rs174.32 crore constructed (595 completed & 121 under construction).
- 14 PHC N buildings with a financial involvement of Rs. 4.95 crore constructed (11 completed & 3 under construction).
- 1049 staff quarter is being constructed for health service provider such as Doctors, Staff Nurse, Paramedics & others (646 completed & 403 under construction).
- To strengthen the infrastructure and main streaming of AYUSH - 98nos of Govt. Ayurvedic & Homeopathic Hospitals is being established (75nos completed & 23nos under construction)
- 71nos of UPHC/ UHCs has been constructed with a financial involvement of Rs.75.55 crore (25 completed & 36 under construction).

- Special & Critical Child Health Care facilities like SNCU, DEIC, NRC, Skill Lab etc. has been established and functional at different level of health institutions.

### Impact of Health Interventions in Odisha

- Odisha has made quantum leap with 56 point decline by reducing IMR from 96 (SRS 2000) to 40 in 2015-16 (NFHS-4) which is highest point decline in the country far ahead of national average decline of 27 point.
- The Under 5 Mortality of State has also declined from 104 in 1998-99 to 49 per 1000 live births in 2015-16 (NFHS-4) which is better than all India point decline from 94.9 to 50 during the said period.
- Neonatal Mortality Rate (NMR) has been reduced from 53 (SRS 2005) to 36 (SRS 2014) which has kept pace with decline in IMR.
- Odisha recorded 145 points reduction in MMR from 367 (SRS 2000) to 222 (SRS 2013). Odisha recorded 81 points reduction in MMR in 7 years from 303 (SRS 2006) to 222 (SRS 2013). Before NRHM from 1998 till 2006 there was only 64 point decline in 8 years time period.
- State has already achieved the 12th Five year Plan goal w.r.t the Total Fertility Rate i.e 2.0, as per SRS 2015, which is a great achievement towards population stabilization measure.
- The birth rate has declined from 23.8 in 2005 to 19.2 in 2015 whereas the death rate has declined from 9.5 to 7.6 in 2015 (SRS).
- Percentage of institutional delivery has substantially improved from 22.6 % coverage in 1998-99(NFHS-2) to 85.4% in 2015 (NFHS-4) which is better than national average of 78.9%.
- The full immunization coverage among children aged 12-23 months children has increased substantially from 43.7% (NFHS-2) to 78.6% in 2015-16 (NFHS-4) in Odisha compared to National average of 62%.
- As per NFHS-4 (2015-16), Odisha recorded 20.5 point decrease in Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) (%) from 68.1 % in 2005-06 to 47.6 % in 2015-16 and is better than all India average of 50.3%.
- There is a noticeable reduction achieved in morbidity and mortality due to Malaria.
- The success rate of TB control programme is also at desirable level (85%) as per GoI norm.
- Morbidity and mortality due to diarrhea has been remarkably reduced in past few years, due to effective preventive measures, in spite of regular natural disasters.
- No new polio case has been detected since last 5 years, due to effective immunization and surveillance activities.

Graphical comparison of NFHS data (1998-99 - 2015-16)



# Chapter - 2

## National Health Mission

# National Health Mission

## Introduction

The National Rural Health Mission has been in operation since June 2005 in Odisha and has been renamed as National Health Mission (NHM) after widening its service coverage to urban areas. Odisha, has shown a steady and sustained improvement in most of the key impact level indicators of health sector performance since the launch of NRHM in 2005. Odisha recorded highest IMR decline of 31 points in the country by reducing IMR from 75 in 2005 to 44 in 2016. Maternal mortality has also declined from 303 in 2006 (SRS) to 222 in 2013(SRS). The latest NFHS data shows wide improvement in all major process indicators such as ANC coverage, institutional delivery, immunization, nutritional status as against all India average. The state has shown reduction in deaths due to communicable diseases, particularly malaria as the overall TPR has come down to 5.29% in 2017 from 6.18%, reported in 2016. Deaths due to malaria have come down from 77 in 2016 to 24 in 2017.

## Objective

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

- o Reduction in child and maternal mortality,
- o 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,
- o Prevention and control of communicable and non-communicable diseases, including locally endemic diseases,
- o Access to integrated comprehensive primary health care,
- o Population stabilization, gender and demographic balance,
- o Revitalize local health traditions & mainstream AYUSH,
- o Promotion of healthy life styles.

**Major activities Undertaken:****2.1 Reproductive Health**

## Major Achievement

- o 436 Health facilities are providing family planning services through FDS mode.
- o Family Planning Commodity Security ensured through state specific Innovation RHCLMIS up to Sub Centre level.
- o Non-clinical Contraceptives (Condom, Oral Pills & EC Pills) being provided to the Eligible Clients through 48,000 ASHAs at the community level.
- o Scheme for ensuring spacing at birth: ASHA to provide counselling to newly married couples to ensure spacing of 2 years between marriage and 1st child and 3 years spacing after the 1st child for which ASHA will be provided with incentive depending on span of spacing.
- o Pregnancy Testing Kits (PTK): For early detection of pregnancy and access to RCH services, it is a part of ASHA drug kit and provided to clients free of cost.
- o Improved counselling through RMNCH+A counselors at District Headquarter Hospitals.
- o Celebration of World Population Day and fortnight (July 11- July 24).
- o Intensive IEC intervention' in selected districts undertaken
- o Instituted 'awards & felicitation' for best performing surgeons & districts
- o Observation of 'world vasectomy week'
- o Tracking of providers & beneficiaries of IUCD services through EAISI web based application in 118 high case load sub district level facilities.

**2.2 Maternal Health**

- **First Referral Unit:** 83 hospitals are functioning as FRU (L3) institutions out of 95 for providing Comprehensive Emergency Obstetric care including C-Section. Specialist manpower with Blood Banks (51) and Blood Storage Units (44) are also operational.
- **Delivery points:** State has target of 1190 delivery points of which 580 institutions are functional at present and 610 are promising. So far 624 Delivery Points are functional to provide quality delivery services.
- **Janani Surakya Yojana (JSY):** Total 5863504 number of beneficiaries benefitted under JSY (from 2005-06 till Dec 2017).
- **Janani Shisu Surakshya Karyakram(JSSK) -** Free services which include free drug, blood, diagnosis, diet & referral services are provided to all pregnant women and sick newborn and infants (upto 1 year) at public health facilities.



More than 6.6 lakh pregnant women and sick infants have availed free referral transport service through 102 ambulance service (472 vehicles). About 1.35 lakhs pregnant women provided free blood annually.

- **Skilled Attendant at Birth (SAB)** training was given to the Paramedics and AYUSH doctors to augment the institutional delivery. These SAB trained staffs are posted in the identified delivery points in priority basis. During the year 2017-18 (Till-Feb 2018), 67 HW(F) & LHV, 205 Staff Nurses and 2 AYUSH doctors were trained in SAB and Total 7481 HW(F) & LHV, 4447 Staff Nurses and 1559 AYUSH doctors trained are providing services.
- **In Life saving anesthesia skill (LSAS)** 161 (Paradip-1 Meghalaya & Tripura-5) doctors were trained, Emergency obstetrics care (EmOC) training was given to 42 (Tripura-4), & Basic Emergency obstetrics care (BEmOC) training given 1054 nos. of Medical Officer for operationalization of L3, L2 & L1 institutions, during the year 2017-18(Till Feb-18), 3 doctors trained on LSAS and 74 doctors trained on BEmOC & 4 doctors trained on EmOC.
- **ANM Mentoring:** To increase the skill of the ANMs for quality service at VHND session, State has taken specific steps to improve skill through on job training by identified supervisors and AYUSH doctors who are designated as trained mentor. These mentors will provide hand holding support to poor performing HW (F) in a specific time frame. Till date 14 batches of training completed at State Level and 186 nos. of mentors are in position to provide hand holding support to HW(F). Mentoring activities have been started in 10 High Priority Districts.
- **Maternal death review (MDR) committees** are formed at State and district level to review the maternal death.
- **Safe abortion care services:** Out of 439 targeted institutions, 295 facilities are in readiness for providing CAC service in the state.
- **Village Health & Nutrition Day:** Fixed day health & Nutrition day (VHND) is being organized every Tuesday / Friday at village Anganwadi centers. So far 389930 VHND sessions held out of 397104 planned (98%) during 2017-18 (Up to Dec 2017).
- **Standardization of labour room :** State is taking steps for standardizing Labour room as per MNH tool kit. Further under DAKSHATA programme 18 districts are given focused attention for improving infrastructure and practice in labour room. Jhpiego is the state technical lead partner on Dakshata and directly supports rollout in 10 districts, while UNICEF supports in 3 districts. After Dakshata initiative it is observed that the skill and knowledge of doctors have improved.
- **Maternity Waiting Homes (Maa Gruha) :** These Maa Gruha are established near to delivery points to accommodate the expected delivery cases from difficult geographical pockets at least before 7 - 10 days of Expected Date of Delivery for having safe institutional delivery. Maa Gruha not only provides facilities of temporary rest shed but also a home with counseling services to mothers on personal hygiene, family planning measures and new born care etc. So far 62 MWH are operational out of 73 targeted.
- **Initiatives for Anaemia Control:** IFA & Calcium Supplementation - About 9 Lakhs Pregnant women covered annually. Inj. Iron sucrose & Blood transfusion services- made available at Institution level for Pregnant women with severe anemia. One time de-worming of all pregnant woman ensured during pregnancy in second trimester.

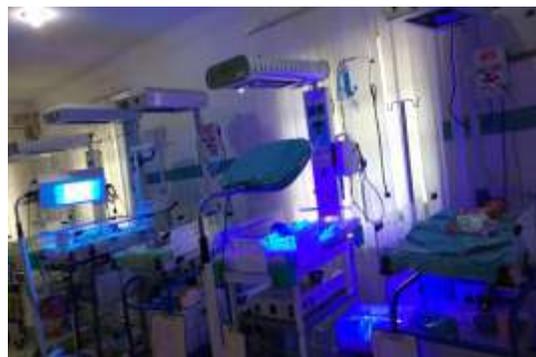


- **PMSMA** : This programme focused on screening of antenatal cases by doctor preferably O&G specialist at least one during 2nd or 3rd trimester. This activity is implemented in 9th of every month on fixed day basis. Which also encourages participation of private practitioner. All the facilities in the level of CHC and above are implementing this programme as per mandate. The prime objective of the programme is to screen for high risk pregnancies and initiate its management as appropriate. During the year 2017-18 upto January 216461 nos. of antenatal cases have been screen and 15867 high risk pregnancies detected. These detected high risk cases are provided with Red Card as a symbol of high risk for priority treatment as per advise of doctor.

## 2.3 Child Health

Odisha has made quantum leap with 56 point decline by reducing IMR from 96 (SRS 2000) to 40 in 2015-16 (NFHS-4) which is highest point decline in the country far ahead of national average decline of 27 point. The major activities under taken includes -

- **New Born Care Corner**: For preventing mortality and brain damage immediately after birth, 580 Newborn Care Corners are functional at all delivery points, i.e. Labor rooms & OTs to provide essential newborn care & resuscitation immediately after birth (Progressive Target: 1190). Up to Dec. 2017, about 7% babies are resuscitated and 5% babies are referred for further treatment at SNCUs.
- **Sick Newborn Care Units (SNCU) & New Born Stabilization Units (NBSU)**: For treatment of sick & low birth weight newborns, 31 Sick Newborn Care Units (Target: 41) and 49 New Born Stabilization Units are operational. 6 new SNCUs are under process to function and 5 NBSUs are being upgraded to SNCUs. Moreover, the bed capacity of 10 existing SNCUs is being increased. During 2017-18 till Jan. '18, 38,454 children were admitted in SNCU and 27610 (72%) new borns are discharged after due treatment.
- **Kangaroo Mother Care (KMC)**: KMC units have been established in 30 SNCUs adjoining the SNCU for providing Kangaroo Mother Care, i.e. to maintain warmth through skin-to-skin contact and promote early initiation of breastfeeding to all newborns with special focus on preterm, LBW and sick newborns.
- **Trainings and capacity buildings**: In view of effective and efficient services the trainings are being provided to concerned personnel at various levels such as INAP/IAPPD, Facility based IMNCI and Facility Based Newborn Care (FBNC) training, NSSK training to Medical Officers etc.
- **Home based new born care (HBNC)**: Training is provided to all ASHAs for early identification and referral of newborns with danger signs and counseling care givers on home based newborn care. During 2017-18 till Dec. 17, about 12% of LBW babies were reported during HBNC visits and 93% of identified high risk newborns were referred for appropriate treatment.
- **Intensified Diarrhoea Control Fortnight (IDCF)**: An intensified diarrhea control fortnight is held every year from 2015 during the monsoons, where prophylactic dose of ORS is distributed to each



under five child in order to prevent any death due to childhood diarrhoea. Besides, ORS corners are established at all facility level to address any diarrhoeal case as well as counsel parents/caregivers on ORS preparation and treatment. In 2017 round 84.4% under five children were distributed prophylactic ORS packets.



● **Child Health Review (CDR):**

During 2017-18, till Dec. '17, 12,485 child deaths were reported and reviewed at district level for taking corrective actions.

**2.4 Rashtriya Bal Swasthya Karyakram (RBSK):**

- o 640 Mobile Health Teams formed under RBSK for screening, treatment and referral of children identified with defects, deformity or diseases. More than 80 Lakh children (75%) covered under the scheme from school and AWCs. During the Year 2017-18, 80,20,522 (up to January-2018) number of children have been screened by MHT under RBSK.. For early diagnosis of birth defect, Developmental delay and required timely intervention, DEIC have been made functional in 27 districts..

➤ **Treatment Achievement:**

Health Condition	Cumulative Achievement	Achievement during 2017-18	Remarks
NTD	44	28	
Down Syndrome	1346	1236	Under regular treatment at DEIC
Cleft Lip & Palate	2041	1224	
Congenital Cataract	805	446	
Club Foot	1281	521	
Hearing Impairment	2630	1826	
CHD	170	138	
Other Surgeries	640	312	Tongue Tie, burn Contracture, etc
Refractive Error	54075	28465	With support of NPCB
SAM	5560	2563	Treated at NRC
Developmental Delay children	80380	56445	Under treatment at DEIC
Total Children	1924640	397610	Under 4D approach



NTD Surgery at SCB MC&H



CHD Surgery at SCB MC&H



Eye Surgery at LVPEI

➤ **Tie Up with Tertiary Facilities for Treatment:**

For Neural Tube Defect tie up with SCB MCH & SVPPGIP. For Cleft Lip & Palate - Six Smile trained empanelled hospitals, for Congenital Cataract - LVPEI, for Hearing impairment - Ali Yavar Jung National Institute for Hearing - Handicapped, Janala, for Congenital Heart Disease - APOLLO & Kalinga Hospital Empanelled under OSTF, for Club Foot - Cure International Trust, for RoP - LVPEI, for Other Surgery Cases - SCB MCH, VSS MCH, MKCG MCH, SVPPGIP & AIIMS, Bhubaneswar

## 2.5 Rashtriya Kishor Swasthya Karyakram (RKSK)

- Adolescent Friendly Health Centers clinics has been established to provide services for adolescent girls & Boys. The adolescent friendly health clinics are designated as SHRADDHA clinic in Odisha. 211 Shraddha clinics are Operational covering all 30 districts in DH, SDH and some designated CHC level. At District Hospitals the Shraddha clinics clubbed with Integrated Counseling Centre. Total 35,572 adolescents received different adolescent health services through Shraddha clinic till December 2018.
- **Convergence model for Piloting Adolescent Health Days in Tribal Residential Schools:** This is a model of inter departmental convergence including H&FW, S&ME and SC&ST Dev. Department piloted in 3 districts Gajapati, Kandhamal and Rayagada with the support of UNFPA, 14236 students have been examined out of which 6032 students got investigated and treated for different diseases covering 78 schools.
- **Peer Education Programme:** It is eventually expected to improve life skills, knowledge and aptitude of adolescents. Currently in two districts (Dhenkanal & Bolangir) Peer Education program has been rolled out covering 2777 villages in 22 blocks. Total 13464 Peer Educators targeted to select in 2017-18 and out of which 8696 Peer educators already selected through Gaon Kalyan Samity with active involvement of key stakeholders.
- **Menstrual Hygiene Scheme (MHS) :** The MHS program aimed at promotion of menstrual hygiene among adolescent girls aged (10-19 years) in rural areas to increase awareness among adolescent girls on menstrual hygiene, currently implemented in all 30 districts.



Total 782391 adolescent girls targeted for the program. The channel of interventions is mainly through social marketing of sanitary napkins by ASHA. Adolescent girls can purchase sanitary napkin (Rs.6/-pkt) from ASHA. In Odisha the sanitary napkin packet branded as "Khushi".



### Other Initiatives under NHM

## 2.6 Human Resource

1245 AYUSH doctors in collocation unit (Out of 1485), 1756 Staff Nurses (out of 3413), 1412 Addl. ANMs (Out of 1725), 251 Lab Technicians (Out of 428) and 587 Pharmacist (out of 761) are engaged under NHM to ensure quality of health care services at public health institutions.

## 2.7 Free transportation Services

**108 Ambulance Service :** It is being operational in the State to provide free transport services for all types of medical emergency. Under this scheme, 444 out of 512 emergency ambulances are operational and more than 16 lakhs patients in distress have been benefited till now. Induction of another 68 ambulances is under process.

- Average response time of 108 ambulances is 29.72 mins.
- This year total 3,08,164 cases under 108 ambulance services have availed services till Jan' 2018.

### 102 Ambulance Service

"102 ambulance services" is being operational to ensure free referral transport services to all pregnant women and sick infants of the State, those are seeking health care services at Government health facilities. Under this scheme, 489 out of 500 ambulances are operational and more than 15 lakhs pregnant women & sick infants benefited till now.

- Average response time of 108 ambulances is 31.70 mins.
- Total 4,21,029 cases under 102 ambulance services have availed services during the year 2017-18 (upto January 2018)



### 104 Health Helpline

- 104 toll free call centre is providing information and counselling, information on schemes.
- Share Information for accessing to the details of various facilities in their area like hospitals, pharmacies, independent practitioners, diagnostic services etc.
- Follow up of sample beneficiaries registered under RCH for verifying service provisions.

### Plan

- Additional 68 BLS Ambulances shall be added to augment the existing fleet of 108 Ambulance Service.
- Up-gradation of 28 BLS ambulances to ALS from the existing fleet under 108 Ambulance service.
- Provision of 6 Boat Ambulances for the cut off areas due to water bodies in four districts i.e. Koraput, Malkanagiri, Kalahandi and Kendrapada.
- Proposal to combine all four services i.e. EMAS (108), Boat Ambulance, 24x7 RTS (102), 104 Health Helpline (including Grievance Redressal). These will be operated as a single service named "IPTHHS" (Integrated Patient Transport and Health Helpline Services) through one centralized call centre.
- Creation of reserve pool (10 Ambulances under 108 services) as substitute in the event of off-road of 108 Ambulances for prolonged period due to accident/mob violence.

## 2.8 Community Process

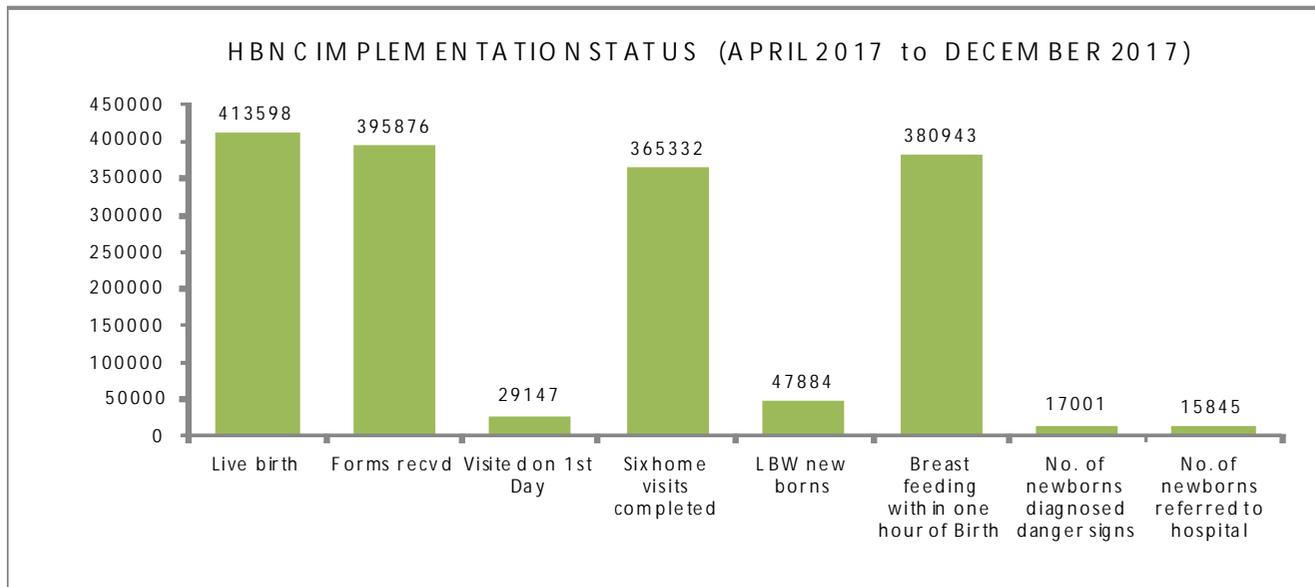
### ASHA

- o **Presence of ASHA:** 46695 ASHAs are in place to facilitate and promote health care delivery at community level (Target-47147). The selection of ASHA is co-terminus with AWC in high-priority districts.
- o **Incentive Provision:** The total number of incentive provision for ASHAs has gone up to 41 during the year 2016-17. As an effort to maximize and ensure a minimum assured amount, provision has been made for getting minimum assured incentive of Rs. 1000/- per month by ASHA against 9 assured activities.
- o **ASHA Gruha:** 142 ASHA Gruhas functioning in major health institutions as a help desk for ASHAs and to provide stay at institutions while they accompany pregnant women for delivery (Target-145).
- o **ASHA SATHI (ASHA Facilitator) :** In the supportive supervision structure of ASHA programme, ASHA SATHIs are providing monitoring, mentoring support, hands on training and onsite

assistance to ASHAs to maximize their functional effectiveness especially for the low/poor performing ones. The best performing ASHAs are selected as ASHA SATHI who acts as the companion, supporter, facilitator and peer leader to other ASHAs in her assigned area. A total of 2163 ASHA SATHIs are in position against the target of 2290. The designated ASHA SAATHI is also continuing as ASHA along with performing additional responsibilities assigned her as ASHA SAATHI.

- o **Education empowerment programme:** In order to improve the education standard and literacy level of ASHAs & ASHA SATHIs having low education and literacy, education empowerment programme is being implemented in collaboration with State Institute of Open Schooling (SIOS) in 11 districts. During 2017-18, 1830 ASHAs and 128 ASHA SATHIs have been enrolled under education empowerment programme.
- o **Compensation for death and permanent disability:** Provision has been made for payment of financial compensation in case death and permanent disability of an serving ASHA under ASHA Kalyan Yojana. During 2016-17, compensation towards death of ASHA @ Rs.1 lakh has been paid for 8 cases and during 2017-18 (By February) a total of 18 such death cases has been reported.
- o **Exit Policy:** Exit policy for ASHA is an initiative to ensure the community is having the presence of an effective and vibrant ASHA in the village and at the same time to pay respect to the ASHA who has served for the community and health system for long period of time with sincerity and commitment on attainment of 60 years of age. As a part of financial benefit under exit policy, ASHA exiting from the health system on attainment of 60 years of age will be paid a lump sum honorarium amount of Rs.10,000/-.
- o **ASHA Award:** 1032 ASHAs awarded at block and district level for their better performance at community level.
- o **Support Provisions:** All ASHAs have been provided with Diary, CUG Card and uniform to facilitate their activity performance at community level.
- o **Performance Monitoring (Improving functional effectiveness of ASHA) :** To ascertain and monitor the activity performance of each and every individual ASHA against the assigned tasks, provide them required facilitation and handholding support to perform better and further to ascertain the outcome of ASHA programme as a whole, 'ASHA Performance Monitoring' system has been established. Performance of each ASHA is being monitoring on 10 indicators on a quarterly basis.
- o **State level ASHA Convention:** To acknowledge and appraise the contribution of ASHAs in providing health service delivery at community level and to sustain their motivation to perform better a state level ASHA convention was organized on 25th September, 2017. The state level convention has created a platform for facilitating peer learning process and experience sharing among ASHAs and also to share and learn from each other's experience of activity implementation.
- o **State level workshop on experience sharing, sharing of best practices & felicitation of best performing ASHA & GKS:** a congregation of best performing ASHAs & GKSs from all 30 districts was organized on 24 July, 2017 to felicitate them on the occasion of Public Health Response Day, 2017. A total of 30 ASHAs and 30 GKSs from all 30 districts were felicitated by Hon'ble Minister of Health & Family Welfare, Odisha for their outstanding performance in health service delivery at community level. Further, 5 ASHAs from different corners of the state were also felicitated for their extraordinary achievement and notable service to humanity.





## 2.9 Gaon Kalyan Samiti (GKS)

Village Health Sanitation and Nutrition Committee (VHSNC) popularly known as Gaon Kalyan Samiti (GKS) in the state of Odisha as part of National Health Mission (NHM) initiative and near about 46000 GKS are functional. It is a revenue village level institution constituted by the community as a simple and effective management structure to facilitate for improvement of health, nutrition and sanitation standard of the villages.

### A. Annual untied fund to GKS:

Annual untied fund of Rs.10000/- is being placed to GKS in order to undertake various need based activities for addressing issues related to health and social determinants of health. Each GKS prepares need based Village Health Plan in a consultative manner at the community level incorporating the local issues and concerns of the villages and hamlets which becomes the basis of untied fund expenditure.

### B. Major activities taken up by GKS

#### (I) Active involvement of GKS in JEE & MR Campaign:

Most of the GKS have actively involved and undertaken wall painting of messages on JEE, MR campaign & also organize sensitization meeting at the village level with participation of the local community.

**(II) Management of Malaria, Falaria, Dengue & Diarrohoea:** For prevention & management of Malaria, Filarial, Dengue & Diarrohoea cases at the community level, some of the GKS came forward with the effort of GP Sarpanch and undertake sensitization meeting & mass cleanliness drive to create awareness among the community to use mosquito net, maintain proper sanitation & hygiene for management & prevention of malaria, filarial, Dengue & Diarrohoea.

#### (III) Address major social issues:

To eradicate traditional believe & practice pattern of the community people towards Chenka, early girl child marriage & female infanticide, rallies & sensitization meeting have been organized in the districts of Keonjhar, Nayagarh & Bolangir etc.

#### (IV) Wall painting of important messages:

GKS has creates a scope for wide publicity of health related service delivery system at the community level through wall painting of messages. GKS have undertaken various wall paintings related to health, sanitation, nutrition & others for creating awareness among the local community throughout the state.

**(V) GP level meeting for better inter-sectoral convergence:**

Quarterly GP level meeting have been organized under the chairpersonship of GP Sarpanch in order to develop better inter-sectoral convergence with Panchayati Raj system and creates a scope to prepare GP level Health Plan in consolidation of Village Health Plan of GKS.

**(VI) Sustha Gaon & Sustha Panchayat Puraskar:**

The health status of the community is influenced by the environmental, social, geographical etc. Sustha Gaon & Sustha Panchayat Puraskar have been given for achieving the indicators related to health, sanitation, nutrition & others at the village & GP level. During this year, 100 GKS & 60 GPs have been awarded Sustha Gaon & Sustha Panchayat Puraskar for their outstanding performance at the community level.

**(VII) GP Swasthya Kantha:**

GP Swasthya Kantha is an interactive health bulletin board which is prepared from GP fund with special effort of GP Sarpanch. It leads to develop better inter-sectoral convergence of health related activities with other line departments

**C. Glimpses of success stories/Innovations:****(I) "Light weight stretcher": Alternate patient transport system managed by GKS**

Light weight stretcher as an assured transport facility for the community those who are residing in most difficult hilly terrain areas. It will not only reduce the transport difficulties of the local communities but also help in reducing the maternal and child mortality. It is the property of Gaon Kalyan Samiti (GKS).

**(II) Blood donation Camp with the effort of GKS:**

Blood donation camps have been organized and near about 800 unit of blood donated by the effort of GKS in some part of Bolangir, Cuttack, Ganjam, Koraput, Keonjhar & Khandhamal district.

**(III) Prevention of Diabetes & hypertension:**

Health camps have been organized for screening of diabetes & hypertension in various parts of Cuttack & Puri district. Random blood sugar, blood pressure & other diseases were estimated of the local community and medicines have been supplied with free of cost to the patients after completion of screening.

**(IV) Sabha Gruha: Gaon Kalyan Samiti Meeting Hall:** Sabha Gruha is a recognized meeting hall of GKS. Near about 11 Sabha Gruha are already been set up in Cuttack & Mayurbhanj district .

**(V) Health Check up Camp for pregnant women & lactating mother:** Health check up camps for the pregnant women & lactating mothers have been organized with the special effort of GKS & GP Sarpanch in various part of Angul, Bargarh, Cuttack, Ganjam, Keonjhar, Khandhamal, Mayurbhanj & Puri districts.

**D. Gaon Swasthya Samikhya (GSS):**

Gaon Swasthya Samikhya (GSS) Programme is being implemented in 56 blocks of 15 districts under NHM supprt and out of State budget. Total 1104 GPs & 7850 GKS are being covered under GSS activity implementation. Swasthya Suchana Patrika (SSP) is prepared as GKS & GP level by the BNV/ Selected Volunteers on a quarterly basis for addressing issues related to health & other social determinants of health at the community level.

## 2.10 NGO Collaboration Projects

Presently 33 PHC(N) management projects are operational in 14 districts. These PHC(N)s have shown remarkable improvement in major indicators like OPD, IPD, Institutional delivery and Laboratory test since they have taken over for management. Out of such 33 PHC (N)s, 6 PHC(N)s are Functional Delivery Points and 22 PHC(N)s are Promising Delivery Points.

### Achievement:

- o Avg. 56 nos. per day per institution General OPD.
- o Avg. 17 nos. per day per institution Ayush OPD.
- o Avg. 36 nos. per month per institution IPD.
- o Avg. 7 nos. per month per institution delivery.
- o Avg. 10 nos. per day per institution Lab test.
- o RKS: Functional in all PHC(N)s.



### Arogya Plus (MHU):

Arogya Plus is a strategically intervention for delivery of public health services at the door step of the marginalized sections of the society residing inaccessible and difficult areas through NGO partnership. Total 22 projects are operational in 9 districts and is being implemented out of the State budget. The project is being operationalised out of the State budget. The project is covering selective 3/5 GPs in a block having inaccessible and difficult to reach areas.

### Achievements:

- Total 868 tagged villages have been covered during the period April' 17 to Dec'17.
- 3014 positive malaria cases diagnosed positive & given treatment.
- 338 cataract cases identified and referred.
- 1615 no. of cases mobilised for male & female Sterilisation (in no.)
- 1537 nos. of CC & OP distributed (nos. of cycles)
- 1225 nos. of cases facilitated for registration at HWF within 3 months of pregnancy.
- 92 immunisation session organised
- 338 nos. of delivery cases transported through vehicle to nearby institutions
- 1749 Health education session conducted in villages & schools.
- 11848 nos. of ORS distributed.



## 2.11 Mainstreaming of AYUSH

Activities under taken during the Year 2017-18

- Integration and Mainstreaming of AYUSH in health care delivery system including National Programmes.
- Integration of AYUSH service in 314 CHC & 1162 PHC New.
- Strengthening AYUSH units with supply of Equipments, Instruments and Furniture (EIF) & Reference Books to all the Co-located AYUSH Clinics.

- Construction of rooms for exclusive AYUSH OPD in CHCs.
- Providing AYUSH Drugs at all levels.
- Ayush Specialist Clinic (Panchakarma) is functional at DHH Kendrapara.
- Training of AYUSH doctors on Primary Health Care & Disease Control
- Training imparted during FY 2016-17 (till Dec 2017)



Sl.No.	Name of the Training	Total Trained till December 2017
1	21 days SBA training for AYUSH doctor at district level including refresher training	1587
2	7 days additional hands on SAB training at district level	453
3	6 days IUCD training at district level	400
4	2 days NSSK training at district level	391
5	6 days Induction training at State level	1239
6	6 days Skill Development training at State level	120
7	MDP training for AYUSH Officials at outside the State	9
8	6 days Induction training of Regular AYUSH Doctors working in standalone Dispensaries	118
9	1 day training of Regular AYUSH Doctors on IDSP	90

#### • OPD Achievement

Year	2017-18 (till Jan 2018)	2016-17	2015-16	2014-15
Patients Treated	5270561	5697302	5607250	5778922

#### Opportunities Created Under NHM for mainstreaming of AYUSH

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

#### 2.12 Infrastructure development

- 5 new Medical College & Hospitals has been constructed at Bolangir, Koraput, Balasore, Puri & Baripada (Koraput, Balasore, Bolangir & Baripada - Completed).
- 9 new DHH Buildings is being established at Jharsuguda, Dhenkanal, Malkangiri, Keonjhar, Rayagada, Baragarh, Nuapada, Deogarh and Kendrapada (Jharsuguda, Keonjhar, Rayagada - Completed & Functional).
- New MCH : Establishment of 57 nos. of Maternal & Child Health Complex in District / Sub-district & Block Level of various bed strength; ranging from 125 bedded complexes to 30 bedded complexes is in progress (26 completed).

- 716 sub centres buildings with a financial involvement of Rs174.32 crore constructed (595 completed & 121 under construction).
- 14 PHC N buildings with a financial involvement of Rs. 4.95 crore constructed (11 completed & 3 under construction).
- 1049 staff quarter is being constructed for health service provider such as Doctors, Staff Nurse, Paramedics & others (646 completed & 403 under construction).
- To strengthen the infrastructure and main streaming of AYUSH - 98nos of Govt. Ayurvedic & Homeopathic Hospitals is being established (75nos completed & 23nos under construction)
- 71nos of UPHC/ UCHCs has been constructed with a financial involvement of Rs75.55 crore (25 completed & 36 under construction).
- Special & Critical Child Health Care facilities like SNCU, DEIC, NRC, Skill Lab etc. has been established and functional at different level of health institutions.

SNCU	DEIC	NRC	Skill Lab
21	32	46	22

- **For smooth distribution & proper management of drugs 381 nos of Drug Ware House at different levels has been constructed:-**

Institutions	SDMU	Medical College & Hospital	AHRCC, Cuttack	SVPPGIP, Cuttack	DHH	SDH	CHC
Physical Infrastructure including Racking	3	3	1	1	32	14	245



Construction of new DHH at Jharsuguda



50 Bedded MCH at DHH, Keonjhar



Const. of NRC at Capital Hospital, BBSR



Const. of SC Dabalpal, Keonjhar

## 2.13 Hospital Development activities

This year focus was given on strengthening cleanliness and infection control practices thereby improving quality of services. NQAS Accreditation activities were taken up in all DHHs, SDH and FRU CHCs simultaneously. In the process of NQAS accreditations following activities were under taken.

### A: NQAS Implementation Status in 2017-18

**Training & Capacity Building:** 2 batches of State level Refresher Training on Quality assurance for DHH & 1 batch of Internal Assessors Training for Asst. Manager GKS & QA were completed. 71 Internal Assessors are trained for DHH & 30 Asst. Manager GKS & QA were trained on Internal Assessment and 2 batches of Service Providers Training Completed.

### Activities for Quality Improvement:

- Assessment of all DHH, SDH & FRU CHC using NQAS checklist completed.
- Action planning for traversing the observed gaps was made and corrective action continued for closing the identified gaps, which is the only way in having a viable quality assurance programme in Public Health.
- All DHH labs conducted EQAS with NABL Accredited lab. (CMC Vellore) for monitoring Quality of tests

### Accreditation:

- DHH Koraput got NQAS Accreditation by Govt. of India. DHH Koraput is the 2nd DHH of the country to be NQAS certified. Incentives on Achievement & Sustenance: Rs.10,000/bed/year was provided to the DHH Koraput.
- External assessment of DHH kalahandi and CHC Ghatagaon of Keonjhar district were conducted by state team of external assessors for NQAS State Certification. The institutions secure more than 70% score in state assessment and were got NQAS State Certification.



DHH Koraput Received NQAS Accreditation in presence of Hon'able

**B. Kayakalp:** To promote cleanliness, hygiene and Infection Control Practices in public Health Care Facilities and to create a sustainable practices Kayakalp Award was given to best performing Public Health facilities. In this year all DHH, SDH and CHCs are taken up for the award scheme.

### Training & capacity Building:

- One batch Master Training on Swachh Bharat Abhiyan was conducted at State level.
- Two batches of Kayakalp External Assessors Training conducted at state level.
- Awareness Cum Internal Assessors Training at district level conducted in all districts.
- Facility level training on Swachh Bharat Abhiyan was conducted at DHH, SDH and CHC level.
- Training on Bio Medical Waste Management & Kayakalp imparted to MO I/C of all CHCs.

In the year 2017-18, all the DHH, SDH/CHC, PHC & UPHC were taken up for the award programme. In adherence to Kayakalpa Guideline, Internal Assessment of all hospitals was conducted by internal team of the hospitals in prescribed check list. Peer Assessment of all qualified hospitals was conducted by same level of facility. As per Kayakalp Guideline, External Assessment was conducted for the selected facilities by team of trained external assessors. The list of Kayakalp Award winner and runners up based

on the assessment was finalized in the State Quality Assurance committee-cum-state level Award Nomination Committee meeting for Kayakalp held on 19.12.2017 under the Chairmanship of Commissioner cum Secretary H & FW Dept.



- In the DHH category, 1st prize/Winner for Kayakalp is awarded to Capital Hospital, Bhubaneswar which secured highest marks. 2nd prize/Runners up for Kayakalp will be awarded to DHH Kalahandi which secured 2nd highest marks. The Commendation Award for Kayakalp will be given to the 10 DHHs which secured more than 70% marks.
- In the CHC category, 1st prize/Winner for Kayakalp is awarded to SDH Rairangpur, Mayurbhanj which secured highest marks. 2nd prize/ Runners up for Kayakalp will be awarded to CHC Jasipur, Mayurbhanj which secured 2nd highest marks. The Commendation Award for Kayakalp will be given to 33 SDH/CHCs which secured more than 70% marks.
- In the PHC category 13 districts have 13 Winner PHCs and Commendation Award for Kayakalp will be given to 17 PHCs which secured more than 70% marks.
- In the UPHC category UPHC Keonjhar-Keonjhar got the 1st prize/Winner, UPHC Unit 3-Bhubaneswar 1st Runners Up awarded, UPHC Ambapua-Berhampur got 2nd Runners Up
- awarded. The Commendation Award for Kayakalp will be given to 11 UPHCs which secured more than 70% marks. Total 12 DHH, 35 SDH/CHC, 30 PHC and 14 UPHC qualified for the Kayakalp Award

**C. Swachhata Hi Seva campaign conducted in all hospitals in a focused manner**

**2.14 National Urban Health Mission (NUHM)**

**1. Policy, guidelines & notification**

- 94 Health institutions of 28 cities are notified as Urban PHC and 7 Health institutions of 3 cities are declared as Urban CHC.
- "Ama Clinic "launched, under which 8 services (Pediatric, O&G, Nutrition, Adolescent, Vision, Physiotherapy , Psychiatric, Geriatric) provided at Urban PHC/CHC level.
- Compendium of Program and financial guidelines under NUHM published.



**2. Community process :**

3132 nos. of MAS have been formed. Grading of MAS initiated. 1449 ASHA are selected, 884 WKS formed, 90 RKS formed in NUHM cities/towns.

**3. Outreach:**

UHND has been started in all 36 cities/towns and 27204 UHND sessions were held during April 2017-Jan 2018. 37 outreach camps were organized. 8 Mobile Health Units are operational



out of 9 and 144543 beneficiaries are received services at MHU camp during April'2017-Jan '2018

#### 4. Training:

Five training modules have been developed for training of ULB representative, PMU staff, MAS, WKS and RKS. Training programs have been conducted for the Members of WKS, MAS, ASHA, PMU personnel, ANM and other clinical staff, Program Management staff.

#### 5. Strengthening of health institutions:

- Construction of New building for 20 Urban PHC is completed and 32 are under progress.
- Renovation work has been completed at 26 UPHCs & residual are in progress.

#### 6. Human resources

- All personnel are in position at SPMU, 18 at DPMU out of 23 and 14 at CPMU out of 21.
- 318 ANMs, 115 staff nurses, 51 LTs, 36 pharmacists, 78 Data Assistant-cum-Accountants and 35 Public Health Managers are in position under NUHM.

#### 7. IEC/BCC:

Mini & Small hoardings are installed at different strategic locations and branding of all operational UPHCs are completed. School sensitization conducted at different schools and slum sensitization programs held at slums.

### 2.15 e-swasthya Activities

- 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. It makes the information of blood stock available in the public domain. Launched in Dec' 2011, a total of 82 blood banks across the state has been linked to the system and the data of around 3.5 lakhs units of bloods are being processed every year. (<http://ebloodbankodisha.nic.in>)
 
- 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 NHM at State, district and block level. (<http://cms.nhmodisha.in>)
- GKS Monitoring System** : This online system tracks the physical and financial activities of each GKS. (<http://gks.nhmodisha.in>)
- Automation of DC Administration** : In order to automate the statutory functions of the Drug Controller Administration, Department of H & FW has developed a web based system for management of retail, whole seller and manufacturer licenses through online along with enforcement process automation. ([www.dcodishaonline.nic.in](http://www.dcodishaonline.nic.in))
- Online Recruitment Management System** : It is designed to automate the recruitment process of various contractual positions of Odisha Health and Family Welfare Society, starting from advertising of posts to publication of results. ([www.nrhmorissa.gov.in/orms](http://www.nrhmorissa.gov.in/orms))
- Drug Testing and Data Management System** : This Web-based Application automated the day-to-day work processes of State Drugs Testing and Research Laboratory, Odisha (SDT&RL).(<http://dtdms.nhmodisha.in>)

## 2.16 New Initiatives

- **Nidaan Scheme:** Free Diagnostic Services at identified Public Health Facilities both through own system and PPP mode implemented.
- **Sahay Scheme:** Free dialysis services will be provided to all patients at identified Public Health Facilities both through own system and PPP mode.
- **ANMOL:** ANM On Line" is an android based application, developed to facilitate seamless work of ANMs as well as ensuring collection of good quality data and its digitization at its source. It has been implemented in 10 out of 17 targeted districts.
- **Digital Dispensary:** Digital Dispensaries made functional through PPP mode at remote areas of mining affected GPs of Joda Block in Keonjhar district and in remote areas of Nabarangpur district. Under this virtual OPD and consultation with the doctors through video conferencing, basic lab tests and drugs are provided on free of cost to the patients.
- **Durgama Anchalare Malaria Nirakaran (DAMaN):** An intensive drive (in campaign mode) in the most vulnerable high malaria endemic villages (generally these are inaccessible villages- mostly in Tribal areas) covering more than 3500 villages in 23 high endemic districts. 1.13 Crore Long Lasting Insecticidal Nets (LLIN) have been distributed to over 2 Crores of population across 17 high endemic districts.
- **Ama Clinic :** A comprehensive weekly specialist services will be rendered in the OPD timings at 85 UPHCs in 27 cities in a phased manner.
- **SAMMPurNA Scheme:** Under NHM, besides 108/102, provision has been made for reimbursement of transportation cost @ Rs.1,000/- per pregnant woman for institutional delivery in 7853 notified difficult villages targeting to benefit more than 60,000 pregnant women.
- **Cancer Care-cum-Chemo Units at DHH :** Cancer Chemotherapy is being started with 6-bedded Day Care Chemotherapy units in order to ensure cancer care services at 25 District Headquarter Hospitals including Cancer Chemotherapy and Palliative Care.
- **Sunetra :** Aims at providing comprehensive, accessible, affordable and equitable eye care to people of all age groups. Vision centres/clinic equipped with appropriate eye-care facilities and trained manpower will be established in govt. facilities.
- **Strengthening Blood services :** Steps taken for functionalisation of the State Blood Cell. DEOs engaged for smooth functionalisation of e-blood bank system. 81 Blood Bank officials trained at National Institute of Biologicals
- **Khushi Scheme :** Scheme for providing free sanitary napkins to school girls from Class 6 to 12 in all the government and government-aided schools in the state.



# Chapter-3

**Directorate of  
Health Services**

## Directorate of Health Services

### 3.1. National Vector Borne Disease Control Programme (NVBDCP)

#### Programmes/Schemes:

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

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

The trend of the five VBDs for last six years can be summarized as follows:

Year	Malaria cases	Malaria Deaths	Dengue cases	Dengue deaths	Chk cases	JE cases	JE deaths	MF rate (%)
2012	262842	79	2255	6	129	15	1	0.43
2013	228858	67	7132	6	35	1	0	0.34
2014	395004	89	6433	9	10	0	0	0.82
2015	436792	80	2447	2	46	32	2	0.68
2016	449697	77	8380	11	15	242	39	0.71
2017	352140	24	4148	6	0	79	0	0.14

#### MALARIA :

Malaria poses major public health concern in the state. In 2017, a total of 3.52 lakh cases and 24 deaths have been recorded in the state. This accounts for an overall decline of malaria positive cases by 20.84% compared to the year 2016. However, surveillance has decreased by 7.53% (6659013 suspected malaria screened in 2017), compared to that of the corresponding period of the previous year (7201271, tested in 2016). There is 22.65% decrease of Pf malaria cases. However, Pf malaria continues to contribute 84.5% of the total malaria cases. Overall TPR has come down to 5.29% in 2017 from 6.18%, reported in 2016. Deaths due to malaria have come down from 77 in 2016 to 24 in 2017. Zero malaria death recorded consecutively from October to December is a good achievement and it indicates improvement in health service delivery system at periphery level of the state.

Following major antimalarial activities are implemented for control of malaria in the state:

### 1. Early Diagnosis and Complete Treatment:

- More than 47000 ASHAs and community volunteers have been trained as Fever Treatment Depot (FTD) holders to provide malaria diagnosis and treatment services at community level. 2000 Community Volunteers in Six Districts were deployed in remote inaccessible villages by Caritas Consortium and 600 VHV are working as FTD in 3 districts (Kalahandi, Kandhamal and Rayagada) by TATA trust.
- Rapid Diagnostic Test (RDT) kits and Anti-malaria drugs i.e. Artemisinin Combination Therapy (ACT), Chloroquin and Primaquine have been provided to ASHAs and other FTDs for diagnosis and treatment of Malaria.
- 67 Sentinel site laboratories are functioning at DHH/SDH/CHC level, where malaria burden is high. This is to monitor the trend of complicated malaria along with drug efficacy.
- Malaria diagnosis and treatment facilities are available in 6688 SCs, 1168 PHCs, 377 CHCs, 29 SDHs, 32 DHHs and all Govt. Medical Colleges of the state.
- Around 400 Microscopy centres are being functional for malaria blood slide examination,. However 600 high quality new microscopes have been provided to 30 districts so as replace the old one for quality assurance.
- Facilities for treatment of severe and complicated malaria are being available at CHC, SDH, Dist. Hqr. Hospitals and Medical college Hospital



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

- In 2017, Indoor Residual Spray (IRS) operation conducted in 21 high endemic districts in two rounds. 57 and 45 lakhs of population was covered under first and second round IRS respectively.
- 1.13 crore LLINs supported by global fund have been distributed 2017 to protect around 2 crore population living in 17 high malaria burden districts and few high risk CHC of Sonapur, Dhenkanal and Jajpur



### 3. IEC/BCC

- World Malaria Day observed 25th April 2017
- National dengue day was observed on 16th May, 2017 at State, District and Block level
- Observance of Anti Malaria month in June and Anti Dengue Month in June, 2017
- Observance of anti-dengue month in July
- Observance of Public Health Response day in July
- Malaria, Dengue, Diarrhoea (MDD) campaign Programme started from July to September 2017

- Writing of key message in village SwasthyaKantha (Health Bulletin)
- Sensitization of mothers in VHND and immunisation points
- Display of hoarding in urban areas.
- Mass media campaign through TV channels, AIR stations
- Display of posters and distribution of leaflets and FAQs to target beneficiaries
- Sensitization meeting on dengue and other vector borne diseases completed in CMC, Cuttack & Berhampur Municipal corporations.

#### 4. Training: (Malaria and all VBDs)

- Capacity building of Doctors (600), ASHAs (2900), HWs, MTS (90), LTs (100), SSMTTC (10), Spray workers (3500), Ayush Doctor (375), Paramedics (2500), Drug Administrator (14000), FLA (30), members of IMA/IAP (525) private pract (400).
- Three Govt. Medical Colleges at Cuttack, Berhampur & Sambalpur RMRC and corporate Hospital- IGH at Rourkela and ROH&FW, GOI are being involved in the training programme of NVBDCP.
- Six number of faculty of AIIMS, medical colleges, Capital Hospital and CHC have been trained as TOT on case management of dengue & Chikungunya in Delhi by WHO

#### 5. Monitoring and Evaluation: Following activities are conducted for programme monitoring:

- Analysis of epidemiological data, identifying problem areas and setting priorities for actions.
- Monitoring Sentinel site activities: Monthly reports of all 66 sites are collected, compiled and analyzed and used for programme improvement.
- Quality assurance of malaria diagnoses: All positive slides and 5% of the negative slides are crosschecked at Central Laboratory and RoH & FW for correctness of diagnosis. Further 19 sample RDTs from each of the 30 districts are sent to NIMR, Delhi on quarterly basis for verification of RDT quality.
- Conducting programme evaluation through Lot Quality Assurance Sampling (LQAS): LQAS is conducted in 30 districts for evaluation of different programme activities through a sample survey approach. It is conducted in 2 rounds: 21 districts were covered under first round and all 30 districts had conducted second round.

#### Other Project activities for Malaria control

##### A. Comprehensive Case Management (CCM) Project

Comprehensive Case Management project (CCMP) is a research project in the programme under the Joint venture of NIMR, State NVBDCP and Malaria for Medicine Venture (MMV). This is in operation in 4 districts: Kandhamal, Bolangir, Dhenkanal & Angul - one block CHC in each of the districts is taken as intervention area and one CHC as control area.

Important Interventions done under CCMP are: Diagnosis and treatment in all villages, Mass surveys in selective hard-to-reach areas, Alternative service providers in areas without ASHAs, Uninterrupted supplies of RDTs, anti malarians up to ASHA/ alternative service provider level, Improved surveillance by patient tracking mechanism and reporting through DHIS2 platform, PHC microscopy centres.

##### Achievements:

- Improved access to diagnosis and treatment in intervention areas
- Increased surveillance led to immediate increase in API followed by a decline in high and medium endemic blocks. Impact in low endemic areas is less significant

- Mass surveys and improved access to treatment in remote villages led to reduction in asymptomatic cases
- Improved data management through DHIS2 based reporting system

#### **B. State's Initiative "DAMaN" (Durgama Anchala re Malaria Nirakaran; Malaria Control in Inaccessible areas) Project:**

A state specific initiative "DAMaN" is in implementation to supplement the routine malaria control activity by making services available in inaccessible and difficult areas of the state.

Target group : Entire population in pre-monsoon period and PW & U5 children in post-monsoon

#### **Achievements:**

This initiative is bridging the gaps of EDCT by doing mass screening for malaria through camp approach that includes screening of pregnant women, lactating mothers (till 6 months of exclusive breast feeding) for anaemia, blood pressure and screening of under five children for anaemia & growth retardation. In 2017-18, the activity is implemented in following 23 districts: Koraput, Malakangiri, Nawarangapur, Kalahandi, Rayagada, Gajapati, Nuapada, Kandhamal, Angul, Balasore, Jajpur, Keonjhar, Sambalpur, Bargarh, Mayurbhanja, Bolangir, Deogarh, Dhenkanal, Boudh, Ganjam, Nayagrah, Sundargarh and Jharsuguda



Out of total no. of 4155 Camps Allotted, 3763 camps have been completed providing malaria service to around 7 lakh most vulnerable population and treating around 43000 malaria cases, irrespective of malaria symptoms.

#### **Dengue Status in Odisha**

A total of 4,138 confirmed dengue positive cases with 6 deaths were reported from state during 2017. Total blood samples tested were 23,600, out of this 3869 and 289 were positive for NS1 and IgM ELISA respectively. Total test positivity recorded was 17.6%. In 2017 mortality rate of 0.14% was detected. In comparison to previous year (2016) there is 50% reduction in dengue cases and deaths in 2017.

#### **Sentinel site labs**

- There are 38 sentinel sites laboratories in all DHHs, Govt., Medical Colleges, AIIMS, IGH-Rourkela, Capital Hospital- BBSR, RMRC and BijuPattnaik Memorial Hospital Paradeep etc., have been established for diagnosis
- ELISA-based diagnostic test kits (NS1 & IgM) test by trained Lab technician have been made available in free of cost in all sentinel sites.

#### **Case management**

Special designated dengue ward has been provisioned at DHH of all 30 districts. The latest "National Guidelines for Clinical Case Management of Dengue Fever" has been sent to all Superintendents/ Directors of tertiary care hospitals as well to all districts (both hard and soft copies). Diagnosis and treatment is being provided "free of cost" in Govt. Health facilities including ICU facilities

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

##### **Status**

Since 2012, JE have been reported in the state. It is encouraging that no positive cases and deaths due to JE reported from Malkangiri during 2017. However, 79 JE cases were reported from other districts of the state.

## Diagnosis

- Nine JE Sentinel Site Laboratories (SSLs) are functioning each one at DHHs of Koraput, Keonjhar, Malkangiri & Mayurbhanj, 3 Medical Colleges (MKCG MCH-Berhampur, SCB MCH-Cuttack, VSS MCH-Burla) and two hospitals (IGH-Rourkela, Capital Hospital- Bhubaneswar).
- In addition, there is one JE Apex Referral Laboratory functioning at RMRC, BBSR for quality assurance of JE Sentinel Sites
- In all the JE SSLs, free diagnosis is done by trained Lab. Technicians/Microbiologists through (IgM ELISA) Kit supplied by NIV Pune.
- 15 no. of Lab. Tech. trained on JE Diagnosis at Viral Diagnosis Laboratory, RMRC, BBSR

## Case Management

For Clinical Management of JE Cases, Special treatment facilities have been functioning at all District Headquarter Hospitals. National Guideline (NPPCJA, NVBDCP, GOI, Delhi) have been communicated to all the districts for follow up. Twenty no. of treating physicians have been trained on "Clinical Management of JE Cases" at AIIMS, BBSR

## Vaccination

- JE vaccination has been completed in campaign mode in 21 districts.
- State NVBDCP has submitted the proposal to consider JE Vaccination in seven new additional districts as queried by JE Division, GoI, Delhi

## Elimination of Lymphatic Filariasis (ELF)

- As per NATIONAL Guideline, Mass Drug Administration by co-administration DEC and albendazole is the most potential strategy for eliminating lymphatic filariasis. In Odisha, out of 20 districts covered under Mass Drug Administration (MDA) since 2004, 11 districts are under different phase of eliminating the disease. Currently 9 districts are being covered under MDA though disease is concentrating in few vulnerable sites of these districts.
- In March 2017 MDA conducted in 3 districts (Cuttack, Khurda & Dhenkanal).
- Morbidity management clinic opened at 10 high endemic districts

## 3.2 Revised National Tuberculosis Control Programme

### Background

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

### Objective

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

### Achievements

- The DOTS (Directly Observed Treatment Short Course Chemotherapy) strategy and implemented in our State in the year 1997 with the objective to detect all and treat all to eliminate TB in our country by the year 2025.
- The programme is implemented through 31 District implementing units, 234 functional TB Units (out of the total sanctioned 314 block aligned TB Units) & 584 Designated Microscopy Centres (DMC). Nearly 52632 DOT Providers are administering under the programme and following them up.
- The Anti TB Demonstration & Training Centre (ATD&TC) Cuttack is functioning as the State

Training Center as well as Intermediate Reference Laboratory (IRL) of RNTCP and conducts External Quality Assessment (EQA) to maintain quality sputum microscopy.

- National Reference Laboratory (NRL) for the eastern & north-eastern region of our country has been established at the Regional Medical Research Centre (ICMR), Bhubaneswar for C&DST to diagnose MDR-TB cases.
- The Rapid diagnostic Cartridge Based Nucleic Acid Amplification Test (CBNAAT) Gene Xpert machines have been installed at 37 sites mostly at the district, Medical College and SDH level to provide early diagnosis of TB in Pediatric, PLHIV, Extra Pulmonary and Sputum negative cases and to provide Universal Drug Sensitivity Test under the Programme.
- Drug Resistant TB (DR TB) Centre has also been established at SCB, VSS, MKCG Medical College to provide indoor treatment to the diagnosed MDR-TB patients of the State. Civil work in other three Link DRTB Centres are ongoing at DHH Koraput, Mayurbhanj and Sundargarh.
- Since inception of RNTCP in 1997 till September 2017, total 7,30,323 TB cases have been detected and treated. Total 5,81,210 cases have been cured & successfully completed treatment. The TB patient put under treatment in 2017 up to September is 34673.
- PMDT (Programmatic Management of Drug Resistant TB Cases) has been rolled out in the entire State. As on June 2017, 640 MDR TB patients and 34 XDR TB patients are under CAT-IV and CAT-V treatment regimen respectively. All drugs and diagnostics for these DR-TB cases are provided free of cost.
- TB and HIV collaborative services have been strengthened in all districts with the state progressively increasing the proportion of TB patients tested for HIV up to 97.4% in the year 2017.
- All TB cases are screened for Diabetic at the DMC level.
- NIKSHAY - a real time, online notification, recording and reporting system has been implemented in the state in all the districts entering data for all the patients registered in 2013. Block level MIS-Coordinators along with STS play an important role to ensure 100% entry in this portal.
- TB Notification has been made mandatory as per Govt. of India notification and reporting of TB patients from private Sector started. The Indian Medical Association (IMA), Odisha is fully supporting our efforts. During 3rd Qr. 2017 a total of 1010 TB patients had been notified and registered from Private sectors in "NIKSHAY" TB Notification Register.
- Other Sectors like ESI hospitals, Railway hospitals, CGHS hospitals, Prison, Corporate hospitals & PSU hospitals are implementing RNTCP.
- "REACH" TB Call to Action project, "PATH"-PPM project are supporting RNTCP Odisha in engaging Pharmacists and Private Practitioners in the programme.
- For active involvement of Medical colleges in RNTCP, State Task Force mechanism is operational in four Govt. Medical Colleges and three Private Medical Colleges.
- State has optimally rolled out Tribal action plan in 11 notified tribal districts catering to 22.47% of tribal population of the State.



- School awareness programmes, Patient Provider interaction meeting, PRI Sensitization, Street Play & Folk Dance are conducted at district level to create awareness for early diagnosis and treatment of TB. In addition Swasthya Kantha in all villages and Print & Electronic media are being utilized to disseminate TB messages to the community.
- Pharmacy sensitization is being rolled out throughout the State to improve private sector TB case notification.

### 3.3 National Leprosy Elimination Program (NLEP), Odisha

#### Background:

Prior to introduction of Multi Drug Therapy, Odisha was one of the very high endemic states of the country with prevalence rate (PR) 121.4 per 10,000 population and Annual New Case Detection Rate (ANCDR) was 210 per 1,00,000 population. With introduction and successful implementation of Multi Drug Therapy (MDT) programme in the State since March, 1983, the PR as well as ANCDR of leprosy has drastically declined. Odisha achieved elimination in 2006-2007 and continued up to 2012-13. 12 districts have never been achieved the status of elimination. Rather due to active search in some blocks and districts in 2013-14 some of the districts lost the elimination status and accordingly PR of state became more than 1/10000 population.

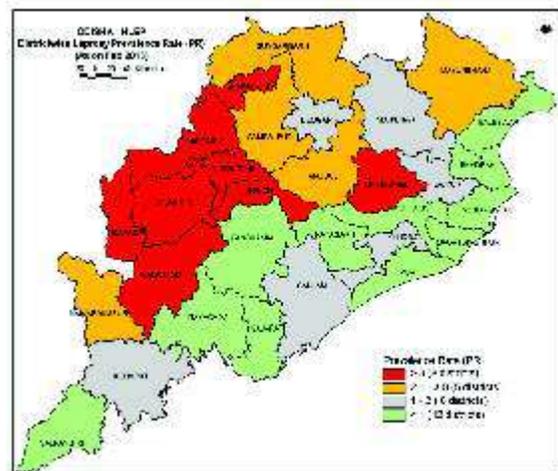
#### Targets By March 2020:

- PR < 1 case / 10000 population in all districts.
- ANCDR < 10/ 100000 population in all districts.
- Less than one new G-2 disability case among 1 million populations.

#### Major activities & Achievements of NLEP for 2017-18:

##### Improved Early Case Detection:

- 9169 new cases detected, ANCDR 20.2/100000 population i.e. 2.02 / 10000 population.
- Cases on Record 7990, PR 1.76/10000 population. Expected to come down to 1.2 / 10000 population after successful completion of treatment of LCDC cases.
- Child cases 728 (7.9%), Grade II disability 451 (4.9%)



To achieve the above target the following activities are carried under NLEP.

#### 1. Leprosy Case Detection Campaign (LCDC):

This year LCDC was implemented in both high and low endemic districts of the State from 23rd Oct 2017 to 5th Nov 2017.

##### Outcome of LCDC 2017-18:

- Houses visited : 88,69,685
- Population visually examined : 3,88,55,160
- No. of Suspects identified : 95,403
- No. of Cases confirmed : 4411 (38 % MB)
- No. of Grade-II cases : 151 (3.4 %)
- No. of Child cases : 331 (7.5 %)



**2. Focused Leprosy Campaign (FLC):** The village / urban area where even a single grade II disabled case detected, house to house survey is conducted in these villages and urban areas.

**3. Case detection in hard to reach areas:** Hard to reach villages have been identified and area specific plans were prepared in the districts and survey has been carried out during LCDC.

**4. ASHA Based Surveillance for Leprosy Suspects (ABSULS):** ABSULS envisaged to ensure continuous early case detection activity with the support of ASHA who is present in the community and to maintain routine early case detection. All the ASHAs have been oriented on this programme.

**5. Capacity Building of GHC staff:**

- 104 nos. of MBBS MOs have been trained till date in 2017-18 against target of 240.
- 441 nos of AYUSH MOs have been trained against target of 450.
- 20 nos. of Physiotherapist of other schemes have been trained.

**6. Disability Prevention and Medical Rehabilitation (DPMR):** 358 DPMR clinics have been established at Block CHCs, SDH and DHH level to provide disability care services in this clinics-1421 Reaction cases managed, 5604 MCR foot-wears distributed, 5372 ulcer kits were distributed.

**7. Reconstructive Surgery (RCS):** 213 RCS done in 14 Govt. Hospitals and One NGO in this financial year with a provision of Rs 8000/- as loss of wages to the patients. Cumulative achievement is 5749 till feb 2018.

**8. IEC / BCC Activities:** SPARSH Leprosy Awareness Campaign (SLAC): Sparsh leprosy awareness campaign (SLAC) is a unique initiative under NLEP wherein state wide message on leprosy awareness was spread through various media. It was carried out in both rural and urban areas by reading out the message of Hon'ble Chief Minister of Odisha and taking pledge for elimination of leprosy. Through this campaign State-wise Gram Sabhas were organised and oath taken for leprosy free Odisha. In urban areas, sensitization on leprosy was done through meetings in urban slums and NAC/Municipality wards, Mahila Arogya Samitis. This campaign was also covered Schools all over the state to spread awareness on leprosy among school children thereby spreading this message in the community.

- Advertisement published in Newspapers, TV & Radio channels during LCDC Programme and Gandhi Jayanti.
- Anti leprosy day is being observed on 30th January in martyrdom day of Mahatma Gandhi at all districts.
- At State level, the day is observed at Rajbhawan in presence of His Excellency Governor of Odisha.

**SLAC observation at Rajbhawan**



**Oath taken by School children during SLAC**



### 3.4 State Human Resource Management Unit

#### Background:

Various initiatives have been taken up by Deptt. of H&FW to fill up vacancies and create new positions to strengthen management of public health services and improve effectiveness and efficiency of health services. Initiatives in areas of restructuring of cadres, transfer policy, incentives for deployment in difficult and underserved areas and other allowances have been taken up by the department.



#### Key Activities undertaken:

- Restructuring of OMHS cadre : OMHS cadre was restructured with creation of 1330 number of new posts increasing the strength of cadre to 6719. Out of 6719 posts, 578 posts have been identified as Public Health posts. In these identified Public Health posts, doctors trained in Public Health will be posted. Doctors with specialization in clinical and Para-clinical disciplines will be posted in identified posts for specialists.
- Promotion of Doctors : 2 posts of Special Secretary, 11 posts of Directors, 352 posts of Additional Directors and 565 posts of Joint Directors have been filled up on recommendation of DPC during 2017-18.
- To mitigate the shortage of specialists, Post Graduate Diploma courses will be started in District Hospitals and newly opened Medical Colleges through College of Physicians and Surgeons (CPS) of Mumbai. Inspection of facilities and verification of teachers are completed and process for counseling and admission is under process.
- 25 no. of MBBS Doctors are pursuing Post Graduate Diploma in Public Health Management in IIPH , Bhubaneswar being sponsored by State Govt. during 2017-18.
- Data base of Doctors and Paramedics have been prepared and updated regularly.
- 205 posts of Dental surgeon have been created. Requisition has been sent to OPSC for recruitment of Dental surgeons.
- 501 regular allopathic doctors have joined the OMHS cadre on recommendation of OPSC. Recently, OPSC has recommended the names of 74 more doctors for their posting in peripheral health institutions. Requisition has been sent to OPSC for recruitment of 2173 allopathic doctors.
- 61 doctors have been transferred through counseling under exit policy.
- Recruitment for newly created 5120 paramedics posts are under process.
- 26 no. of Doctors and Specialists have been posted under corpus fund.
- 527 no. of Contractual doctors and 336 no. of Adhoc doctors are working in different health institutions of the state.

### 3.5 SDMU & SEMU

#### Introduction:

The State Drug Management Unit (SDMU) was managing pooled procurement of drugs and medical consumables to ensure the rational use of drugs in all Govt. health facilities of the State.

But at present, Odisha State Medical Corporation Limited (OSMCL), Bhubaneswar has taken over the activities of SDMU relating to procurement, distribution and quality control of drugs.

**Activities:**

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

- Compilation of requirements for instruments, equipments & furniture (EIF) from the districts and medical colleges.\* The requirements of EIF are being compiled at SDMU for finalisation by the State Level Equipment Management Committee (SEMC) and procurement of EIF by OSMCL.
- Essential Drug List (7th revised edition): Essential Drug List 6th Edition which contains 359 drug molecules and 570 drug formulations in generic names has been updated and revised in consultation with all specialists of Medical Colleges and peripheral health institutions and WHO EDL model list - 2013. The steps are being taken by SDMU for the publication of 7th revised edition of Essential Drug List.
- Standard Treatment Guidelines (STG) (the 1st edition): Treatment protocol of 78 most common diseases to be followed by doctors have been distributed to all prescribing doctors' of the State. At present the 2nd edition of the STG is under process of preparation.
- Prescription Audit: In order to investigate the drug-use & to avoid irrational use of drugs in the health facilities, the prescription audit is being done.
- Patient Beneficiary: In order to know the No. of patients Benefited from NIRAMAYA in outdoor & Indoor, Patient Beneficiary is collected every month in format & compiled.
- Clearance of pending dues: The pending dues towards performance security, EMD, Not of Standard Quality (NSQ) dues etc. are being released to the firms for their supplies prior to functioning of OSMCL.
- Monitoring of Not of Standard Quality (NSQ) drugs: The quality control section of SDMU is monitoring the drugs declared as Not of Standard Quality (NSQ) by the Statutory Laboratory of the State (relating to drugs procured prior to the functioning of OSMCL).
- Legal complications: Legal complications arising out of Not of Standard Quality (NSQ) related drugs or firm disclaiming to comply to tender terms & conditions or any other matter relating to the functioning of SDMU prior to the functioning of OSMCL are being dealt by SDMU.
- Compilation relating to vigilance enquiries: Enquiries are being done relating to vigilance matters, Human Rights Commission matters etc. and compilation is being prepared.
- RTI Matters: Reports are being compiled relating to RTI applications.
- Audit queries / paras: Steps are being taken by SDMU relating to compliance of A.G Audit queries / paras.
- Assembly / Parliament questions: Replies to Assembly / Parliament questions are prepared at SDMU level.

**SEMU**

Introduction : State Equipment Maintenance Unit (SEMU) was established under NHM support in the year 2009 under SDMU and now functioning under OSMCL since 2015.

#### Achievement:

- Based on the complaints received from Districts/ Institutions, visit to the Institution for inspection of faulty equipment's is done. On site repair is done with available spare. If not, estimate is given & repair is under taken after receiving financial approval from Head of Institute in the second visit.
- Total replacements of the components are usually done by the Manufacturing Company/ Authorized service centers which are costly and also time consuming.
- For equipment base value ranging from Rs.30,000 to Rs.1,00,000, the Average charges of on call visit by a service engineer is of Rs.2,000 per machine
- For equipment base value ranging from Rs.3,00,000 to Rs.10,00,000, the average charges of on call visit by a service engineer is of Rs.10,000 per machine
- Whereas via SEMU, Component level repair which requires skill & experience is done which is cost effective without compromising the quality of repair.
- Onsite repair: an average of 4 machines per visit is repaired with minimal spares.
- Repair on Estimation approval: Average service tax is of 12% which is completely free in case of SEMU engineers and in most of the cases, the estimation of the firms are 20-30% higher than that of SEMU. In many cases, it is even 90% lower than that of Firms.
- Some equipment's which could not be repaired onsite, those are requested to be brought to Workshop at OSMC for better inspection and repair.



#### On Site Repair of Medical Equipments:

Based on the complaints received from Districts/ Institutions, visit to the Institution for inspection of faulty equipments is done. On site repair is done with available spare, if not estimate is given & repair is under taken after financial approval from Head of Institute on second visit. The repair includes major equipments like Ventilator, X-Ray machine, Multiparamonitor, Pulse-oxymeter, Autoclave, Endoscopes, Laparoscopes, Surgical diathermy, Radiant Warmer, Oxygen Concentrator, Boyle's apparatus, Blood Storage Unit etc where company support is not available. During 2017-18 total 3620 repairs were made. All the repairs are cost effective in comparison to the service agencies. Shifting and Reinstallation of Medical Equipment's requires technical this is also being done by Bio-Medical Engineers with minimal cost

Procurment: Bio-medical engineers providing technical support on Preparation of draft technical specification of equipment, instrument & hospital furniture's., Technical evaluation of tender documents floated at various levels like OSMCL, all health directorates, district hospitals, medical colleges and other organization for procurement of EIF, compilation and budgeting of EIF for all health institutions of the state for rational procurement under state budget.

#### TRAINING:

- This unit has been providing user maintenance training to end users of SNCUs, NBCCs, NBSUs, and LR & OT on preventive maintenance of equipment's at Regional level & District level.
- Conducted one repair & maintenance training of cold chain technicians of the state to minimize the response time.
- A Booklet on preventive maintenance of equipment's (End User Guide) was prepared by this unit for easy reference of users and technicians of devices which commonly used in SNCUs, NBCCs, NBSUs, and LR & OTS.

### 3.6 Health Insurance Schemes

#### 3.6.1 RASHTRIYA SWASTHYA BIMA YOJANA (RSBY)

- A. The existing Guidelines:
- BPL, MGNREGA and B&OCW families have been enrolled under RSBY
  - Family size is limited to 5 members per family
  - Enrolment of beneficiaries after completion of one policy period
- B. Financing of the Scheme:
- (a) Contribution of Government of India: 60% of the estimated annual premium Rs.750/- (Maximum). Additionally, the cost of the Smart Card is borne by the central Government @ Rs 60/- per card
- (b) Contribution of State Government : 40% of the annual premium
- (c) The beneficiary family pays Rs. 30/- towards registration/ renewal fee during enrolment.
- C. Provision for splitting of Smart Card (in case some members of the family stays in different place)
- D. As per the supplementary agreement of RSBY, issued by Government of India, the insurance companies has to return the differential amount between the actual claim ratio (claims settled /premium received) and 70% of the premium paid.
- E. Annual insurance coverage of Rs. 30,000/- per family on floater basis.
- F. **Coverage:**

Sl. No.	Category	Target	Achievement	Percentage
1	BPL	52 lakhs families	36 lakhs families	
2	MGNREGA and B&OCW	12 lakhs families	8 lakhs families	
	<b>Total</b>	<b>64 lakhs families</b>	<b>44 lakhs families</b>	<b>69 %</b>

G. **Achievement:**

Sl. No.	Year	No. of Claims	Amount of Claims
1	2017-18	1,80,152	121.57 Crores
2	Total 64 KB regime (Aug 2013 to March 2018)	8,81,618	474.97 Crores

- H. Empanelment of Hospital : Public hospitals - 425, Private hospitals empanelled - 176

#### 3.6.2 Biju Krushak Kalyan Yojana (BKKY):

Highlights of the existing guideline:

- Farmer families have been enrolled under BKKY.
  - Family size limited to 5 members per family
  - Enrollment of beneficiaries every 3 year and auto renewal of smart cards every year.
  - Financing for the Scheme;
- (a) State Government financing the scheme completely.
- (b) The beneficiary pays Rs.30 per annum as registration fee once in 3 years.
5. Refund clause of 80 percent as claim against the total premium paid to the Insurance Companies.

#### 6. Benefit Package:

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

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

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

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

Coverage:

Category	Target (S-1) (families)	Achievement	Target(S-2) (Families)	Achievement
Farmers	25 lakhs	25.61 lakhs	35.27 lakhs	32.02 lakhs

Achievement and Claims:

Year	Total No. of Claims	Total Amount of Claims
1st Phase (Dec'2013 to Nov'2014)	66452	33.48 Crores
2nd Phase (Dec'2014 to Nov'2015)	139288	74.39 Crores
3rd Phase(Dec' 2015 to Nov'2016)	142276	67.40 Crores
Extension phase-Dec'2016 to Nov'2017	120131	56.82 Crores
Dec'2017 to Feb'2018	26641	13.14 Crores

Empanelled Health Institutions : No. of Public hospitals- 425, No. of Private hospitals- 131

### 3.6.3 Odisha State Treatment Fund Society

Odisha State Treatment Fund has been created by Government of Odisha under Odisha State Treatment Fund Society which has been registered under the Societies Registration Act, 1860 (Act XXI of 1860). Patients belonging to BPL category, AAY category, having income up to Rs.50,000/- in rural areas and Rs.60,000/- in urban areas, referred cases from registered Mental Asylum / Destitute Home / Orphanage and unknown accident victims are entitled to cashless treatment in 30 District Headquarter Hospitals in the State, RGH Rourkela, Capital Hospital, Bhubaneswar, Sishu Bhawan, Cuttack, AHRCC, Cuttack, SCB Medical College & Hospital, Cuttack, VIMSAR, Burla, MKCG MCH, Berhampur and 18 private empanelled hospital under OSTF (16 hospitals within the State, 2 in Raipur (Chhattisgarh) and 4 hospitals in Vishakhapatnam (Andhra Pradesh). These include four cancer hospitals. Treatment under OSTF is cashless. The entire expenditure for treatment of the patients under OSTF is borne by the Government. Treatment expenditure up to Rs. 3 lakhs is sanctioned by Member Secretary, OSTF -cum-Director Medical Education & Training, Odisha. Above Rs. 3 lakhs is sanctioned by the Hon'ble Chief Minister.

During the period from 01.04.2017 to 31.12.2017, 12330 patients have got cashless treatment in Government Hospital and 1812 patients in private empanelled hospitals. Rs.20.66 crores has been utilized by Government hospitals whereas Rs.18.23 crores has been reimbursed to private empanelled hospitals.

# Chapter-4

**Directorate of  
Public Health**

## Directorate of Public Health

### 4.1 Integrated Disease Surveillance Programme (IDSP), Odisha

#### Background

Integrated Disease Surveillance Project (IDSP) is a decentralized disease surveillance project initiated by GoI in 2004 and implemented in Odisha in 2005-06. The project has been renamed as "Integrated Disease Surveillance Programme" in April 2012. It is intended to detect Early Warning Signals of impending outbreaks and help to initiate an effective response in a timely manner.

For this purpose, IDSP monitors core diseases/health events of public health importance like Diarrhoea, Dysentery, Jaundice, Typhoid, Measles, etc. It assumes the role of State Health Control Room during natural calamities like H1N1, H5N1, Flood, Cyclone and Heat Wave etc.

One State Surveillance Unit, 32 District Surveillance Units & 3 State Reference Laboratory are functional with trained IT personnel, Hardware & Software & Video Conferencing facility.

#### Activities

- Disease surveillance Reports are being received on weekly basis from 1745 health facility level (CHC+SDH+DHH+Priv.hosp), 6688 Sub Centers & 382 laboratories.
- Completeness of reporting in 2016-2017: The range of completeness of weekly reporting with respect of Form S (Health Worker) 90 % & Form P (Health Institution & Medical Officer) between 85 to 92% and Form L (Laboratories) were 82 to 89%
- Rapid Response Team members (RRT) of all districts are trained and remain in readiness for outbreak investigation and response.
- Weekly data is analyzed each week to monitor trend and detect early warning signal of impending outbreaks.



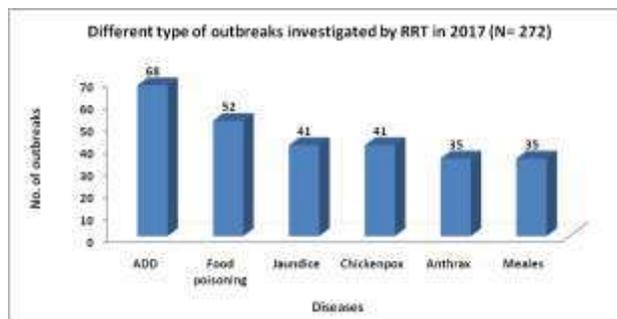
#### Disease Surveillance Trend

In the year 2017, cases of diarrheal disease were reported during monsoon & post monsoon period and this is in accordance with the usual seasonal prevalence of the disease.

In the year 2017 there was trend of increased reporting of viral hepatitis cases in the month of March, June, July, August, September & November in comparison to preceding year 2016. This was majorly due to the reporting of outbreaks basically in urban areas.

## Outbreak response & Investigation

- One State Rapid Response Team / 30 District Rapid Response Teams / 377 Block Rapid Response Teams are identified to respond & investigate out breaks for immediate containment and control measures.
- Each year guidelines on prevention & management of Acute Diarrhoeal Diseases are circulated sufficiently ahead of monsoon season and districts are kept in readiness to address the challenges of waterborne & vector borne disease outbreaks during monsoon.
- The Outbreaks are being investigated by Block/ District/ State Rapid Response Teams for immediate containment measures.
- Suitable samples are being collected for lab confirmation during the outbreaks.
- Media Scanning & rumor verification: Daily scanning of print & electronic media is being done by SSU & DSU. In 2017, 424 rumors were received, all of which were investigated by Block/ District/State RRT and 271 were confirmed.
- From the total outbreaks reported, 83% were laboratory tested.
- SSU, IDSP receives disease outbreak reports from the districts on weekly basis. Even NIL weekly reporting is mandatory and compilation of disease outbreaks/alerts is done on weekly basis. On an average 4-5 outbreaks are reported to SSU weekly.
- Water Quality Monitoring: Ortho-toluidine & H<sub>2</sub>S test kits are provided to the district and sub district level for effective routine monitoring of water quality which in turn helps in reducing the water borne disease outbreaks.



## Comparative status of different Outbreaks in the state from 2016 to 2017

Diseases	2016			2017		
	No. of outbreaks	Cases	Deaths	No. of outbreaks	C a s e s	s e s
Deaths						
ADD	138	3859	30	68	1636	12
FP	74	3096	9	52	2049	6
Measles	33	471	0	35	488	0
Jaundice	48	778	0	41	790	0
Chickenpox	45	913	0	41	770	0

## Laboratory Surveillance

- The three Govt. Medical College & Hospitals of the state are functional as State Referral Laboratories (SRLs) of the state linking to adjoining districts.
- 30 District Public Health Laboratories (DPHL) are functional.
- Laboratory confirmation of epidemic prone diseases such as Viral Hepatitis, Measles, Meningitis, Dengue, Chikungunya, AES/JE, Anthrax, etc. are being carried out in the district public health laboratory
- Currently facilities are available at all DPHL for conducting Elisa based test like Dengue / chikungunya, JE, Hepatitis, Measles etc.

- Culture & sensitivity test for stool / water / blood/ throat swab / pus / urine along with the sterility check from OT / SNCU / ICU etc. have been started in some PHL like Balasore, Bhadrak, Bolangir, Mayurbhanj, Kandhamal, Rayagada, Koraput, Kalahandi, Keonjhar and will be followed soon in rest other DPHL.
- Strengthening of Laboratory surveillance for ADD by providing Cary Blair Transport medium to each district.
- Water Quality Monitoring: Ortho-toluidine & H<sub>2</sub>S test kits are provided to the district and sub district level for effective routine monitoring of water quality which will reduce the water borne outbreaks.

### H1N1 Surveillance in 2017

- During the year 2017 the state experienced influenza AH1N1 outbreak during the month of August & September with 414 positive cases including 54 deaths.
- The State has taken action for provision of free drug for all patients including those in private hospitals, isolation facility for case management, strengthening surveillance for ILI / ARI cases, procurement of other logistics and involvement of private and public sectors for case management.
- 5 Govt. Medical Colleges (SCB/MKCG/ VIMSAR/PRM/SLN) & Capital Hospital, Private hospitals & private medical colleges have been instructed to keep identified ward/beds for screening / isolation & case management facilities with ventilator support.
- IEC activities conducted on prevention of Influenza like Illness (ILI) / Pneumonia / H1N1 on seasonal flu with do's & don't.



### Disaster Management & Response

- The State Surveillance Unit assumes responsibility of State Health Control Room during disaster in addition to its regular responsibility.
- Heat Stress Disorder: Each year from March, state prepares for prevention of heat stress disorders with preparatory activities like intensifying health education, prepositioning of supplies & availability of heat stroke room at health facility level.
- State & District preparedness activities like micro-planning for Medical relief operations, manpower deployment, supply & prepositioning of drugs & disinfectants, additional mobility support, preventive disinfection of drinking water sources, intensified IEC/BCC activities were undertaken both pre cyclone & post cyclone flood period that resulted in no major outbreak in the affected area.

### Other Major Activities

- Intensive IEC/BCC activities were conducted regarding safe drinking water, hand washing, use of sanitary latrine & environmental sanitation, ORS use & preparation the in community by SIH & FW through a special campaign like Malaria, Dengue, Diarrhoea (MDD) for two & half months to generate awareness in the community.
- Multi-sectoral Standard Operating Procedure (SOP) has been developed with time line for inter-sectoral coordination to combat vector and water borne diseases.
- A mobile based application has been developed by the State for village level ASHAs to identify early triggers for communicable diseases.

## 4.2 National Iodine Deficiency Disorders Control Programme (NIDDCP)

### Background:

The National Iodine Deficiency Disorders Control Programme (NIDDCP) started in our state since December- 1989. It is a 100% Central Plan Scheme. As per the Survey, 17 Number of districts of our state are found to be endemic, having goiter prevalence more than 10%.

Policy: Notification on complete Ban on Sale & manufacture of Non -Iodized salt for human consumption in Odisha was issued vide Notification Letter No. 12544/Dt. 18.10.2001.

### Major Activities:

- IEC activities: 72000 nos. of Posters for Anganwadi Centres and 48000 nos. of handouts for ASHA has been distributed throughout the state.
- Salt testing kit (167250 nos.) was procured for determining the iodine levels in household samples, the same has been distributed to 24358 ASHAs in 17 endemic districts.
- The salt samples drawn by the Food Safety Officers from various sources are tested at State Public Health Laboratory, Bhubaneswar for quantitative estimation of the iodine content.
- 'Global Iodine Deficiency Disorders control Day' was observed on 21st October 2017 in the state as well as at all district level.
- At school level RBSK MHT teams of the 17 endemic districts were engaged for generation of awareness regarding the programme on 'Global Iodine Deficiency Disorders control Day' observed on 21st October 2017.
- Bi- annual State Advisory Committee Meeting is organized at the state office including various Departments and all stakeholders for better implementation of the programme and ' Universal Salt Iodization'.
- The Hotel Restaurant Association of Odisha has issued a letter to all its members to use iodized salt in the hotels and restaurants vide Letter No. HRAO/ SG/ 780 Dt.28.10.17.

## 4.3 National Mental Health Programme

Current Status: All 30 districts are under NMHP Programme and activities like Capacity building of MOs, PMs, ASHAs, Targeted Interventions (District Crisis Centre (DCC) or help desk, Life Skill Education (LSE) of high school teachers, IEC/BCC activities in electric, print and outdoor display media, provision of free psychotropic drugs, and referral funds are available for severely ill case for pt transportation.

- The technical support is provided by COE, Mental Health Institute, SCBMCH, Cuttack established in 2010.

### Activities at District Level

- Currently 23 DMHP Units with six categories of staffs (64/138) are providing OPD/ IPD services, conducting IEC/BCC activities, capacity building of MOs, PMS, ASHAs, targeted Interventions activities (District Crisis Intervention Centre) with help desk, Life Skill Education of teachers(LSE) etc .
- Free psychotropic drugs through 'Niramaya Yojana' are being made available for the psychiatric patients across all districts.
- COE, MHI, Cuttack provides training to MOs on Three months DMHP course( till now 31 nos trained) with technical support to all DMHP Districts.
- Training Module for MOs (Three months course curriculum, three days MO curriculum), PMs, LSE, Standard Operative Procedures (SOP) for DCC, prototypes for Hoarding, poster, Mental Health Treatment card, FAQs developed by State in coordination with MHI, Cuttack.

- IEC activities such as "Manasika Sachetanata Ratha", Panel discussion in electronic media branded as "Santwana" programme, dos and don'ts for disease sign & symptoms, help line numbers are given as Advt. in print media to spread awareness in community.
- During 2017-18, 7985 new cases provided treatment, 15385 numbers of PWMI were followed up by DMHP unit staff, 1158 cases provided indoor facility treatment, 61 cases referred to tertiary care; 101 no. of screening camps held with 5132 nos of persons screened with PWMI, 623 MOs, 1442 PMs, 640 High school teachers were trained on DMHP, 31 MOs trained on 3 months course and 12263 ASHAs trained for case detection (23 districts). 98 MOs of Non DMHP districts have been trained on Mental Health by the state.
- Help Line (DCC) is established at all the 15 DMHP Districts for counseling of cases.
- Referral funds are provided with districts to meet the transportation costs of persons with mental illness attending the OPD at District level.
- A Toll free number is established at MHI, SCBMCH, Cuttack for counseling of PWMI.
- The programme is monitored & supervised by Commissioner-Cum-Secretary, DPH (O), DHS (O), Collector & District Magistrate to address various issues & challenges faced during the implementation of the programme.
- State Mental Health Cell is notified by Govt. of Odisha.
- State Mental Health Authority (SMHA), State Technical Task Force Committee (STTFC committee) is actively monitoring the activity of DMHP programme.
- During 2017-18, NHM & State budget is being provisioned for all 30 districts towards Preventive and curative activities such as case screening, initiation of treatment timely referral, IEC/BCC activities, capacity building of MOs & PMs, Targeted intervention, Life skill education, District Crisis Intervention center with an aim to identify persons with mental illness, provision of free drugs and spread public awareness.



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

NPCDCS was launched in the State in the f.y 2010-11 from Nuapada district and now has been extended to all thirty districts.

##### Activities undertaken:

- NCD cells have been established in all 30 districts under this NPCDCS programme. During the year 2017-18 a total of 8.6 lakh people were screened, of whom 73831 were suspected for Diabetic Mellitus and 93389 were suspected for hypertension. Of the 4.35 lakhs attended higher centre 69196 were confirmed for diabetes mellitus and 84886 for hypertension and were treated. ICU functional in 10 districts. Total of 479 CVD patients and 274 Stroke patients were treated during the year in ICU. Day care Cancer Chemotherapy units are functional in 28 districts (except Deogarh & Kendrapara) and RGH Rourkela & Capital Hospital Bhubaneswar.
- Total cancer patients registered during the year where 11784 of whom 1268 number were given chemotherapy with 4901 cycles. A total of 46 cancer consultation camps were held during the year. World Cancer Day was celebrated with rally and display of IEC material on 4th February at district level.

**Road Ahead For Cancer Care ....**

- AHRCC is being strengthened to serve as RCC (Regional Cancer Institute).
- MKCG Medical College, VIMSAR & Bhawanipatna DHH are proposed to be developed as TCC (Tertiary Care Cancer Centre).
- Radiotherapy Units are proposed at Jharsuguda, Angul, Keonjhar, Nawarangpur & Capital Hospital (Bhubaneswar).
- Talks are in process with Tata Trust for development of Cancer Registry & Relating to Cancer Care in the State.

**NCD Complex: Nabrangpur**

ICU



Geriatric Ward



Day Care Chemotherapy Centre



Physiotherapy Unit

**National Program for Health Care of Elderly**

**(NPHCE):** National program for Health Care of Elderly started in 8 districts and all 30 districts will be covered this year. 10 bedded Geriatric Ward functional in Korapu, Nabarangpur, Nuapada, Malkanigiri & Bolangir. Integrated Geriatric OPD and separate Elderly friendly counter and physiotherapy units are functional in the above districts.

**National Tobacco Control Program (NTCP):** National Tobacco Control Programme is functional in 30 districts and various training capacity building and awareness programme including school health programme are conducted in the 30 districts. 10 Tobacco Cessation centre are functional in district head quarter hospital. Around 57 lakhs fine till date were collected for violation against COTPA. Total Of 120 Medical Officers covering all districts are trained on tobacco cessation during the year 2017-18.

**National Programme for Prevention and Control of Deafness (NPPCD):** National Programme for Prevention and Control of Deafness launched in Khurda, Ganjam, Phulbani, Cuttack, Kalahandi, Koraput, Sambalpur, Mayurbhanj. 0-18 years children screening is going on RBSK in DEIC centers. Of the total screened no. of deafness patients detected were 1396.

**Population Based Screening (PBS):** Population Based Screening carried out in seven districts i.e. Cuttack, Khurda, Ganjam, Sambalpur, Rayagada, Kalahandi, Puri and 2 urban areas of Bhubaneswar & Cuttack city. A total of 5715 ASHA workers, 1405 ANMs, 243 MOs were trained for this activity.

**4.5 National Programme for Control of Blindness (NPCB)**

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 error, corneal blindness, diabetic retinopathy and other causes. The goal is to reduce prevalence of blindness from 1% (2006-07 survey) to 0.3% of population by the year 2020 by developing eye care infrastructure, human resources, improving accessibility quality of eye care services. The scheme is implemented by both Govt. and NGOs.

**Coverage area:**

- Cataract surgery
- Spectacles to school children
- Treatment/management of other eye diseases
- Cornea collection for transplantation
- Presbyopic correction

**1) Cataract Surgery:**

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

**New OT (City Hospital, Ganjam)**

Year	Annual Target	Achievement
2017-18 (upto Qtr.3)	276853	93498

## 2) School Eye Screening

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

Year	Free spectacles provided to school students	
	Target	Achievement
2017-18(upto Qtr.3)	50000	52918

## 3) Eye Donation

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

Year	Target	No. of Eyes Collected	No. of Eyes Utilised
2017-18 (upto Qtr.3)	1100	1003	779

## 4) Presbyopic correction (spectacles for near vision)

Year	Annual Target	Achievement
2017-18 (upto Qtr.3)	116104	44063

## 6) Capacity building:

### Institutions:

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

### Manpower:

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

### Training:

- Ophthalmic Surgeons have been sent inside and out side the state for training in sub-specialty in micro surgery like Phaco, Glaucoma, SICS, ECCE, Oculoplasty surgery and Retina etc.

- Refresher training is being imparted at zonal level to the Ophthalmic Assistants for providing better service.

#### **Civil Work:**

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

#### **Other activities:**

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

#### **IEC:**

- Every year Eye Donation Fortnight (from 25th August to 8th September) is being organised in the districts having eye banks to enhance eye donation activity and public awareness in the community.
- World Sight Day (2nd Thursday of October and the full month) is being done at state and district level.
- World Glaucoma Week (3rd week of March) is being observed every year.
- The above three event are being observed to aware the general public regarding various eye problem, its eradication and Govt. free services available.

### **4.6 Bio- Medical Waste Management**

Biomedical Waste (M&H) Rules 1998 was implemented in Odisha since the year 2000. From March 2016, New BMW (Management) Rules, 2016 is being implemented across 1753 Hospitals.

Initially Biomedical waste management was implemented across 30 DHHs, CH BBSR, RGH RKL and three Medical College & Hospitals. In the year 2015-16 with State Govt. initiative it was further expanded to 27 SDHs, 5 IDHs & 377 CHCs with provision of funds for outsourcing of BMWM, logistics & consumables, training, immunization, liquid waste management & outsourcing of dedicated HR at SDH & CHC for BMW work. During the year 2017-18, the Biomedical Waste management is further expanded to include VHND, immunization sites & PHC (N) etc.

#### **Authorization:**

1. The Odisha State Pollution Control Board is the regulatory body prescribed by MoF & Env., Gol in the state of Odisha. 3 out of 3 MCH, 32 out of 32 DHH, 5 out of 5 IDH hospitals, 27 out of 27 SDH, 370 out of 377 CHC, 56 out of 79 Other Hospital & 1130 out of 1226 PHC(N) are under the authorization administration of OSPCB.
2. 1620 out of 1751 Govt Hospitals are under Authorization administration of SPCB.

#### **Show cause:**

1. Out of 107 show cause notices, 73 have been complied to OSPCB; others will be complied shortly.

#### **Equipment Details:**

1. BMW equipments such as autoclave and shredder are placed at 51 destinations (21 DHH, 27 SDH, 3 IDH) for management of Biomedical waste as per protocol of SPCB.
2. 3 number of Incinerator are placed in 3 medical Colleges out of which two numbers are functional (at SCBMCH, Cuttack & VIMSAR, Burla).

#### **Training & Sensitization:**

1. Guidelines of BMW Management Rules 2016, protocols of segregation, collection, transportation, treatment and disposal, accidental exposure, guidelines for procurement of logistics & consumables, M & S formats shared with all MCHs & districts as well as with CHC level.

2. Capacity building of MOs (313 nos), SNs, Paramedicals, Group-D staffs at DHH, SDH, IDH, CHC under taken to make them aware about the Biomedical waste management practices. 1992 staffs trained on BMW (M) Rules 2016.
3. Annual Report 2016 and Hand Book for Training of MOs, PMs, SNs, SOPs for BMW developed and shared with different stakeholders of state, districts & CHCs.

**HR & outsourcing of BMW:**

1. The Biomedical Waste Management is outsourced at all 30 DHH, CH BBSR, RGH RKL & 25 SDHs & etc.
2. A dedicated Group-D staff has been engaged through outsourcing at 27 SDH & 311 CHCs.

**Liquid waste management:**

1. Liquid waste management system is established at 30 DHH, 24 SDH and 142 CHCs.
2. An amount of Rs. 1.70 Crs. has been placed to Member Secretary, OWS & SB towards Baseline survey for establishment of Sewerage Treatment Plant from NHM, Odisha under state budget 2017-18.

**State & District level Committees:**

1. 1 no. State Advisory committee, 1 numbers State level Technical Task Force Committee & 30 no.s of Dist. Level monitoring committee has been formed.
2. 1 nos of SAC meeting, 2 numbers of STTFC meeting held at State Level & 30 DLMC committee meeting held at District level.

**Joint redressal Meeting:**

1. 17 no.s of Joint redressal meeting has been conducted in collaboration with Regional Officer, SPCB at different districts( Angul, Bhadrak, Balesore, Jajpur, Mayurbhanj, Jagatsingpur, Khordha, Kendrapara, Puri, Koraput, Rayagada, Dhenkanal, Cuttack, Sambalpur, Keonjhar, Nawarangpur, Malkanagiri) to address different issues BMW regarding.

## 4.7 Vital Statistics

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

**Current Status:**

Civil registration is system where Birth, Death, Still birth and infant death registered at their place of occurrence. Our State is having 314 Rural Registration Units and 102 Urban Registration units. Out of which online Registration System is going on in 314 Rural CHC & 44 Urban Local Bodies in the State. During the year 2017 the no. of birth and death registration is 6,20,125 and 2,90,969 respectively. The issuance of birth certificate is 5,91,082 and death certificate is 1,81,964.

# Chapter-5

**Directorate of  
Family Welfare**

## Directorate of Family Welfare

### 5.1 Reproductive Health

#### Introduction

During the year 2017 it has been planned to implement larger family planning programme taking into account the Supreme Court directives on 14.9.2016 and to focus on male involvement and promote spacing methods. Technical assistance is being extended for smooth introduction of Injectables in the state and in expanding basket of choices.

#### Planned activities during 2017

The work plan 2017 is focusing on further strengthening planning and quality assurance in family planning services; facilitate compliance to the Hon'ble Supreme Court Directives and promote informed choices for contraceptives with focus on enhancing male engagement in reproductive health. The activities undertaken aimed at aligning the larger family planning program to improve quality of care, promote spacing methods and male involvement in family planning.

There are gaps in family planning services in urban slums with focus on sterilization services. So, there is a need to expand basket of contraceptive choices with focus on spacing methods through building capacities of newly recruited ANMs & ASHAs on family planning counseling, services and in ensuring availability of nonclinical contraceptives such as oral contraceptive pills and condoms. This will be backed up with ensuring uninterrupted supply of commodities by expansion of RHCLMIS. Activities will be taken up in collaboration with Urban Health Mission to strengthen the reproductive health service delivery especially to urban poor living in the slums of Bhubaneswar and Cuttack city.

#### I. Details of Activities undertaken during the year 2017

##### 1. Strengthen family planning services with focus on improving reach and coverage among vulnerable population.

- A one day state level orientation workshop on SoP, Supreme Court Directives and Quality Assurance was organized on 25th & 26th March 2017 for ADMOs (FW) and one leading operating surgeon. A total of 77 numbers of participants from all over the state attended the workshop. The participants were oriented them on Standard Operating Procedures and Supreme Court Directives on quality of family planning services.



- A one-day state level orientation cum planning workshop for ADMO (FW) and empaneled NSV/CV surgeons of all districts of Odisha was held on 20th and 21st September 2017. The workshop's primary objectives were to sensitize the participants on the importance of promoting male engagement in family planning particularly NSV and eliciting real time information from the participants on issues and challenges faced in promoting male sterilization among clients.

- Ministry of Health and Family Welfare, Govt. of India recently introduced new contraceptives methods in the public health system. Trainers from state level have received training from national level training. Directorate Family Welfare, Govt. of Odisha is going to roll out new contraceptives in public health system. A one day state level orientation of ADMO-FW and DMRCH on new contraceptives and reproductive rights of clients was organized on 13th & 14th February 2017. A total of 68 participants including ADMO-FW and DMRCH were oriented. The workshop was attended and inaugurated by Dr. Binod Mishra, Director Family Welfare, Dr. Ajit Kumar Mohanty, Joint Director, FW, Dr. Deepa Prasad, SPC, and UNFPA.



- Although Odisha has achieved the replacement level but there are districts with concentration of tribal population, which have high TFR and unmet need for family planning services including for spacing. These districts have also high maternal mortality and infant mortality in comparison to the state average. There is a need to promote informed choices and counseling services through ASHA. In this context, one day orientation of ASHA Sathi from Gajapati and Koraput districts on family planning methods with special emphasis on newer contraceptives was organized on in three batches on 24th March 2017 in Koraput and 9th & 10th March 2017 in Gajapati district.
- A two-day orientation workshop was organized on 17th and 18th August 2017 by Directorate, Family Welfare. The objective of the orientation workshop is to update the knowledge and skills of RMNCH+A counselors on newer contraceptives including MPA and oral contraceptives. An effort was also made to enhance the capacity of the counselors to efficiently conduct counseling of young couples, using the resource materials such as Medical Eligibility Criteria (MEC) wheels. A total of 24 participants from 21 districts including RMNCH+A counselors, ICTC counselors of DDH and Medical colleges attended the training programme.

- **Launching of Injectable Contraceptive - Antara**

With an aim to strengthen the family planning programme in the state of Odisha, the state's Health and Family Welfare department launched the Injectable Contraceptive which is also called as Antara on 22nd Aug 2017. In the launching ceremony of Antara Programme Commissioner-cum-Secretary to Govt. of Odisha, H & FW Dept. Dr. P.K Meherda, IAS, Dy. Commissioner - FP Division, Ministry of Health and Family Welfare, Government of India, Dr. S.K Sikdar, Commissioner-cum-Mission Director, NHM, Odisha, Smt Shalini Pandit, IAS, Director of Family Welfare, Odisha, Dr. Binod Kumar Mishra were present.



- With an objective to orient ASHA Managers to concepts of client friendly services, SRH and life cycle approach, right to highest attainable standard of health, gender issues in SRH and to help them plan the dissemination of this information to ASHAs a two day training programme for ASHA managers of all districts of Odisha was organized on 14th & 15th December 2017. A total of 27 participants including 20 male and 7 female persons attended the training programme. Ms. RenuKhanna and Dr. Subhashree, Consultant of UNFPA imparted the training programme to ASHA Managers.

## 2. Streamline Reproductive Health Commodities Logistics Management Information System (RHCLMIS)

- A total of 511 urban ASHAs of both Bhubaneswar (5 batches) and Cuttack city (6th batches) were oriented on the basket of choices with focus on newer contraceptives- Centchroman (chhaya), Injectable (Antara) and PoP and importance of counseling in 11 batches.
- MoHFW in coordination with CDAC has launched Family Planning Logistics Management Information System (FPLMIS) with an aim to strengthen and streamline the FP supply chain from the National level to the ASHA level. The Family Planning Division has now prepared detailed Operational Guidelines to assist the states in swift and effective operationalization of the FP-LMIS application.

As per the guideline each state is required to prepare a training plan for roll-out of FP-LMIS training up to ASHA level. Odisha has prepared the detail Training plan of FP-LMIS and submitted first at National level. Technical support was extended by the consultant supported under UNFPA work plan to prepare the rollout of FP-LMIS training plan for the year 2017-18.

As per the training plan a Training of Trainer (ToT) for DVLM, System in Charge and Pharmacist on FP-LMIS was organized at the state level on 6th and 7th October 2017. A total of 80 participants from all 30 districts of the state attended the training programme. Md. Latif, PO (L&S), MoHFW from Government of India attended the training programme as resource person. In order to operationalize the entry and use of FPLMIS software at the block level Block Data Managers of all 314 blocks of Odisha were trained in 7 batches in the month of November 2017. A total of 284 BDMs from all 30 districts were trained for one day at the state level.

### Major Achievement

- o 436 Health facilities are providing family planning services through FDS mode.
- o Family Planning Commodity Security ensured through state specific Innovation RHCLMIS up to Sub Centre level.
- o Non-clinical Contraceptives (Condom, Oral Pills & EC Pills) being provided to the Eligible Clients through 48,000 ASHAs at the community level.
- o Scheme for ensuring spacing at birth: ASHA to provide counselling to newly married couples to ensure spacing of 2 years between marriage and 1st child and 3 years spacing after the 1st child for which ASHA will be provided with incentive depending on span of spacing.
- o Pregnancy Testing Kits (PTK): For early detection of pregnancy and access to RCH services, it is a part of ASHA drug kit and provided to clients free of cost.
- o Improved counselling through RMNCH+A counselors at District Headquarter Hospitals.
- o Celebration of World Population Day and fortnight (July 11- July 24).
- o Intensive IEC intervention' in selected districts undertaken
- o Instituted 'awards & felicitation' for best performing surgeons & districts
- o Observation of 'world vasectomy week'
- o Tracking of providers & beneficiaries of IUCD services through EAISI web based application in 118 high case load sub district level facilities.

## 5.2 Maternal Health

**First Referral Unit:** 83 hospitals are functioning as FRU (L3) institutions out of 95 for providing Comprehensive Emergency Obstetric care including C-Section. Specialist manpower with Blood Banks (51) and Blood Storage Units (70) are also operational.

**Delivery points:** State has target of 1190 delivery points of which 580 institutions are functional at present and 610 are promising. So far 624 Delivery Points are functional to provide quality delivery services.

**Janani Surakya Yojana (JSY):** Total 5863504 number of beneficiaries benefitted under JSY (from 2005-06 till Dec 2017). Due to JSY the institutional delivery has increased from 28.8 % in 2005-06 to 75.9 % in 2015-16 as per NFHS-4.

### **Janani Shisu Surakshya Karyakram(JSSK) -**

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

Skilled Attendant at Birth (SAB) training was given to the Paramedics and AYUSH doctors to augment the institutional delivery. These SAB trained staffs are posted in the identified delivery points in priority basis. During the year 2017-18 (Till-Feb 2018), 67 HW(F) & LHV, 205 Staff Nurses and 2 AYUSH doctors were trained in SAB and Total 7481 HW(F) & LHV, 4447 Staff Nurses and 1559 AYUSH doctors trained are providing services.

In Life saving anesthesia skill (LSAS) 161 (Paradip-1 Meghalaya & Tripura-5) doctors were trained, Emergency obstetrics care (EmOC) training was given to 42 (Tripura-4), & Basic Emergency obstetrics care (BEmOC) training given 1054 nos. of Medical Officer for operationalization of L3, L2 & L1 institutions, during the year 2017-18(Till Feb-18), 3 doctors trained on LSAS and 74 doctors trained on BEmOC & 4 doctors trained on EmOC.

**ANM Mentoring:** To increase the skill of the ANMs for quality service at VHND session, State has taken specific steps to improve skill through on job training by identified supervisors and AYUSH doctors who are designated as trained mentor. These mentors will provide hand holding support to poor performing HW (F) in a specific time frame. Till date 14 batches of training completed at State Level and 186 nos. of mentors are in position to provide hand holding support to HW(F). Mentoring activities have been started in 10 High Priority Districts.

Maternal

*Annual Act*



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*Annual Activity Report*

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- **Convergence model for Piloting Adolescent Health Days in Tribal Residential Schools:**

This is a model of inter departmental convergence including H&FW, S&ME and SC&ST Dev. Department piloted in 3 districts Gajapati, Kandhamal and Rayagada with the support of UNFPA, with a proposal to cover 30720 children among age group 10-19 in 289 residential schools of these 3 districts. 14236 students have been examined out of which 6032 students got investigated and treated for different diseases covering 78 schools.



- **Peer Education Programme:** The peer education program aims to ensure that target adolescents benefit from regular and sustained peer education sessions covering the six identified health issues (nutrition, sexual and reproductive health, conditions for NCDs, substance misuse, injuries and violence including gender based violence and mental health). This is eventually expected to improve life skills, knowledge and aptitude of adolescents. Currently in two districts (Dhenkanal & Bolangir) Peer Education program has been rolled out covering 2777 villages in 22 blocks. Total 13464 Peer Educators targeted to select in 2017-18 and out of which 8696 Peer educators already selected through Gaon Kalyan Samity with active involvement of key stakeholders.

- **Menstrual Hygiene Scheme (MHS) :** The MHS program aimed at promotion of menstrual hygiene among adolescent girls aged (10-19 years) in rural areas to increase awareness among adolescent girls on menstrual hygiene, build self-esteem, and empower girls for greater socialization, to increase access to and use of high quality sanitary napkins by adolescent girls in rural areas, and to ensure safe disposal of sanitary napkins in an environment friendly manner. The program earlier piloted in 4 districts (Jagatsinghpur, Kendrapara, Bhadrak and Dhenkanal) of Odisha and currently implemented in all 30 districts.



Total 782391 adolescent girls targeted for the program. The channel of interventions is mainly through social marketing of sanitary napkins by ASHA. Adolescent girls can purchase sanitary napkin (Rs.6/-pkt) from ASHA. In Odisha the sanitary napkin packet branded as "Khushi".

## 5.6 Routine Immunization

State of Odisha has 1 State Vaccine Store, 8 Regional Vaccine stores & 32 District Vaccine stores & 1114 Cold chain points all across the state which targets to 7,47,749 Pregnant women & 6,73,946 infants through Routine Immunization 3,52,082 sessions annually.

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

### Major Achievements

- No polio cases since 2008

- Maternal & neonatal tetanus eliminated in 2014
- Pentavalent Vaccine has been launched throughout the state in 2015
- Rota Virus Vaccine has been launched throughout the state in 2016
- Inactivated Polio Vaccine has been throughout the state in 2016
- JE Vaccination Campaign in 17 districts of Odisha in 2016-17
- MR Vaccination Campaign in all 30 districts of Odisha in 2017-18

Full Immunization coverage is increasing every year as per AHS 2011 to 2013 from 55% to 68.8% within 2 years. As per NFHS-IV (2015-16), the Full Immunization data is 78.9%, while as per INCHIS (2016-17) it is 83.8%.

- Serious AEFI cases have been investigated at site by State and district authorities.
- No stock out of vaccines & logistics at any time due to vaccine & logistics management

#### **Information system (eVIN) maintained by Regional/ District vaccine logistics managers.**

- Uniform vaccine and logistics registers has been supplied across the state and have been implemented.
- Cold chain equipment sickness rate 1.6 % (source-NCCMIS) below 2 % (standard) due to quick response time & down time maintained by cold chain technicians.

#### **Mission Indradhanush Campaign: - in 3 Phases (April-July 2015), (Oct`15-Jan 2016), (April-July 2016)**

- 23 districts covered in 3 phases
- In Last three phases, 3,59,769 Children 1,05,922 pregnant women were vaccinated.
- Out of all vaccinated children, 70,074 children were fully immunized and 88,836 completely immunized.

#### **Mission Indradhanush Campaign: - 4th Phase - Mayurbhanj, (April-July 2017)**

- Mayurbhanj district has been covered in the 4th Phase and 2364 Children & 597 pregnant women were vaccinated.
- Out of all vaccinated children, 481 children are fully immunized and 605 children are completely immunized.

#### **Intensified Mission Indradhanush Campaign: - 5th Phase - Ganjam & Bhubaneswar Urban**

- Ganjam & Bhubaneswar urban has been covered in the 5th Phase and 14963 Children & 2859 pregnant women were vaccinated.
- Out of all vaccinated children, 3556 children are fully immunized and 4274 children are completely immunized.

#### **Measles Rubella Vaccination Campaign - 29th Jan to 16th March 2018**

- Target age group: 9 months to <15 years (regardless of prior M/R immunization status or Measles/Rubella disease history)
- Target 100% coverage (State Target: 1,12,25,634)
- Evaluated coverage should be more th
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Also, Vitamin A deficiency in the state has long been recognized as an important public health problem. A study conducted in the year of 2000 showed that 64 percent of children under 5 has low serum retinol, a biochemical sign of Vit A deficiency. NFHS-4 data states that the coverage of children for Vit A in the last six months is 69.1% in Odisha.

Worm infections are also associated with a significant loss of micronutrients. The constant and life-long immune activation due to worm infections reduces the body's capacity to resist other infections. As per RSOC 2014 India data, 27.2% of the children in the age group of 6-59 months had received deworming in the last 6 months. In Odisha the coverage of deworming is 57.8%. Govt. of Odisha decided to bundle deworming (1-5 years) with Vitamin-A supplementation biannual round.

The immediate consequences of poor nutrition is morbidity and mortality and in the long run it has implications on intellectual performance, work capacity, reproductive outcome and overall health during adolescent and adulthood (Pan American Health Organization., 2003).

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

1. Infant and Young Child Feeding Practices which recommends:
  - a. Initiation of breast feeding within one hour of birth
  - b. Exclusive breast feeding for six months
  - c. Introduction of complementary feeding at completion of six months
  - d. Continued breast feeding along with complementary feeding upto two years and beyond.
2. Management of Severe Acute Malnutrition children at Nutrition Rehabilitation Centres. In Odisha we have 53 functional NRCs .
3. Bi-annual supplementation of Vit-A to children(9 months to 5 yr children) with deworming.
4. National Iron Plus Initiative
  - Infant & Young child feeding: All service providers (ANMs/SNs/doctors) are capacitated enough to counsel parents/ care givers at community and facility level on improving infant and young child feeding practices. MAA programme, a comprehensive package of activities, was launched under the Ministry of Health and Family Welfare to improve the nutritional status of 0-2 years of children.
  - 57 Nutrition Rehabilitation Centers have been established in district and sub district levels to take care of the malnourished children (Target-67 by 2018). During 2017-18 till Dec. 17, 6353 children were admitted in NRC and 4846 (79%) children are discharged with 15% weight gain.
  - National Iron Plus Initiative: For reduction of Anaemia in children and adolescent, weekly Iron folic acid supplementation is provided at all schools and AWC.
  - Supplementation of Vitamin A bundling with Albendazole: Biannual supplementation of Vitamin A programme for children in the age group of 9 months to 5 years along with deworming. During this year 92.5% of children were administered Vitamin A. This year National campaign for deworming the entire population of 1-19 years was conducted half-yearly on February & August, 2017. IN the August 2017 round, 90.5% 1-19 years children were dewormed.



## 5.8 Odisha State Strategy for accelerated reduction of Maternal & Infant Mortality "SAMPURNA"

Reduction in maternal and infant mortality is one of the major challenges of the health system in Odisha. To ensure the survival of mothers and children in the State, the State Government decided to develop a focused strategy for accelerated reduction of MMR & IMR i.e "SAMPURNA". The State aims to achieve an additional 30% decline from the current rate of decline. There are 15 focused districts identified considering various index like the district of KBK, KBK+, Tribal districts and high composite index. The districts are Bolangir, Boudh, Deogarh, Gajapati, Kalahandi, Kandhamal, Keonjhar, Koraput, Malkanagiri, Mayurbhanj, Nawarangpur, Nuapada, Raygada, Sonepur and Sundergarh. The following strategies are being undertaken under the domain of "SAMPURNA":

Activities and Achievements:

1. **Special VHND & Routine Immunisation** : Special VHND and R.I sessions are conducted at difficult areas. This being a potential platform where different health services are provided to Pregnant Women and children along with identification of high risk pregnant women and high risk children. Total 11817 nos of Special VHND & RI sessions were held during April 2017 to January 2018.
2. **Red Card**: Identification of high risk pregnancies (High risk due to geographical & also clinical High risk) & distribution of red card to all high risk pregnant women and children residing in geographically hard to reach area.
  - a. 8700 nos. of pregnant woman issued with red card during April 2017 to January 2018.
  - b. 10461 nos. of children issued with red card during April 2017 to January 2018.
3. **Difficult to reach villages**: Identification of difficult villages i.e which not accessible by 102 or 108 or any four wheeler vehicles. Identification of difficult villages is to be done by the concerned district every year with approval of the Collector & DM of the respective district.
  - a. Under SAMPURNA, 5857 nos. difficult villages have been identified (15 SAMPURNA districts),
  - b. 7070 nos of difficult villages identified in the state during 2017-18 ( including SAMPURNA districts )
4. **Joint Home Visit**: Joint home visits by MPHWS (F) and MPHS (F)/(M) to high risk cases to monitor the health of the mother.
5. **Birth preparedness**: Birth preparedness plan and mandatory couple counseling are done with the help of the couple counseling booklet supplied to all 30 districts of the State.
6. **Alternative Transportation facility**:
  - a. **Stretcher**: Light weight stretcher being one of the alternative means of transportation to carry the pregnant mother from a difficult village to nearest motorable points from where she can be transported to the appropriate facility or maternity waiting home.
    - i. 2726 nos. of (Two thousand seven hundred twenty six) stretchers have been procured & supplied to Gaon Kalyana Samiti for transportation of pregnant women.



Difficult to Reach Area

- b. **Bike Ambulance:** Implementation of bike ambulance for transportation of pregnant women where four wheeler are not accessible. Already procured by the districts of Kalahandi ( 3 nos. ) and Rayagada ( 2 nos. )
- c. **Boat Ambulance:** Implementation of boat ambulance for transportation of pregnant women-two such procured by Kalahandi.
7. **Free diet:** Free diet to pregnant mother including one attendant those who reside at Maternal waiting home, also for children below five years.
8. **Reimbursement of transportation cost to pregnant women from difficult villages:** Provision of reimbursement of Rs. 1000/- (Rupees one thousand) per pregnant woman from difficult villages towards transportation cost to nearest motorable point.
  - 1,480 nos. of pregnant women were provided with transportation cost from difficult villages to motorable points during April 17 to Jan 2018.
9. Non-pneumatic anti sock garment to prevent PPH to be provided at FRU and Ambulances.
10. **Strengthening of First Referral Units ( FRUs ) and Delivery points :** Delivery points and FRU are strengthened for basic delivery services and secondary care services for mother and children by providing services through critical care units like Special Newborn Care Unit ( SNCU)/ Newborn Stabilization Unit ( NBSU )/ OT and blood transfusion facilities at FRUs. The FRUs function with specialized manpower for addressing maternal , neonatal and under 5 mortality .
11. Standardization of labour room for providing quality delivery services and management of critical cases.
12. **Establishment of High Dependency Unit ( HDU ) & Paediatric Intensive Care Unit ( PICU ) :**
  - a. High dependency unit is an area in a hospital where patients can be cared more extensively than in a normal ward, but not to the point of intensive care. So it is also known as intermediate care unit. Patients in HDU may require ICU admission later (step up) or at the same time, patients in ICU who had an improvement in their condition require a stay in the High Dependency Unit (HDU) before shifting to a general ward.
  - i. High dependency Unit (HDU) at VIMSAR Burla & SCB Cuttack is functional
  - b. **Paediatric Intensive Care Unit (PICU):** Paediatric Intensive Care Unit (PICU) is a specialized area of the Hospital specifically designed, staffed, located, furnished, equipped and dedicated to the management of critically sick patients, injuries or complications. It is the department with dedicated medical, nursing and allied staff trained in critical care.
    - i. Paediatric Intensive Care Unit (PICU) is functional at VIMSAR Burla , SVVPIG Cuttack , MKCG MCH Berhampur & Capital Hospital, Bhubaneswar. Further the Paediatric Intensive Care Unit at Koraput will be functional soon.
13. Provision of disposable delivery kit to S.Cs having more than 20% home delivery for safe home delivery.



High Dependency Unit (HDU)



Paediatric ICU (PICU)

14. Provision of resuscitation Kit to SBA & NSSK trained ANM for management of birth asphyxia in home delivery setting.
15. IEC-BCC :
  - a. Branding of VHND sites and pickup points
  - b. Development of flip books for group counseling at VHND session.
16. Disposable draw sheets & gowns: Disposable draw sheets & gowns are indispensable for maintaining clean surface of delivery whereas disposable gown for pregnant women will help in maintaining personal hygiene during delivery. Both items are supplied and utilized in the labour room.

## 5.9 Equity & Advocacy

Gender-Based Violence means acts of physical, sexual & psychological violence or any injury to reputation & property of individuals or groups of individuals on the basis of their gender. It includes violence such as rape, sexual assault, domestic violence & dowry related violence etc. committed against women and girls.

Workshop on Comprehensive Health Sector Response to Gender Based Violence was organized at Bhubaneswar on 29th November 2014.

Standard Operating Procedures for coordinated response to address Gender Based Violence (GBV): Gazette Notification issued vide notification no.25175 dated 28.11.2016.

Notification deals with detail protocols / guidelines which the health care providers have to follow to deal with cases of GBV & information on the key stakeholders such as the Police, District Legal Services Authority, District Child Protection Unit, Child Welfare Committee with whom the health care providers have to work in coordination.

Training of Trainers on Standard Operating Procedures for coordinated response to address Gender Based Violence was conducted on 30th March 2017:

Master trainers created are to roll out the training at the district level.

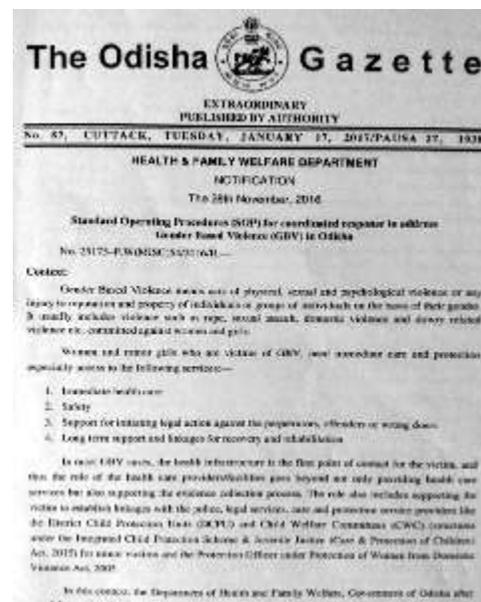
**One Stop Centre:-** SAKHI-One Stop Centre has been functioning at Capital Hospital, Bhubaneswar since October 2015 to facilitate access to medical, legal and psychosocial support to women & girls (below 18 years) affected by violence.

bedded unit provides temporary shelter & medical facilities including specialist care.

In 2 years, total 518 cases of violence were registered at the OSC against girls & women.

5 new OSCs are proposed to be established at SCB MCH, Cuttack, MKCG MCH, Berhampur, DHH / MCH Koraput, RGH Rourkela, DHH Sambalpur with the support from W&CD Department, Government of Odisha.

**Child Protection:-** Child protection is the protection of children from abuse, neglect, exploitation, discrimination & violence. UNICEF is providing technical support to Health Department on child protection since 1st October 2015.



Orientation cum Consultation Workshop for Health Care Professionals on Mainstreaming Child Protection in Health was organised to develop action plan to address the need of children/women affected by violence within the Health system at Bhubaneswar on 26th August 2016.

5 One Day Workshops for Health Care Professionals on Child Sexual Abuse: Prevention & Response & Standard Operating Procedures for coordinated response to address Gender Based Violence was organized at Bhubaneswar from 30th May -

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Gover



Appropriate Authority, PC & PNDT of which 20 appeals were disposed u/s 19 of the Act. State Medical Registration Council has been intimated u/s 23 (2) to take action. Accordingly, 3 doctors have been convicted during 2011- 12 and 1 conviction secured against an owner by District Appropriate Authority, Cuttack. Departmental proceeding has been initiated against 6 Government doctors.. Form H registers of the districts ar

# Chapter-6

## **Directorate of Food Safety**



licence & Registration by uploading supporting documents which makes process easy & simpler & bring transparency in the system. The licence & Registration issued through online FLRS is as follows:

	From 22.12.2016 to 31.03.2017	From 01.04.2017 to 28.02.2018	Total
Food Licence	2839	7544	10383
Registration	2187	15508	17695
<b>Grand Total:</b>			<b>28078</b>

- The e-payment of all fees and dues relating to Food Safety & Standards started from 7th June, 2017. The FBOs can deposit their fees/ dues through Net-Banking/ Debit Card/ over the counter in any of the e-Treasury attached Bank. This makes the Licence & Registration system much easier and helps in improving the business environment in the state.
- Inspection of Food Business Operators: Regular inspections of Food Business Operators are being conducted by the Food Safety Officers. 4264 nos. of Food Business Operators have been inspected during the year 2016-17.
- Sample Collection & Testing: The Food sample (both Legal & Surveillance) are being collected regularly by the Food Safety Officers to check the quality & standard of the Food products. The samples tested in the State Food Testing Laboratory during last three years are as follows:

2015-16		2016-17		2017-18 (upto 31.01.2018)	
Legal	Surveillance	Legal	Surveillance	Legal	Surveillance
175	298	437	1040	192	963

- **Launching of Prosecution:** upto December 2017:

No. of cases before Total	No. of prosecution Adjudicating Officer	No. of case before Hon'ble High Court	No. of case finalized
	sanctioned		

- All Designated Officers & Food Safety Officer have been instructed from time to time to create awareness amongst the local Food Business Operators to maintain quality and hygiene while preparing the food products and also to collect the sample of the food products regularly for its analysis in the State Food Testing Laboratory.
- One Mobile Food Testing Laboratory (MFTL) has been provided to the State by the FSSAI for ensuring spot quality testing & create awareness in different areas. The Testing charges have been made free by the Government of Odisha till 2018-19 for food items to be tested in MFTL.



MFTL inaugurated by Hon'ble Minister,  
H&FW, Dept.

#### WAY FORWARD:

- One Programme Management Unit (PMU) will be set up to:
  - Have all data/information relating to Food Business Operators.
  - To monitor the legal cases & food items not conforming to the standards.

- To create awareness amongst public & FBO relating to safe and wholesome food.
- To conduct training for different categories of Food Business Operators, Food Safety Officer & Designated Officers.
- Step has been taken for opening of one website for Food Safety activities for easy accessibility by public to all act/Rules/ Regulations & other important information.
- Proposal has been submitted to Government for creation of additional 67(Sixty-seven) posts of Food Safety Officer, so that more number of FSO can be posted in Urban Local Bodies & Districts having more Food Business Operators. All Food Safety Offices will be strengthened with mobility & support staff for effective implementation of Food Safety activities in the state.
- The State Food Testing Laboratory is being upgraded with more technical manpower & equipments, so that all types of quality testing of Food Items can be carried out in specified time period.
- The FSSAI will provide grant-in-aid of Rs.8.05 crores for strengthening the existing State Food Testing Laboratory for obtaining NABL accreditation.

# Chapter-7

## **Directorate of Medical Education and Training**

## Directorate of Medical Education and Training

### Activities undertaken so far

- In order to meet the demands of Doctors in the State the number of MBBS seats in SCB Medical College, Cuttack & MKCG Medical College, Berhampur has been renewed from 150 to 250 during the academic session 2017-18.
- MBBS course has been started from the academic session 2017-18 in two New Medical College & Hospitals of the State i.e. at PRM MCH, Baripada & SLN MCH, Koraput.
- Steps have been taken for strengthening of all 3 Govt. Medical Colleges & enhancement of P.G seats in different disciplines.
- Two New Super Specialty course have been started in AHRCC, Cuttack & steps have been taken for opening & enhancement of Super Specialty Course in 3 Govt. Medical Colleges during 2017-18.
- Online Registration of Clinical Establishment is under process.
- Improvement and renovation of water supply, sewerage and sanitation works of Medical College & Hospitals, SVPPGIP, Cuttack & AHRCC, Cuttack has been made.
- Constructional work of 2 New Govt. Medical Colleges at Balasore & Bolangir is in completion stage & constructional work of New Medical College at Puri & Keonjhar are under process.
- Steps are being taken to establish Tertiary Cancer Unit at MKCG MCH, Berhampur & VIMSAR, Burla.
- Steps have been taken for functional of Liver Transplantation Unit at SCB MCH, Cuttack.
- 17 Nos. of Bone Marrow Transplantation has been conducted at SCB MCH, Cuttack during 2017-18.
- 20 Nos. of Kidney transplantation has already been conducted at SCB MCH, Cuttack during 2017-18.
- More than 150 Nos. of Open Heart Surgery have been conducted at SCB MCH, Cuttack during 2017-18.

- 7 Nos. of candidate in Psychiatric Nursing, 8 Nos. of candidate in M.Phil in Clinical Psychology & 3 Nos. of candidate in M.Phil in Psychiatric Social Work has taken admission during the academic session 2017-18.
- Infrastructure development work are under way in 3 (Three) Medical College & Hospitals, SVPPGIP, Cuttack & AHRCC, Cuttack.
- High- End Instruments & Equipments are being procured in accordance with the requirements of the patients & Medical Students.
- During 2017-18, Rs. 34,79,85,429/- has been sanctioned in favour of 15515 Nos. of beneficiaries from OSTF.
- Free Cancer Drugs are being distributed in AHRCC, Cuttack under Niramaya Scheme.
- 142 Nos. of Junior Resident, 100 Nos. of Senior Resident Tutor, 83 Nos. of Assistant Professor, 10 Nos. of Associate Professor & 7 Nos. of Professor in different discipline have been appointed in New Medical College & Hospital i.e. Baripada, Koraput, Balasore & Bolangir during 2017-18.
- Books & Journals to the tune of Rs. 3,35,75,000/- (Rupees Three Crore Thirty Five Lakhs Seventy Five Thousand) only are to be purchased for 5 (Five) Govt. Medical Colleges of the State, SCB Dental College & Hospital, Cuttack & SVPPGIP, Cuttack during 2017-18.
- Multi Disciplinary Research Unit work in 3 (Three) Govt. Medical Colleges of the State is under process.
- Strengthening of the Super Specialty Department under PMSSY Phase-IV in 3 (Three) Govt. Medical Colleges of the State are under process.
- During the academic session 2017-18, 37 Nos. of DMLT, 15 Nos. of DMRT & 9 Nos. of Physiotherapy Institutions (New) have been given permission to start the course.

# Chapter-8

## **State Institute of Health & Family Welfare**

# State Institute of Health and Family Welfare

## Background

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

## Trainings imparted at SIHFW:

- Nodal Centre for conducting all NHM RCH Trainings on MH, CH, FP, waste management, Management training for both govt. & NHM staff, trainings on M&E, RKSK, Induction training, refresher trainings, IEC/BCC training, Immunization training.
- Training of OSACS.
- Training of AYUSH Directorate.
- Trainings assigned by NIHFW.

## Different Training innovations done by SIHFW:

- Multi-skilling of doctors.
- Designed modules for Induction Training of MBBS Doctor, Block Programme Organizers (BPOs), Block Accountant Manager, AYUSH Doctors, MPH (Male) & Female.
- SBA training for AYUSH Doctors.
- Involving ANMTCs in ToTs of IUCD.
- Creating & strengthening 30 district training units.
- Exposure visit to outside Odisha
- An online training to the TMIS personnel of the all districts, MCH & directorates for their capacity building.
- Telemedicine
- Making of a Training Policy for the State

## New Training Programmes taken up by SIHFW:

- Trainings on PPIUCD.
- E-learning PDC Course

- E-learning PMSU
- Training on RBSK
- Training of Junior Hospital Manager
- One Year PGDPHM of MBBS & Ayush doctors
- One Year Diploma in Health Promotion through distance learning.

SIHFW(O) is conducting the following training for Capacity Building & Skill development of Doctors, Paramedics of the State (NHM PIP) / NIHFW, New Delhi / Govt. Fund for the FY 2017 - 18

Training	Unit Measure	Phy. Target	Ach Till date
5 days Orientation Training MPH (M)	30/batch	570	521
6 days Induction Training of Govt. AYUSH Medical Officers	30/batch	120	118
5 days Financial Management Training of DDO	30 /batch	90	73
3 Days Induction Training of Jr. Hospital Manager	25/batch	25	17
30 days Induction Training for Newly Appointed Medical Officers (MBBS)	30/batch	50	19
1 Year PGDPHM Course for MBBS MOs	30 nos.	30	21
3 Days Refresher Training for PHEOs	30/batch	90	84
3 Days Refresher Training for BPM	30 / Batch	30	25
2 Days RTI/STI Training for LTs	10/ Batch	30	27
2 Days Technical Training of Block AYUSH MO on MCH	30 / Batch	60	51
5 Days Contact Session on Diploma in Health Promotion	101 nos.	101	97
Examination of Diploma in Health Promotion	97 nos.	97	74

### Activities of Centre of Excellence for Communication, SIH&FW, Odisha

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

Basically two pronged approach was adopted for implementation of communication activities during this fiscal. 15 Districts were identified and special communication plans were designed and executed under SAMPURNA program along with the usual activities.

#### Major Communication Activities:

##### 1. MR Vaccination Campaign:

Honorable Chief Minister of Odisha S.J. Naveen Patnaik has launched Measles-Rubella vaccination campaign on 29th January 2018 which has covered nearly 1.13 crore children from the age of nine months to 15 years. The campaign will continue till March 26. A huge communication activity was taken up by the Department of Health & FW to reach the goal.



SIH&FW has led the communication campaign by preparing the entire communication strategy for the State. Around 45 sets of different IEC materials were prepared and disseminated. Different Television spots and radio jingles were produced with support of UNICEF Odisha. Apart from that movable IEC vans were also deployed to create awareness across the Bhubaneswar & Cuttack area.

## 2. Public Health Response Campaign & PHR Day Observation (19th June to 17th September):

In order to create Awareness on different water & vector Borne diseases across the State during the monsoon a three month long communication campaign from 24th July to 17th September 2017 has been organized under the tile of Public Health Response Campaign & PHR Day Celebration across all level starting from State - District - Gram Panchayat - Village Level.

Dissemination of BCC Messages on Malaria, Dengue & Diarrhoea through Mass media (TV Spot, Panel discussion/Phone in Programmes, Radio Jingle, Radio Spot through AIR & FM, Advertisement through Local Dailies were conducted at state level.

Awareness through Movable IEC vans, IEC Demonstration Corner at Medical Colleges, DHH, SDH & CHC level was established and demonstration on Hand Washing & ORS Preparation were conducted by Health Workers, Leaflet were disseminate at IEC demo. Corner, ASHA were given reference material, dissemination of BCC message through Hoardings, Banners at District & Block level was Conducted, Orientation-cum-Sensitization programme at District level & Mass Cleanliness Drive, Rallies, Quiz competitions at different level, fols shows etc. were also conducted during this occasion.

Messages from Honourable Minister of H& FW & from Honourable Chief Minister of Odisha was also disseminated at grass root level.

Special Sensitisation & Demonstration camp for GKS members at Village, Wall Writing through Swasthya Kantha, Wall writing at prominent locations of village on Diarrhoea, Malaria & Dengue, Jaundice, Mass Cleanliness drive of all GP offices & Sub-Centers, Counselling & Demonstration sessions at VHND, Immunisation days, SHG meetings, Mass Cleanliness Drive by GKS was organized during this campaign phase.

## 3. Kantha KaheKahani Multimedia Program

Dissemination of Behaviour Change Communication messages through Entertainment programme is the uniqueness of the program. During the above mentioned period 48 number of Tele episodes & 37 number of Radio Episodes were aired on awareness of Malaria, Dengue, Diarrhoea, Family Planning activity, Maternal Health etc. Tele episodes is aired on every Tues day at 7 p.m. in DD & Radio episode is aired on every Wednesday at 6.15 p.m. in All India Radio.

## 4. World Population Mobilization Campaign (27th June to 24th July 2017)

This campaign was observed with a purpose to curb the population of the state & to create the awareness on the benefits of having a small family with special focus on various family planning methods available to keep family size small. Theme of the Campaign: "Be Wise & plan your family accordingly"

Advertisement through TV, Radio & News Paper on different Schemes were conducted at State Level & district & Block level different activities such as Message dissemination through Publicity Van at every block and social mobilization drive in every village was conducted. Display of printing materials (Poster, Leaflet and Hoarding) at facility and community level was done.

## 5. Message dissemination during Fairs & Festivals

Odisha is known for its fare & festivals. Huge gathering happens during different period in different districts as well as at state level events. H&FW Deptt. always utilize these platforms to disseminate health awareness & behavior change messages during these events both at State as well as at District level. During these event periods health exhibitions and BCC messages were displayed. This year the Kalinga book fare, Rajdhani book fair, Adivasi mela and display of Tableaux at republic day Parade ground were conducted at State level. Similarly Dhanujatra in Bargard, Balijatra in Cuttack, Ghumura in Kalahandi, Mande in Nawrangpur, Malyabanta Mela in Malkangiri, Rath yatra in Mayurbhanja & Puri, also Chandravaga Mela in puri, Siva ratri in Nayagad and Khurda Mahostav in Khurdha district were organized at district level.

## 6. Communication Training - Capacity Building

Health functionaries of Boudh, Kalahandi and Nabarangpur were trained under Taranga- SBCC Training on Demand Generation of Routine Immunization of Frontline Workers in the year 2017-18.

## **7. Observation of Designated Health Days**

Designated health days namely World Breast Feeding Week from 1st to 7th August and No Tobacco Campaign were also observed at State, District, Block & Sub Block level. Different Sets of IEC BCC activities including Mobile IEC van, dissemination of Message through Leaflets, Posters, Sensitization meetings, Quiz competition among state holder, Rallies to bring mass awareness etc. on the above mentioned days were organized. PathoUtsaba was organized during No Tobacco campaign period at State Level. Newborn care week was also observed at Capital Hospital, Bhubaneswar, Sisubhawan Cuttack & SCBMCH Cuttack. Also field level activities were conducted at CHC tangi during this period under super vision of State level official from SIH&FW.

**8. Regional Review of Communication activities:** A one day regional level review meeting was held clubbing 6 to 8 nearest districts at a place was conducted and all the 30 district of the state participated in the review. It was organized to review the communication activities conducted till date and to expedite other communication activities based on NHM PIP & other disease control programs. This review also aimed at identification of different problems and possible suggestions to overcome this barrier in implementation of Communication activities.

## **9. Mass Media:**

- A. Different News paper advertisements were disseminated across the year considering the program requirement & health scenario of the state. Viz. Swine Flu, Intensified Mission Indradhanus Programme, World Sight Day, National Voluntary Blood Donation Day, Leprosy Awareness, NPCDCS, Vasectomy Fortnight, National Mental Health Programme, JE Vaccination campaign, Sparsh Leprosy Awareness Campaign, MRVC Campaign, Food Safety Standards, TB awareness, World Oral Health Day
- B. TV Spots /Radio Jingles: Telecast & Broadcast of TV spot & Radio Jingles were made for promotion of activities under IMR/MMR, Tobacco control, Malaria, Diarrhoea, IDCF, Blood donation, IUCD, Mission Indradhanush, Leprosy, Child & Maternal Health, PCPNDT, Adolescent Health, MRVC, NUHM, Mental Health, JE, World TB Day

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Department of Health & Family Welfare  
Government of Odisha

# Chapter - 9

Directorate of AYUSH

## Directorate of AYUSH

### Background

Government of Odisha have recognized Ayurveda, Unani & Homoeopathy systems of medicine and these systems have gained community acceptance and continue to cater health care services to a larger number of people of the State. The major AYUSH activities in Odisha for the year 2017-18 are as under:

#### ON-GOING ACTIVITIES:

- **AYUSH Education:** Quality education is provided in 03 Govt. Ayurvedic medical colleges and 04 Govt. Homoeopathic medical colleges of the State. Steps has been taken to fulfill the MSR norms of the CCIM and CCH for Ayurveda and Homoeopathy respectively.
- **AYUSH health care facilities:** Health care services are provided through 05 Govt. Ayurveda hospitals, 04 Homoeopathy hospitals, 619 Ayurvedic dispensaries, 561 Homoeopathic dispensaries and 09 Unani dispensaries in the State. Apart from above, 796 AYUSH Clinics(Ay), 680 AYUSH Clinics(Hom) and 09 AYUSH Clinics(Unani) co-located in PHCs, CHCs & DHHs are also functioning under NHM, Odisha. During the year, 169 HMOs and 50 AMOs have been appointed in Govt. Ayurvedic and Homoeopathic Dispensaries of the State. As per the requisition, Odisha Staff Selection Commission (OSSC) has already advertised for filling up of the vacant posts of 878 posts of AYUSH Assistants.
- **AYUSH Pharmacies:** At present, 03 Ayurvedic & 01 Homoeopathic Pharmacies are functioning for manufacture & supply of medicines to Govt. Hospitals & Dispensaries of the State. Steps have been taken to strengthen these Pharmacies for better output of qualitative products.
- **Medicinal plants garden :** Medicinal plants garden has been established at Harisankar of Bolangir district and Sirsa of Mayurbhanj district. Besides, demonstration gardens have been attached to 3 Govt. Ayurveda & 4 Homoeopathy Colleges and Govt. Ayurveda hospital, Bhubaneswar. As per the norm of National AYUSH Mission, Director Horticulture has taken the initiative for cultivation of medicinal plants following the Good Agricultural and Collection Practices (GACPs) to promote standardization and quality of AYUSH drugs.
- **Licensing authority:** As per Schedule T (GMP) norm, 84 licensed Ayurvedic Pharmacies have been issued G.M.P certificates. The monitoring and supervision of the manufacturing is being made by the Drug Inspector(Ay) for the purpose.
- **Drug Testing Laboratory:** The State Drug Testing and Research Laboratory(ISM), Bhubaneswar is functioning for testing/analysis of Ayurveda, Siddha and Unani drugs. Mission Directorate, National AYUSH Mission has approved the proposal of setting up of a new Drug Testing Laboratory for Homoeopathic drugs at Bhubaneswar.

- **Specialized Panchakarma:** Panchakarma treatment of Ayurveda is being provided in Govt. Ayurvedic hospital, Bhubaneswar, Puri and Berhampur. One Pachakarma unit is also functioning at DHH, Kendrapara for providing AYUSH health care services on musculoskeletal disorders. One more Panchakarma unit is proposed to be opened in DHH, Bargarh.
- **Training & Capacity building of AYUSH personnel:** Grant-in-Aid of Rs.15.00 lakhs has been made for capacity building of AMOs/HMOs/UMOs in the State. The training programme will be started shortly at SIHFW, Govt. of Odisha, Bhubaneswar.
- **Training & Capacity building of ASHAs on strength of Ayurveda:** Fund provision has been made for conducting cascading training programme to ASHAs /ANMs on the potential of AYUSH with respect to general wellness & preventive health care including prevention of Diabetes Mellitus. The training programme will be started shortly.
- **School Health Programme through AYUSH:** Steps are being taken to address the health need of school going children both physical & mental through provision of AYUSH services including Yoga counseling.
- **Construction activities:** As per the norm of CCIM and CCH, fund has been provided for up-gradation of UG and PG AYUSH institutions in the State. Provision has been made for construction of 10 AYUSH Dispensaries under NAM and the work is under progress.

# Chapter-10

**Directorate of Nursing**

## Directorate of Nursing

- Admissions for ANM and GNM Courses, across public and private nursing institutions in Odisha, were successfully conducted through Online Counseling for the third consecutive year. This included admission of GNM students in 8 Govt., 67 Private Institutions and ANM students in 19 Govt. and 109 Private Institutions for the academic session 2017-18.
- Odisha Nurses and Midwifery Examination Board (ONME&B) conducted GNM and ANM examinations and the results were published on time.

The State Nodal Center at College of Nursing Berhampur is continuing with capacity building activities for the faculty of nursing institutions in Odisha. In the year 2017-18, SNC carried out 3 batches of 6 weeks training for the faculty from ANM & GNM Nursing institutions. Total 40 faculties trained during the training.

- The comprehensive skill labs at Capital Hospital Bhubaneswar and GNM School of Nursing at Sundergarh have been made operational and 6 Days' Training (Daksh) has been started at both the places.
- Training infrastructure has been improved across nursing training institutions: as on March 2018, Skills lab is operational across 25 public nursing institutions, additional and updated books for library provided to all institutions and computer labs established at all Govt. ANMTCs & GNMTCS.
- Four batches of Skills lab Induction training have carried out in the year 2017-18 (2 batch each at Comprehensive Skills lab of SNC Berhampur & Capital Hospital Bhubaneswar). In these four batches 55 participants (including faculty members, nurse trainers and training consultants) have been trained from 19 nursing institutions. This training will help in effective use of nursing laboratories and help faculty in imparting competency based education for students.



- Four batches of SBMR workshops were carried at SIHFW Bhubaneswar for the Principal, faculty members and clinical staff from 28 Public Nursing Institutions of Odisha. There were 85 participants including state level officials who attended the workshop. The objectives of this workshop are to:
  - Share experiences, lessons learnt and best practices in the process of PSE strengthening using INC standards
  - Final push for achieving at least 70% INC performance standards in targeted institutions
  - One batch of bridge course training for staff nurses completed at Programme Study Centre (PSC) Sundergarh with 9 candidates enrolled in the program. Second batch of course at PSC Kandhamal and Sundergarh has been started. Third batch i.e. Jan'2018 batch, total 127 candidates both staff nurses and Ayurvedic doctors are admitted and the induction training also completed.



The selection process for bridge course training of staff nurses and AYUSH doctors for the batch from January 2018 has been completed. For conducting Bridge Course for both staff nurses and Ayurvedic doctors, 3 more Programme Study Centres at DHH Koraput, DHH Mayurbhanj and Capital Hospital, Bhubaneswar have been established in addition to the existing 2 PSCs.

Three Technical Advisory Group (TAG) meetings under the Chairperson of Mission Directorate, NHM Odisha and members being Senior Representatives from Different Departments of Health and Family Welfare, Technical Partners and other stakeholders were held during the year 2017-18. These meetings were intended to drive the strengthening of Nursing-Midwifery activities in the state.

- Technical committee has been established under the chairmanship of Director Nursing to recommend the Govt. on Nursing related issues. Two such meetings were held in 2017-18.
- Process initiated for introducing Competency Based Examinations in Nursing Curriculum of ANM, GNM & BSc Nursing courses. This will ensure the skill as well as the competency of passed out students.
- Competency Based Skill Test (CBST) adopted as the method of recruitment of Staff Nurses & ANMs under NHM at District level.
- A health worker named Ms. Krishna Kumari from Ganjam District has bagged the prestigious Florence Nightingale award 2017 on the occasion of International Nurses Day from President of India during a function at Rastrapati Bhawan on 12.5.2017 for her dedicated 18 years long service for mankind.
- New College of Nursing established and inaugurated in the campus of SCBMCH, Cuttack with an intake capacity of 100 per batch.

# Chapter-11

## **Odisha State Medical Corporation Limited**

# Odisha State Medical Corporation Limited

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

The "Odisha State Medical Corporation Limited" (OSMCL) shall be the nodal agency of the Department of Health and Family Welfare, Government of Odisha for procurement of (a) Drugs, Surgical & Medical Consumables, (b) Equipment, Instrument & Furniture (EIF) Services.

## **Objectives**

The key objectives of OSMCL include timely procurement of quality medicines for "Niramaya - Free Medicine Distribution Scheme", medical consumables, surgical, equipments, instruments, furniture etc. through fair, transparent and competitive bidding process.

## **Major Activities**

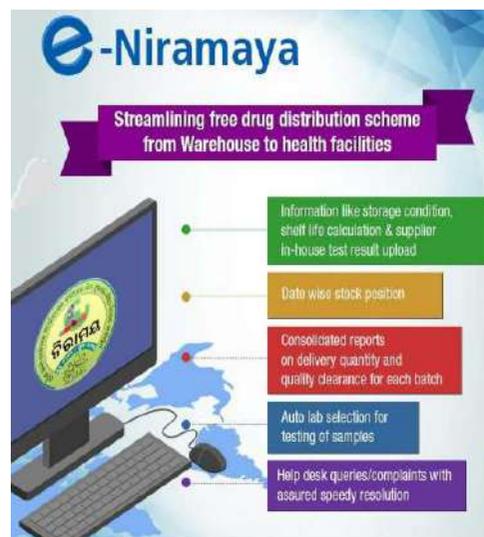
1. **Procurement & distribution of drugs & consumables as per the recommendation of the State Drug Management Committee (SDMC):**
  - a. The procurement & distribution activities of total 593 nos of EDL items (Essential Drug List) & programme items comprising of 317 nos of General items, 83 nos of surgical items, 107 nos of anti-cancer items, 66 nos of programme items and 20 nos of other items from Non Essential Drug List as per the recommendation of State Drug Management Committee.
  - b. Revised decision on indented Quantity: Decision taken not to restrict the indents for drugs & surgical given within budget, rather keeping the requirement intact and procure as per consumption.
  - c. Sufficient number of counter: 527 computerised Drug Distribution Centres (DDCs) have been established across the facilities up to CHC level to distribute medicines at OPD counter.
  - d. Sufficient number of drug warehouses: In addition to 39 District Drug Warehouses, efforts are on to operationalise 236 block level Drug warehouses for distribution up to PHC level from Block drug warehouses.
  - e. Supply of drugs to the warehouses in time: 49 numbers of dedicated GPS enabled transport vehicles are engaged for doorstep delivery of drugs up to PHC level.
  - f. Transportation services with material handlers: For smooth management of the logistics system among the health institutions, a GPS enabled transportation fleet with uniform branding was launched since 1st March' 2016. Total 49 vehicles with 115 material handlers have been



provided to all District warehouses based on the number of health institutions, number of sub divisions and area of operation. Drugs, Surgicals and Consumables shall be transported to the institutions upto the PHC level. Supply of Drugs & Surgicals once in every month to CHCs and SDH and once in two months to every PHC as per their requirement has been going on smoothly.

- g. Management of stock out positions: The Stock out position is analysed at regular interval for replenishing the stock by reallocation from Central Drug Store or other Drug Warehouses and plan for local procurement at institutional level. An ordering plan has been finalized for availability of sufficient quantity of drugs and avoids stock out.
- h. To improve storage condition 11 no. of Walk-in-Cooler are fixed at different Warehouse Process is on to provide ILR, Cold box, DG set, Thermo hygrometer to the Warehouses.
- i. Pest control and Fire Safety measures initiated at all Warehouses.
- j. Real time monitoring of all aspects of the scheme to avoid dislocation in indenting, procurement & distribution: The new software "e-Niramaya" was launched on 01.04.17 for managing the entire drugs supply chain and distribution process. The e-Niramaya software has been designed to streamline free drug distribution from Warehouse to Health facilities. Further, improvements in the software are in process. The software has following features.

- i. Elaborate indenting module for giving indents for items by Medical College/Institutions/DHH sub-stores, Sub-Division Level Hospitals (SDHs), CHCs and PHCs.
- ii. Information like shelf life of items, "near expiry status" and "supplier's internal test report" are uploaded in the software.
- iii. Reports on stock position in Drug Warehouses (DWHs), Sub-stores, SDHs, CHCs and PHCs.
- iv. Consolidated reports on delivered quantity and quality clearance of each batch for early processing of payments.
- v. Help desk queries & complaint modules for different Warehouses/Facilities, for immediate resolution of complaints.



- vi. Elaborate Quality Assurance Module for random selection of labs for Quality testing, sending samples to labs and receiving reports.

**2. Ensuring quality of drugs:**

- a. Steps have been taken for a robust quality protocol for the drugs procured. 12 labs (NABL accredited) have been empanelled after a rigorous Quality Control Based System (QCBS) based selection process. The drugs received at Warehouses are subject to QC test by NABL Laboratories and distributed to facilities only after clearing the Quality test.
- b. The drugs received at various Drug Ware Houses are kept in quarantine before they are released for consumption. The Quality Assurance cell of the Corporation sends samples to 12 nos. of empanelled NABL Laboratories. Total 10 drugs have been found to be Not of Standard Quality covering 36 nos. of batches during the test conducted by the empanelled approved NABL accredited laboratories. Till date based on quality test reports, 285 items have been released for consumption covering 3188 batches. Keeping with the policy of stringent quality control measures, the Corporation has blacklisted 7 firms covering 10 items of 36 batches.

**3. Procurement of Medical Equipments, Instruments & Furniture (EIF) & maintenance:**

- a. OSMCL is a central agency for procurement of medical Equipments, Instruments & Furnitures (EIF) are required across all the health facilities in Odisha. The equipment division of OSMCL is carrying out the procurement of EIFs since 2015 and also looking after maintenance of medical equipments.
- b. The division procures EIF as per indents approved by the State Equipment Management Committee (SEMC).
- c. Tenders already finalised for EIFs worth of Rs. 125/- Crores of various Medical Colleges including new medical colleges and installation of equipments under process.
- d. Rate contract tender worth of Rs. 65/- Crores for 107 items has already been floated, out of which 86 items has already been finalised and the rates will be valid for next two years.
- e. For Equipment Maintenance Outsourcing, tender has already been floated for Biomedical Equipment Maintenance Services after validation and valuation of Equipment inventory of Rs. 250 crore in the state.
- f. OSMC has initiated the quality testing of the supplied furniture items through 02 nos of empanelled Governemnt testing laboratories.
- g. All SNCU equipment, OT & Labour Room Equipment, Diagnostic Equipment, Pathology Equipment, MORGUE and Blood Bank Equipment & Bio-medical waste equipments are commonly repaired by OSMC equipment maintenance team successfully.

# Chapter-12

**Directorate of  
Drugs Control, Odisha**

## Directorate of Drugs Control, Odisha

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

### Activities undertaken during 2017-18

1. **CONSTRUCTION OF OFFICE-CUM-RESIDENCE BUILDING** - The Govt. of Odisha have given special emphasis to construct office-cum-residence building for range drug Inspector & Zonal Dy. Drugs Controller. Accordingly, necessary funds have been allotted and 18 (eighteen) Nos. of Office-Cum-Residence building have so far been constructed & occupied & construction of 01 (one) No. of Office-Cum-Residence building at Deogarh range is under construction. Besides above 04 (four) Nos. of Office-cum-Residence Building at Angul, Ganjam-III, Jagatsinghpur & Puri ranges are to be constructed as soon as the land problems are solved.
2. **DEVELOPMENT OF SOFTWARE AND DIGITIZATION OF FILES** - The National Health Mission, Odisha with the assistance of M/s Luminous Infoways Pvt. Ltd. have developed following software towards smooth management of information/data/ online processes of Licence / Enforcement works/ Drug Testing data.
  - (i) License Management System (LMS)
  - (ii) Pharmacist Information Management System (PIMS)
  - (iii) Enforcement Management System (EMS)Steps are being taken to notify functioning of software's shortly for proper implementation LMS/PIMS/ES in order to provide service to citizen in respect of issuance of Drug Licences in a time bound process and without any hassles.
3. **RIGHT TO PUBLIC SERVICE ACT** - The Govt. in Health & F.W Deptt. have notified for public service in respect of issuance of Retail/Wholesale/Manufacturing Licences in a time bound manner coming under Directorate of Drugs Control, Odisha vide letter No. 32453/H dt. 23.12.2017.
4. **NABL ACCREDITATION OF S.D.T.& R.L, ODISHA, BHUBANESWAR**
  - i. Steps have been initiated for NABL accreditation of the State Drug Testing & Research Laboratory for which a sum of Rs. 162.6 Lakhs have been placed at the disposal of M.D, OSMCL, Bhubaneswar in the year 2015-16. Further the Secretary-cum-Scientific Director, IPC, Health & F, W, Govt. of India, Ghaziabad has been requested for technical assistance for NABL accreditation of

- State Drug Testing and Research Laboratory. In the meanwhile M.D, OSMCL, Bhubaneswar have been requested to place fund amounting Rs. 1,55,89,200/- to Executive Engineer (R &B) Division, Bhubaneswar for modular renovation of 05 (five) Nos. of Laboratory to facilitate NABL Accreditation.
- ii. For upgradation of existing State Drug Testing & Research Laboratory Rs. 115.6 Lakhs during the year 2014-15, Rs, 100 Lakhs during the year 2015-16, Rs. 145 Lakhs during 2016-17 and 105 Lakhs for 2017-18 have been placed at the disposal of M.D, OSMCL, Bhubaneswar for procurement of necessary Equipments.
  5. **PHARMACO VIGILANCE CENTRE** - At present the State Government have 03 (three) Pharmaco Vigilance Centre at S.C.B. M.C & H, Cuttack, M.K.C.G. M.C & H., Berhampur and V.S.S. M.C & H, Burla, Sambalpur to get information/ report on adverse drugs reaction.
  6. **HAEMOVIGILANCE CENTRE** - The Govt. is initiating steps to set up one Haemovigilance Center at S.C.B. M.C & H., Cuttack in order to get information/ report on adverse reaction on Blood component.
  7. **MOBILE TESTING VAN** - In compliance to report of Naidu Commission a proposal have been submitted to Govt. to procure "Mobile Testing Van" for preliminary qualitative Testing of drugs on the spot before statutory Testing vide Drugs Controller, Odisha letter No. 7729 dt. 22.08.2016. The Mission Director, NHM(O) have been moved to make necessary Budget provision for the purpose amounting to Rs 1.5 Cr from NHM (PIP) funds vide the Directorate letter No. 22 dt. 04.01.2017. Thereafter, the Commissioner-cum-Secretary to Govt. of Odisha, Health & F.W Deptt. have also been moved to provide funds amounting Rs 4.5 Cr available for 03 (Three) Mobile Testing Van and 07 (Seven) Shitted Diesel Car for Enforcement Squad from District Mineral Fund vide letter No. 4128 dt. 18.04.2017. The Govt. in Health & F.W. Deptt. have included the proposal for provision of fund for purchase of 03 (three) Mobile Testing Van and 09 Nos. of 07 Shitted Diesel Car out of District Mineral Fund during the period 2017-18 vide letter No. 26078 dt. 21.10.2017.
  8. **CENTRAL DRUGS & COSMETIC TESTING LABORATORY** - The Govt. of Odisha have provided One Acre of land over Plot No. 1195, Khata No. 686 at village Gothapatna of Bhubaneswar free of cost for setting up of the Central Drug & Cosmetics Testing Laboratory under 100% centrally sponsored plan scheme. For this purpose the Govt. of India have sanctioned a token amount of Rs.10 Lakhs (in 1st Phase) in favour of C.P.W.D., Bhubaneswar to start up the primary work for construction of Central Drug & Cosmetics Testing Laboratory. The Collector & District Magistrate, Khurda has been requested to issue necessary RoR in favour of Dy. Controller (East Zone), Kolkata. The constructional work will start as soon as the land is occupied for the same. Govt. of India have made necessary provision of funds amounting to Rs.13.75 Crores (Rs. 7 Crores for Civil Work, Rs.4 Crores for Equipments, Rs.1.5 Crores for Furnitures, Rs.0.25 Crore for Running Cost & Rs. 1 Crore for Other Charges) under Strengthening of Central Drugs Regulatory Structures for said purpose.
  9. **STRENGTHENING OF STATE DRUGS REGULATORY SYSTEM -**
    - i. The Govt. of Odisha, Health & F.W Deptt., has signed a MOU with Central Govt. of India under centrally sponsored plan scheme at the ratio of 60:40 for strengthening of Drug Regulatory system in the State which have been approved by Govt. vide their letter No. 23466 dt. 30.10.2015. Under this scheme, the proposal for setting up of one Drug Testing Laboratory at Sambalpur and creation of additional posts for Drugs Control Admn. and Drug Testing Laboratory have been sent to Govt. vide this Directorate letter No. 245 dt, 06.01.2018 for approval of State Govt.
    - ii. The Govt. of Odisha have provided One Acre Land over Plot No. 140, Khata No, 338, Mouza Kainsir, Sambalpur for setting up of Drug Testing Laboratory at Sambalpur as part of the strengthening of Drug Regulatory System Scheme on basis of Centre State share (60:40) This

Laboratory will facilitate for testing 3000 samples of drugs per annum. The Govt. in Health & F.W Deptt. have been moved vide letter No. 324 dt. 09.01.2018 to request Chief Engineer, Building to furnish separate Estimation of proposed State Drug Testing Laboratory, Sambalpur on the basis of proposal submitted by P.S.O., S.D.T. & R.L.(O), Bhubaneswar apart from core building for proper utilization of fund amounting Rs. 833.33 Lakhs during the financial year 2018-19.

10. **DRUG TESTING LABORATORY AT BERHAMPUR** - For testing and analysis of drug samples procured by OSMCL, Bhubaneswar, the Govt. have been moved for setting up of another drug testing laboratory at Berhampur with 100% State sponsorship in the year

2017-18 having Testing capacity of 5000 (five thousand) drug samples per year vide letter No. 24 dt. 04.01.2017. The Collector & District Magistrate, Ganjam has been requested to provide at least One Acre of Land at Berhampur for said purpose.

11. **FOOD & DRUGS ADMINISTRATION** - Land alienation documents has been filed by Drugs Controller, Odisha before the Tahasildar, Bhubaneswar for construction of Office of Drugs Control Admn, 04 (four) Drugs Inspectors office-Cum-Residence and Directorate of Food Safety, Orissa, State Board of Pharmacy and Orissa Pharmacy Council and requested to provide advance land possession for the above purpose vide letter No. 5564 dt. 08.06.2016.

12. **PRICE MONITORING RESOURCE UNIT** - The Directorate of Drugs Control, Odisha, Bhubaneswar have provided space for setting up of PMRU (Price Monitoring & Resource Unit) which is 100% Central Govt. sponsorship scheme. The process for procurement of Manpower for PMRU has been initiated by floating Tender. In compliance to the Govt. of India letter, a proposal has been submitted to Health & F.W Deptt., Govt. of Odisha to constitute a registered society. After registration, necessary funds for recurring cost will be released by NPPA, New Delhi for setting up of PMRU in the state of Odisha.

13. **ESTABLISHMENT OF 03 (three) NOS. OF DRUG TESTING LABORATORY** - The details project report have been given to Indian Institute of Public Health (IIPH) for setting up of 03 (Three) Drugs Testing Laboratory at Berhampur, Rourkela & Mayurbhanj having capacity of Testing 11000 (Eleven Thousand) drug samples per annum vide their letter No. 10143 dt. 07.11.2017.

14. **ENFORCEMENT ACHIEVEMENT-**

- i. A Spurious drug "Oxytocin" has been detected at Berhampur and Drug Inspector has been instructed to file PR in Special Court. Accordingly, the Drug Inspector, Berhampur after seizure and due investigation at Uttarakhand have registered a case bearing No. 2C(CC) 113/2016 against the offender.
- ii. The Drugs Inspector, Bhubaneswar-II has seized the materials evidence form M/s. Rajiv Agency, Bapuji Nagar and registered a case for illegal sale of "Codeine" Containing Cough Syrup (Phensedyl) by raising false sale invoices in the name of M/s. Ashis Agency, Medinapur, West Bengal after due confirmation from the Directorate of Drugs Control, West Bengal about non-existence of the firm.
- iii. All Drug Inspectors have been notified to exercise power under the Drugs (Price Control) order 2013. Accordingly, 18 (eighteen) Cases of violation have been detected for overcharging during the inspection and reported to Chairman, NPPA, New Delhi for strong action against the erring firms. Subsequently, the NPPA, New Delhi have issued necessary SCN to the following firms for overcharging of price under violation of DPCO Act-2013.
  - a. M/s. IPCA Laboratories Ltd., Mumbai
  - b. M/s. Biological E Limited, Azamabad, Hyderabad
  - c. M/s. Alkem Laboratories Ltd., Mumbai

- d. M/s. Intas Pharmaceutical Ltd, Ahmadabad  
 e. M/s. Lupin Ltd., Mumbai  
 f. M/s. Alembic Pharmaceutical Ltd., Ahmadabad  
 g. M/s. Torrent Pharmaceutical Ltd., Ahemadabad  
 iv. Illegal sale of "Fortwin" Injection (habit forming drug) 64800 ampouls of worth Rs2,85,1201- have been seized from Cuttack & case has been initiated for violation of Sec. 18(a)(vi) of D&C Act vide case No.2(C)C 267/2016.

**Major Activities**

Sl. No.	Enforcement work (including revenue collected)	2015-16	2016-17	2017-18 (Upto Jan-18)
1	No. of inspections conducted to verify compliance of condition of manufacturing and sale drugs licences and to check movement of Spurious / Not of Standard Quality drugs.	9409	8533	7536
2	No. of raids conducted to check the manufacture and sale of drug without valid drug licence and towards compliance of condition of licence and movement of spurious drug.	882	749	788
3	No. of drug samples drawn for test and analysis.	4105	3642	3138
4	No. of drug samples declared Not of Standard Quality and action taken for the same.	103	105	95
5	No. of samples declared Spurious and action taken for the same.	1	Nil	Nil
6	No. of seizures made for violation under Drugs & Cosmetics Act and Rules thereunder.	53	47	11
7	No. of prosecutions submitted in different courts after approval for violation under Drugs & Cosmetics Act and Rules thereunder	56	17	25
8	(a) No. of drug samples tested and test report received (b) No. of Excise samples tested.	4091 3732	4036 3612	3293 3290
9	Amount revenue collected from licence fees & fines etc	TRS 12477	TRS 18222	TRS 18246
10	Fine collected in Enforcement of COTPA-2003	-	-	TRS 150101

# Chapter-13

## **Orissa State AIDS Control Society (OSACS)**

## Orissa State AIDS Control Society (OSACS)

### Background:

National HIV/AIDS control Programme was operational in Odisha state since 1992. The first phase of National AIDS Control Programme (NACP-I) from 1992-97 was directly implemented through Director of Health Services and NACP Phase -II (1997-2004) in the name of State AIDS Cell (SAC) and NACP Phase-II (2004-2006) under the department of Health & Family Welfare, Govt. Orissa. Since July, 2004, Orissa State AIDS Control Society (OSACS) was formed and registered under Society Registration Act of 1860. NACP-I was from 1994-99, NACP-II was from 1999-2006, NACP-III was from 2006-2012 and NACP-IV in place with the objectives of

- Objective 1: Reduce new infection by 50%(2007 Baseline of NACP-III)
- Objectives2: Comprehensive care, support and treatment to all persons living with HIV/AIDS

### Highlights

Districts have been categorized as 'A' to 'D' according to HIV Sentinel Surveillance 2006

- 'A' Category districts - 4 (Angul, Bolangir, Bhadrak, Ganjam)
- 'B' Category districts - 3 (Baleswar, Khordha, Koraput)
- Rest of the districts is under 'C' & 'D' Categories.

In Odisha 43992 clients have been detected HIV positive in different Integrated Counseling & Testing centers (ICTC) as on January, 2018. Out of these detected cases 27,070 are male and 16,922 are female. The reported number of deaths is 4902.

Out of the total detections 78% are within the age group of 25 to 49 years and 87% of infection is through sexual route as per the clients' information. Ganjam is having the highest number of HIV/AIDS affected people which accounts about 35% of the total HIV detection in the state.

### HIV specific Services in Odisha:

- Counseling and testing in 232 stand alone, 17 PPP mode and 231 Facility Integrated Counseling & Testing Centers (ICTC). Prevention of HIV transmission from Parent to Child (PPTCT) has been integrated in the ICTC since 2007.
- The clients after detection for HIV in the ICTC, the clients undergo Pre ART registration, CD4 count and Ante Retroviral Treatment in 15 Anti Retroviral Therapy Centers (ART) and 19 LinkART centers

- 40 number of "Surakhya clinics" for syndromic treatment of Sexually Transmitted Infection (STI) and color coded drug kit distribution and RPR test in Designated STI RTI clinics (DSRC).
- Provision safe blood through 84 Blood banks in Odisha out of which 56 are Govt. blood banks. Out of the total blood banks; 12 Blood Component Separation Units (BCSU) are functioning to provide blood products.
- Help Desk for right & advocacy for people living with HIV/AIDS - 1.
- 9 Community Support Centres are functional in the State.
- TI Projects: There are 12 exclusive FSW, 3 MSM, 21 composite FSW and MSM TI Projects, 6 IDU, 9 destination migrant, 2 trucker and 9 transit migrant TI projects are working in Odisha.
- Partnership with NGO for migration intervention in 9 transit points in 9 railway stations ie. Berhampur, Jajpur Keonjhar Road, Balasore, Khariar Road, Titlagarh, Kesinga, Rourkela, Koraput, Khurda Road.
- Link workers scheme is going on in the vulnerable villages in 6 districts. The High risk people from the rural area are indentified with the help of key persons and linked or referred to ICTC and to TI Projects.
  - Ganjam, Khurda, Nuapada, Cuttack, Sundergarh, Kalahandi
- District AIDS Prevention & Control Unit (DAPCU) are functioning in 7 A & B category districts of Anugul, Ganjam, Koraput, Khurda, Balasore, Bolangir, Bhadrak.
- 4 Opid Substiutional Therapy (OST) centers have been opened in Puri, Cuttack, Bargarh and Khurda to reduce the positivity rate among the Injecting Drug Users (IDUs) and harm reduction strategy is being implemented by NACO through OST centers.

#### Highlights OSACS April 2017 to January 2018:

1. 4.71 lakhs general clients were undergone counseling & testing; 2709 were found positive. 5.82 lakhs pregnant women counseled & tested after consent and 191 were found HIV positive in the Integrated Counseling and Testing Centers. 2696 were linked to the ART centers and registered.
2. 3,11,843 number of blood units was collected in the blood banks of Odisha and 73% were voluntary collection in comparison to 69% in the year 2016.
3. HRG Covered by TI Projects: 10810 FSW, 4800 MSM, 2250 IDU, 10000 truckers, 92000 destination migrants were covered during the year.
4. 190837 patients were treated for STI RTI in the 40 designated STI RTI Centers of Odisha and color coded drug kits were given to the patients for treatment.
5. 2696 patients were registered in the ART centers and the cumulative Pre ART registration became 32477.

#### Information Education and Communication (IEC):

1. HIV/AIDS awareness programme telecasted through Doordarshan Kendra and awareess message broadcasted through All India Radio.
2. Hoarding installed in different health facilities and during Car festiva, Puri hoardings on HIV/AIDS awareness erected in different crowded areas.
3. Awareness message published through print media during different events in form of advertisements.

4. 615 nos. of cultural programs were undergone through Song and Drama division by different folk forms of Odisha.
5. Branding of HIV/AIDS message in 80 nos. of OSRTC buses for rural areas. Besides this 7 nos. of branded bus moved in 7 nos. of high prevalence districts and covered 315 villages.
6. 10 lakh awareness messages were sent to BSNL consumers.
7. World AIDS Day observed in State level as well as in the 30 districts.

**NHM is providing following support in convergence with NACP-NHM**

1. Additional incentive of Rs. 1000 (Rs500/-to ASHA & Rs500/-to HIV+ve mother)
2. Engagement of contractual Medical Officers for all designated STD clinics. Provision of STI drug kits (Kit-1 to Kit-7) and RPR kit for Syphilis screening to 438 NHM STI care facilities in the state.
3. Provision of Post Exposure Prophylaxis (PEP) drugs to all the districts with ICTC facilities.
4. NHM also supported intensive IEC campaign and health camps with provision of manpower and Mobile health units at 54 places in 11 districts with high volume of source migrants.

# Chapter-14

## **Acharya Harihara Regional Cancer Centre (HRCC)**

## Acharya Harihara Regional Cancer Centre (AHRCC)

AHRCC, Cuttack being one of the 27 RCCs of India at present started functioning since 24th April 1984 as an Odisha state-autonomous institution to facilitate treatment, education & training and research of cancer with mode™ and advanced method and technologies. Early detection and treatment with prevention of cancer is the motto of this institution. Central Government has proposal to elevate this State Cancer Institute (SCI) as an Apex Centre of Excellence at par with any developed cancer centre of India.

Activities undertaken in 2017-18

- Starting of post graduate courses:
  - M.Ch. in Surgical Oncology started- Two seats
  - M.Ch. in Gynecologic Oncology started- Two seats
  - Medical Physics internship program- Two medical physicists successfully completed medical physics internship training for one year.
  - Diploma in medical laboratory technology course started- 20 seats
- Diagnostic CT scan service started in CT simulator machine
- Telemedicine service started
- Bhabatron source replacement done
- District chemotherapy program implemented in all 30 district head quarters hospital by training one doctor & two staff nurses. AHRCC is the nodal agency for technical help & supply of medical. 8132 chemotherapy cycles administered by December 2017.
- OPD attendance - 70761 (56128 in 2016-17), Indoor admission-24833 (25093 in 2016-17 )
- Cancer education & early detection camps held at Nischintkoili, Nimapada, Saheed Bhawan (Cuttack), Slums around airport (Bhubaneswar)
- Drug ware house of AHRCC inaugurated on 20th Jan 2018
- Pain & palliative care training program- (IAPC training)- June- total 18 persons trained.
- District level doctors received training on mass screening for early detection of cancer.
- AHRCC day celebrated on 23rd April with health check up camp and cancer education.
- Digitalization of patient records started.
- Free Cancer Drugs provided under Niramaya Scheme.

## Chapter-15

### **Strengthening of Blood Services in the State**

## Strengthening of Blood Services in the State

1. In line with the National Blood Policy, a three years Prospective State Action Plan for Strengthening of Blood Services has been approved by Government and being implemented.
2. A 'State Task Force Committee' under the Chairpersonship of Mission Director, NHM has been constituted for successful planning, implementation, monitoring & review of the activities relating to Blood Services in the State.
3. Govt. approval on set up of 4 Regional Blood Transfusion Centers (RBTC) at 3 Govt. MC&Hs and Capital Hospital.
4. Nomenclature of 55 Blood Banks operational at Govt. Medical Colleges, DHH, SDH under the banner of Odisha Red Cross Blood Bank has been shifted to Odisha Blood Bank.
5. For the State 9 Mobile Blood Collection Vans (3 from NHM funding support & 6 from State budget support) and 11 nos. of Blood Component Separation Units (7 from State budget and 4 from NHM budget) are being procured by M/s. Odisha State Medical Corporation Ltd
6. Calibration of major equipments/instruments of all 57 Blood Banks has been completed by M/s. HLL through M/s. Odisha State Medical Corporation Ltd.
7. Under NHM, 69 contractual Lab Technician positions for Blood Banks have been sanctioned, till date 39 positions have been filled up. Similarly, steps has been taken for functionalisation of the State Blood Cell under NHM.
8. To reduce window period in diagnosis, Nucleic Acid Amplification Polyomeraise Chain Reaction (NATPCR) technology has been installed in three Govt. Medical College & Hospitals and Capital Hospital by an Agency.
9. All Blood Banks have been linked with National Institute of Biologicals (NIB) for Haemovigilance Programme and to ensure quality in service.
10. In order to ensure enforcement of standards for blood and blood products, 81 Blood Bank officials have been undergone six days residential training programme at National Institute of Biologicals (NIB) in 3 batches with financial support of NHM.
11. For smooth functionlisation of e-blood bank system in 57 blood banks, 70 DEOs have been engaged by third party NICS I out of NHM support.
12. E-blood bank initiative in the State:
  - (i) A directory of rare blood donors with contact details have been kept in a separate register at all blood banks.
  - (ii) The detail data of rare blood group donors is available in the e-blood bank site with login right to the Blood Bank Officers.

- (iii) Registration of camps and the camp calendar maintained at each blood bank online through e-blood bank for citizen information.
- (iv) The process has been initiated for linking of all licensed Pvt. / Public/ Charitable Blood Banks into the e-blood bank initiative. Further, linking into e-blood bank would be a condition for issuance of NOC to Pvt. Blood Banks.
- 13. To regulate functioning of the Non-Government Blood Banks to eliminate profiteering in any transaction/process/phase of blood transfusion and avoid harassment to the patient in any manner, a Standard Operating Procedure (SoP) to regulate the functioning and guideline for time-bound issuance of NOC to Pvt. Blood Banks by SBTC has been developed and issued to all concerned.
- 14. Enhancement of refreshment cost of blood donors from Rs. 25/- to Rs. 50/- per donor and Rs. 10/- per donor for allocation of camp organizing cost has been introduced by the Govt.
- 15. Three new day care centers have been announced at DHH Kandhmal, DHH Balasore and RGH Rourkela.
- 16. Transport assistance to Haemoglobinopathy patients requires blood transfusion @ Rs. 500/- per month/patient out of State budget have been ensured.
- 17. MOU has been signed between Government of Odisha and CSCR/CMC Vellore for implementation of a project called Control of Sickle Cell diseases and Thalassemia disorder in the State of Odisha. It has been decided that the project will be initially implemented on pilot basis in three districts i.e Sambalpur, Balasore, Koraput .

**Way forward:**

- (a) Provision of free bus passes in OSRTC buses to regular blood donors' coordination with Commerce & Transport Department, Govt. of Odisha.
- (b) Automation in grouping & cross matching of patient samples at blood banks in partnership mode to be taken up shortly.



**Blood Collection status in the year**

Year (Jan to Dec)	Total Collection	Voluntary collection	Exchange	Voluntary percentage	Number of VBD camps	Blood Collection from Outdoor Camp
2017	427014	275015	151999	64.40 %	3205	185968



**NATIONAL HEALTH MISSION  
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GOVERNMENT OF ODISHA**