

ANNUAL ACTIVITY REPORT 2018-19



HEALTH & FAMILY WELFARE DEPARTMENT
GOVERNMENT OF ODISHA

NABA KISORE DAS

MINISTER

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BHUBANSWAR

Dated

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 National Family Health Survey (NFHS-4) report, 2015-16 wherein Odisha has improved in many critical health indicators, especially in areas of institutional delivery, post-natal care, full immunization coverage and reduction in IMR and US Mortality rate. These encouraging achievements may be attributed to enabling policies, programmes and sustained efforts made by the state government over last one decade. During 2018-19, Biju Swasthya Kalyan Yojana (B SKY) was launched for providing free health services for all in all State Government health care facilities besides continuing other State Schemes such as providing free medicines through 'NIRAMAYA' scheme, free diagnostics including high end test like MRI, CT Scan through 'Nidan' and free dialysis under 'Sahay' scheme. Provision has been made for reimbursement of transportation cost @ 1000/- per pregnant woman for institutional delivery in 7853 notified difficult villages and Rs 500/- per case provided for assured drop back to post delivery and sick infant cases across the State. Provision has been made for payment of transport cost to the Sick Cell and Thalasemia major and hemophilia patients @ Rs 500/- per patient per month. Besides these, Free Sanitary Napkins are being provided to school going girls (class 6th to 12th) under 'Khushi' Scheme. With focus on slum population, comprehensive weekly specialist services during OPD hours have been implemented at 87 UPHCs in 28 cities under 'AMAClinic' scheme. For strengthening the tertiary care, State has now 7 Medical colleges. Besides, six medical colleges at Puri, Keonjhar, Jajpur, Kalahandi, Sundargarh & Talcher are also in pipeline.

Major steps have been taken for improving the health care services in tribal and hard to reach areas through rational deployment of trained human resources, setting up of Digital Dispensaries, improving facility level infrastructure, carrying out special VHND and immunization in difficult areas under 'SAMMPurNa', setting up of maternity waiting homes, extensive IEC/BCC campaigns in media dark areas, management of health facilities in difficult pockets through PPP mode and detection, treatment and referrals through Mobile health Units. However, we have miles to go and still a lot to achieve. I sincerely believe that all of us must, as a team, participate in thinking, planning and executing health care activities. I take this opportunity to congratulate the Department for bringing out the publication of the Annual Activity Report 2018-19 and wish it will prove to be a good reference for health professionals and administrators.

(Naba Kisore Das)

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Foreword

Department of Health & Family Welfare, in its bid to provide citizen-centric services through universal health coverage, has taken several proactive steps to ensure adequate, accessible, equitable and affordable health care services to the people of Odisha. To achieve this objective, the department has formulated and executed wide range of initiatives especially in the areas of maternal & child health, quality of care, IT enabled interventions, HR reform, creation of health infrastructure, preventing communicable and non-communicable diseases and encouraging community participation in implementation of public health programmes. As per NFHS-4 survey report, 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 first time. Odisha has also shown the highest percent decrease in malaria cases and deaths in the country during the year 2018.

The State has ensured effective implementation of various citizen centric schemes like Janani Surakhya Yojana, Janani Shishu Surakhya Karyakram, 108/102 free ambulance services, maternity waiting homes, operationalization of delivery points & First Referral Units (FRUs), labour room standardization, establishment of Newborn Care units, Nutrition Rehabilitation Centers, provision of cancer chemotherapy in district hospitals, establishment of fixed & mobile vision centres, early detection and treatment of childhood diseases under RBSK, capacity building of service providers and overall improvement in quality of care at public health facilities under Laqshya and Kayakalp schemes.

Moreover, active participation of ASHAs in public health programmes has ensured bridging of the gap between community and service providers for utilization of public health facilities. As per WHO report, State has done exceptionally well in reduction of malaria burden through extensive campaign viz. Durgama Anchalare Malaria Nirakaran (DAMaN) in remote areas, LLIN distribution and MDD campaign. Under Population based screening, more than 26 lakh population were screened above 30 years of age and around 1000 Health and Wellness Centres have been made operational in the State. ANMOL application based Tablets were provided to ANMs to facilitate seamless digitization of records at its source in 30 districts.

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 2018-19 and look forward to utilisation of technology and transparent processes for transforming the public health systems in the State. The focus of all such initiatives shall remain singularly to win the trust of the people in our health delivery systems.


(Dr. Pramod Meherda)

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ABBREVIATIONS

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

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

OCP	Oral Contraceptive Pills	RNTCP	Revised National Tuberculosis Control Programme
OPD	Out Patient Department	RSBY	Rastriya Swasthya Bima Yojana
ORS	Oral Rehydration Solution	RTI	Reproductive Tract Infection
OSACS	Odisha State Aids Control Society	SAM	Severely Acute Malnutrition
OSTF	Odisha State Treatment Fund	SBA	Skilled Birth Attendant
OT	Operation Theatre	SC	Sub Centre
PCPNDT	Pre-Conception and Pre-Natal Diagnostic Techniques	SNCU	Special Newborn Care Unit
PE	Peer Education	SRS	Sample Registration System
PHC	Primary Health Centre	SSNY	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-I

Activities of Health and Family Welfare Department

Chapter-I

Activities of Health and Family Welfare Department

1.1 Introduction

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

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

Objectives

- To ensure adequate, qualitative, preventive & curative health care to people of the State.
- To ensure health care services to all particularly to the disadvantaged groups like scheduled tribes, scheduled castes & back ward classes.
- To provide affordable quality healthcare to the people of the State, not only through the Allopathic systems of medicine but also through the Homeopathic & Ayurvedic systems.
- To ensure greater access to primary health care by bringing medical institutions as close to the people as possible or through mobile medical health units, particularly, in the underserved & backward districts.
- To improve health care in the KBK districts of the State
- To 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	7
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	21
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, 2018)

1.3 Resources and Budgetary Allocation for the Year 2018-19

For the financial year 2018-19(BE) an amount of Rs. 615974.44 Lakh had been made in the Health & Family Welfare Budget as detailed below:

Table 1 - Resource and Budgetary allocation

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

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

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

1.	Mukhya Mantri Swasthya Seva Mission (MMSSM):	(Amount in Lakhs)
	Infrastructure Development of Health Institutions	62500.00
	Public Health Response	500.00
	Odisha State Treatment Fund (OSTF)	6000.00
	Health Investment Promotion Policy (token)	100.00
		69100.00
2.	Mukhyamantri Chakshyujatna Karyakram -	8652.16
3.	NIDAN -	8000.00
4.	NIRMAL -	7000.00
5.	NIRAMAYA -	30321.00
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 2018-19

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 640 nos of EDL items (Essential Drug List) & programme items comprising of 330 nos of General items, 85 nos of surgical items, 72 nos of anti-cancer items, 40 nos of programme items and 113 nos of other items from Non Essential.
 - 12 NABL Laboratories are empanelled for quality testing of procured drugs before use.
 - 529 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.
 - 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.
- **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, 491 out of 500 ambulances are operational in addition to 512 out of 512 emergency ambulance services under "108 ambulance service". More than 20.5 lakhs patients in distress have been benefited till now under "108 ambulance service" and more than 20 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.
- **JSSY-** 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 10 services (Paediatric, O&G, Nutrition, Adolescent, Vision, Physiotherapy, Psychiatric, Geriatric, Dental and Skin & VD) 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 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 17 out of 17 targeted districts.
- **Digital Dispensary:** Digital Dispensaries made functional through PPP mode at 4 remote areas of mining affected GPs of Joda Block in Keonjhar district and in 25 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. During 2018-19 another 102 are going to be made functional.
- **Sunetra:** aims at providing comprehensive, accessible, affordable and equitable eye care to people of all age groups. Vision centres equipped with appropriate eye-care facilities and trained manpower will be established across the State in govt. facilities.
- **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
- **Nirmal:** Scheme launched for promotion of Healthy & Hygienic Hospitals upto PHC level. It includes provisions for House Keeping & Cleanliness Services, Linen & laundry Services, Security Services, Lift Services.
- Assured Drop back for PW and sick infants by providing Rs.500/- per case.

Legislation

- Five Recruitment Rules passed/amended for Staff Nurse, MPHW[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 Government Medical College are functioning with two new at Koraput and Baripada made functional from 2017-18 and Bolangir & Balasore Medical Colleges made operational during 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.
- 8962 nos of Special VHND & RI sessions were held during April 2018 to November 2018.
- Total 5457 nos. of pregnant woman and 9994 nos. of children issued red card during April' 2018 to November' 2018 in Special VHND & Routine Immunization Session.
- Under SAMPURNA, 6303 nos. difficult villages have been identified.
- 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. 24,802 nos. of pregnant women and 1414 nos. of sick infant received the benefit from September 2018 to November 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. MCHs and Capital Hospital
 - 9 Mobile Blood Collection Vans and 11 nos. of Blood Component Separation Units are being procured.
 - Nucleic Acid Amplification Polyomerase 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 all 30 districts. Currently 23 DMHP

(District Mental Health Programme) Units with six categories of staffs are established 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. 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. 1230 number of samples have been tested in MFTL from 01.04.2018 to 31.12.2018 out of which 360 number of food samples have not conformed to standard & improvement notices have been issued to the FBOs
- **RNTCP Interventions Scaled Up :** Cartridge Based Nucleic Acid Amplification Test (CBNAAT) made operational at 38 facilities.
- **NVBDCP Interventions Scaled Up :**
 - Establishment of 67 Sentinel site laboratories for diagnosis
 - 1.13 crore LLINs have been distributed in 16 high malaria burden districts and the most vulnerable population of 4 high endemic districts.
 - For JE, For laboratory diagnosis of JE, nine sentinel site laboratories have been made functional .JE vaccination campaign implemented in the State.
 - For Dengue 38 sentinel sites are functioning across the state for dengue diagnosis
 - 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
- BKKY: More than 25 lakh farmers benefited

Strengthening Human Resources

- OMHS cadre was restructured with creation of 1330 number of new posts increasing the strength of cadre to 6719.
- Doctors are being posted through transparent computerized counseling process. Exit policy is also being implemented to allow doctors to be posted in Non-KBK & Non-TSP districts after completing a fixed tenure in KBK, KBK+ & TSP areas.
- A total of 1072 no. of doctors were in position in KBK districts as on 31st March'18
- 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: 70 FRUs are providing C section services out of 95 FRUs. Specialist manpower with Blood Banks (51) and Blood Storage Units (44) are also operational.
- Janani Suraksha Yojana (JSY): Total 5657763 number of beneficiaries benefitted under JSY (from 2005-06 till 2018-19- upto 2nd Quarter). 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) 156 doctors were trained, Emergency obstetrics care (EmOC) training was given to 38, & Basic Emergency obstetrics care (BEmOC) training given 1046 nos. of Medical Officer for operationalisation of L3, L2 & L1 institutions, till date. 4 doctors trained on LSAS and 35 doctors trained on BEmOC during 2018-19 (By Dec 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 68 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.
- 38 Special Newborn Care Units (Target: 45) and 47 New Born Stabilization Units are operational. 7 new SNCU are under process. For preventing mortality and brain damage immediately after birth, 580/1190 Newborn Care Corners are functional at Delivery Points.
- 354889 VHND sessions held out of 379577 planned (93%) during 2018-19 (Up to November-18). 63 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: 170 Mobile Health Units are operational under State budget to provide primary health care services at the community level in 18 districts.
- RBSK: 636 Mobile Health Teams formed for screening, treatment and referral of children identified with defects, deformity, development delay and diseases at schools and AWCs.
- RSKS: 230 AFHC (Adolescent Friendly Health Centers) clinics has been established to provide services for adolescent girls & Boys. Integrated counseling centers up to CHC DPs. 4 One Stop Crisis Centres on pilot basis (Puri DHH, Sambalpur DHH, Capital hospital & MKCG Medical College) integrated with SHRADDHA clinic. Menstrual Hygiene Scheme (MHS) extended to 30 districts under NHM.
- National Urban Health Mission 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

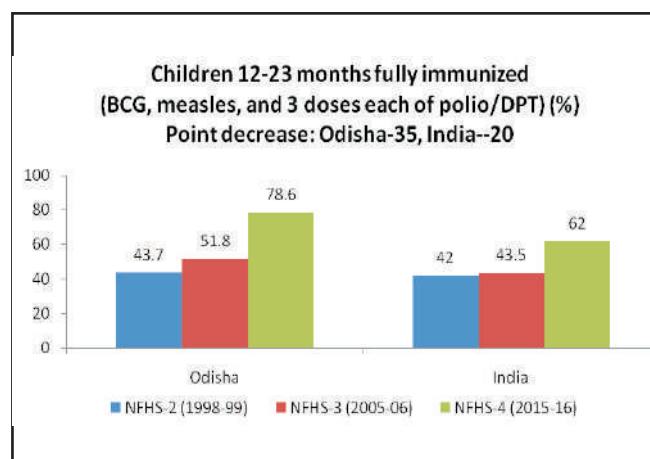
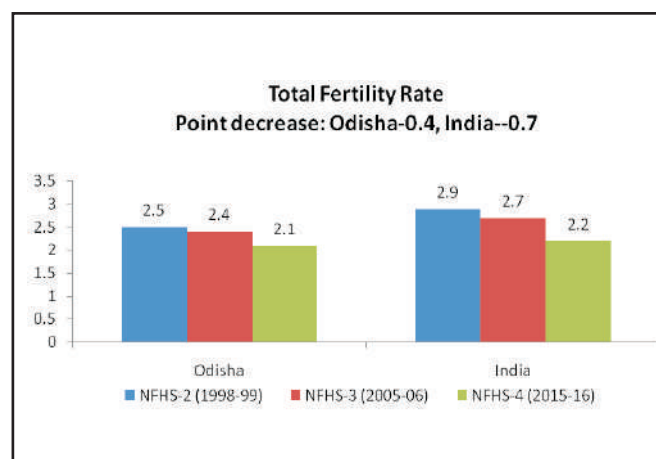
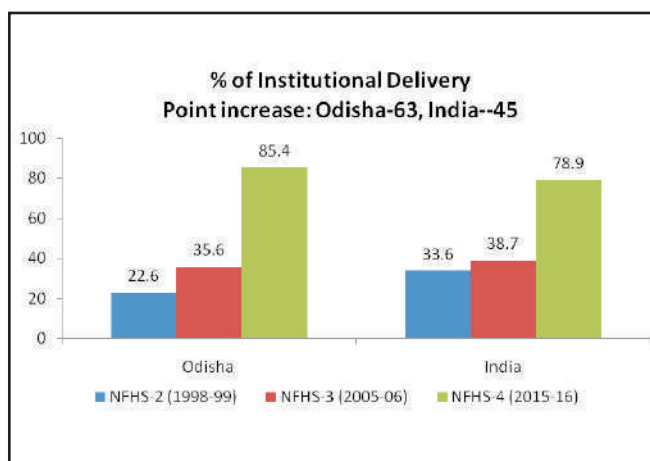
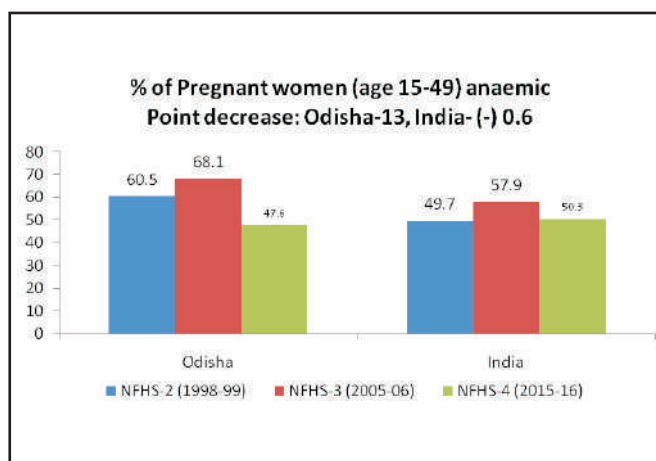
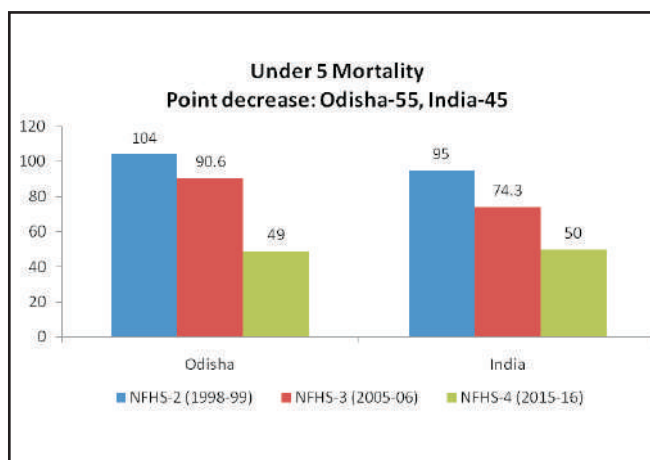
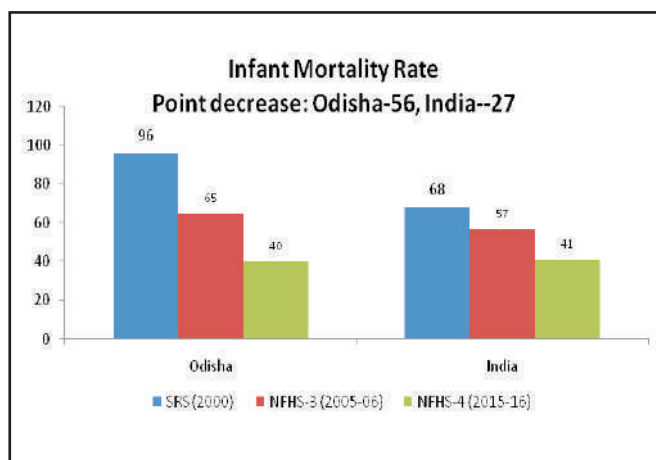
- 7 new Medical College & Hospitals is being constructed at Bolangir, Koraput, Balasore, Puri, Kalahandi, Keonjhar & Mayurbhanja (Koraput, Balasore, Bolangir & Baripada - Completed & functional).
- 11 new DHH Buildings are being established at Jharsuguda, Dhenkanal, Malkangiri, Keonjhar, Rayagada, Baragarh, Nuapada, Deogarh, Jajpur, Bhadrakh and Kendrapada (Jharsuguda, Keonjhar, Rayagada, Malkangiri & Dhenkanal - Completed & Functional).
- Construction of 60 Maternal & Child Health Complex in District / Sub-district & Block Level of various bed strength; ranging from 125 bedded to 30 bedded is under progress (Completed & functional - 23, Completed & Partially Occupied - 7 and Completed but not Functional - 4).

- 882 sub centres buildings with a financial involvement of Rs.215 crore has been constructed (635 completed & 247 under construction).
- 14 PHC N buildings with a financial involvement of Rs.6.30 cr. constructed (11 completed & 3 under construction).
- 1049 staff quarter is being constructed for health service provider such as Doctors, Staff Nurse, Paramedics & others (814 completed & 218 under construction).
- To strengthen the infrastructure and main streaming of AYUSH - 98nos of Govt. Ayurvedic & Homeopathic Hospitals is being established (81nos completed & 14nos under construction)
- 102 UPHC/ UCHCs has been constructed/upgraded with a financial involvement of Rs75.00 lakhs @ per UPHC/UCHC (47 completed & 11 under construction).
- Special & Critical Child Health Care facilities like SNCU, HDU, PICU/NICU, MNCU, NCD, DEIC, NRC, Skill Lab etc. has been established and functional at different level of health institutions.
- Construction of Health Wellness Center funds to the tune of Rs.48.00 crore has been provided for construction of said units in 106 locations in the rural and difficult areas across the state.
- Establishment of health wellness center at PHC- 842 health wellness centers has been established by the way of up gradation/renovation of 842PHCs with an amount of 38.00cr. (completed & functional)
- Construction of IPD & OPD complex at SDH/CHC, 80nos IPD/OPD complex has been under taken with an amount of Rs. 64.36 crore.

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 2016, which is a great achievement towards population stabilization measure.
- The birth rate has declined from 23.8 in 2005 to 18.6 in 2016 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 Gol norm.
- Morbidity and mortality due to diarrhea has been remarkably reduced in past few years, due to effective preventive measures, in spite of regular natural disasters.
- No new polio case has been detected since last 5 years, due to effective immunization and surveillance activities.

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



Chapter-2

National Health Mission

Chapter-2

National Health Mission

Introduction

The National Rural Health Mission has been in operation since June 2005 in Odisha and has been renamed as National Health Mission (NHM) after widening its service coverage to urban areas. Odisha, has shown a steady and sustained improvement in most of the key impact level indicators of health sector performance since the launch of NRHM in 2005. Odisha recorded highest IMR decline of 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 180 in 2016(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 1.08% in 2018 from 5.48%, reported in 2017. Deaths due to malaria have come down from 24 in 2017 to only 3 in 2018.

Objective

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

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

Major activities Undertaken:

2.1 Reproductive Health

Major Achievement

- 436 Health facilities are providing family planning services through FDS mode.
- Family Planning Commodity Security ensured through state specific Innovation RHCLMIS up to Sub Centre level.
- Non-clinical Contraceptives (Condom, Oral Pills & EC Pills) being provided to the Eligible Clients through 48,000 ASHAs at the community level.



- 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.
- 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.
- Improved counselling through RMNCH+A counselors at District Headquarter Hospitals.
- Celebration of World Population Day and fortnight (July 11- July 24).
- Intensive IEC intervention' in selected districts undertaken
- Instituted 'awards & felicitation' for best performing surgeons & districts
- Observation of 'world vasectomy week'
- 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:** 70 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 519 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 5657763 number of beneficiaries benefitted under JSY (from 2005-06 till 2018-19- upto 2nd Quarter). 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 172379 pregnant women and sick infants have availed free referral transport service through 102 ambulance service (500 vehicles). About 1573 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 2018-19 (Till-Dec 2018), 38 HW(F) & LHV and 80 Staff Nurses were trained in SAB.
- During 2018-19 (By Dec 18), 4 doctors (from other State) have been trained in LSAS & 35 doctors in Basic Emergency obstetrics care (BEmOC). Till date, in Life saving anesthesia skill (LSAS) 156 doctors have been trained, Emergency obstetrics care (EmOC) training has been given to 38 doctors, & Basic Emergency obstetrics care (BEmOC) training given 1046 nos. of Medical Officer for operationalization of L3, L2 & L1 institutions.
- **Maternal death review (MDR) committees** are formed at State and district level to review the maternal death. During 2018-19, 708 nos. of maternal death have been reported by March 2019 and out of that 356 nos. of death are reviewed by Collector cum DM and 669 nos. of death reviewed by CDM&PHOs of the district
- **Safe abortion care services:** Out of 439 targeted institutions, 338 facilities are in readiness for providing CAC service in the state. During 2018-19 Till December 2018 :
 - 12 days certification training given to 28 doctors and 22 staff nurses.

Equipped OT at FRU



- 3 days refresher training given to 36 doctors and 31 staff nurses.
- 3 days TOT (master trainer) given to 4 doctors and 4 staff nurses.
- **Village Health & Nutrition Day:** Fixed day health & Nutrition day (VHND) is being organized every Tuesday / Friday at village Anganwadi centers. So far 354889 VHND sessions held out of 379577 planned (93%) during 2018-19 (Up to November-18).
- **Standardization of labour room.** State is taking steps for standardizing Labour room as per MNH tool kit and New labour room guidelines. Further under DAKSHATA programme 19 districts are given focused attention for improving infrastructure and practice in 222 labour rooms. 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.
- **LaQshya :** Under this programme the LR will be standardized for providing quality labour room care services. This will put focus on improvement of infrastructure providing respectful maternity care and ensuring regular supplies to labour room. The target is set to standardize all FRUs as prospective target and during the year 10 facilities from aspirational districts are targeted to be certified under LaQshya
- **Maternity Waiting Homes (Maa Gruha)** It is a temporary home for expectant mothers where they can wait for safe delivery preferably 7 to 10 days before their expected date of delivery (EDD). On onset of labour, they are to be shifted to nearby health facility having at least BeMOC facilities for delivery. Presently 62 numbers of MWHs have been functioning in the difficult and tribal blocks in 14 districts. During the year 2018-19 (up to Dec,2018), around 17,815 pregnant mothers are admitted in the MWH, out of which 15,142 institutional deliveries have been conducted through the assistance of Maa Gruha. On an average, 26 pregnant mothers in a month are being admitted in the Maa Gruha out of that 21 institutional deliveries are being conducted by the assistance of Maa Gruha. The average staying period of beneficiary is around 8 days in the Maa Gruha.
- **Initiatives for Anaemia Control:** IFA & Calcium Supplementation - About 7 Lakhs Pregnant women covered during 2018-19. 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. PMSMA 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 2018-19 upto January 2019, 173723 nos. of antenatal cases have been screened and 7644 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 advice of doctor, which is further tracked by the service provider.



Checkup by Private Practitioner

2.3 Child Health

The infant mortality rate (IMR), which reflects the status of child health in a State/Country, is currently 40 per every 1000 live births in Odisha, as per the 4th National Family Health Survey (NFHS-4), that is one point below the National average of 41 per 1000 live births. As per the same reports, the under-five mortality rate (U5MR) of the State is 49 per 1000 live births against the National average of 50 per 1000 live births.

In reference to the Sample Registration System (SRS) reports of 2016, Odisha has the 2nd highest IMR in the country, i.e. 44 per 1000 live births. However, it is also observed that the rate of reduction of IMR in the State is highest in the country.

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

- **New Born Care Corner:**

For preventing mortality and brain damage immediately after birth, 580 Newborn Care Corners are established at all functional delivery points, i.e. Labor rooms & OTs to provide essential newborn care & resuscitation immediately after birth (Progressive Target: 1190). Up to Sep. 2018, 16547 newborns have been resuscitated (7% of all live births) and 11704 newborns (5% of all live births) have been referred to higher facility for further treatment.

- **New Born Stabilization Units (NBSU):**

For treatment of moderately sick & low birth weight newborns and for stabilization of sick newborns prior to referral, 47 Newborn Stabilization Units are currently operational in the State, which are being upgraded to Special Newborn Care Units (SNCU) in a phased manner, based on the case load. The State has planned to upgrade 6 such NBSUs into SNCUs within 2019.

- **Special Newborn Care Units (SNCU):**

The State has established 38 out of 45 Special Newborn Care Units (SNCU) for treatment of severely sick newborns at different medical college & hospitals, district headquarter hospitals, sub-divisional hospitals & selected CHCs based on the annual delivery load. Further, 7 new SNCUs are under process. Besides, the bed capacity of 10 existing SNCUs has been increased in view of the enhanced case load. During 2018-19 till Dec. '18, 42,298 (99.7%) sick newborns have been treated and 72.3% have been discharged successfully after due treatment.



SNCU MCH Koraput



SNCU

- **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.



KMC Nayagrah



KMC Capital Hospital, BBSR

- Trainings and capacity buildings: In view of effective and efficient services the trainings are being provided to concerned personnel at various levels.

- **Skill Based training -**

- State, District & Sub District level NDD training completed and implementation started.

- Facility based IMNCI training & Facility Based Newborn Care (FBNC) training conducted at State level for Staff Nurses and Medical Officers.
- Knowledge based training
 - Knowledge based CME through VC and telemedicine hub is organized from time to time.
 - Orientation of AYUSH MOs on Community Based CDR for conducting verbal autopsy completed at State level.
 - Orientation of IMA & IAP members on their roles & scope of involvement during IDCM campaign

● **Home based new born care (HBNC):**

All ASHAs have been trained for making home visits to newborns for early identification and referral of newborns with danger signs and providing counseling to caregivers on home based newborn care. During 2018-19, till Sep. 18, 266029 newborns have been visited under HBNC programme, of which, 12% of newborns were reported as low birth weight (LBW) and 91% of identified high risk newborns were referred for appropriate treatment.

● **Intensified Diarrhoea Control Month (IDCM):**

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. However, during 2018, the campaign was modified to cover each household and a prophylactic ORS packet was distributed by ASHA to each household for prevention & control of diarrhea in both adults & children. During the month, ASHA made home visits to each household in her area and counseled the mother/caregiver on preparation of ORS with demonstration, danger signs and when to seek help in case of an incidence of Diarrhoea. Besides, ORS corners are established at all facility level to address any diarrhoeal case as well as counsel parents/caregivers on ORS preparation and treatment. In the 2018 round, 57% under five children & 53% households were distributed with prophylactic ORS packets. Further, 99% under five diarrhoeal cases were treated with ORS and 75% adult diarrhea cases were treated with ORS.



● **India Newborn Action Plan (INAP):**

Under the India Newborn Action Plan (INAP), all newborns are to be administered with Vitamin K1 for preventing the newborn deaths occurring due to vitamin K deficiency bleeding disorders. During April to September 2018, 79% of all live births in the State were administered with Vitamin K1.

Similarly, INAP also advocates administration of antenatal corticosteroids to all pregnant women identified with preterm labour, in order to prevent newborn deaths occurring due to respiratory distress syndrome. Till September 2018, mothers of 10% of all preterm newborns were administered with antenatal corticosteroids in the State.



● **Child Health Review (CDR):**

Child death review has been implemented in the state during 2015-16 under which committees have been formed at State and District level for detailed review and analysis of each under five child death and taking necessary corrective actions. During 2018-19, till March' 2019, 15899 child deaths were reported and reviewed at district level for taking corrective actions.

2.4 Rashtriya Bal Swasthya Karyakram (RBSK):

636 Mobile Health Teams formed under RBSK for screening, treatment and referral of children identified with defects, deformity or diseases. 29 District Early Intervention Centres have been established for providing referral services at district level.

Screening of Children at AWC & Schools:

- During the Year 2018-19 (till November), 52, 46,213 number of children (56%) have been screened by MHT under RBSK out of targeted 1.07 crore children.
- New born screening of visible birth defects initiated at Delivery Points by the service providers. Total 1, 25,422 numbers of new born have been screened at delivery points and 1021 numbers of children have been identified with congenital birth defects.
- Required equipment & HR for new born hearing screening are available at DEICs. New Born Hearing screening for early identification of Congenital Deafness is initiated in 26 DEICs.
- To prevent blindness related to retinopathy of Prematurity, RoP screening is initiated in 5 health institutions and during the year 2018-19, 1898 number of sick new born are screened and 91 numbers of identified children are provided laser therapy to prevent blindness.



Early Intervention & Therapeutic services at District Early Intervention Centres:

- For Early treatment & therapeutic intervention for birth defect & children with CP, Autism, ADHD, Mental retardation, Neuro motor impairment and Speech impairment, DEIC have been functioning in 29 districts.

Treatment Achievement:

- Under 4D approach during 2018-19, total 2, 38,453 number of identified children have been treated under RBSK at Primary, Secondary and tertiary facilities.

Convergence & Tie Up with Departments & Tertiary Facilities for Treatment of identified children:

- In convergence with SUNETRA, S&ME department and SSPED department different convergence activities undertaken like provisioning of spectacles for school children, digital hearing aid for hearing impaired children and organizing Club foot surgery camp at district level.

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. 230 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 35,558 adolescents received different adolescent health services through Shraddha clinic till September 2018.
- 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 under this activity and up to 2018-19 total 12696 Peer educators identified 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.

- Other Initiatives under NHM

2.6 Human Resource

1235 AYUSH doctors in collocation unit (Out Of 1485), 2367 Staff Nurses (out of 3440), 1923 Addl. ANMs (Out of 2060), 251 Lab Technicians (Out of 392) and 503 Pharmacist (out of 636) are engaged under NHM to ensure quality of health care services at public health institutions.

2.7 Free transportation Services

108 Ambulance Service

108 Ambulance Service is being operational in the State to provide free transport services for all types of medical emergency. Under this scheme, 512 out of 512 emergency ambulances are operational and more than 20.5 lakhs patients in distress have been benefited till now.

- Average response time of 108 ambulances is 31.96 mins.
- Total 3,68,766 cases have availed the 108 Ambulance Services during the year 2018-19 (upto January 2019)



102 Ambulance Service

"102 ambulance services" is operational to ensure free referral transport services to all pregnant women and sick infants seeking health care services at Government health facilities. Under this scheme, 491 out of 500 ambulances are operational and more than 20 lakhs Pregnant Women & sick infants have been benefited till now.

- Average response time of 102 ambulances is 36.78 mins.
- Total 3,80,922 cases have availed 102 Ambulance Services during the year 2018-19 (upto January 2019)

104 Health Helpline

- Presently the Health Helpline with 10 seats makes only outgoing calls to follow up of sample beneficiaries registered under RCH for availing desired services in time.
- To verify the service provided by service provider (ANM & ASHA).
- Special calls are made to high risk Pregnant Women on monthly basis and to those defaulters of services as per need.
- Outgoing calls are made for survey relating to various indicators of services under JSSK.
- As per the mandate 104 Health Helpline has to contact 150 beneficiaries per day & total 48,388 beneficiary have been contacted during the year 2018-19 (upto January 2019).



On expiry of the previous project period, ambulances both under Emergency Medical Ambulance Services (108) and 24X7 Referral Transport Services (102) are now operational under Integrated Patient Transport & Health Helpline Services (IPTHHS) (including Grievance Redressal) with effect from 10th November 2018, accessible with a single toll free number "108".

Plan

- Grievance Redressal including registering and tracking of public grievances regarding the deficiencies in health care delivery, welfare schemes and entitlements on 24x7 basis.



- Provide information to the general public on various schemes under NHM.
- Share Information for accessing to the details of various facilities in their area like hospitals, pharmacies, independent practitioners, diagnostic services etc.
- Up-gradation of 28 BLS ambulances to ALS from the existing fleet under 108 Ambulance service.
- Launching of 6 Boat Ambulances for the cut off areas due to water bodies in four districts i.e. Koraput, Malkanagiri, Kalahandi and Kendrapada. The first boat ambulance is likely to be launched at Batighar of Kendrapada District during the month of February 2019.

2.8 Community Process (ASHA)

A. ASHA

ASHAs function at grassroots level to act a bridge between community and public health system. They play an importance role in mobilizing community for adopting right health practices, maximally utilize health services and contribute thereby for achievement of health indicators. Their precious contribution towards the improvement of health situation of the State is acknowledged in different forums and occasions. In the State of Odisha total 46,706 ASHAs are in place to facilitate and promote health care delivery at community level both at rural and urban area (Target-47,147). The selection of ASHA is co-terminus with AWC in high-priority districts.

B. Incentive Provision for ASHA:

ASHAs financial benefit is linked with performance incentive in the programmes like RMNCH+A, Non-Communicable Diseases and Disease Control Programmes etc. The total number of incentive provision for ASHAs has gone up to 53 during the year 2018-19.

C. Welfare Schemes under ASHA Kalyan Yojana:

- Monthly assured incentive provision: As an effort to maximize and ensure a minimum assured amount, provision has been made for getting minimum assured incentive of Rs. 3500/- per month by an ASHA against 13 assured and routine activities on conditional basis.
- Compensation for death and permanent disability: Provision has been made for payment of financial compensation upto Rs. 1 lakh in case death and permanent disability of a serving ASHA under ASHA Kalyan Yojana. During 2017-18, compensation towards death of ASHA @ Rs.1 lakh has been paid for 29 cases and during 2018-19 (By December, 2018) payment has been made to 19 such death cases. No permanent disability cases reported till date.
- 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 62 years of age. As a part of financial benefit under exit policy, ASHA exiting from the health system on attainment of 62 years of age or leaves the position after serving minimum 10 years as ASHA is entitle to get lump sum honorarium of Rs.20,000/-. A total of 20 ASHAs have been benefited under exit policy by end of December, 2018.
- Maternity Benefit for ASHA: In order to have a proper care during delivery and child birth of ASHA, provision has been made to give an amount of Rs. 1000/- per month, for a period of six months i.e. from the 3rd trimester of pregnancy to her child attaining 3 months of age. One ASHA is entitled to get the benefit up to two children. As a part of initiative of ASHA Kalyan Yojana a total of 61 ASHAs have been benefited under maternity benefit by end of December, 2018.



D. Other support provisions for ASHA:

- i) One time Support Provision for ASHA: All ASHAs have been provided grant-in-aid of Rs. 10,000/- out of State budget for purchase of five items i.e Steel Almirah, Ladies Bi-cycle, Umbrella, Rechargeable Torch and Chappal for their use.
- ii) ASHA Gruha: 142 ASHA Gruhas are functioning in major health institutions as a help desk for ASHAs and to provide stay at institutions while they accompany pregnant women for delivery.

- iii) Education empowerment programme: ASHAs having qualification of below 10th standard are enrolled under State Institute of Open Schooling (SIOS) under Deptt. of School and Mass Education, Govt. of Odisha in order to complete HSC. This has been rolled out in 20 districts. During 2018-19, 3146 ASHAs have been enrolled under education empowerment programme.
- iv) Weightage to ASHAs for admission into ANM & GNM Course: ASHA who fulfill the eligibility criteria for admission into ANM/GNM will be given 2% extra marks for each completed year of service as ASHA, subject to a maximum of 20% additional marks. ASHA will be allowed to pursue the course both in Govt. and Pvt. Nursing Institutions.
- v) Weightage to ASHAs during selection of ANM: For selection of ANM, additional weightage of 1% mark for each year of service for eligible ASHAs, subject to a ceiling of 15% additional marks in the ANM recruitment process.
- vi) ASHA Uniform: ASHAs are paid an amount of Rs. 700/- every year towards provision of uniform.
- vii) CUG SIM Card: ASHAs have been provided free CUG SIM Card for better connectivity and sharing of information.
- viii) Diary and ID card: Diary is being issued to all ASHAs on annual basis to record her daily activity performance. Similarly, Identity Card is provided to all ASHAs.
- ix) Drug Kit: ASHAs have been provided Drug Kit (with items like Paracetamol, ORS, Zinc, drugs for malaria and contraceptives) and Home Based Newborn Care Kit (with kit items like weighing scale, digital thermometer and digital watch) have been provided to all ASHAs.



E. Certification Programme for ASHA:

In order to provide a legal and administrative framework within which the ASHAs will be eligible for providing community level cares for a range of illnesses, ASHA certification programme is being implemented in 7 districts like Boudh, Cuttack, Bolangir, Kalahandi, Sambalpur, Sonapur & Sundargarh in collaboration with National Institute of Open Schooling (NIOS). The programme is intended to enhance the competency and professional credibility of ASHAs and allow them to use a set of drugs. A total of 432 ASHAs have been accredited by NIOS during 2017-18 and 443 ASHAs have appeared for the final examination to be accredited by NIOS during 2018-19.

F. Reward & recognition to ASHA:

To acknowledge and appraise the contribution of ASHAs in providing health service delivery at community level and to sustain their motivation to perform better, ASHA convention were organized in all 314 blocks. The block 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. On the occasion of convention, 1032 ASHAs awarded at block and district level for their better performance at community level.



G. Performance Monitoring system for 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 monitored on 10 indicators on a quarterly basis.

H. 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. After delinking the role of ASHA & ASHA SATHI, a total of 753 ASHA SATHIs are in position in the State.

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. 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. At present near about 46000 GKS are functional in the State. Ward Member is acting as Chairperson, AWW as Convener, ASHA as Facilitator along with 10-12 persons of the community are the member of GKS.

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 other 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. A new initiative VISHWAS (Village based Initiative to Synergise Health, Water and Sanitation) of 11 monthly campaign days are being implemented at the community level with the effort of GKS.



B. Major activities taken up by GKS during 2018-19

(I) Involvement in Preventive Health Care Measures as part of Post Titli follows up:

Gaon Kalyan Samiti (GKS) is actively involved as part of Preventive Health Care Measures in post Titli intervention. Most of the GKS undertake various need based activities i.e. mass cleanliness drive, regular meeting, disinfection of open drinking water source etc. and also referred emergency patient to the nearby health institution for treatment.



(II) Management of Malaria, Falaria, Dengue & Diarrhoea:

For prevention & management of Malaria, Filarial, Dengue & Diarrhoea cases at the community level, GKS came forward with the support 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 & Diarrhoea.



(III) Address major social issues / stigma:

To eradicate traditional believe & practice pattern of the community people like Chenka, early girl child marriage & female infanticide & other social stigmas related to Health & social determinants of health, rallies & sensitization meeting have been organized in the districts of Cuttack, Keonjhar, Kandhamal, Nawarangpur & Nayagarh. At the same time, GKS also organize various Health Check up camps, sensitization meeting & rallies for prevention & management of non-communicable diseases.



(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 painting related to health, sanitation, nutrition & others for creating awareness among the local community throughout the state.

(V) GP & Block level Convergence meeting for better inter-sectoral convergence:

Quarterly GP & Block level Convergence meeting is being organized with integrated effort of the line departments in order to develop better inter-sectoral convergence for effective GKS activity implementation at the community level. Major issues related to health & other social determinants of health is also discussed and recorded in the GP Health Register at the GP level meeting

(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 the year 2018-19, total 112 GKS & 43 GPs have been awarded Sustha Gaon & Sustha Panchayat Puraskar on 26th January 2019 for their outstanding performance at the community level.

(VII) GKS & GP Swasthya Kantha:

GKS & GP Swasthya Kantha is an interactive health bulletin board which is prepared at Village & GP level for writing health related messages for public information. The GP Swasthya Kantha is being prepared from GP fund with special effort of GP Sarpanch. It leads to develop better inter-sectoral convergence of health related activities with PR system.

(VIII) Towards better Health & Hygiene:

Most of the GKS in various part of Cuttack, Puri, Bargarh district undertaken various need based activities for maintaining better health & hygiene situation at the village level through set up Dustbin & organize sensitization meeting to boycott use of Plastic & Polythin bags.



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 for the betterment of the community and fill up the in terms of demand of the blood during emergency. Blood donation camps have been organized and near about 650 unit of blood collected by the effort of GKS & GP in some part of Angul, Cuttack, Ganjam, Keonjhar, Koraput & Khandhamal district.

(III) Prevention of Diabetes & hypertension:

Health camps have been organized for screening of diabetes, TB, Eye & hypertension in various parts of Angul, Keonjhar, Cuttack & Puri district. Random blood sugar, eye problem, 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) 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, Bhadrak, Cuttack, Ganjam, Keonjhar, Kandhamal, Nayagarh, Mayurbhanj & Puri districts.



D. Gaon Swasthya Samikhya (GSS):

The objective of the Gaon Swasthya Samikhya is to intensify the effort of the community to play an active role in addressing local health issues at the community level. Gaon Swasthya Samikhya (GSS) Programme is being implemented in 56 blocks of 15 districts under NHM support and out of State budget. Total 1138 GPs & 8807 GKS are being covered under GSS activity implementation. Swasthya Suchana Patrika (SSP) is being 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. Jan Sunwai/Jan Sambad is being organized with integration of line departments in a convergence manner at the block level, so as to address the local specific issues.



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:

- Avg. 56 nos. per day per institution General OPD in the State.
- Avg. 17 nos. per day per institution Ayush OPD in the State.
- Avg. 36 nos. per month per institution IPD in the State.
- Avg. 7 nos. per month per institution Institutional Delivery in the State.
- Avg. 10 nos. per day per institution Lab test in the State.
- 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 170 MHU & Arogya plus are operational in 18 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 7477 tagged villages have been covered during the period April' 18 to Dec'18.
- 4882 positive malaria cases diagnosed positive & given treatment.
- 5201 cataract cases identified and referred.
- 5963 no. of cases mobilized for male & female Sterilization (in no.)
- 3855 nos. of CC & OP distributed (nos. of cycles)
- 4532 nos. of cases facilitated for registration at HWF within 3 months of pregnancy.
- 849 immunization session organized
- 1344 nos. of delivery cases transported through vehicle to nearby institutions
- 32822 Health education session conducted in villages & schools.
- 148961 nos. of ORS distributed.

2.11 Mainstreaming of AYUSH

Activities under taken during the Year 2018-19

- Quality education is provided in 03 Govt. Ayurvedic medical colleges and 04 Govt. Homoeopathic medical colleges of the State
- 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 Stat.
- At present, 02 Ayurvedic & 01 Homoeopathic Pharmacies are functioning for manufacture & supply of Ayurvedic and Homoeopathic medicines to Govt. Hospitals & Dispensaries of the State.



- Medicinal plants garden has been established at Harisankar of Bolangir district and Sirsa of Mayurbhanj district.
- Orientation training programme of 420 nos. of AMOs/HMOs/UMOs in under progress at SIHFW, Govt. of Odisha, Bhubaneswar.
- During this year construction of integrated 50 bedded AYUSH Hospital at Dhenkanal will be completed and construction of integrated 50 bedded AYUSH Hospital at Berhampur will be started.
- OPD Achievement

Year	2018-2019(till Jan,2019)	2017-18	2016-17	2015-16	2014-15
Patients Treated	5262901	6325497	5697302	5607250	5778922

2.12 Infrastructure development

- 7 new Medical College & Hospitals is being constructed at Bolangir, Koraput, Balasore, Puri, kalahandi, keonjhare & Mayurbhanja (Koraput, Balasore, Bolangir & Baripada - Completed & functional).
- 11 new DHH Buildings is being established at Jharsuguda, Dhenkanal, Malkangiri, Keonjhar, Rayagada, Baragarh, Nuapada, Deogarh, Jajpur, Bhadrakh and Kendrapada (Jharsuguda, Keonjhar, Rayagada, Malkangiri & Dhenkanal - Completed & Functional).
- Construction of 60 Maternal & Child Health Complex in District / Sub-district & Block Level of various bed strength; ranging from 125 bedded to 30 bedded is under progress (Completed & functional - 23, Completed & Partially Occupied - 7 and Completed but not Functional-4).
- Construction of IPD & OPD complex at SDH/CHC, 80nos IPD/OPD complex has been under taken with an amount of Rs. 64.36 crore.
- 882 sub centres buildings with a financial involvement of Rs.215 crore has been constructed (635 completed & 247 under construction).
- 14 PHC N buildings with a financial involvement of Rs.6.30 cr. constructed (11 completed & 3 under construction).
- 1049 staff quarter is being constructed for health service provider such as Doctors, Staff Nurse, Paramedics & others (814 completed & 218 under construction).
- To strengthen the infrastructure and main streaming of AYUSH - 98nos of Govt. Ayurvedic & Homeopathic Hospitals is being established (81nos completed & 14nos under construction)
- 102 UPHC/ UCHCs has been constructed/upgraded with a financial involvement of Rs75.00 lakhs @ per UPHC/UCHC (47 completed & 11 under construction).
- Construction of Health Wellness Center funds to the tune of Rs.48.00 crore has been provided for construction of said units in 106 locations in the rural and difficult areas across the state.
- Establishment of health wellness center at PHC- 842 health wellness centers has been established by the way of up gradation/renovation of 842PHCs with an amount of 38.00cr. (completed & functional)
- Special & Critical Child Health Care facilities like SNCU, HDU, PICU/NICU, MNCU, NCD, DEIC, NRC, Skill Lab etc. has been established and functional at different level of health institutions.

SNCU	DEIC	NRC	Skill Lab
32	32	46	22

Strengthening of chain of distribution & management of drugs 381 Drug Ware House at different level has been constructed:-

Institutions	SDMU	Medical College & Hospital	AHRCC, Cuttack	SVPPGIP, Cuttack	DHH	SDH	CHC
Physical Infrastructure including Racking	3	3	1	1	32	15	314



100 Bedded MCH, DHH Sundargarh



50 Bedded MCH, Karanjia, Mayurbhanj



30 bedded MCH Kantabanji - Bolangir



HWC - DEBENDRAPUR, Mayurbhanj



UPHC-Kandpalipada - Bolangir



10 Bedded EYE Hospital at
SDH Biramaharajpur, Sonepur



District Vaccine Store at DHH, Berhampur



DWH at CHC Municipentha, Ganjam

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 2018-19

Training & Capacity Building:

- 1 batches of State level Refresher Training on Quality assurance for SDH & 1 batch Refresher Training for Asst. Manager GKS & QA were completed. 40 participants are trained from SDH and 28 Asst. Manager GKS & QA were trained on Internal Assessment.

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:

- CHC Ghatagaon, Keonjhar got NQAS Accreditation by Govt. of India. Incentives on Achievement & Sustenance: Rs.10,000/bed/year was provided to the CHC.
- External assessment of CHC Mandasahi of Jagatsinghpur district was conducted by team of external assessors for NQAS National Certification. The institutions will receive NQAS Certification.



NQAS Certified CHC

LaQshya Certification

LaQshya Certification programme launched with Aims to adopt a holistic and comprehensive approach at all levels of care to improve and strengthen Quality of Care (QoC) during intrapartum and immediate post partum periods. Here focus is on NQAS certification of Labour Room & Maternity OT by improving quality of service.

Activity completed so far:

- District level training completed in all the 10 DHHs of Aspirational districts.
- Internal assessment completed by the hospital team in all 95 FRUs and 3 Medical College Hospitals.
- Dedicated state level team visited for validating the score & providing handholding support.
- State assessment completed by team of Qualified Assessors as per GoI guideline and 2 DHH Dhenkanal & Kalahandi fulfill the criteria and got conditional LaQshya State Certification.



Well maintained OT

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 batches of Kayakalp External Assessors Training conducted at state level.
- Awareness Cum Internal Assessors Training at district level conducted in districts.

- Facility level training on Swachh Bharat Abhiyan was conducted at DHH level.
- Two batches of Training on Hospital Infection Control conducted in ASCI, Hyderabad, where the O & G Specialists, Paediatric Specialists, Hospital Managers, Hospital Superintendent and state officials were trained. They will monitor and strengthen the IMEP activities.

In the year 2018-19, 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 Kayakalpa Guideline, External Assessment was conducted for the selected facilities by team of trained external assessors. The list of Kayakalpa 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 Kayakalpa held on 24.1.2019 under the Chairmanship of Commissioner cum Secretary H & FW Dept.

- In the DHH category, 1st prize/Winner for Kayakalpa was awarded to DHH Rayagada which secured highest marks. 2nd prize/Runners up for Kayakalpa was awarded to Capital Hospital, Bhubaneswar which secured 2nd highest marks. The Commendation Award for Kayakalpa will be given to the 4 DHHs which secured more than 70% marks.
- In the CHC category, 1st prize/Winner for Kayakalpa is awarded to CHC Dunguripalli, Sonepur which secured highest marks. 2nd prize/ Runners up for Kayakalpa will be awarded to SDH Rairangpur, Mayurbhanj which secured 2nd highest marks. The Commendation Award for Kayakalpa will be given to 46 SDH/CHCs which secured more than 70% marks.
- In the PHC category 26 districts have 26 Winner PHCs and Commendation Award for Kayakalpa will be given to 60 PHCs which secured more than 70% marks.
- In the UPHC category UPHC Aska Road-Berhampur got the 1st prize/Winner, UPHC Agasahi- Berhampur 1st Runners Up awarded, UPHC Bidanasi- Cuttack got 2nd Runners Up awarded. The Commendation Award for Kayakalpa will be given to 39 UPHCs which secured more than 70% marks.
- Total 6 DHH, 48 SDH/CHC, 86 PHC and 42 UPHC qualified for the Kayakalpa Award in 2018-19



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



2.14 National Urban Health Mission (NUHM)

1. System Strengthening

- 90 Urban Primary Health centers of 28 cities and 6 Urban Community Health Centre are functioning in 3 cities.
- Ten specialist services (Pediatric, O&G, Nutrition, Adolescent, Vision, Physiotherapy, Psychiatric, Geriatric, Dental and Skin & VD) are being provided through "Ama Clinic" at 90 Urban PHC/CHC level.
- Ophthalmic service is being provided under SUNETRA scheme in five health institutions.
- Construction of New building for 47 Urban PHC is completed and 16 are under progress.
- 42 Urban PHC have been nominated for awards under Kayakalp.
- HWC made functional in 82 UPHC.



HWC at Rayagada

2. Community process :

3132 Mahila Arogya Samiti (MAS) have been formed and the group are being Graded. 1510 ASHA are selected, 919 WKS formed, 96 RKS are formed in NUHM cities/towns. The best performing 600 MAS have been awarded and Rs.3000 has been provided to each MAS as additional incentive.

3. Outreach:

Urban Health Nutrition Day (UHND) is being observed in all 36 cities/towns and 20970 UHND sessions were held during April 2018-December 2018. 16 outreach camps were organized in 8 towns. Out of the nine Mobile Health Units 8 MHU are operational and 151478 beneficiaries have received services at MHU camp during April 2018-December 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.



MAS Meeting

In the year 2018-19, a special state level orientation of elected representatives has been organized. Similarly, a regional workshop on "Role of Medical colleges in NUHM" for the Medical colleges of eastern region has been organized.

5. Human resources

- All personnel are in position at SPMU, 28 at DPMU out of 28 and 14 at CPMU out of 21 are in position.
- 318 ANMs, 123 staff nurses, 52 LTs, 38 Pharmacists, 78 Data Assistant-cum-Accountants and 35 Public Health Managers are in position under NUHM.

6. 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.

- Budget:** In the year 2018-19, out of the total allocation of 97.63 crore, 44% of the budget have been utilised by December 2018.

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. The biggest advantage of such automation shall be for the general public as the system will link all the blood banks in the State through internet, thereby making the information of blood stock available in the public domain. 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. This online application integrates all activities of construction unit such as forecasting, tender processing, work execution, monitoring of financial utilization, user tracking, allotments etc. (<http://cms.nhmodisha.in>)
- **GKS Monitoring System** - In order to track the physical and financial activities of each GKS, this online system has been developed to capture the information at a periodic interval. (<http://gks.nhmodisha.in>)
- **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. The system is having three major modules-License Management System, Pharmacist Information Management System, Enforcement System. (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)
- **E-asha**: ASHA performance monitoring system
- **GPS based AVTMS** : Automatic vehicle tracking and monitoring system for MMT-RBSK and MHU vehicle



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 17 out of 17 targeted districts till December'18 and by March rest 13 districts will be covered. NCD App application is also loaded in the tablet for recording the enrollment and screening details by ANMs.
- **NCD App**: It is an android based application, developed to facilitate work of ANM in population based screening. This app helps in recording the patient's complete information including Family History, screening status on BP, hypertension, diabetes, CVD/IHD, Asthma, vitals, weight and height, BOMI Calculation. The NCD App is implemented in all 30 districts by trained ANMs and more than 16lakhs screening data is updated in App using ANMOL tablet by ANM till March, 2019.
- **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. During 2018-19 another 102 are going to be made functional

- **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.
- **Health and Wellness Centers :** The existing selected government health facilities at Sub Centre and Primary Health Centre level are been strengthened as Health and Wellness Centres (HWCs). The HWCs provide services on Preventive, promotive, rehabilitative and curative care for RMNCH+A, Communicable diseases, non-communicable diseases, Ophthalmology, ENT, Dental, Mental, Geriatric care, Palliative care, treatment for acute simple medical conditions and emergency & trauma services. So far 1002 HWCs are operational in the state.
- **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 equipped with appropriate eye-care facilities and trained manpower will be established across the State 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
- **Khusi:** 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.
- **Nirmal:** Scheme launched for promotion of Healthy & Hygienic Hospitals upto PHC level. It includes provisions for House Keeping & Cleanliness Services, Linen & laundry Services, Security Services, Lift Services.
- Assured Drop back for PW and sick infants by providing Rs.500/- per case.



Chapter-3

Directorate of Health Services

Chapter-3

Directorate of Health Services

3.1. National Vector Borne Disease Control Programme (NVBDCP)

Programmes/Schemes:

National Vector Borne Disease Control Programme (NVBDCP) addresses six vector borne diseases. They are : Malaria, Filariasis, Dengue, Chikungunya, Japanese Encephalitis and Kala-azar. Except kala-azar other five diseases are prevalent in different districts with different intensities. Malaria poses major public health problem showing its prevalence in all 30 districts. All activities of NVBDCP are implemented under the umbrella programme of National Health Mission (NHM), Odisha.

Mentioned below are the situation of different diseases in the state and activities carried out for their prevention and control:

MALARIA:

Epidemiological Data of Odisha for the last five years (2014-2018)

Year	Popn.	BSE	+ve	PF	Death	ABER	TPR	Pf%	API
2014	43501192	6352249	395004	342249	89	14.60	6.22	86.65	9.08
2015	43833660	6608453	436850	369533	80	15.08	6.61	84.59	9.97
2016	44215630	7201271	444842	384668	77	16.29	6.18	86.47	10.06
2017	44819296	6648889	347860	293718	24	14.83	5.23	84.44	7.76
2018	44819296	6157863	66282	54003	3	13.74	1.08	81.47	1.47

* Population data is Provisional

Brief analysis of malaria status

There is 81% decline of malaria cases and 87% in malaria deaths in the state, compared to 2017. Against a report of 347860 total malaria cases in 2017, the state has reported only 66282 cases, in 2018. Likewise, against the report of 24 deaths in 2017, there are 3 malaria deaths recorded in 2018. Some of the notable and significant achievements of the State in 2018 can be highlighted as follows:

- Odisha is showing highest % decrease (81%) of malaria cases in the country
- Total 3 deaths due to malaria in 2018 against 24 last year
- State TPR is 1.08 against 5.48, last year



- With current rate of reduction, Provisional API of Odisha becomes 1.4; All time low in last several decades
- Except Malakangiri (API 13.4), all 29 districts come under API <7
- 22 Districts are with API <2
- 20 Districts are with API <1

This substantial decline is majorly attributed to the followings:

- Large scale distribution of LLIN - 1.13 crores of LLIN have been distributed in 16 most high endemic districts of Odisha with full coverage and most high burden pocket of four malaria endemic districts under Global Fund supported IMCP3. Around 2.04 Crore high risk population have been protected by this intensive drive.
- Enhanced use of LLIN in community by constant monitoring and supervision
- Strengthened EDCT - Hidden foci were addressed by State specific DAMaN activities
- Mass screening activity and follow up intensification of vector control activities in inaccessible areas under State specific DAMaN programme
- Intricately working community process and large scale community mobilization
- Intensive monitoring & supervision

Control Strategies:

1. Early Diagnosis and Complete Treatment:

- 47147 ASHAs and community volunteers are acting as Fever Treatment Depot (FTD) holders and are providing services on malaria diagnosis and treatment at village level .
- Rapid Diagnostic Test (RDT) kits and Anti-malaria drugs i.e. Artemisinin Combination Therapy (ACT), Chloroquin and Primaquine have been made available at village level with FTDs.
- Malaria diagnosis and treatment facilities are also available in 6688 SCs, 1168 PHCs, 377 CHCs, 29 SDHs , 32 DHHs and all Govt. Medical Colleges of the state.
- Tracking and monitoring of the complicated malaria cases and such case reporting areas are done following the reports of Malaria Sentinel site laboratories of the state. 67 such sites are functioning at DHH, SDH & CHC levels. These sites are also monitoring of the drug efficacy / failure, if any.
- Around 400 Microscopy centers are functioning in the state for malaria blood slide examination with a well set quality assurance mechanism - All these tests are quality assured by cross checking of positive and negative blood slides at Regional Office for Health & Family Welfare (RoH & FW), Govt. of India and at the Central Laboratory of the state.
- There is provision for management and treatment of severe and complicated malaria cases at CHC, SDH and DHH level apart from the facilities at all tertiary care hospitals and Govt. Medical Colleges.

2. Integrated Vector Management (IVM):

- Long Lasting Insecticidal Nets (LLIN): Under Global Fund support, 1.13 Crores of LLIN have been distributed covering the entire population of 16 most high endemic districts and the most vulnerable population of 4 high endemic districts.
- IRS is done in selectively most high burden areas to protect the most vulnerable population from malaria
- Impregnation of community owned bed nets is done during MDD campaign and also routinely through GKS.



3. IEC, BCC, Social Mobilization & Public Private Partnership

Following activities have been conducted:

- Observance of World Malaria day on 25th April and National Dengue Day on 16th May, 2018. Further, Anti Malaria month was done in the month of June and Anti Dengue Month campaign was done in July
- 30 days mass media campaign was conducted using both Electronics and print media.
- 500 Local School activities, 500 Infotainment activities at village level and 500 miking were done at village level

- Sensitization programme conducted for Para medical staff in all blocks. Around 300 NCC cadets were sensitized.
- Sensitisation of community volunteers and GKS members has been done in more than 3000 sub-centers.
- Nidhi Ratha movement followed by folk theatre was conducted in all LLIN villages during Post LLIN distribution phase. 800 such clusters were covered by 800 Nidhi Ratha (IEC van) by covering around 25000 population per cluster. Door to door IEC was done in unreachable areas.
- Malaria, Dengue & Diarrhea (MDD) Campaign (July - Sept) was conducted across the state to address both vector and water borne diseases during the mid of monsoon (i.e. high transmission season).
- 5346 number of village contact drive have been conducted in the remote and inaccessible villages/hamlets under DAMaN.
- NVBDCP Odisha has partnership with TATA Trusts for working in the malaria control programme in five blocks of three districts namely Kalahandi, Kandhamal and Rayagada. Also one MoU has been signed with Malaria No More for working with State for Malaria Elimination.
- Special IEC-BCC Campaign is going on 17 LLIN covered districts to sustain regular use of LLIN and proper maintenance

3. Training:

- Around 250 MO (I/C)s are trained in ten batches on Malaria & other VBDs at State NVBDCP.
- 86 Nos of SSMTCs have taken refresher training in two batches.
- 90 Nos of VBDSs have taken refresher training in two batches.
- 30 DEOs have taken refresher training on Data Entry & Data Analysis
- 39 Nos of Newly recruited LTs have taken 10 days Induction Training on Malaria Microscopy .
- 20 Nos of LTs have taken 5 days refresher training on Malaria Microscopy .
- All the CPMs & APMs were sensitized on Malaria & Other VBDs .
- The DPMs & VBDCs were sensitized on Malaria & Other VBDs .

4. Monitoring and Evaluation:

Following activities are conducted for programme monitoring:

- Analysis of epidemiological data, identifying problem areas and setting priorities for actions
- Periodical Reviews at various levels - district, state & National levels
- Regular field tours
- Sending timely directives and guidelines
- Monitoring Sentinel site activities
- Quality assurance of microscopy through crosschecking of malaria blood slides
- Conducting programme evaluation through Lot Quality Assurance Sampling (LQAS)

5. Durgama Anchalare Malaria Nirakaran(DAMaN)

- Under DAMaN, Mass screening camps has been organised in the remote and inaccessible villages and hamlets of 24 districts. 5346 number of camps have been conducted, around 12lakh population have been screened, 20, 687 malaria positive cases have been screened and treated.

Status of dengue in Odisha

In Odisha, dengue shows a seasonal trend with transmission between June to October. Dengue cases started rising by last week of June and peaked during August. Declining trend was observed by November.

In 2018, a total of 5,198 confirmed dengue positive cases with 5 deaths were reported from the state. Out of 30,620 blood samples tested, 4906 and 292 were positive for NS1 and IgM ELISA respectively. Total test positivity rate was 17% and mortality rate 0.1% (Table 1.). Approximately 30% of the dengue cases reported in 2018 were of migratory origin.

Table-1: Scenario of dengue cases and deaths from 2010 to 2018

S.No	Year	Dengue positives	Death due to dengue	Mortality rate %
1	2010	29	5	17.24
2	2011	1816	33	1.82
3	2012	2240	6	0.27
4	2013	7132	6	0.08
5	2014	6433	9	0.14
6	2015	2450	2	0.08
7	2016	8380	11	0.13
8	2017	4158	6	0.14
9	2018	5198	5	0.10
Total		37836	83	

Dengue was reported from all 30 districts of the state. Three major dengue outbreaks were reported from three districts such as Khurda (1098, 21%), Jagatsinghpur (1010, 19%) and Cuttack (786, 15%) respectively. Majority of the dengue cases from Khurda was from urban area where as from Jagatsinghpur and Cuttack were rural and peri urban.

Action taken - state and district level

- Dengue, JE and Malaria are made as notifiable diseases in the state (File no. HFW-SCH-NVBDCP-0004-2017/12126/H, dated 21/4/2018)
- Diagnosis and treatment for dengue is free in the state
- 38 sentinel sites are functioning across the state for dengue diagnosis (30 DHH, MKCG Berhampur, SCB Cuttack, Capital Hospital BBSR, RMRC BBSR, AIIMS BBSR, IGH Rourkela & CHC ParadeepJagatsinghpur)
- Daily reporting and situational analysis was done at state and district level
- Control room 24x7 had been made functional at State and district level during dengue transmission months.
- Sum of 10,000 rupees was placed to all sentinel sites under DHH for the maintenance of ELISA machines
- Special dengue ward has been provisioned at DHH of all 30 districts, three Government Medical Colleges (SCB- Cuttack, MKCG - Berhampur, VIMSAR Burla) and RGH Rourkela
- National dengue day was observed on 16th may ,2018 at State, District and Block level
- Inter-Sectoral co-ordination meetings held at state level under the chairmanship of chief secretary involving all line departmental secretaries on 15th May 2018.
- Inter-Sectoral co-ordination meetings were held at district, block, SC and village levels
- The Sub-Collectors are the Nodal officers for prevention and management of malaria, dengue and diarrhoea in the monsoon season
- Provision has been made for around 540 volunteers for anti-dengue activities in dengue vulnerable / outbreak areas
- State team visited all major dengue affected districts as and when required
- Message on village Swasthya Kantha (Health wall 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 of school children is being done at district, block and Sub-block level using the FAQ booklets on dengue
- PRI members/ ULB members /BDO and district collectors of the affected districts were made aware of the scenario and appropriate control measures were carried out
- Entomology team visited to all dengue prone and affected districts to assess the dengue preparedness, transmission risk and suggest appropriate vector control measures such as source reduction, bush cutting, larvicide spraying and fogging

There is no chikungunya case reported in 2017.

Japanese Encephalitis (JE):

- JE first reported in the state in 2012 in Malkangiri district with 15 no. of case and one death. By the year 2018, cases are being reported from 28 districts. Major outbreak was reported in 2016 with reporting of 242 JE cases & 39 JE deaths, mostly from three southern districts: Malkangiri, Koraput & Rayagada. However, no deaths have been reported in 2017 & 2018. The incidence of JE in the state is sporadic and mostly gets reported during the months from August to November.

During 2018, a total of 143 no. of JE cases & nil JE deaths have been reported in the state.

Activities Undertaken:

- For laboratory diagnosis of JE, nine sentinel site laboratories have been made functional. The details are given below

Designated JE Sentinel Lab.	Districts from where CSF/Serum Samples of AES/Suspected JE Cases to be send to JE SSLs
Keonjhar- DHH	Keonjhar and Bhadrak
Koraput- DHH	Nawrangpur, Koraput, Rayagada, Kalahandi
Malkangiri- DHH	Malkangiri
Mayurbhanj-- DHH	Mayurbhanj and Balasore
SCB Medical College & Hospital, Cuttack	Cuttack, Jagatsinghpur, Kendrapada, Jajpur, Angul & Dhenkanal
MKCG Medical College & Hospital, Berhampur	Ganjam, Gajapati and Kandhamal
VSS Medical College & Hospital, Burla	Sambalpur, Nuapada, Bolangir, Bargarh, Deogarh, Boudh and Sonepur
Capital Hospital, Bhubaneswar	Khurda, Nayagarh & Puri
Ispat General Hospital, Rourkela	Sundargarh & Jharsuguda
RMRC Bhubaneswar	Apex Referral Laboratory-JE in State

- All above sentinel sites have been equipped with IgM ELISA-based JE diagnostic kits and trained LTs/SSSMTCs
- Clinically fit AES cases admitted in the IPD of Medicine and Paediatric wards in district/tertiary care hospitals are only screened for the JE IgM ELISA
- Clinicians/doctors of the vulnerable districts have been trained at AIIMS BBSR on Case management
- 7 new additional districts have been approved under JE vaccination
- ICMR Research Institute (VCRC, Puduchery) has been given responsibility for Vector Survey for JE in Koraput, Malkangiri and Rayagada through Operational Research
- Communication has been done to all the 30 districts for conducting eco-epidemiological investigation of reported JE cases following national guideline
- Conduction of one day workshop on Preparedness and Response for AES, JE Encephalopathy and other febrile diseases at SLN Medical College and Hospital, Koraput

- Communication made to all districts level CDMOs, ADPHO (VBD)s, ADMOs-cum-Supt. at DHHs and SDHs for surveillance of AES cases through JE SSLs
- Communication to Director, NVBDCP to nominate of AIIMS Bhubaneswar as Apex Ref. Laboratory for JE in the state.
- Field reviews have been done on functioning of JE sentinel sites at VIMSAR, Burla; IGH, Rourkela; DHH, Mayurbhanj, Keonjhar & JE preparedness in Malkangiri, Koraput, Gajapati & Rayagada districts.
- Development of JE FAQs, Poster and Leaflets for IEC activities and distributed to all JE reported districts.
- Communication to Joint Director, ADRI, Phulanakhara for providing technical support for risk assessment of JE virus through sero-surveillance of Pigs in JE reporting areas
- IEC for community awareness to promote early case reporting, personal protection, isolation of amplifier host, etc.;
- Appropriate Vector control measures (mainly fogging during outbreaks, space spraying in animal dwellings, and anti-larval operation where feasible) have been taken in case reporting areas.
- Regular and effective monitoring and supervision is taken from State level.
- Surveillance has been strengthened to address all risk components - Entomology, Sero-surveillance of human and pigs

Elimination of Lymphatic Filariasis (ELF)

There is prevalence of both the filarial worms i.e Wuchereria bancrofti and Brugia malayi in the State. Filaria due to W.bancrofti infection is common in the state; B. Malayi is detected recently during 2017 from Bhadrak and Balasore districts.

Under the drive of Elimination of Lymphatic Filariasis (ELF) of GoI, 20 districts were approached with Mass Drug Administration (MDA) since 2004. With intensification of MDA activities, microfilaria rate has come down from 2.58 to 0.65 in the state and 11 districts (Jharsuguda, Jagatsinghpur, Boudh, Koraput, Malkangiri, Nabarangpur, Gajapati, Kendrapada, Puri, Deogarh and Jajpur) have progressed from MDA to other different stages of ELF, as per National strategy.

MDA activities

Nine districts (Angul, Bhadrak, Balasore, Cuttack, Dhenkanal, Nayagarh, Ganjam, Nuapada and Khurda) are still showing microfilaria rate >1; Hence being addressed by MDA in 2018. Low compliance of the drugs is the reason for persistence microfilariemia. State is giving all its focus to address this challenge for achieving complete treatment compliance during MDA.

Transmission Assessment Survey (TAS)

TAS is the first step towards elimination of LF, which also evaluates the success of MDA activity in state and districts. Currently 11 districts are under different phases of TAS. Deogarh and Jharsuguda districts are under pre TAS activities and Jagatsinghpur district initiated 1st TAS activities in January 2019. Boudh and Jajpur cleared 1st TAS and in preparation of 2nd TAS activities. Districts Gajapati, Kendrapada, Puri, Malkangiri and Nabarangpur who have cleared 2nd TAS, will be doing 3rd TAS in 2019. District Koraput has passed 3rd TAS which is an achievement for the state as it validates elimination of LF in Koraput district and warrants WHO certification.

3.2 Revised National Tuberculosis Control Programme; Odisha

Achievements

1. The Revised National Tuberculosis Control Programme (RNTCP) is being implemented in our State with the objective to eliminate TB by the year 2025.
2. The programme is implemented through 31 RNTCP District implementing units, 314 functional TB Units & 584 Designated Microscopy Centers (DMC). 35695 Treatment Supporters are administering free medication to the TB patients under the programme and following them up.
3. 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. Training on TB detection & treatment is also provided there.

4. 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.
5. The Rapid diagnostic Cartridge Based Nucleic Acid Amplification Test (CBNAAT) Gene Xpert machines have been installed at 38 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.
6. Drug Resistant TB (DR TB) Centre has also been established at SCB Medical College, Cuttack, VSS Medical College, Burla and MKCG Medical College, Berhampur to provide indoor treatment to the diagnosed DR TB patients of the State.
7. All TB cases are screened for Diabetic at the DMC level.
8. To further improve TB surveillance in both Private and Public sectors in India, NIKSHAY - a real time, online notification, recording and reporting system has been implemented in the State. Block level MIS-Coordinators along with STS play an important role to ensure 100% entry in this portal.
9. 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.
10. Since inception of RNTCP in 1997 till 18.01.2019, total 8,20,928 TB cases have been notified and received treatment. As per NIKSHAY report as on 30.01.2019, during the year 2018, 50619 TB patients and during January 2019 (till 30.01.2019) 1647 TB patients have been notified under RNTCP.
11. PMDT (Programmatic Management of Drug Resistant TB Cases) has been rolled out in the entire State. This programme is implemented through 2 bedded ward in every district.
12. TB and HIV collaborative services have been strengthened in all districts with the State progressively increasing the proportion of TB patients tested for HIV.
13. Other Sectors like ESI hospitals, Railway hospitals, CGHS hospitals, Prison, Corporate hospitals & PSU hospitals are implementing RNTCP.
14. "REACH" TB Call to Action project, "PATH"-PPM project are supporting RNTCP Odisha in engaging Pharmacists and Private Practitioners in the programme respectively.
15. For active involvement of Medical colleges in RNTCP, State Task Force mechanism is operational.
16. State has optimally rolled out Tribal action plan in 11 notified tribal districts catering to 22.47% of tribal population of the State.
17. 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.
18. Pharmacy sensitization is being rolled out throughout the State to improve private sector TB case notification.
19. Odisha has launched two newer drugs - Bedaquiline in April 2018 and Delamanid in November 2018. Currently 33 patients are initiated on newer drugs.
20. Nutritional support for all diagnosed TB patients on treatment is given Rs.500/- per month per patient through Direct Benefit Transfer (DBT).



3.3 National Leprosy Elimination Program (NLEP), Odisha

The National Leprosy Eradication Programme (NLEP) started MDT Programme in the year 1983 with the objective of achieving eradication of the disease from the country. Elimination has been achieved against this dreaded disease in 2005-06 when the leprosy recorded cases load had come down to less than 1 case for 10,000 Population at National level. Although the country has achieved elimination of leprosy as a public health problem, yet new case detection has remained about to 1.3 lacks annually.

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. Present PR is 1.60 as on 31st December 2018



The table shows the five year data of NLEP:

Indicator	2014-15	2015-16	2016-17	2017-18	2018-19 (Dec.)
New case detected	8004	10174	10045	9576	7657
ANCDR	18.08	22.69	21.1	20.8	19.0 (Esti.)
No. of cases under Treatment	5423	6044	5383	6325	7345
PR per 10000 Population	1.23	1.35	1.19	1.37	1.60
MB proportion	52.31	49.1	48.02	48.2	47.1
Female proportion	37.0	41.6	39.6	40.7	42.2
Child proportion	8.90	8.54	7.87	7.89	7.7
G2D per Million Population	9.1	13.2	11.6	10.1	6.0 (Esti)
G2D rate with absolute no	5.05 (404)	5.90 (593)	5.52 (527)	4.87 (466)	2.9 (223)
Child Grade-2 cases	15	14	12	11	08

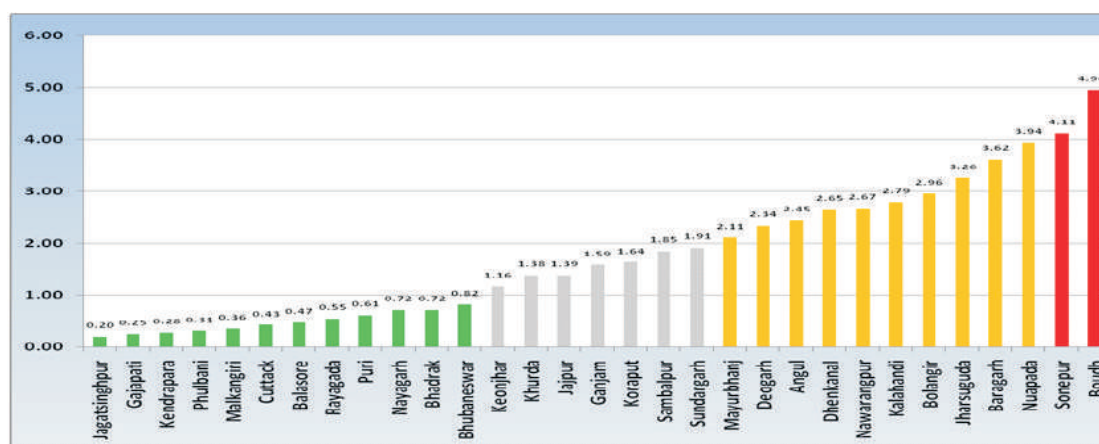
Objectives of NLEP:

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

Targets By October 2020:

- PR < 1 case/10000 Pop in all districts
- No child grade-II disability by 2020
- Less than one new G-2 disability case among 1 million population
- Zero backlog of eligible patients for RCS

As on December 2018 the PR of different districts:



As on December 2018 the PR of different districts:

Major activities & Achievements of NLEP for 2018-19:

1. Leprosy Case Detection Campaign (LCDC):

This year LCDC was implemented in both high and low endemic districts of the State from 27th September 2018 to 6th October 2018.

Outcome of LCDC 2018-19:

- Population visually examined : 2,88,34,040
- No. of Cases confirmed : 3784
- No. of Grade-II Cases : 79
- No. of Child Cases : 30

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. ASHA Based Surveillance for Leprosy Suspects (ABSULS)

- No. of suspects identified by ASHA : 444
- No. of suspects visited by HW : 393
- No. of suspects examined by MO : 132
- No. of cases confirmed by MO : 86 (45 MB)

4. LPEP: PEP Implemented in the state from June 2018 and it is continuing:

- Contacts screened : 32764
- SDR Administered : 14532

5. Capacity Building of GHC staff:

Activities	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19
MO (AYUSH) Training	265	245	267	167	441	-
MO (MBBS) Training	112	116	144	241	169	75
MPHWs Training (BNLW)	-	33	169	143	113	62
Physiotherapist training	-	-	-	-	20	-

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-

Activity	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19 (Dec.)
Reaction Management	2534	2167	2202	1788	1548	1280
Ulcer dressing / kits	8435	8256	6822	7207	5888	3737
Footwear provided	6443	4951	4761	5539	6094	4328

7. Reconstructive Surgery (RCS):

- 132 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 5810 till Jan 2019.

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 concerned district Collector /DM of entire state 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 2018 Coverage:

Description	Total Number	Out of which SLAC planned	Coverage out of total number planned	% of coverage	Remarks
Districts	30	29	29	100 %	Sparsh Leprosy Awareness Campaign could not be conducted in Bargarh District due to election code of conduct in force.
Blocks	314	302	302	100 %	
Gram Panchayats	6209	5963	5806	97 %	
Villages	47677	46498	39808	86 %	12 Blocks, 246 GPs, 1179 villages, 39 Urban wards, 2142 schools of Bargarh District were excluded from the SLAC.
Wards in Urban Local Bodies (NAC, Municipality & Municipal Corporation)	1873	1855	1686	90 %	
High Schools	9491	9149	9149	100 %	
Other Schools	59047	57247	38077	64 %	

During this year also we have adopted same strategy and this is implemented from 30th January and completed by 14th February 2019.

Financial status:

	2018-19 (up to Dec 2018) Rs in
Lakh	
Approved budget for 2018-19	1419.05
Fund Received till date	834.59
Expenditure up to Dec. 2018	769.50

3.4 State Human Resource Management Unit

Background:

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

Enhancement of no. of MBBS seats

Steps have been taken to enhance the MBBS seats from existing 450 to 1050 by enhancing 200 more MBBS seats in existing Govt. Medical Colleges and establishing 4 no. of new Medical Colleges having 400 seats (100 seats in each Medical College). As there are 400 seats in Private Medical Colleges also, the total no. of MBBS seats in the state comes to 1450. After 3 years, 600 more doctors will pass out each year, which will meet the shortage of doctors in the state. Further, another six Medical Colleges are in pipeline.

Recruitment

1. Recruitment of Medical Officers is being done on regular basis through Odisha Public Service Commission (OPSC). A total of 2733 no. of Odisha Public Service Commission (OPSC) recommended Medical Officers have been posted as Assistant Surgeons on regular basis from 2010-11 till date. Similarly, 2607 no. of Ad-hoc doctors have been posted during this period.
2. Recruitment process for 1950 doctors is under process.
3. Engagement of contractual doctors through walk-in-interview is being done every month on regular basis both at district and state level for selection and posting of MBBS and Specialist doctors. A total of 629 no. of Contractual doctors are in position as on date in the state.

Reforms undertaken to attract and retain doctors

1. Restructuring of Odisha Medical & Health Services Cadre (OMHS) has been done during 2016-17 with creation of 1330 new posts of doctors as per Indian Public Health Standard (IPHS) norms and requirement of the state there by increasing the total number of posts of doctors to 6719. In each CHC, 4 posts of specialists, one each in O&G, Paediatrics, Medicine and Surgery, have been created. The number of posts in Pay Band-IV has been increased from 35 to 433 thereby, increasing the promotional avenues.
2. Doctors are being posted through transparent computerized counseling process. Exit policy is also being implemented to allow doctors to be posted in Non-KBK & Non-TSP districts after completing a fixed tenure in KBK, KBK+ & TSP areas.
3. Place based incentives is given to the Medical Officers working in different difficult / remote areas in the state as per vulnerability status of the places taking into consideration certain key parameters such as difficult and backwardness of the location, tribal dominance, left wing extremism, train communication, road and transport facilities, social infrastructure and distance from state head quarter etc. All the 1751 peripheral Government Health Institutions of the State have been classified into five different categories and declared as V-0 to V-4. This incentive is applicable to contractual, ad-hoc and regular doctors. For example General (MBBS) doctors working in V4 CHCs and PHCs get Rs 40,000/- as incentive whereas a specialist working in V4 CHC gets Rs 80000/- as incentive. In the state there are 100 health institutions which are categorized as V-4 and 137 health institutions categorized as V-3.
4. Doctors working in V1 to V4 institutions are entitled for additional mark in PG entrance examination. As a result, young doctors are interested to join remote and inaccessible areas to get additional marks for selection for PG courses.
5. Incentives for Specialists have been provisioned for motivating Specialist doctors of Odisha Medical & Health Services (OMHS) cadre.
Incentive for Doctors with Super Specialization: Rs.30,000/-
Incentive for Doctors with Post-graduation: Rs.20,000/-
Incentive for Doctors with Post-graduate Diploma: Rs.10,000 /-
6. To create more specialist doctors in the state, MoU has been signed with College of Physicians and Surgeons of Mumbai for starting Post Graduate Diploma courses in the state. This year (2018-2019), 47 no. of doctors have already been enrolled in different specialties. This number will increase in subsequent years.
7. Bond has been introduced for the doctors who are doing post graduation. After completion of post graduation, they need to serve for two years under state govt.
8. Corpus fund has been created in KBK and KBK plus districts for optimal utilization of human resources in inaccessible areas of these districts. This fund is being utilized for filling up the gaps in the districts for human resources. Doctors and Specialists are engaged on negotiable remuneration under this scheme.

A total of 10 no. of specialists and doctors are in position under Corpus fund as on date. In the remotest district of Malkanagiri, Specialists of Anesthesia, ENT and O&G have been hired under this fund with negotiable remuneration.

9. Doctors and Specialists are also engaged under District Mineral Foundation (DMF) Fund with negotiable remuneration. A total of 55 no. of doctors are working under DMF fund as on date.
10. The remuneration of contractual doctors have been enhanced to 55,000/- for MBBS doctors and 60,000/- for Specialists with a hike of 3 % in every year on satisfactory completion of one year of contractual service w.e.f. 01.07.2018.

Impact

1. Due to various measures taken for posting and retaining medical officers in KBK/KBK+ districts, a total of 1072 no. of doctors were in position in these districts as on 31st March'18 in comparison to a total of 786 no. of doctors in position as on 31st March'2014.
2. There were 4805 no. of doctors in position in Odisha Medical and Health Services cadre during April 2014, whereas, total no. of doctors in position at present is 5643. The vacancy of doctors against the sanctioned posts in peripheral institutions stands at 29% as of date. However, if contractual/Ad-hoc/DMF Fund/Corpus fund doctors are taken into consideration, the overall vacancy stands at 16%.

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.

Current status of HR: -

1. Bio-Medical Engineers-03no (one deputed to NHM & Two deputed to procurement cell of OSMCL)
2. Jr. Biomedical Engineers-04nos (Five positions vacant)
3. Technicians-05nos
4. MIS Coordinator-01no (Presently Working in SDMU)
5. DEO -01no (One positions vacant)

Assignments:

- 1 Repair & Maintenance
- On site repair of multi type of medical devices at all health facilities of the state.
 - To co-ordinate between user and supplier for AMC/CMC of high end equipments.
 - Functionalization of medical devices which were supplied by different firms whose services are not available on the field and off the field.
 - Negotiation with the existing firms for repair & maintenance of the equipments and provide technical support to the concerned authorities/ users for early rectification.
 - Identification of equipments whose services are not properly utilized by physical verification at different health institution and shifting those to other facility / institution for its optimal use.
 - Preparation of medical equipments inventory institution wise for effective maintenance and need based procurement planning.



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

Procurement: 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.

Tenders finalized at OSMCL:

- Ophthalmic equipment
- Rate contract tender for SNCU, MCH, NBSU, NBCC, LR etc
- Procurement of CT scan for VSS-Burla
- Procurement of Full Room Digital radiography system and Computed radiography system for medical colleges and District Head Quarter Hospitals.
- Few higher end equipment tenders are in process.
- Finalization of CT scan, MRI, High end pathology, Teleradiology and dialysis service in PPP mode under free diagnostic and sahayaprogramme.

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)

The Existing Guideline

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

Financing for the Scheme

- (a) Contribution by Government of India: 60% of the estimated annual premium of Rs. 750 subject to a maximum of Rs. 565/- per family per annum. Addition to the cost of the Smart cards will also be borne by the Central Government @ Rs. 60/- per card.
- (b) Contribution by the respective State Government: 25% of the annual premium as well as an additional premium in cases where the total premium exceeds Rs. 750/-
- (c) The beneficiary pays Rs. 30/- per annum as registration/renewal fee.

- (d) Any administrative and other related cost of administering the scheme in each State otherwise included in the premium cost is to be borne by the State Governments.
- Splitting of the smart card (in case some members of a family stays in different place)
 - In the supplementary agreement of RSBY issued by the Ministry Labour and ESI Department GOI. Insurance company have to distribute 70% of the total premium towards settlement of claims raised by the empanelled hospitals.
 - Annual Insurance Coverage is 30,000/- per family on floater basis.

Coverage

Category	Target	Achievement
BPL	52 Lakhs Families	36 Lakhs Families
MGNRGA	12 Lakhs Families	8 Lakhs Families
Total	64 Lakhs Families	44 Lakhs Families

Achievement and Claims

Year	Total No. of Claims	Total amount of Claims (In Crore)
2018-19	1,29,851	55.43 Cr.
Total 64 KB (August 2013 to December 2019)	10,10,378	379.44 Cr.

Empanelled Health Institutions

No. of Empanelled Government Hospitals- 425, No. Empanelled Private Hospitals- 176

3.6.2 Biju Swasthya Kalyan Yojana (BSKY)

To protect economically vulnerable families from falling into this poverty trap by catastrophic health expenditure, Hon. Chief Minister, Odisha has launched universal Health Assurance scheme, Biju Swasthya Kalyan Yojana (BSKY) on 15th August 2018. It has two components.

I.1. Components:

- I. Free health services for all (irrespective of income, status or residence) in all State Government health care facilities starting from Sub center, PHC, CHC, Area Hospital, SDH, District Health Quarter Hospital and all Govt. Medical College Hospitals and Blood Banks.

Further under this component, as mentioned above all health services are free of cost including free drugs, free diagnostics, free dialysis, free Cancer chemotherapy, free OT, free I.C.U., free in-patient admission etc., in all government health institutions up to all Govt. MCH, for all persons. For all cashless treatment no document is required.

- II. Additional facility of free healthcare beyond Government hospitals level in 214 empanelled Private Hospitals for families having BSKY card, BPL card or AAY card or annual income of Rs. 50,000/- in rural and Rs. 60,000/- in urban areas which cover over 70 lakh economically vulnerable families in the State are provided with Annual Health coverage of Rs. 5 lakh per family and Rs. 7 lakh for the women members of the family. For patients having Cancer, Cardiac and Kidney related diseases can avail the above facilities even if their annual income is up to Rs. 3 lakh. Even outside the State, all Govt. hospitals and premier health institutions are covered under BSKY.



I.2. Coverage:

Sl.No.	BSKY Component	Coverage
1	Component-I	Whole population of Odisha (99 lakh families)
2	Component-II	<ul style="list-style-type: none"> 25,61,602 BKKY Stream- I families 44,08,070 BKKY Stream- II families 2,00,000 (approx.) OSTF families
	Total	71,69,672 families

Sl.No	Month-Year	No. of Claims in Pvt. Hospitals	No. of cases treated in Govt. Hospitals
1	Jan-19	1,570	4365945
2	Feb-19	3,305	4566870
3	Mar-19	2,848	4855348
	Total	7,723	13,788,163

I.3. Achievement: Since its inception on 15.08.2018, the BSKY has launched a new era in Universal Health Coverage, with over 45 Lakh instances of cashless treatment being provided each month.

I.4. Grievance Redressal: Helpline Number for BSKY: 155369 (6 AM to 10 PM)



BSKY Help Desk

3.6.3 ODISHA STATE TRATMENT FUND SOCIETY

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

Chapter - 4

Directorate of Public Health

4.1 Integrated Disease Surveillance Programme (IDSP), Odisha

Background

The integrated Disease Surveillance Programme is being implemented since 2005-2006 with an objective to monitor the trend of communicable disease and early detection of outbreak so as to ensure effective response in time.

For this purpose, IDSP monitors core diseases/health events of public health importance like diarrhoea, dysentery, jaundice, typhoid, measles, malaria, dengue, chikungunya & other zoonotic diseases. It assumes the role of State Health Control Room during natural calamities like flood, cyclone and heat wave etc.

- In 2018 completeness of weekly reporting with respect of Form S (Health Worker) 95% & Form P (Health Institution & Medical Officer) between 99% and Form L (Laboratories) 91%.
- The State Surveillance Units have investigated the Jaundice outbreaks at Cuttack, Sambalpur, Bhubaneswar Municipality Corporation & Acute diarrhoeal disease outbreak at Sonepur district. The team had taken intensive prevention and control measures in coordination with district surveillance units and other stakeholders during 2018.
- Weekly data is analyzed each week to monitor disease trend and detect early warning signal of impending outbreaks.

Outbreak response & Investigation

- 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.
- State, District & Block Rapid Response Teams are in place to respond & investigate as & when situation arises for immediate containment of outbreaks at district & sub district level.
- Daily scanning of print & electronic media is being done by Media Scanning & rumor verification cell, SSU. In 2018 out of 198 rumors investigated by Block/ District/State RRT 181 (Food poisoning-58, ADD-48, Hepatitis-41, Chickenpox-19, Measles-8, Anthrax-9, Dysentery-2 & Fever-1) were confirmed and 54% were laboratory confirmed.
- In 2018 total 570 nos. of samples were tested for AH1N1 with only 33 positive cases and 7 deaths. The state has already taken action for isolation facility for case management, strengthening surveillance for ILI / ARI cases, involvement of private and public sectors for case management & other procurement of drugs & logistics.
- During 2018 the state experienced bird flu in the month of December at Chilikanuapada, Puri district. Surveillance was undertaken by state & district team and there was no human case reported.
- The three Govt. Medical College & Hospitals of the state are functional as three State Referral Laboratories (SRLs) & 26 District Public Health Laboratories to conduct the laboratory confirmation of epidemic prone

diseases such as Cholera, Viral Hepatitis, Measles, Meningitis, Diphtheria, Dengue, Chikungunya, AES/JE, Anthrax, Leptospirosis, Scrub typhus etc.

- Water Quality is being monitored through Ortho-toluidine & H₂S test kits for effective routine monitoring up to sub-district level.

Disaster Management & Response

- Heat Stress Disorder: state is prepared to face for prevention of heat stress disorders with preparatory activities like intensifying health education, preposition of supplies & availability of heat stroke room at health facilities.
- 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.

Lunching of New programme under IDSP

- Integrated Health Information Platform (IHIP) has been rolled out in 17 districts. Presently the district like Boudh, Kalahandi, Nabarangapur & Puri have been entering case based data in this platform.
- National Viral Hepatitis Control Programme (NVHCP) has been lunched in the State and SCBMCH, Cuttack has been declared as Model Treatment Center (MTC) and State Laboratory. Soon we are going to start treatment centers at DHH level.
- National Programme on Containment of Antimicrobial resistance (AMR) has been rolled out in the state along with SCBMCH, Cuttack. MoU has already been signed between Director, NCDC, New Delhi with the Dean-Cum-Principal. Training of State ToT from SCBMCH has been completed.

4.2 National Iodine Deficiency Disorders Control Programme (NIDDCP)

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

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

Major Activities:

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

4.3 National Mental Health Programme

Background: National Mental Health Programme (NMHP) is being implemented across all 30 districts of Odisha.

Programme Components: Activities like Capacity building of MOs, PMs, ASHAs, Targeted Interventions (District Crisis Intervention Centre (DCiC) or help desk, Life Skill Education (LSE) of high school teachers, IEC/BCC activities in electric, print and outdoor display media, referral funds for free transportation, and provision of free psychotropic drugs made available for persons with mental illness.

- 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 (73/138) are providing OPD/ IPD services, follow up with Counseling services, conducting IEC/BCC activities, capacity building of MOs, PMS, ASHAs, targeted

Interventions activities (District Crisis Intervention Centre (DCiC) with help desk, free drugs, Life Skill Education of teachers(LSE) etc . Another seven districts included in Jan 2019 are in the process.

- 37 MOs were trained at COE, MHI, SCBMCH, Cuttack; 46 MOs enrolled with VKN-ECHO, NIMHANS, Bengaluru for capacity building under Mental Health Scheme.
- Free psychotropic drugs through 'Niramaya Yojana' made available for the persons with Mental Illness across all districts.
- COE, MHI, Cuttack provides training to MOs and other 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, leaflet, 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 2018, 22933 new cases provided treatment, 28081 PwMI were followed up by DMHP unit staff, 1230 cases provided indoor facility treatment, 410 cases referred to tertiary care; 124 no. of screening camps held with 6761 nos of persons screened with PWMI, 648 MOs, 2876 PMs, 1130 High school teachers were trained on DMHP, 37 MOs trained on 3 months course and 18644 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 21 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.
- The programme is monitored & supervised by Commissioner-Cum-Secretary, DPH (O), DHS (O), Collector & District Magistrates in the DLTFC Mt 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 2018-19, 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)

National Programme for Control of Cancer, Diabetes, Cardiovascular diseases & Stroke (NPCDCS) is implemented in all 30 districts of the State. The aim of the programme is to reduce the morbidity & mortality from the above non communicable diseases by acting upon prevention, early diagnosis, provide free and continuous treatment to the beneficiary at the nearest health facility and also provide rehabilitation therapy to ensure quality life.

To have a database of the patient & persons at risk load for planning and carrying out satisfactory service delivery a Population Based Screening activity is on where people above 30 years of age are being screened for the above conditions across total population in seven districts namely: Cuttack, Puri, Khurda, Sambalpur, Ganjam, Kalahandi & Rayagada and population above in 316 number of Health Wellness Centres and given treatment on priority basis. The total people screened: 2173513 out of whom 70396-Diabetes, 87100-Hypertension & 24015 having both Diabetes and Hypertension has been put on treatment.



For benefit and regular, proper compliance to treatment of cancer patients, "Day Care Centres for Chemotherapy" has been established in all 30 districts under specially trained doctors & staff nurses, at AHRCC - the premier institute for cancer. At these centres 6361 patients this year and cumulative 11084 patients attended of whom 3401 have benefited by way of chemotherapy by utilizing services of 32 doctors and 64 staff nurses trained in chemotherapy. 3401 cycles and cumulative 10285 chemo cycles has been provided. Palliative care has been given to 679 patients. This financial year 27 screening camps were held and cumulative till now 78 numbers of screening camps to improve the quality of service in the Day Care Chemotherapy Unit important equipments like, monitor, Infusion pump, Oropharyngo-Laryngoscope have been provisioned through OSMCL for supply to DCCs for detection of precancerous lesions and cancerous conditions were organized in the periphery. Palliative Cancer Care is being going on in 10 DHHS. 13 numbers of CCU/ICU are being operational in 13 DHH.

Training of Medical Officers & Staff Nurses in batches have been scheduled for the year 2018-19 to increase capacity building.

NCD Campaign: Odisha has conducted population based screening for major NCDs in campaign mode in all 30 districts from 1st March to 31st March, 2019. In this campaign all 30 plus population is screened for five non communicable diseases (NCDs) such as hypertension, diabetes, oral, breast and cervical cancer. This screening is done in the selected primary healthcare facilities (PHC, UPHC and Sub center) by ANM/SN/ MO and the data is entered in NCD app by ANMs. This App is an android based application loaded in the ANMOL tablet.

During this campaign around 16lakhs population has been screened for the mentioned five major non communicable diseases (NCDs).

National Programme for Prevention and Control of Deafness (NPPCD), programme implemented in 8 districts namely in Khurda, Kalahandi, Koraput, Kandhamal, Cuttack, Ganjam, Mayurbhanj & Sambalpur on pilot basis, later on extended to all 30 districts this year.

Based on the WHO report that about 6.8% of population having hearing impairment of whom 50% could have been prevented if interventions could have been made in right time. Provisions of sound proof rooms with services of audiologists (RBSK) are available at District Headquarters Hospitals for screening from neonatal to elderly in all 30 Districts. A mechanism of referral from remotest villages through the health care facility network is established.

With assistance from Ministry of Social Justice and Empowerment hearing aids are distributed free of cost. So far till now 621 numbers of hearing aids have been distributed free of cost from 1374 having been referred for rehabilitation.

27 numbers of ENT specialists, all across the state, have been trained under this programme at SCB Medical College & Hospital- the Centre of Excellence. All audiologists (RBSK) will be trained on 7th & 8th of February 2019 at the same venue.

Procurement of specialized and specific instruments for surgical maneuvers at District level is under process.

National Programme for Health Care of Elderly (NPHCE) has been implemented in all 30 districts. Provisions have been made at each District Headquarters for a special Geriatric Ward of 10 beds strength. At 8 places the wards are complete and at other places construction/renovation is under process.

Procurement of elder friendly and assisting equipments and furniture are under process. Appliances for elderly people have been given to 51 numbers.

171826 numbers have been provided treatment at Geriatric OPDs and from them 6790 have availed IPD services with 46747 numbers of laboratory services and 605 numbers of health cards distributed.

At each District Headquarters Hospital a Physiotherapy unit with trained physiotherapist has been established to provide physiotherapy assistance for ensuring quality life to elderly people. 10311 people have given physiotherapy services.

Status and Achievement of National Tobacco Control Programme in Odisha

In Odisha, National Tobacco Control Programme (NTCP) was introduced in Cuttack and Khurdha district as a centrally sponsored Programme in the year 2010-11.

From 2013-14 the NTCP programme introduced in NCD Flexipool of NHM. NTCP was extended to all 30 districts in 2017 phase manner.

The main activities of tobacco control programme is Capacity building at Community and Institution level to create

awareness about the harmful effects of tobacco use and Tobacco Control Laws, those who are using Tobacco, the cessation facilities is also available at district headquarter hospital. For creating greater awareness to general public hording & display Tobacco Awareness board has been made at district level.

Various publicity campaigns have been organized at district level which includes awareness and screening of Tobacco users. The "Observation of World No Tobacco Day" has been organized in state and all 30 districts which includes rallies, street play, Workshop etc.

Patient counseling for quitting of Tobacco use has been developed through Integrated Counselling Centre. In year 2017-18 more than 20000 tobacco users were counselled with a quit rate 10%.

For better monitoring of Tobacco Control Laws district level coordination committee constituted and the Standard operating procedure for enforcement of Tobacco Control laws has been provided to all districts. Under Cigarette and Other Tobacco Product Act (COTPA) 2003 more than 7000 violators were fined for violation of COTPA in last year.

More than 400 schools at Districts level have organised the awareness programme. The Essay, Debate and Art Competition were organised at school level with creating Tobacco free school.

Smoking prevalence of Odisha has significantly decreased by 3.3% from GATS I (2010) to GATS II (2016) and the prevalence of smoking in Odisha is less than the National average and we are the fifth state in the country having lowest smoking prevalence.

Tobacco free hospitals are made in state and Tobacco Free offices has been made by district administration Puri district.

IEC/BCC: Throughout the year IEC activities have been observed by observing the specified days for various diseases in addition to continuous efforts to create awareness by IPC and use of print & electronic media.

4.5 National Programme for Control of Blindness(NPCB)

Government of Odisha has launched a new health scheme "The Universal Eye Health Program (UEHP)" on 12th October 2017 on World Sight Day.

Odisha is the first State in the country to have formulated the Universal Eye Health Programme (UEHP) to provide comprehensive eye care to all and to protect from avoidable vision related problems. The State Government has planned to spend Rs 682.85 crore for it in next five years (2018-2023)

Objectives:

Universal Eye Health Programme (UEHP) has the objective to provide comprehensive eye care to all people of Odisha. In order to achieve the above objective, Universal Eye Health Programme has the following components

Main Components/Activities

- School Eye Health: All school students will be screened for refractory error and other eye problems and accordingly will be supplied with spectacles free of cost. 24,286 no. of students out of 3,51,889 screened have been detected with refractive errors. In the financial year 2018-19, till December 2018, total no. of 15,710 students have already been provided with free spectacles. Remaining students will be provided spectacles free of cost.
- Free spectacles for all: All people suffering from defective vision (refractory errors) will also be supplied with free spectacles. 55,911 no. of free spectacles have been distributed to elderly persons up to December 2018.
- Fixed Vision Centres(FVC): Establishment and Up-gradation of FVCs, equipped with appropriate eye-care facilities will be set up in all Community Health Centres (CHC). Equipments/ Instruments have been supplied to 50 numbers of CHC level Fixed Vision Centres for up-gradation. Further, 50 numbers of Fixed Vision Centres at CHC level have been identified for new construction.
- Mobile Vision Centres (MVC): 10 districts have been



identified for implementation of Mobile Vision Centre. All are supplied with the necessary Equipments/ Instruments.

- Ophthalmic Allied Personnel Courses: To provide the requisite trained manpower which will help in the execution and sustaining the gains of the program. COA and CSA course has already been started in SCBMCH, MKCGMCH, VIMSAR, Capital Hospital and LVPEI, BBSR. Total 84/90 students are under training.
- Odisha Eye Disease Survey (ODESY): To evaluate the Eye Health in the State which is a significant public health problem. Survey Protocol cleared in State Ethical Committee. Pilot study will be held tentatively in March-2019.

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. During the year 2018 on 16th March BMWM (Amendments) Rule was notified via Gazette Notification.

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., Govt 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. Hand Book for Training of MOs, PMs, SNs, SOPs for BMWM 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 process to establishment of STP is going on .

Budget:

1. Funds from state Plan Budget 2017-18(5 Cr.) for BMW (New Scheme) and State Non Plan Budget 2017-18 (Rs.1.84 Cr) provided to districts, IDHs, CH BBSR, RGH RKL for programme components like capacity building, BMW logistics and consumables, liquid waste management, immunization .
2. Outsourcing charges of DHH/SDH/CHC and an additional HR at SDH and CHC level, repair/renovation of containment area, contingency etc.
3. Funds from state Plan budget of Rs. 5 Cr. For the year 2018-19 towards components like outsourcing charges, outsourcing cost of HR at SDH & CHC, training, immunization, provision of BMW equipment at DHH, SDH, CHC, dressing room & establishment of common storage area & halting of general waste etc. are going to be disposed shortly .

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.

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

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

4.8 Vital Statistics

Odisha is having 314 Rural Registration Units & 107 Urban Registration Units for registration of Birth and Death are functioning in Odisha. The Medical Officer I/C of 314 Rural registration unit and the Health officer/Executive officer in Urban registration units area are declared as registrar Birth & Death .The Medical Officers of PHCs, Area Hospitals, SDMOs, ADMO(Medical) and the Medical Supdt./Associate Professors of 3 medical colleges are declared as Sub-Registrar of Birth and Death in Odisha.

Current Status:

Every events i.e., Live Birth, Death, Still birth and infant death occurred in the state of Odisha are registered according to the place occurrence. Our State is having 314 Rural Registration Units and 107 Urban Registration units. There are 314 nos. of Rural Registration Units and 107 nos. of Urban Registration Units are registering the Births and Deaths events through ONLINE. There are 604401 of Birth events & 304353 of deaths events are registered during the year 2018. During this year 559357 nos. of Birth certificate and 195376 nos. of Death certificate are provided to the beneficiaries. And also 5854 nos. of Still Births and 10236 nos. of Infant Deaths are recorded during the year, 2018.

Chapter - 5

Directorate of Family welfare

Chapter - 5

Directorate of Family welfare

5.1 Reproductive Health

Introduction

During the year 2018-19 it has been planned to implement larger family planning programme taking into account the Hon'ble Supreme Court Directives and to focus on male involvement and promote spacing methods including Newer Contraceptives. Technical support was also provided for smooth introduction of Injectables in the state and in expanding basket of choices.

Planned activities during 2018-19

The work plan 2018-19 is focusing on further strengthening planning through roll out of newer contraceptives 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 ANMs & ASHAs on family planning counseling, services and in ensuring availability of nonclinical contraceptives such as injectables, oral contraceptive pills and condoms. This will be backed up with ensuring uninterrupted supply of commodities by expansion of FPLMIS. 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 through support of UNFPA.

Activities undertaken during the year 2018

1. Roll out of Newer Contraceptives

In order to saturate the training load of MOs at DHH and SDH a zonal level training plan for 461 MOs under five zones namely Mayurbhanj, Ganjam, Cuttack, Koraput and Sambalpur was prepared. Communication from Directorate of Family Welfare has been made to the concerned CDMOs to conduct two days zonal level training for Medical Officers with number of participants from adjoining districts, budget with head wise break up under NHM PIP for 2017-18. Besides proposed list of state/district resource persons were sent to concerned districts. Technical support was also extended to preparation of training plan for MOs and other service providers under proposed NHM PIP 2018-19.



Use of Contraceptive Inj. Antara



Training of Urban ASHAs of Cuttack City on Newer Contraceptives.

Supply of logistics such as MPA injections, MPA Registers and MPA cards from state ware house to districts were coordinated measures were taken to ensure availability of supplies at district and facility level. Communication was done to district for expediting implementation of Antara and to report utilization of MPA in prescribed formats. The continued efforts comprising of training, ensuring supplies and IEC/BCC activities have resulted in increased utilization of Antara Injectables (9623 users from 560 users last year).

In order to generate demand and popularize injectables and other newer contraceptives in urban areas, frontline workers such as ANMs, ASHAs of corporation cities have been trained along with sensitization of Mahila Arogya Samiti (MAS) members in urban areas of Cuttack and Bhubaneswar cities. Apart from the sensitization programs a number of facility level launches and young couples meet have also been organized in the urban areas to spread awareness regarding basket of choices and newer contraceptives.

2. Development and Adaptation of Resource and communication materials

A resource material on Client based Friendly Reproductive Health Services and Newer Contraceptives has been developed, translated to Odia and designed. This Docket is meant for the frontline workers especially the ASHAs and the docket is scheduled to be released on the eve of World Population Day 2018.

Additionally, during the year the previously developed ASHA Booklet and Leaflet have been translated into Odia, printed and supplied to all districts. The Booklet, leaflet along with the Docket will be given to all ASHAs post training on Client based Friendly Reproductive Health Services and Newer Contraceptives. Besides MPA registers were printed and supplied to districts for record and follow up of injectable users. Apart from the above innovative materials the previously existing materials like registers, case sheets, instruction cards, eligibility wheel, FAQs etc were printed and supplied as per the need of the districts.

Training and resource materials included.

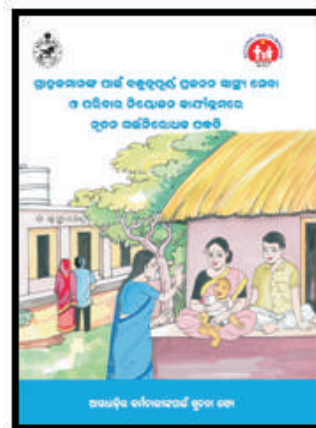
- Info kit for frontline health workers
- Updates on Family Planning Methods
- Brochure on Newer Contraceptive Methods
- MPA register and MPA card

3. Strengthening of Quality Assurance activities related to Family Planning

Honorable Supreme Court has given specific directions to be followed by the Government of India, the State Governments and Union Territories for delivering quality family planning services in the country. As per the MOHFW's guideline on "Standards and Quality Assurance Committee", there is a need to emphasize on regular reviews, facility audits including client exit interviews, reviewing district level data pertaining to death and failure due to sterilization cases and facilitate in ensuring compliance to the directives of Supreme Court by the district quality assurance committees (DQAC). There is a need to engage with DQAC members by orienting, reviewing and providing feedbacks so that quality of family planning services can be assured.

Hence two batches of one day state level orientation of non-government representatives of DQACs was organized at IMA Conference Hall, Bhubaneswar to actively engage and advocate for effective functioning of the DQACs as per roles and responsibilities assigned. All State and District level functionaries had already been sensitized on the Directives of Hon'ble Supreme Court and along with the newly trained members a pool of members exist in every district who conduct monitoring visits to Static and FDS centers to ensure quality of service provision during Sterilization Operations.

The Department with a plan to have zero deaths due to sterilization operations has developed a Standard Operating Procedure for management of complication due to sterilization operation. The SOP has been developed by a committee comprising of technical experts from the field of Family Planning from various Medical Colleges, Department as well as Development Partners. The same has also been communicated to all operating surgeons which will aid the providers in providing prompt responses to cases which develop complications following sterilization operations.



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

The access and availability of non-clinical contraceptive supplies for the urban slum dwellers continues to be a challenge. Steps are being taken up by Directorate of Family Welfare to strengthen access and availability of contraceptives and promoting spacing methods particularly for young people living in urban slums of Bhubaneswar City through ASHAs working in urban slums.

Technical support provided by the State Family Welfare Cell during the year to conduct FPLMIS Training for various district level officials and consultants like DPM, DMRCH, Asst Mgr-ASHA, DDM, CHC MO I/Cs, BPMs, Pharmacists, PHEOs. The team of consultants also reviewed the functioning of FPLMIS during their district mentoring cum monitoring visits. The issues identified during field visits were noted and resolved on the spot or reported to state and national level for resolving the technical glitches for use of FP-LMIS application. Through the technical sessions, the participants were briefed about the features of the FPLMIS and functions of the system through mobile SMS and App as well as Web Portal. Apart from the district level trainings all members of State Implementation Monitoring Team (SMT) have also been oriented on the application to enable them to monitor the FPLMIS implementation in the districts.

5.2 Maternal Health

- First Referral Unit: 70 FRUs are providing C section services out of 95 FRUs. 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 519 institutions are functional and steps have been taken for functionalizing remaining DPs.
- Janani Suraksha Yojana (JSY): Total 5657763 number of beneficiaries benefitted under JSY (from 2005-06 till 2018-19 upto 2nd Quarter). Due to JSY the institutional delivery has increased from 28.8 % in 2005-06 to 85% in 2015-16 as per NFHS-4.
- 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 (upto 1 year) through implementation of, Janani Shisu Suraksha Karyakram at public health facilities. 172379 pregnant women and sick infants have availed free referral transport service through 102 ambulance service (500 vehicles). About 1573 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 2018-19 (Till-Dec 2018), 38 HW(F) & LHV and 80 Staff Nurses were trained in SAB.
- During 2018-19 (By Dec 18), 4 doctors (from other State) have been trained in LSAS & 35 doctors in Basic Emergency obstetrics care (BEmOC). Till date, in Life saving anesthesia skill (LSAS) 156 doctors have been trained, Emergency obstetrics care (EmOC) training has been given to 38 doctors, & Basic Emergency obstetrics care (BEmOC) training given 1046 nos. of Medical Officer for operationalization of L3, L2 & L1 institutions.
- Maternal death review (MDR) committees are formed at State and district level to review the maternal death. During 2018-19, 489 nos. of maternal death have been reported by November 2018 and out of that 200 nos. of death are reviewed by Collector cum DM and 425 nos. of death reviewed by CDM&PHOs of the district.
- Safe abortion care services: Out of 439 targeted institutions, 338 facilities are in readiness for providing CAC service in the state. During 2018-19 Till December 2018 :
 - 12 days certification training given to 28 doctors and 22 staff nurses.



Village Health & Nutrition days



- 3 days refresher training given to 36 doctors and 31 staff nurses.
- 3 days TOT (master trainer) given to 4 doctors and 4 staff nurses.
- Village Health & Nutrition Day: Fixed day health & Nutrition day (VHND) is being organized every Tuesday / Friday at village Anganwadi centers. So far 354889 VHND sessions held out of 379577 planned (93%) during 2018-19 (Up to November-18).
- Standardization of labour room. State is taking steps for standardizing Labour room as per MNH tool kit and New labour room guidelines. Further under DAKSHATA programme 19 districts are given focused attention for improving infrastructure and practice in 222 labour rooms. 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.
- LaQshya : Under this programme the LR will be standardized for providing quality labour room care services. This will put focus on improvement of infrastructure providing respectful maternity care and ensuring regular supplies to labour room. The target is set to standardize all FRUs as prospective target and during the year 10 facilities from aspirational districts are targeted to be certified under LaQshya
- Maternity Waiting Homes (Maa Gruha) The 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 68 MWH are operational out of 73 targeted.
- Initiatives for Anaemia Control: IFA & Calcium Supplementation - About 7 Lakhs Pregnant women covered during 2018-19. 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. PMSMA 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 2018-19 upto January 2019, 173723 nos. of antenatal cases have been screened and 7644 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 advice of doctor, which is further tracked by the service provider.

5.3 Child Health

The infant mortality rate (IMR), which reflects the status of child health in a State/Country, is currently 40 per every 1000 live births in Odisha, as per the 4th National Family Health Survey (NFHS-4), that is one point below the National average of 40 per 1000 live births. As per the same reports, the under-five mortality rate (U5MR) of the State is 49 per 1000 live births against the National average of 50 per 1000 live births.

In reference to the Sample Registration System (SRS) reports of 2016, Odisha has the 2nd highest IMR in the country, i.e. 44 per 1000 live births. However, it is also observed that the rate of reduction of IMR in the State is highest in the country.

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

- **New Born Care Corner (NBCC):**

For preventing mortality and brain damage immediately after birth, 580 Newborn Care Corners are established at all functional delivery points, i.e. Labor rooms & OTs to provide essential newborn care & resuscitation immediately after birth (Progressive Target: 1190). Up to Sep. 2018, 16547 newborns have been resuscitated (7% of all live births) and 11704 newborns (5% of all live births) have been referred to higher facility for further treatment.



SNCU Angul

- **New Born Stabilization Units (NBSU):**

For treatment of moderately sick & low birth weight newborns and for stabilization of sick newborns prior to referral, 47 Newborn Stabilization Units are currently operational in the State, which are being upgraded to Special Newborn Care Units (SNCU) in a phased manner, based on the case load. The State has planned to upgrade 6 such NBSUs into SNCUs within 2019.

- **Special Newborn Care Units (SNCU):**

The State has established 38 out of 45 Special Newborn Care Units (SNCU) for treatment of severely sick newborns at different medical college & hospitals, district headquarter hospitals, sub-divisional hospitals & selected CHCs based on the annual delivery load. Further, 7 new SNCUs are under process. Besides, the bed capacity of 10 existing SNCUs has been increased in view of the enhanced case load. During 2018-19 till Dec. '18, 42,298 (99.7%) sick newborns have been treated and 72.3% have been discharged successfully after due treatment.



SNCU MCH Koraput



SNCU DHH Bargarh

- **Kangaroo Mother Care (KMC) Units:**

KMC units have been established in 30 SNCUs adjoining the SNCU for providing Kangaroo Mother Care to low birth weight & sick newborns, i.e. for maintenance of warmth and promotion of early initiation of breastfeeding through skin-to-skin contact with special focus on preterm, LBW and sick newborns.



KMC Unit Nayagarh



KMC Unit Capital Hospital BBSR

- **Home based new born care (HBNC):**

All ASHAs have been trained for making home visits to newborns for early identification and referral of newborns with danger signs and providing counseling to caregivers on home based newborn care. During 2018-19, till Sep. 18, 266029 newborns have been visited under HBNC programme, of which, 12% of newborns were reported as low birth weight (LBW) and 91% of identified high risk newborns were referred for appropriate treatment.

- **Intensified Diarrhoea Control Month (IDCM):**

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. However,

during 2018, the campaign was modified to cover each household and a prophylactic ORS packet was distributed by ASHA to each household for prevention & control of diarrhea in both adults & children. During the month, ASHA made home visits to each household in her area and counseled the mother/caregiver on preparation of ORS with demonstration, danger signs and when to seek help in case of an incidence of Diarrhoea. Besides, ORS corners are established at all facility level to address any diarrhoeal case as well as counsel parents/caregivers on ORS preparation and treatment. In the 2018 round, 57% under five children & 53% households were distributed with prophylactic ORS packets. Further, 99% under five diarrhoeal cases were treated with ORS and 75% adult diarrhea cases were treated with ORS.

- **India Newborn Action Plan (INAP):**

Under the India Newborn Action Plan (INAP), all newborns are to be administered with Vitamin K1 for preventing the newborn deaths occurring due to vitamin K deficiency bleeding disorders. During April to September 2018, 79% of all live births in the State were administered with Vitamin K1.

Similarly, INAP also advocates administration of antenatal corticosteroids to all pregnant women identified with preterm labour, in order to prevent newborn deaths occurring due to respiratory distress syndrome. Till September 2018, mothers of 10% of all preterm newborns were administered with antenatal corticosteroids in the State.



- **Child Health Review (CDR):**

Child death review has been implemented in the state during 2015-16 under which committees have been formed at State and District level for detailed review and analysis of each under five child death and taking necessary corrective actions. During 2018-19, till Oct. '18, 9358 child deaths were reported and reviewed at district level for taking corrective actions.



- Trainings and capacity buildings: In view of effective and efficient services the trainings are being provided to concerned personnel at various levels.

- **Skill Based training-**

- State, District & Sub District level NDD training completed and implementation started.
- Facility based IMNCI training & Facility Based Newborn Care (FBNC) training conducted at State level for Staff Nurses and Medical Officers.
- Knowledge based training
- Knowledge based CME through VC and telemedicine hub is organized from time to time.
- Orientation of AYUSH MOs on Community Based CDR for conducting verbal autopsy completed at State level.
- Orientation of IMA & IAP members on their roles & scope of involvement during IDCM campaign

5.4 Rashtriya Bal Swasthya Karyakram (RBSK):

The objective of Rashtriya Bal Swasthya Karyakram (RBSK) is to screen the children at early stage and provide required treatment. Under this programme, 38 identified health conditions are being addressed through '4D' approach which includes Defect at Birth, Deficiencies, Childhood Disease and Developmental Delay & Disabilities. Under this programme, 636 numbers of Mobile Health Teams are functional for screening of 0-18 years children at AWC & Schools. 29 DEICs are functional to provide the treatment service for the identified children

Screening of Children at AWC & Schools:

- During the Year 2018-19 (till November), 52, 46,213 number of children (56%) have been screened by MHT under RBSK out of



targeted 1.07 crore children.

- New born screening of visible birth defects initiated at Delivery Points by the service providers. Total 1, 25,422 numbers of new born have been screened at delivery points and 1021 numbers of children have been identified with congenital birth defects.
- Required equipment & HR for new born hearing screening are available at DEICs. New Born Hearing screening for early identification of Congenital Deafness is initiated in 26 DEICs.
- To prevent blindness related to retinopathy of Prematurity, RoP screening is initiated in 5 health institutions and during the year 2018-19, 1898 number of sick new born are screened and 91 numbers of identified children are provided laser therapy to prevent blindness.

Early Intervention & Therapeutic services at District Early Intervention Centres:

- For Early treatment & therapeutic intervention for birth defect & children with CP, Autism, ADHD, Mental retardation, Neuro motor impairment and Speech impairment, DEIC have been functioning in 29 districts.



Treatment Achievement:

Under 4D approach during 2018-19, total 2, 38,453 number of identified children have been treated under RBSK at Primary, Secondary and tertiary facilities.

Major Health Conditions	Annual Achievement	Cumulative Achievement	Remarks
NTD	38	78	
Down Syndrome	1162	1367	
Cleft Lip & Palate	1317	2541	
Congenital Cataract	550	996	Surgery at tertiary facility
Club Foot	670	1951	
Hearing Impairment	731	5271	Digital Hearing aid
CHD	501	812	
Other Surgeries	622	1262	
Refractive Error	25610	54075	Through NPCB
SAM	2997	5560	Treated at NRC
Developmental Delay	23935	80380	
Adolescent Health Issue	40137	124364	

Convergence & Tie Up with Departments & Tertiary Facilities for Treatment of identified children:

- In convergence with SUNETRA, S&ME department and SSPED department different convergence activities undertaken like provisioning of spectacles for school children, digital hearing aid for hearing impaired children and organizing Club foot surgery camp at district level.

Health Condition	Name of the Institution tied up
Neural Tube Defect	SCB MCH & SVPPGIP, Cuttack
Cleft Lip & Palate	SCB MC&H, Cuttack, MKCG MC&H, Berhampur
Six Smile train empanelled hospitals	
Congenital Cataract	AIIMS, Bhubaneswar
LV Prasad Eye Institute , Bhubaneswar	
Hearing impairment	Ali Yavar Jung National Institute for Hearing Handicapped, Janala
Congenital Heart Disease	Private Hospitals Empanelled under OSTF,
Narayana Hrudayalaya Hospitals and	
Satya Sai Hospital, Ahamadabad & Rajkot	
Club Foot	Cure International India Trust
RoP	LVPEI
Other Surgery Cases	SCB MCH, VSS MCH, MKCG MCH , SVPPGIP & AIIMS, Bhubaneswar

5.5 Rashtriya Kishor Swasthya Karyakram (RKSK)

Rashtriya Kishor Swasthya karyakram (RKSK) expands the scope of preceding ARSH programme, through identification of six priority areas viz. Nutrition, Mental Health, Substance abuse, Injuries and Violence, Prevention of Non- Communicable diseases and Sexual and Reproductive Health.

The program focuses on adolescents belongs to age groups 10-14 years and 15-19 years.

The program approaches are as follows:

Peer Education:

The peer education program aims to ensure that target adolescents benefit from regular and sustained peer education sessions covering the six identified health issues.

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 under this activity and up to 2018-19 total 12696 Peer educators identified through Gaon Kalyan Samity with active involvement of key stakeholders. Total 386 batches of 6 days training organized for Peer Educators at sub block level and 11,618 Peer Educators trained by ANMs, HW (M) & PHEOs.

To aware Peer Educators and other adolescents Odia mobile app has been developed which is available in play store of android phones. The name of the app is "Kaisora Saathi".

Adolescent Health Day(AHD) :

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

Currently the program implemented in 2 districts as a pilot (Dhenkanal & Bolangir) and up to January 2019 , 5398 AHDs conducted at village level.



● **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. Currently the program implemented in all 30 districts.

The channel of interventions is mainly through social marketing of sanitary napkins by ASHA. Adolescent girls can purchase sanitary napkin (Rs.6/-pkt) from ASHA. In Odisha the sanitary napkin packet branded as "Khushi". Till October 2018, 34 lakhs sanitary napkin packet sold through Social marketing.



● **The Weekly Iron and Folic Acid Supplementation (WIFS)**

program involves the administration of supervised Weekly Iron-folic Acid Supplements of 100mg elemental iron and 500ug Folic acid using a fixed day approach for school and non school going adolescents respectively, screening of target groups for moderate/severe anemia and referring these cases to an appropriate health facility, biannual de-worming (Albendazole 400mg) for control of helminthes infestation, information and counseling for improving dietary intake and for taking actions for prevention of intestinal worm infestation.

The IFA distributed at schools and AWC on weekly basis. 35728 schools and 71306 AWCs targeted under the program and the consumption as per reported coverage is 31% up to September 2018.



● **Adolescent Friendly Health Clinic:**

The shraddha clinics provides counseling and curative services at primary, secondary and tertiary levels of care on fixed days and fixed time with due referral linkages. The three key functions of the clinics are availability of commodities (WIFS tablet, albendazole, sanitary napkins, non-clinical contraceptives and medicines), information sharing and counseling on six identified health issues of adolescents through behavior change communication tools and curative services.

230 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 35,558 adolescents received different adolescent health services through Shraddha clinic till September 2018



5.6 Routine Immunization

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

The State of Odisha has 1 State Vaccine Store, 9 Regional Vaccine stores & 32 District Vaccine stores & 1141 Cold chain points all across the State which targets to 7,47,749 Pregnant women & 6,73,946 infants through Routine Immunization. Every year, 3,52,082 numbers of sessions are being conducted every year to vaccinate the target beneficiaries.

The State is providing immunization services to children & pregnant women to prevent 11 vaccine preventable diseases i.e. as per immunization schedule Govt. of India, through fixed immunization day approach (In Wednesday). In addition to this, integrated VHND & RI sessions are being conducted in identified hard to reach villages under SAMMPurNA strategy.



Odisha's Full immunization coverage as per different surveys.

- Annual Health Survey 2010-11 - 55 %
- Annual Health Survey 2011-12 - 62.3 %
- Annual Health Survey 2012-13 - 68.8 %
- National Family Health Survey 2015-16 - 78.6 %
- Integrated Neonatal & Childhood Survey 2016 - 83.8%

Measles Rubella (MR) Vaccination Campaign -

- MR vaccination campaign was conducted from 29th January 2018 to 6th April 2018 in the State to vaccinate children in the age group of 9 months to 15 years. During the campaign, 1,10,34,348 (98.3%) children were vaccinated against a target of 1,12,25,176.

Special Mission Indradhanush drive in 388 villages of 25 districts under GSA:

Spl. IMI drive was conducted in 388 villages of 25 districts from April to June 2018

- No of children targeted : 3489
- No of children vaccinated: 3365 (96.4%)
- No of pregnant women Vaccinated: 386

Mission Indradhanush drive in 10 Aspirational districts under Extended GSA:

Spl. IMI drive was conducted in GSA & Non-GSA villages of 10 districts from July to September 2018

- No of children targeted : 116,748
- No of children vaccinated: 1,17,789 (100.8%)
- No of pregnant women Vaccinated: 29,753

Activities under taken for success of Mission Indradhanush drive:

- Steering committee meeting was conducted before each mission Indradhanush drive under the chairmanship of the Chief Secretary
- State Task Force meeting was conducted before each round of MI drive under the chairmanship of the Commissioner-cum-Secretary
- District task Force meeting was held for each round under the chairmanship of the District magistrate
- VC with Collectors was done prior to the campaign
- Adequate IEC activities were conducted for success of the drive.

Electronic Vaccine Intelligence Network (eVIN) -

- eVIN has been rolled out in all cold chain points of Odisha since January 2017. Now State is managing vaccine logistics supply chain till last mile & able to minimize stock out instances, wastage rate & able to manage the temperature in all the cold chain equipments of the State. Effective Vaccine Management Assessment (EVM)
- EVM was conducted 30th October to 3rd November 2018 in SVS (1), RVS (8), DVS (32) and Cold Chain Points (62). Training of assessors was done from 25th to 29th October 2018. 32 teams were formed involving National level officials from NCCVMRC, State/District officials, Govt. Medical College, AIIMS, Bhubaneswar and Development partners.

Introduction of Td Vaccine under RI

- Td vaccine will replace TT Vaccine from the Universal Immunization Programme.

- Td will be given to Children of 10 and 16 years age, pregnant women & Infants contraindication to pertussis (Penta/DPT).
- The introduction of Td vaccine in Odisha will be in March 2019.

Coverage report of 2018-19(April 2018- November 2018)

Routine Immunization Coverage April 2018- November 2018



Antigen	Achievement
TT (pregnant women)	94 %
BCG	94 %
OPV	93.4 %
Pentavalent	95.4%
MR	72 %
IPV	70.9 %
Rota Virus Vaccine	93.5 %
Full Immunization	107.1%

Source HMIS

5.7 Nutrition

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

- Promotion of Infant and Young Child Feeding practices** for preventing under-5 child deaths (through community & facility based interventions by capacity building of ANMs/ASHAs/AWWs on IYCF/ Mothers' Counseling on Breastfeeding & Complementary feeding)

Facility /Community level initiative undertaken for various trainings and IEC activities on:

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

Coverage under MAA Programme:

- 148 Master trainers are trained on MAA in 7 days state level TOT.
- 59 batches of MAA training in 29 districts is completed till Sep. 2018, in which 348 doctors, 871 SNs and 346 ANMs trained of Infant and Young Child Feeding practices and improved counseling skills.
- A programme on improving IYCF with special focus on complementary food and feeding practices started in 4 focused districts (Rayagada, Koraput, Nabarangpur, Keonjhar)

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

A Nutrition Rehabilitation Centre (NRC) is a unit for the management of severely acute malnourished children. Children those who are referred from VHND and by RBSK teams are admitted with defined admission criteria. In the NRCs, SAM children are kept under observation and are provided with medical & therapeutic care. The focus is on improving the skills of mothers on complete care and feeding of SAM children. Under this programme, the major features are:

- Wage compensation for mothers of SAM children: The wage compensation has been increased from Rs.50/- to Rs. 100/-
- 63 NRCs have been made functional in the State & 8476 SAM children were being treated in these NRCs in the year 2017-18.



During 2018-19, till Dec. '18, 7590 SAM children were treated in these NRCs.

- The Bed Occupancy Rate in these NRCs during 2018-19, till Dec. '18 was 66.8% and was 63% in 2017-18
- The Recovery Rate of these NRCs during 2018-19, till Dec. '18 was 80% and 79% in 2017-18.

III. National Iron Plus Initiatives (Anaemia Control Programme)

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

This programme caters to the following beneficiaries:

- Children 6 months to 5 years age group: IFA syrup (1 ml contains 20 mg elemental iron and 100 mcg Folic Acid) are administered by ASHA bi-weekly (Tuesday & Friday).
- Children 6 to 10 years age group: WIFS Junior (Pink Tablets), IFA tablets (45 mg elemental iron and 400 mcg Folic Acid) are administered on Monday by teachers to children in class 1 to 5 at all Govt. & Govt. Aided schools.
- Adolescents (10 to 19 years age group):
 - For School going Adolescents: WIFS (Blue Tablets), IFA tablets (100 mg elemental iron and 500 mcg Folic Acid) are administered on Monday by teachers to adolescents in class 6 to 10 at all Govt. & Govt. Aided schools.
 - For Out of School Adolescent Girls: WIFS (Blue Tablets), IFA tablets (100 mg elemental iron and 500 mcg Folic Acid) are administered on Saturday to adolescents girls at Anganwadi Centers by AWWs.

IV. Vitamin-A supplementation

Under the Vitamin A supplementation programme, children of age group 9 months - 5 years receive Vitamin-A supplementation biannually along with Routine Immunization in total of 9 doses.

State Coverage: Round-April, 2018 coverage: 95.5%

Round Sep., 2018 coverage: 97.8%

V. National Deworming Day (NDD):

- NDD aims to deworm children between 1 to 19 years where the children are administered with Albendazole at AWC and Schools.
- It is done on a fixed day approach with a mop-up day to cover the leftouts due to absenteeism or sickness
- It started since February, 2016 & is conducted biannually every year in February and August

State Coverage: Round-April, 2018 coverage: 92.4%

Round Sep., 2018 coverage: 93.3%

VI. Village Health and Nutrition Days

Village Health and Nutrition Days are the platform for providing Antenatal Care activities at the door step of the community. It provides scope for easy interaction with the community and the target beneficiaries, therein providing diagnostics, treatment and counseling services. This service is provided once every month in the Anganwadi centers.

The major services provided in VHND are:

- All Children up to 0-3 years and undernourished children between 3 to 6 years age are monitored for growth and identification of SAM child and referral services are given, wherever applicable. They are also counseled for age appropriate feeding.
- Provision of IFA to pregnant woman and lactating mothers. It has been increased from 180 to 360 tablets.
- Provision of Calcium tablets to pregnant woman and lactating mothers. It has been increased to 720 tablets @ 2 tablets daily.



- De worming of all pregnant women is done once in the 2nd trimester.

VII. Centre of excellence:

A state level one-stop resource centre has been established at Sishu Bhawan, Capital Hospital Bhubaneswar for the strengthening the qualitative implementation of Newborn, Child Health and Nutrition interventions in the state. The major focus is on capacity building of service providers with hands-on supervision and data analysis as well as regular feedback to service providers for quality improvement in service delivery.

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

Back ground :

Reduction in maternal and infant mortality is one of the major challenges of the health system in Odisha. With several efforts from the State under the RMNCH+A campaign, it has been observed from the Sample Registration System (SRS) reports, that there has been a decline in the State Maternal Mortality Ratio (MMR) and Infant Mortality Rate (IMR) over the years. However, the current decline is not sufficient to achieve the 12th five year goals. Hence, 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 "SAMMPurNA". 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 districts 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 "SAMMPurNA":

Objective:

- The State aims to achieve an additional 30% decline of State Maternal Mortality Ratio (MMR) and Infant Mortality Rate (IMR) from the current rate of decline.
- Provision of good quality care to pregnant women & children for their survival by identifying high risk cases, referral and management.

Strategy :

1. Special VHND & Routine Immunisation: Special VHND and Routine Immunisation 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 8962nos of Special VHND & RI sessions were held during April 2018 to November 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.
 - Total 5457 nos. of pregnant woman and 9994 nos. of children issued red card during April' 2018 to November' 2018 in Special VHND & Routine Immunisation Session.
3. Difficult to Reach Villages: Identification of difficult villages i.e which are 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.
 - Total 6303nos of difficult villages identified in the state during 2018-19.
4. Joint Home Visit: Joint home visits by MPH (F) and MPHS (F)/(M) to high risk cases to monitor the health of the high risk mother identified during the previous special VHND session.
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 weighing home.

- 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. 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 / PublicHealth institute.
- 5,063 nos. of pregnant women were provided with reimbursement of transportation cost during April 18 to November 2018.



7. Drop-back Transport Services

Provision of Rs. 500/- towards Drop-Back Transport Services for Pregnant Women after Institutional Delivery & Sick Infants treated at Public Health Facility for arranging suitable transport system on their own back to their Home.

All institutional delivery cases at public health facilities and sick infants (up to 1 year) admitted in critical care units like NRCs, NBSUs, SNCUs / PICUs will be eligible for getting this incentive. However, al LAMA cases and pregnant women not stayed 48 hours after delivery will not be eligible to get the cash incentive.

- 24,802 nos. of pregnant women and 1414 nos. of sick infant received the benefit from September 2018 to November 2018.
8. Free diet: Free diet to pregnant mother including one attendant those who reside at Maternal waiting home, also for children below five years.
 9. Non-Pneumatic Anti Shock 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 (HDU) 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. High dependency Unit (HDU) at VIMSAR Burla& SCB Cuttack is functional.
 - b. Paediatric Intensive Care Unit(PICU) is the section of the hospital that provides sick children with the highest level of medical care. It differs from other parts of the hospital, like the general ward, in that the PICU allows intensive nursing care and continuous monitoring of things like heart rate, breathing, and blood pressure.Paediatric Intensive Care Unit (PICU) is functional at VIMSAR Burla, SVVPIG Cuttack, MKCG MCH Berhampur & Capital Hospital, Bhubaneswar.
 13. Provision of disposable delivery kit to S.Cs having more than 20% home delivery for safe home delivery.
 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 & Child Protection

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.

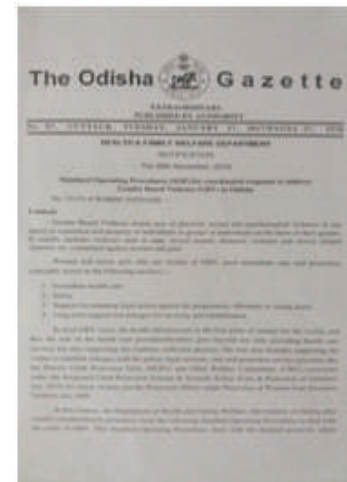
Notification deals with detail protocols / guidelines which the health care providers have to follow to deal with cases of GBV & information on the key stakeholders such as the Police, District Legal Services Authority, District Child Protection Unit, Child Welfare Committee with whom the health care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

Training of ADMPHOs on Protocols and Proformae for Medico-Legal Examination of Survivors/Accused of Sexual Violence/Assault & Evidence Collection Kit was conducted on 28th January 2019.

They will roll out the training at the district level.

5 One Stop Centres are functional in Odisha:- SAKHI-One Stop Centre at Capital Hospital, Bhubaneswar functional since Oct 1, 2015. DHH Sambalpur on June 28, 2018. Sayeed Lakhan Nayak Medical College, Koraput on Aug 3, 2018. MKCG Medical College & Hospital on Oct 1, 2018. RGH Rourkela on Nov 18, 2018.

36 Doctors trained from 16 districts of Odisha, on the new Protocols and Proformae for Medico-Legal Examination of Survivors/Accused of Sexual Violence/Assault & Evidence Collection Kit at Delhi by Ministry of Home Affairs.



5.10 Addressing Declining Sex Ratio and Implementation of PC & PNDDT Act

The Odisha Government has put in place institutional mechanisms for strengthening the PC & PNDDT act implementation. Statutory bodies like State Supervisory Board, Advisory Committees are in place and reconstituted every three years. The State Supervisory Board (SSB) was reconstituted vide notification No. 417/H dated 05.01.2018. The SSB meeting after reconstitution was held on 25.05.2018. As per directions of the SSB, two round of consultation meeting have been held under the Chairpersonship of Additional Chief Secretary, Home Department on 7.9.18 and 31.1.19. Strengthening the State Inspection and Monitoring team has been a key decision of the meeting. State Advisory Committee is in place and has been reconstituted in 2019. Multi-member State Appropriate Authority have been notified vide notification no.21019 dated 16.08.2007 under PC & PNDDT Act that has heard 4 appeals in 2018. District Advisory Committee have been reconstituted in all districts. District Advisory Committee (DAC) reconstituted in all districts. 72 DAC meetings held during 2018. Collectors as District Appropriate Authorities vide notification no.19077 dated 27.07.2007. Sub Collectors have been designated as Sub- District Appropriate Authorities. District Collectors and Sub - Collectors have been notified as Appropriate Authorities and have been oriented on their roles and responsibilities. They are regularly updated on action to be taken at their end to check sex selection practices and for attention towards schemes and programs for girl child and women. 1006 ultrasound facilities have registered in Odisha since the inception of the Act, including 110 Government Ultrasound Facilities, 19 Genetic Counselling Centres/ Genetic laboratories / IVF centres registered. In the year 2018, 54 new ultrasound registrations and 43 renewals have been provided by District Appropriate Authorities. The District Inspection Team has conducted 368 inspections and 12 applications for registration have been rejected and 17 registrations have been suspended / cancelled. State wide Advertisement floated at the district level in different newspapers (Sambad, Dharitri, Times of



State Supervisory Board Meeting of
PC & PNDDT held on 25.05.18

India, Prameya, etc.) State Supervisory Board Meeting of PC & PNDT held on 25.05.18 appealing the community to inform regarding the existence of unregistered ultrasound machine and centres. 4 inspections conducted by SIMC and 6 conducted by NIMC. Show cause notice have been issued to 2 centres. 66 cases in all have been files since the inception of the Act. As compliance to Hon'ble Supreme Court Judgement dated 8.11.16, Sex Ratio at Birth (SRB) figures is being analyzed from Civil Registration System (CRS) and Health Management Information System (HMIS) data. While, the Sex ratio at Birth (during delivery) was 902 in 2011 Census period, it has gone upto 930 in 2017 and is at 926 as per provisional figures of CRS 2018. The State Government has been undertaking several district and community level interventions under the NHM Programme Implementation Plan. SIHFW has been entrusted the responsibility of development of IEC / BCC materials. Jingles are being aired on All India Radio. A dedicated Website of PC & PNDT is in place- www.pndtorissa.gov.in

Chapter - 6

Directorate of Food Safety

Chapter - 6

Directorate of Food Safety

Background

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

Human Resource:

- For ensuring effective & proper monitoring of food safety activities in the State, one post of Commissioner, one post of Director, one post of Additional Commissioner, one post of Joint Commissioner, and 38 (Thirty-eight) Food Safety Officer have been created by Government of Odisha.
- Out of 38 (Thirty-eight) sanctioned posts of Food Safety Officer, 23 (Twenty-three) are in position in different districts & urban local bodies.
- The District Public Health Officer of the District & Health Officer of the six ULBs (i.e. Municipal Corporation, Bhubaneswar/ Cuttack/ Berhampur/ Rourkela/ Sambalpur & Puri Municipality) have been declared as Designated Officer (Food Safety) vide Government Notification No.1795/H, dated.20.01. 2018.
- The Additional District Magistrate (ADM) of the District has been declared as Adjudicating Officer of Food Safety for efficient implementation of the Act & Rules in Odisha.

Achievements:

- (1) Online Food Licensing & Registration System(FLRS): The online FLRS started in Odisha from 21ST December, 2016. The license & Registration issued through online FLRS is as follows:

	From 21.12.2016 to 31.03.2017	From 01.04.17 to 31.03.18 (12 months)	From 01.04.2018 to 31.12.2018 (9 months)	Total
Food License	2,839	9,277	6,000	18,116
Registration	2,187	16,545	15,414	34,146
Grand Total:				52,262

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.

State Food Testing Laboratory (SFTL)

- (i) The State Food Testing Laboratory, Bhubaneswar headed by one Deputy Director -cum- Food Analyst is functioning under administrative control of Commissioner of Food Safety, Odisha.

- (2) 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 are as follows:

Samples Tested in State Food Testing Laboratory, Bhubaneswar

Financial Year	Samples sent by FSOs	Samples of Mid Day Meal and Railways	SNP(Chatua)	Total
2017-18	1,521	220	6542	8283
From 01.04.2018 to 31.12.2018(nine months)	1,401	120	4617	6138

- (3) Launching of Prosecution: upto December 2018:

No. of Adjudicating cases filed.	No. of prosecution sanctioned	Total
123	38	161

NB: Actions have been taken /initiated by the Designated Officers against the Food Business Operators where samples have not confirmed to Standards as per FSS Act & Rules.

- (4) Revenue Collection (After online FLRS):

	From 21.12.2016 to 31.03.2018	From 01.04.2018 to 31.12.2018 (Nine Months)	Total
Revenue Collection	Rs3,22,67,800	Rs 2,18,29,320	Rs 5,40,97,120

- (5) One Mobile Food Testing Laboratory (MFTL) provided by FSSAI has been inaugurated on 14th March, 2018 by the Hon'ble Minister Health & Family Welfare,. The MFTL has already covered 30 districts and 6 ULBs of Odisha, 1230 number of samples have been tested in MFTL from 01.04.2018 to 31.12.2018 out of which 360 number of food samples have not conformed to standard & improvement notices have been issued to the FBOs
- (6) Training and Other Activities : 2018-19
- (i) 10 (Ten) FoSTaC(Food Safety Training & Certification program) Training have been conducted in Odisha to ensure safe and hygienic food to the consumers.
- 5(Five) Manufacturing Level-2,5(Five) Catering Level-2,
 - Total No. of Food Safety Supervisors trained=258
- (ii) Street Food Vendor Training: 1000 (One thousand) Street Food Vendors have been trained in 19 sessions from 4th October-3rd November, 2018 to improve the capacity of the Street Food Vendors and ensure hygienic food to the public.
- Bhubaneswar-509,Cuttack-241,Puri-250
- (iii) RATHYATRA(CAR FESTIVAL) was managed by deploying 10 (Ten) Food Safety Officers from different districts/ULBs to Puri from 25.06.18 to 24.07.18 . The FSOs checked many restaurants ,Bakery & water units etc and created awareness amongst FBOs and Public.
- (iv) The World Cup Hockey -2018 & Food Fest (28th Nov-16th Dec-2018) was managed smoothly by deploying 10 (Ten) FSOs to Food Fest and Hockey Stadium and Hotels where players and other international guests were staying.
- Capacity building of all the Chefs and F& B Manager of hotels was done where players and other international guests were staying on 9th Nov, 2018 at Institute of Hotel Management (IHM), Bhubaneswar by the technical expert from FSSAI, New Delhi.

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.
- Steps have been taken for opening of one website for Food Safety activities for easy accessibility by public to all act/Rules/ Regulations & other important information.
- Government is considering 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 for obtaining NABL accreditation so that all types of quality testing of Food Items can be carried out in specified time period.

Chapter - 7

Director of Medical Education and Training

Chapter - 7

Director of Medical Education and Training

Activities undertaken so far

1. 250 number of MBBS seats in SCB Medical College, Cuttack has been recognized during the academic session 2018-19 and 250 MBBS seats at MKCGMCH, Berhampur has been renewed for the academic session 2018-19.
2. MBBS course in two New Medical College & Hospitals of the State i.e. at Pandit Raghunath Murmu MCH, Baripada & Saheed Laxman Nayak MCH, Koraput has been renewed for the 2nd batch during 2018-19.
3. In order to meet the demands of Doctors of the State, MBBS course has been started from the academic session 2018-19 in two new Medical Colleges and hospitals of the state, i.e. at Fakir Mohan Medical College & Hospital Balasore & Bhima Bhoi Medical College & Hospital Balangir and construction work of the new Medical College at Puri and Keonjhar are under process.
4. Steps have been taken for strengthening of all 7 Govt. Medical Colleges & enhancement of P.G seats in different disciplines and three Govt. Medical Colleges, i.e. at SCBMC Cuttack, MKCGMC Berhampur & VIMSAR Burla.
5. One New Super Specialty Course has been started in Department of Endocrinology at MKCGMCH Berhampur.
6. Online Registration of Clinical Establishment is under process.
7. Improvement and renovation of water supply, sewerage and sanitation works of Medical College & Hospitals, SVPPGIP, Cuttack & AHRCC, Cuttack has been made.
8. Establishment of Tertiary Cancer Centre at MKCG MCH, Berhampur & VIMSAR, Burla are under process.
9. Steps are being taken for functional of Liver Transplantation Unit at SCB MCH, Cuttack.
10. 16 Nos. of Kidney transplantation has already been conducted at SCB MCH, Cuttack during 2018-19.
11. More than 168 Nos. of Open Heart Surgery have been conducted at SCB MCH, Cuttack during 2018-19.
12. 9 Nos. of candidate in Psychiatric Nursing, 8 Nos. of candidate in M.Phil in Clinical Psychology & 5 Nos. of candidate in M.Phil in Psychiatric Social Work has taken admission during the academic session 2018-19.
13. Steps are being taken to establish De-Addiction Centre at Cuttack under the supervision of Director -cum- Medical Superintendent, MHI Cuttack.
14. Infrastructure development work are under way in 3 (Three) Medical College & Hospitals, SVPPGIP, Cuttack & AHRCC, Cuttack.

15. High- End Instruments & Equipments are being procured in accordance with the requirements of the patients & Medical Students.
16. During 2018-19, Rs. 23,82,32,015/- has been sanctioned in favour of 2744 Nos. of beneficiaries from OSTF till date.
17. Free Cancer Drugs are being distributed in AHRCC, Cuttack under Niramaya Scheme.
18. 139 Nos. of Junior Resident, 110 Nos. of Senior Resident, 83 Nos. of Tutor, 04 Nos. of Assistant Professor and 09 Nos. of Associate Professor in different discipline have been appointed in different Medical College & Hospitals i.e. Baripada, Koraput, Balasore & Bolangir and in SCBMCH Cuttack, MKCGMCH Berhampur & VIMSAR Burla during 2018-19.
19. Purchase of Books & Journals to the tune of Rs. 4,75,75,000/- (Rupees Four Crore Seventy Five Lakhs Seventy Five Thousands) for 7 (Seven) Govt. Medical Colleges of the State, SCB Dental College & Hospital, Cuttack & SVPPGIP, Cuttack during 2018-19 are under process and will be completed prior to 31.03.2019.
20. Multi Disciplinary Research Unit work in 3 (Three) Govt. Medical Colleges of the State is under process.
21. Strengthening of the Super Specialty Department under PMSSY Phase-IV in 3 (Three) Govt. Medical Colleges of the State are under process.
22. During the academic session 2018-19, 52 Nos. of DMLT, 23 Nos. of DMRT & 5 Nos. of Physiotherapy Institutions (New) have been given permission to start the course.

Chapter - 8

State Institute of Health & Family Welfare

Chapter - 8

State Institute of Health & Family Welfare

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", dealing with 3 major components like Training, Communication & operational research. In April'1998 it got the status of Collaborative Training Institute (CTI) of NIHFW.

As a nodal agency for training, the objectives of SIHFW are as follows:

- To act as the nodal agency for in-service and on the job training of health personnel (Doctors and Paramedics)
- Enhancing capacity of regional and district training centre in the state.
- To supervise & monitor the training performance of periphery centres.
- To build network & partnership with NIHFW and other training institutions of the state & outside the state.
- To leverage periphery centers in manpower facility, equipment and infrastructure up-gradation.

The different functions of SIHFW in the sphere of Training are:

- To facilitate preparation of annual state and district training plan.
- Capacity building of trainers in different fields.
- To carry out supportive supervision and monitoring of training activities with quality assurance.
- To facilitate web based tracking of trained health functionaries.
- To develop and modify appropriate learning resource materials for training.

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, MPHW (Male) & Female.
- SBA training for AYUSH Doctors.
- Creating & strengthening 30 district training units.

- Training Management Information System(TMIS)
- Telemedicine

Other Activities

- Review Meeting on State Level Nodal Officers on Training
- District Level Review Meeting through Teleconference
- Submission of Monthly, Quarterly & Annual Training Progress Report to NIHFW & MoHFW, Gol.
- State Training Calendar Preparation.
- State Level Training monitoring of Training activities (all 30 districts)

New Training Programmes taken up by SIHFW:

- One Year PGDPHM of MBBS.
- One year Certificate Course on CCEBDM & CCMH for Regular MBBS doctors.
- State Level ToT on Laparoscopic Sterilization
- 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 2018 - 19 (Dec'18)

Training	Unit Measure	Phy. Target (In batch)	Achievement Till date (In nos.)
30 days Induction Training for Newly Appointed Medical Officers (MBBS)	30 / Batch	2	30
One Year Post Graduate Diploma in Public Health Management for Regular MBBS MOs	40 nos.	40 nos.	33
One day ToT for Medicine Spl. on Certificate course evidence based management of Diabetics Management & Hypertension Management	20 nos.	20 nos.	9
SAB ToT	20 / Batch	1	17
RTI / STI Training of Medical Officers	25 / Batch	1	22
3 Days Induction Training of BAM	30 / Batch	30	26
5 Days Refresher Training of MPHWM(M)	30/Batch	150	131
5 days Orientation Training MPHWM (M)	30/Batch	330	292
6 days Refresher Computer Training of PHEOs	32 / Batch	3	57
3 days Orientation Training of Govt. AYUSH Medical Officers	30/batch	14	126
3 days Refresher Training of PHEOs for Health Communication	30/batch	120 nos.	118
Diploma in Health Promotion	30 nos.	30 nos.	30
Skill Based Training Management of Health Communication	40 / Batch	2	71
State Level training on Basic Health Communication skill (CPM/APM/PHM)	30 / Batch	1	29
State Level ToT on Laparoscopic sterilization training	3 Batch	10	4
Training of Trainers on NSV	4 / Batch	1	3



Inauguration during Three Days Orientation Training Programme for Govt. AYUSH Medical Officers



Certificate distribution during the closing of 3 days refresher training of BPM



Group Photos of the doctors during the 30 days Induction Training of Newly Appointed Medical Officers (MBBS)



MoU signed between SIHFW, Odisha & IIPH, Bhubaneswar for the one year training course on CCEBDM & CCMH

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

The State Institute of Health & Family Welfare (SIH&FW), Odisha aims to generate demand among the Community regarding health care service provided by the department and promote healthy behaviour by bringing behaviour change among the stakeholders. CoE, SIH&FW uses 360 degree communication approach in different forms of Mass Media, Mid Media Activities along with Inter Personal Communication programmes to achieve the goal.

Observation of Designated Health Days

Different days are celebrated at state level and also across the state to create awareness among the resident of the State. National De-worming Day on 3rd & 4th April, World Health Day on 7th April, World Safe Motherhood Day on 11th April, World Diabetes Day on 14th Nov'2018, World Breast Feeding Week from 1st to 7th August 2018, New Borne Care Week- on Nov'15, 2018, Save the girl child Day on 24th Jan' were also observed at State, District, Block & Sub Block level. Different Sets of IEC BCC activities such as dissemination of IEC/BCC messages using Mobile IEC van, leaflets, Posters, Sensitization meetings, Quiz competition among stake holder, Rallies were organised.

Communication Campaign

a. Pulse Polio Immunization Campaign

Polio rath (Mobile IEC Van) inaugurated at SIH&FW on 14th April 2018, by Director SIH&FW and followed by pulse polio immunization day inauguration on 15th Apr' 2018 at Unit 4 dispensary, Bhubaneswar. The two-phase Pulse Polio drive organized in all the 30 districts of Odisha. The first phase of the immunization drive started on April 17 & the Second phase of the drive conducted from 20st to 22nd May 2018. Children below five-years of age were given two drops of oral polio vaccine during the drive.

b. Integrated Diarrhoea Contorl Month (IDCM) and Malaria, Diarrhoea & Dengue (MDD) Campaign :

In order to create Awareness on different water & vector Borne diseases across the State during the monsoon a three month long communication campaign was conducted from 20th June to 19th September across the state. The campaign Started with the objective create awareness to ensure zero deaths due to diarrhoea, malaria and dengue

especially in remote and high endemic blocks/urban units/Municipal Corporations with special focus on under -five children . Dissemination of BCC Messages through mass media i.e. airing TV Spot, Panel Discussion/Phone in programmes, Radio Jingles, 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 demonstration Corners, ASHA were given reference material, at district & block level banners, hoardings & standees were displayed. Orientation-cum-Sensitization programme at District level & Mass Cleanliness Drive, Rallies, Quiz competitions at different level, folk shows at village level etc. were also conducted during this occasion. 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, Mass Cleanliness drive of all GP offices & Sub-Centers, Counseling & Demonstration sessions at VHND were organized during this campaign phase.

c. World Population Mobilization Fortnight Campaign (11th July to 24th July 2018)

This campaign observed with the objectives to reinforce family planning measures implemented by State Government for ensuring protection of Reproductive rights of every individual and to create an environment among couples by which they will be aware and informed about their family planning choices as per the need.

Theme of this year's Campaign was: "Parivar Niyojan Ek Manbik Adhikar" And slogan of the year was "Parivar Niyojan Sahita Gadhantu Ek Ujjwala Bhabiswata". State Level function organised and the contributors towards achieving the desired TFR were felicitated. Advertisements through TV, Radio & News Paper were given at State Level. Different IEC activities such as Message dissemination through Publicity Van at every block and social mobilization drive in every village was conducted at District & Block level. Leaflets distributed among potential stake holders & posters, hoardings & banners displayed at facility and community level across the state.

d. Mission Indradhanush Campaign

Mission Indradhanush (MI) immunization campaign was started from 16th July 2018 and continued for 7 working days in 10 selected districts of Odisha namely Dhenkanal, Gajapati, Kandhamal, Balangir, Kalahandi, Rayagada, Koraput, Malkangiri, Nuapada and Nabarangpur. Different IEC activities such as hoarding, banner, posters were displayed at district & Block Level along with IPC activities such as sensitization to FLW using ANM leaflet & IPC with parent using parent leaflet & parent invitation card was conducted with the message that immunization is every child's right & parent's moral responsibility to immunize their child. Children up-to two years of age and the pregnant women, who are left out of the regular vaccination programme were covered during the campaign.

e. Vasectomy Fortnight

This campaign was observed with the objectives to promote male participation in Family Planning and promote benefits of vasectomy along with reduce the myths involved with Vasectomy. The sensitization week was observed from 21st to 27th November. Theme of this year's Campaign was "Purusha Bandhya Karana Kraiba-Parivar Niyojan Re Nua Parichaya Srusti Kariba". During this week long period advertisements through TV, Radio & News Paper were given at State Level. Different IEC activities such as Message dissemination through social mobilization drive in every village was conducted at Block level. District & Block level meetings were organised, leaflets distributed among potential stake holders & posters, hoardings & banners displayed at facility and community level across the state.

f. Save the Girl Child Campaign

Save the Girl child campaign was observed with the objectives to create awareness to protect the rights of girl child and abolish the discrimination between male & female at every place by ensuring equal right to all the gender.

Different IEC activities such as signature campaign, State level Day Observance, Rally Paper Advertisement, advertisements through TV, Radio were given. Message dissemination through republic Day Tableau at some districts & social mobilization activities at village level were conducted.



Commissioner Cum Secretary Health & Family Welfare, Dr.Pramod Kumar Meherdha flag off the bike rally on Save the Girl Child Day from SIH&FW Premises.

Mid Media Activities:

Odisha is known for its fare & festivals. Huge gathering happens during different period in different districts as well as some state level events also drag many people to participate. During these periods health exhibitions and BCC messages were displayed. In year of 2018-19 the following State & District level exhibitions and events were organised to create awareness.

State Level

Health Exhibitions were organised at Kalinga Book Fair, Rajdhani Book Fair & Adivasi Mela. Awareness on Cancer, Non communicable disease (Diabete) & Durgama Anchalare Malaria Nirakaran (DAMAN) were the theme of this exhibition respectively. During Republic Day a tableaux on the theme Biju Swasthya Kalyana Yojana displayed at State level.

District/Block Level

Similarly Dhanujatra in Bargard, Balijatra in Cuttack, Ghumura in Kalahandi, Mandei in Nawarngapur, Malyabanta Mela in Malkangiri, Rath yatra in Mayurbhanja & Puri, also Chandravaga Mela in puri, Siva ratri in Nayagad and Khurda Mahostav in Khurda district were organized at district level.

Communication Training - Capacity Building

- State level capacity Building workshop on Diarrhoea Management through Inter-Sectoral Convergence for district & Block Level Communication Officers & NHM Managers was organised from 28th May to 12th June 2018. This 2 days workshop was completed in 13 batches and total 401 numbers of human resources i.e. 305 PHEOs, 52 Asst. Managers (ASHA), 9 DMRCHs, 35 DPHCOs & ADPHCOs were trained during this workshop.
- Capacity Building training of PHEOs on Diarrhoea management was conducted at Bhubaneswar, from 28th may to 12th June 2018 in 13 batches. Also all most all the medical officers were also trained on the subject in 5 batches which was started from 20th June and ended on 26th June 2018.
- Three days state level training on basic health communication skill for CPM/APM/PHM. Was organised in two batches from 29th Nov' -1 Dec' & from 6th -8th December 2018 at SIHFW, around 44 APM & CPM were trained.
- 3 days State level ToT on IPC Boosting Routine Immunization Demand Generation was completed on 5th Dec' 18 and about 30 state level trainers were trained. It is planned to conduct district level 2 days Bridge Training in phased manner. The training started on 11th December 2018 and completed on 4th January 2019. During this 13 batches training of BRIDGE 343 district & 26 state Level human resources were trained respectively.

Advertisement Using Mass Media

Mass Media has a huge reach and all most all mass media activities such as publication of advertisements through Print Media & airing of TV & Radio spots & jingles are dealt by SIH&FW at State level. All TV spots & Radio Jingles are prepared by ORSAC and vetted at DSIH&FW and also available TV posts & jingles are also utilized for the purpose. Total number of advertisements disseminated in the year 2018-19 (Jan'19) through Print & Electronic media is mentioned below at point number A & B respectively.



Display of Biju Swasthya Kalyan Yojana Rath on Republic Day Parade, Bhubaneswar

A. Print Media (News Papers)

Sl No	Programme	Period	No. of publication in print media
1	Heat Stroke	April & May 2018	41
2	National Deworming Day	3rd & 4th April 2018	6
3	MDA Campaign	Apr-18	15
4	IPPI	April & May 2018	10
5	Spl. IMI	April - July 2018	22
6	World Malaria Day	25th April 2018	11
7	Comprehensive Cancer Care	6th May 2018	20
8	National Anti Dengue Day	5th May 2018	8
9	Misc Health Issues	May-18	100
10	World No Tobacco Day	31st May 2018	11
11	Anti Dengue Month	May-18	9
12	Car Festival 2018	Jul-18	53
13	IDCM/MDD	June - July 2018	25
14	Adolescent Health (DEIC)	May-18	8
15	102/108 Ambulance Service	Jul-18	27
16	Inauguration of DHH Malkangiri	26th July 2018	13
17	World Breast Feeding Week	Aug-18	5
18	Mission Indrdhnush Prog.	July - Sept 2018	18
19	Eye Donation Fortnight	Aug-18	5
20	MDA Campaign	Sep-18	6
21	National Deworming Day	26th Sept 2018	6
22	LCDC	Sep-18	6
23	World Sight Day	11th Oct 2018	11
24	Cyclone & Flood (Titili)	Oct-18	24
25	Japanese Encephalitis	Nov-18	10
26	World Diabetes Day	14th Nov 2018	5
27	Vasectomy Fortnight	Nov-18	10
28	Newborn Health	Dec-18	14
29	Routine Immunisation	9th to 25th January 2019	14

B. IEC/ BCC Activities (Electronic media) on Different Health Programme 2018-19

Sl. No.	Name of the Programme/ Scheme	Activities	Target Vs Physical (Ach). 18-19 (Time)	Month
1	MDA	Telecast & Broadcast of TV spot & Radio Jingle	230/230	April'18
2	Food safety	Telecast of TV spot & Broadcast of Radio Jingle	356/356	April'18
3	World Malaria Day	Telecast of TV spot & Broadcast of Radio Jingle	122/122	April'18
4	Malaria (Anti malaria Month)	Telecast of TV spot & Broadcast of Radio Jingle	129/129	June' 18
5	Diarrhoea (CAR Festival)	Telecast & Broadcast of TV spot & Radio Jingle	60/60	July'18
6	World Population Fortnight (IUCD)	Broadcast of radio Jingle	114/114	July'18
7	102 & 108 Ambulance (Car Festival)	Telecast of TV spot & Broadcast of Radio Jingle	471/471	July'18
8	MDD (Malaria & Diarrhoea)	Telecast of TV spot & Broadcast of Radio Jingle	477/477	July, Aug & Sept'18
9	Mission Indradhanush	Broadcast of Radio Jingle	48/48	July, Aug & Sept'18
10	Mission Indradhanush	Telecast of Scrolling message	18/18 days	July, Aug & Sept'18
11	Leprosy	Telecast of Scrolling	18/18 days	Sept & October 2018
12	World Sight Day	Broadcast of radio Spot (FM Radio)	60/60	Octo'18
13	World Diabetic Day	Broadcast of radio Spot (FM Radio)	45/45	Nov'18
14	NSV	Broadcast of radio Spot (FM Radio)	195/195	Nov'18 & Dec'18
15	Maternal Health	Telecast of TV spot & Broadcast of Radio Jingle	1223/1223	Jan'19 Programme on going
16	Child Health	Telecast of TV spot & Broadcast of Radio Jingle	503/503	
17	Adolescent Health	Telecast of TV spot & Broadcast of Radio Jingle	649/649	

Chapter - 9

Directorate of AYUSH

Chapter - 9

Directorate of AYUSH

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 2018-19 are as under:

- **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. Yoga Wellness Centre will be set up at all Govt. Homoeopathic and Ayurvedic colleges of the State.
- **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, 2017-18,169 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.
- 1. **AYUSH Pharmacies:** At present, 02 Ayurvedic & 01 Homoeopathic Pharmacies are functioning for manufacture & supply of Ayurvedic and Homoeopathic medicines to Govt. Hospitals & Dispensaries of the State. Steps have been taken to strengthen these Pharmacies for better output of qualitative products. Required man power shall be engaged in AYUSH Pharmacies out of the grant released under NAM.
- **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. Required man power shall be engaged in the DTL out of the grant released under NAM. This year construction work for new Drug Testing Laboratory (Homoeopathy) will be completed at the campus of DrACHMC &H, Bhubaneswar.
- **Specialized Panchakarma:** Panchakarma treatment of Ayurveda is being provided in Govt. Ayurvedic hospital, Bhubaneswar, GAM, Puri and KATS Ayurvedic college, Berhampur. One Pachakarma unit is also functioning at DHH, Kendrapara. One more Panchakarma unit will be started DHH, Bargarh.
- **Training & Capacity building of AYUSH personnel:** Orientation training programme of 420 nos. of AMOs/HMOs/UMOs in under progress at SIHFW, Govt. of Odisha, Bhubaneswar. Skill development training programme for 300 AYUSH doctors are also continuing at DrACHMC &H, Bhubaneswar and GAM, Puri.

- **Training & Capacity building of ASHAs/ANMs on AYUSH:** 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.
- **Programme under NAM:**
Public Outreach Activities, Behavioral Change communication (BCC),AYUSH Grama, School Health Programme through AYUSH etc. are being implemented during this year.
- **I.E.C Programme:**
Integrated AYUSH health camp, Health camp at Ratha Yatra, Adibasi mela and Rahagiri day etc are being organized regularly.
- **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 56 AYUSH Dispensaries under NAM and the work is under progress.
- **Setting up of 50 bedded integrated AYUSH Hospitals:**
During this year construction of integrated 50 bedded AYUSH Hospital at Dhenkanal will be completed and construction of integrated 50 bedded AYUSH Hospital at Berhampur will be started.
- **Establishment of SPMU for NAM:**
For implementation of the programme under NAM, one State Programme management Unit will be set up soon.

Chapter - 10

Directorate of Nursing, Odisha

Chapter - 10

Directorate of Nursing, Odisha

- Admissions for ANM and GNM Courses, across public and private nursing institutions in Odisha, were successfully conducted through Online Counseling for the fourth consecutive year. This included admission of GNM students in 8 Govt., 68 Private Institutions and ANM students in 21 Govt. and 104 Private Institutions for the academic session 2018-19.

Status report of Offline admission for Basic B.sc, P.B.B.sc & M. sc Nursing for the Academic Year 2018-19

Sl. No.	Name of the Course	Total No. of applications received offline	Admission status at Govt. Institutions	Admission status at Private Institutions
1	Basic BSc Nursing	2274	190	601
2	Post Basic BSc Nursing	475	65	102
3	MSc Nursing	254	42	68

Status report of online admission ANM & GNM Nursing for the Academic Year 2018-19

Sl. No.	Name of the Course	Total No. of applications received
1	ANM	16129
2	GNM	10975

- Odisha Nurses and Midwifery Examination Board (ONME&B) conducted GNM and ANM examinations and the results were published on time. The brief of the results is mentioned in the table below.

Nursing result details of GNM

Year passed	No of student appeared	No. of student passed	% students
1st year	2631	2252	85.59%
2nd year	2612	2519	96.43%

Nursing result details of ANM

Year	No of student appeared	No of student passed	% students passed
1st year	2972	2374	79.87%
2nd year	2807	2541	90.52%

- The State Nodal Center at College of Nursing Berhampur is continuing with capacity building activities for the faculty of nursing institutions in Odisha. Till the year 2018-19, SNC carried out 8 batches of 6 weeks training for the faculty from College of Nursing, ANM & GNM Nursing institutions. The details are mentioned below

Name of Institution	Total trained
Berhampur, ANMTC	5
Berhampur, College of Nursing	13
Berhampur, GNMTC	13
Cuttack, GNMTC	11
Deogarh, ANMTC	1
Dhenkanal, ANMTC	1
Kalahandi, ANMTC	3
Kandhamal, ANMTC	2
Kandhamal, GNMTC	2
Kendrapara, ANMTC	1
Sundergarh ANMTC	1
Kalahandi, GNMTC	3
Keonjhar, ANMTC	2

Name of Institution	T o t a l trained
Koraput, ANMTC	3
Mayurbhanj, ANMTC	3
Nabrangpur, GNMTC	3
Nayagarh, ANMTC	3
Puri, ANMTC	4
Rayagada, ANMTC	2
Sambalpur, GNMTC	2
Sundergarh, GNMTC	5
Balangir, ANMTC	3
Dhenkanal, GNMTC	5
Sambalpur, ANMTC	4
Sonepur, ANMTC	1

- The comprehensive skill labs at Capital Hospital Bhubaneswar and GNM School of Nursing at Sundergarh have been made operational and 6 Days' Training (Daksh) of 15 batches has been completed 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 (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.
- Total 84 candidates (both Staff Nurses & Ayurvedic doctors) have successfully completed 6 months Bridge Course training by clearing the Term End Examination conducted by IGNOU in the month of June'2018. 56 candidates (both Staff Nurses & Ayurvedic doctors) have appeared the Term End Examination conducted in the month of Dec'2018 by IGNOU. Total 71 Staff Nurses have taken admission for the academic session Jan'2019. Posting order issued to all the candidates with an additional incentive as approved by Govt.
- 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 2018-19. 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.
- 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.
- Reward & recognition given to meritorious students and institutions for excellence at Conference hall of NHM, Odisha.

- A health worker named Ms. Anita Kumari Parida of Malkangiri District has bagged the prestigious Florence Nightingale award 2018 on the occasion of International Nurses Day from President of India during a function at Rastrapati Bhawan on 12.5.2018 for her dedicated service for mankind during the outbreak of Japanese Encephalitis .
- Candidates have taken admission at two newly established Govt. College of Nursing a SCBMCH, Cuttack & VSSMCH, Burla & two newly established Govt. ANMTC at ANMTC, Malkangiri & ANMTC, Gajapati.



Students at Skill lab



Online counseling & Admission



OSCE at Skill stations



Inauguration of Comprehensive skill lab, Sundergarh

Chapter - 11

Odisha State Medical Corporation Limited

Chapter - 11

Odisha State Medical Corporation Limited

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

The "Odisha State Medical Corporation Limited" (OSMCL) is 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.

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

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

- a. The procurement & distribution activities of total 640 nos of EDL items (Essential Drug List) & programme items comprising of 330 nos of General items, 85 nos of surgical items, 72 nos of anti-cancer items, 40 nos of programme items and 113 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: 529 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 installed at different Warehouse around the State. DG set for power backup has been provided to all District Warehouses. Funds have been placed to all Districts and major health Institution for procurement of Cold Boxes and Thermo hygrometer.
- 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 19 drugs have been found to be Not of Standard Quality covering 50 nos. of batches during the test conducted by the empanelled approved NABL accredited laboratories. Till date based on quality test reports, 358 items have been released for consumption covering 4791 batches. Keeping with the policy of stringent quality control measures, the Corporation has blacklisted 6 firms for supply of specific drugs and 2 firms for supply of all drugs covering 19 items of 50 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 (13 nos) already finalised for EIFs worth of Rs. 90/- Crores for various Health facilities including Medical Colleges and hospitals and installation of equipments under process.
- d. Tenders (13 nos) already floated and under process worth of Rs. 150 Crores for various Health facilities including Medical Colleges and hospitals.
- e. Purchase orders placed for EIF worth of Rs. 70 Crores for various Health facilities including Medical Colleges and hospitals and installation of equipments under process.
- f. Rate contract tender worth of Rs. 65/- Crores for 107 items has already been floated, out of which 86 items has already been finalised in 17-18 and rest nos of items has been finalised in this year. The rates will be valid for next two years.
- g. For Equipment Maintenance Outsourcing, tender has already been finalised for Biomedical Equipment Maintenance Services after validation and valuation of Equipment inventory of Rs. 250 crore in the state.
- h. For SCB Medical College & Hospital, MKCG Medical College & Hospital and AHRCC, Cuttack, tender for 128 slices, CT Scan service in PPP mode has been finalised and agreement has also been signed with the selected agency.
- i. 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

Chapter - 12

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 2018-19

1. CONSTRUCTION OF OFFICE-CUM-RESIDENCE BUILDING- The Govt. in Health & F.W. Deptt. have initiated and placed required funds for construction of Office-cum-Residence Building of Drugs Inspectors in the state of Odisha. The status of Construction and Taking over the Buildings are indicated below:-
 - (i) 18 (eighteen) Nos. of Office-cum-Residence Buildings for Drugs Inspectors in the state have already been constructed and occupied by the Drugs Inspectors.
 - (ii) 04 (four) Nos. of Building for Drugs Inspector, Deogarh, Ganjam-III, Jagatsinghpur and Puri Range are now under Construction.
 - (iii) 01 (one) No. of Office-cum-Residence Building at Angul Range, Angul is to be constructed as soon litigation of the land problems is 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 the following softwares 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 of Management System (EMS)

Notification have been made on dt. 17.12.2018 in respect of functional of License Management System in order to provide services to the citizen in respect of issuance of Drug Licences in a Time bound process and without any hassles.

3. STRENGTHENING OF BLOOD SERVICES IN THE STATE-
 - i. A special drive for licensing of Blood Banks in the state was undertaken in last 01 (one) year, after which
 - 14 Nos. of Blood Bank Licences were updated till now.
 - Renewal application for 09 (nine) Nos. of Blood Banks have been recommended to Drugs Control General (India)
 - Inspection of remaining Blood Bank have been completed and their renewal are under process.

- ii. Blood Storage Unit
 - 15 (Fifteen) Blood Storage Unit have updated their licences.
 - 59 (fifty nine) Nos. of Blood Storage Unit are now under process for renewal.
4. CENTRAL DRUGS & COSMETIC TESTING LABORATORY- The Govt. of Odisha have provided land at free of cost for construction of the Central Drug & Cosmetic Testing Laboratory at Gothapatna, Bhubaneswar under Centrally Sponsored Plan Scheme. For this purpose, the Govt. of India have sanctioned a sum of Rs. 10 Lakhs in 1st Phase and Rs. 50 Lakhs in the 2nd Phase in favour of CPWD, Bhubaneswar for construction of Central Drug & Cosmetic Testing Laboratory for preliminary work and initiation of LoC proposal and other formalities.
5. CONSTRUCTION OF DRUG TESTING LABORATORY AT SAMBALPUR- Under the scheme Strengthening of Drugs Regulatory System, setting up of Drug Testing Laboratory at Sambalpur has been initiated. This laboratory will facilitate for Testing of 3000 (three thousand) drug samples per annum. For the said purpose, the Govt. of Odisha, Health & F.W Deptt. have placed a sum of Rs. 833.33 Lakhs during the year 2017-18 and transferred to Executive Engineer, Sambalpur, Division-II, Sambalpur for construction of laboratory. The Govt. have placed fund amounting Rs. 3,28,26,000/- as balance amount for construction of laboratory during the year 2018-19.
6. PRICE MONITORING RESOURCE UNIT- Setting up of PMRU (Price Monitoring & Resource Unit) in the state of Odisha under the Central Govt. Sponsorship Scheme has been initiated. In the meanwhile, the NPPA, New Delhi vide their letter No. 16(11)/2016/Div-III/NPPA(Pt) dt. 04.12.2017 have intimated that the scheme Consumer Awareness Publicity and Price Monitoring need to be a registered society. In compliance to the above Govt. of India letter, a proposal has been submitted to Health & F.W Deptt., Govt. of Odisha vide this Directorate letter No. 11198 dt. 13.12.2017 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.
7. Notification of Medical Device:- The Drugs Inspectors have been designated as Medical Device Officers vide Notification No.1902 dt.21.01.2019.
8. ENFORCEMENT ACHIEVEMENT 2018-19 (upto November 2018)
 - i. All Drug Inspectors have been notified to exercise power under the Drugs (Price Control) order 2013. Accordingly, 03 (three) Nos. of 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.
 - ii. As per Govt. of India Notification No. 82 dt. 19.02.2018, the Govt. in Health & F.W. Deptt. have directed to Notify TB patients. Accordingly, Utkal Chemist & Druggist Association has been directed to Notify TB patients in the prescribed format to the Nodal Officer of the district and also Drugs Inspectors have been directed to insist the Chemist to maintain Schedule H1 register in respect of notification of TB patients.
 - 6191 Nos. of Inspection and 724 Nos. of Raid have been conducted to verify the compliance of conditions manufacturing and sales drug licences and to check movement of Spurious/Not of Standard Quality drugs. On basis of inspection and raid reports, 439 Nos. of Show Cause Notices have been issued to the sales medicine stores for violation of D & C Rules' 1945. Out of which, 312 Nos. of sales Drug licences have been suspended for non-compliance of conditions of their licences.
 - During the raid, 35 Nos. of Seizures have been made for violation of D & C Act & Rules thereunder and 33 Nos. of Prosecution have been lodged against the offenders in the Hon'ble Court after investigation of previous year and current year for non-compliance of conditions of licences.
 - 2601 Nos. of sample have been drawn for Test and Analysis to ascertain the quality of drug, out of which 2554 Nos. of Allopathic, 47 Nos. of Homoeopathic drugs.
 - The SDT & RL (O), Bhubaneswar have received 2905 Nos. of samples for Test and Analysis and have Tested 2574 Nos. of samples, out of which 2519 Nos. of samples have been declared as Standard Quality and 55 Nos. of samples have been declared as "Not of Standard Quality". Out of the Total "Not of Standard Quality" drug, 8 Nos. belongs to Govt. supply and 47 Nos. of belongs to Trade. The SDT & RL (O), Bhubaneswar have also Tested 2791 Nos. of Excise samples.
 - 2321 Nos. of Retail and Wholesale Drug licences have been granted.
 - Fines amounting to Rs. 1,99,751/- have been collected from the offender due to enforcement of COTPA-2003.
 - Revenue amounting to TRS. 10294 have been collected from licence fees and fines.

Chapter - 13

Odisha State AIDS Control Society (OSACS)

Chapter - 13

Odisha 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)
- Objectives 2: 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 47346 clients have been detected HIV positive in different Integrated Counseling & Testing centers (ICTC) as on January, 2019. Out of these detected cases 29,183 are male and 18,063 are female. The reported number of deaths is 7568.

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 275 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 Link ART 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.
- 9 Community Support Centres are functional in the State.
- TI Projects: There are 10 exclusive FSW, 2 MSM, 19 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 2018 to January 2019:

1. 5.80 lakhs general clients were undergone counseling & testing; 3048 were found positive. 6.22 lakhs pregnant women counseled & tested after consent and 202 were found HIV positive in the Integrated Counseling and Testing Centers. 3303 were linked to the ART centers and registered.
2. 3,64,061 number of blood units was collected in the blood banks of Odisha and 73% were voluntary collection in comparison to 71% in the year 2017.
3. HRG Covered by TI Projects: 10060 FSW, 4950 MSM, 2250 IDU, 10000 truckers, 92000 destination migrants were covered during the year.
4. 213338 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. 3303 patients were registered in the ART centers and the cumulative Pre ART registration became 35196.

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 festival, Puri hoardings on HIV/AIDS awareness erected in different crowded areas.
3. State Level Workshop on Legal Protection to PLHIV & CABA through HIV and AIDS (Prevention & Control) Act 2017.
4. 7 Sensitization of SLSA and DLSA Advocates Conciliator, Para Legal Volunteer & Secretaries on implementation of HIV/AIDS (Prevention & Control)Act. 2017
5. 704 nos. of cultural programs were undergone through Song and Drama division by different folk forms of Odisha.
6. 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.
7. World AIDS Day observed in State level in collaboration with Hockey India, as well as in the 30 districts.

NHM is providing following support in convergence with NACP-NHM

1. Provision of WBFC kits for HIV screening, Safe Delivery Kit for positive PW, Nevrapine syrup & transport support to EID expose babies.
2. Additional incentive of Rs.1000 (Rs500/-to ASHA & Rs500/-to HIV +ve mother)
3. Engagement of contractual Medical Officers for all designated STD clinics. Provision of STI drug kits (Kit-1 to Kit-7) and POC kit for Syphilis screening to 438 NHM STI care facilities in the state.
4. Provision of Post Exposure Prophylaxis (PEP) drugs to all the districts with ICTC facilities.

Chapter - 14

Acharya Harihara Regional Cancer Centre (AHRCC)

Chapter - 14

Acharya Harihara Regional Cancer Centre (AHRCC)

Introduction

AHRCC is the first of its kind as post graduate medical education centre of our state approved by MCI which helps to produce cancer specialist and para-medical workers to fulfill the need of human resources for better patient care. This centre is committed to excellence in patient care, create talent pool in cancer care for the state, decentralise certain aspects of treatment in the form of shifting the chemotherapy administration & palliative care to district level, and create awareness in cancer prevention & early detection.

Academics & Research: AHRCC has been approved by the MCI as the first Post-graduate Medical Education Centre of our state without MBBS course from the academic year 2017-18. To start with the Post-graduate students have been admitted to Super specialty Courses i.e. Surgical Oncology and Gynaecological Oncology. The institution has been pursuing to start Post-graduate courses in other specialties and super specialties. Ongoing PG course in Radiation Oncology six students have taken admission during the academic year 2018-19 under the control of the Dean & Principal, SCB Medical College, Cuttack and continuing their study at AHRCC. Twenty DMLT students have taken admission during the academic year 2017-18 and the teaching and training programme of the DMLT students are going on as per the DMLT council guideline of Government of Odisha. The first batch of internship in medical physics has been completed successfully.

Telemedicine: Telemedicine centre is a great help for cancer patients of different districts minimizing the long distance travel to the centre. This is also being utilized for teleconferencing with premier institutes for academic discussions and meetings.

Significant Events

1. Digital mammography machine donated by Mrs. Susmita Bagchi was inaugurated by Hon'ble Chief Minister Sri Naveen Patnaik on 04.08.2018.
2. A special purpose vehicle (SPV) was formed as a joint venture of Govt of Odisha & Tata Trusts in the name of Odisha cancer care foundation (OCCF). It will be responsible for creation of a platform of cancer care all over the state. OCCF will also be responsible for up gradation of AHRCC.
3. Government decided to hand over the single storey quarters adjacent to AHRCC to AHRCC for its expansion. These quarters will be demolished to create space. The master plan will be prepared by Tata Trusts.
4. Digitalization of old records of the patients.
5. Installation of CCTV cameras & creation of security control room of AHRCC.
6. Creation of help desk.
7. Installation of solar panels

8. Outsourcing of electrical related activities to a professional body for operation & maintenance of AHRCC.
9. Increase of 08 no. of beds in day care unit.
10. Cancer screening camps from dt. 02.02.2019 to 08.02.2019 on the occasion of cancer observation week were organized in Dhenkanal, Jagatsinghpur, Puri, Kendrapara, Bhadrak and Khurda on the occasion of World Cancer Day.

Services Available

- Radiation through advanced Radiotherapy machines like LINEAR Accelerator and CT Simulator
- Day Care centre for chemotherapy
- Digital mammography, Ultra sonography and X-ray
- 24X7 hours Pathological services including all blood investigations, Cytology and Histo-pathology tests
- All advanced cancer surgeries and laproscopy surgeries except thoracic and Neuro surgery
- 24 hours emergency services for cancer patients
- Free supply of general and anti-cancer Drugs through NIRAMAYA
- Pain & Palliative Care by specialist doctors six days a week
- Psychiatric counseling by specialists once in a week
- Free diet to all Indoor patients
- Free of cost hospital services through NIDAN Scheme
- Govt. schemes like BKKY, OSTF & CMRF
- AAHAR Centre for patient attendants inside the premises
- Dharmashala for patient's attendant



Inauguration of Digital mammography machine by
Hon'ble Chief Minister Sri Naveen Patnaik on 04.08.2018

Hospital Services

Particulars	2015-16	2016-17	2017-18	2018-19
New Patients Registered in OPD	18163	17534	18403	19532
Follow-up Patients in OPD	18298	38594	53522	61007
Total No. of OPD Registrations	36461	56128	71925	80539
No. of New Admissions	5769	6032	6647	7072
No. of Readmissions	17065	19061	18451	21256
Total Admission	22834	25093	25098	28328
In-patient census	163557	150057	145036	161485
Daily In-patient census	447	411	397	442
No. of Discharg	21535	21698	19316	20247
Hospital Death	502	512	536	639
Cytology	13860	14075	13511	14155
Histology	16249	22461	27582	26466
Hematology	63755	81349	105804	125465
Biochemical	95555	115321	131979	192249
Total Pathological Investigations	189419	233206	278876	358335
Ultrasonogram	2519	1078	1161	3640
X-Ray	--	2812	5008	7029
CT-Scan	--	--	1036	1300
Mammography	--	--	--	600
Minor OT Procedures	483	793	921	959
Major OT Procedures	1188	1596	1810	2118
Total OT Procedures	1671	2389	2731	3077
Chemotherapy in Day Care Unit	6996	10042	10275	14736
Chemotherapy in wards & cabins	NA	NA	NA	19810
Planning in Telecobalt	2850	2085	2367	2231
Fractions Delivered in Brachytherapy	1321	1143	1129	1566
Treatment in LINAC	125	1160	1322	1231
CT Simulation	259	1230	1346	1351
Odisha State Treatment Fund	1834	1048	1155	1057
Biju Krushak Kalyan Yojana	4904	3564	3064	2471
Rashtriya Swasthya Bima Yojana	407	577	351	231
Counseling by NCD Counselor	4514	5156	4563	4349

Chapter - 15

Strengthening of Blood Services in the State

Chapter - 15

Strengthening of Blood Services in the State

Man Power:

For strengthening of blood services and prevention and management of Blood Disorders in the State of Odisha, the Directorate Blood Safety is functioning with following staff under the administrative control Director Blood Safety.

- One Addl director Blood Safety and
- One Joint Director Blood Safety.
- One dedicated Blood Cell has been created in NHM Odisha under administrative support of Director Blood Safety Odisha. Manpower working for the Blood Cell under the supervision of MD NHM and Directorate of Blood Safety are as follows:
 - a) Team Leader, SHSRC (NHM) is the Nodal Officer at NHM, Odisha .
 - b) One Management Consultant Blood Cell (NHM)
 - c) One Programme Associate Blood Cell (NHM)

Blood Collection in the year 2018(Upto Dec,2018):

- Director Blood safety Maintains and supports the blood strengthening activities of 55 Govt. Blood Banks, CRCBB Cuttack and 26 Pvt. Blood Banks in the state of Odisha.
- Total Blood Collection in the year 2018(Upto Dec,2018):is 455060 units

Total units of Blood Collection	Voluntary Blood Collection (Units)	Exchange Blood Collection (Units)	No. of Outdoor VBD camps to be held	Total units of Blood Collection from Outdoor VBD Camps
455060	292171	162889	3756	209482

Sickle Cell Project in Odisha (NHM Support):

- A Sickle Cell project is running in 12 high prevalence districts under the supervision of a nodal center at VIMSAR Burla (Odisha) since year 2010. Under that projects camps are being organized at various educational institutions in those 12 districts and people are being screened for Sickle cell and Thalasemia. Specialized treatment of those diseases and research programmes are being conducted at the nodal center.

Manpower appointed for the project at Nodal Centre:

- a) One Sr. Programme Manager
- b) Two Scientific Officer
- c) Jr. Accounts Officer
- d) One Office Assistant
- e) One Pharmacist cum store keeper

- f) Two Programme Associates
- g) Two Research Assistant
- h) Two Doctors (Asth. Surgeon)
- i) One Sr. Health Manager(O&G Specialist)
- j) 3 LTs

Manpower appointed at 12 District Sickle cell units.

- a) One Programme Associate
- b) One LT
- Proposal for setting up of Centre of the Excellence of Odisha Sickle cell project at VIMSAR Burla , proposal has been submitted to H & FW Deptt. Govt. of Odisha for needful.

Manpower Support

- To ensure proper and regular implementation of activities, provision has been made under State Budget for manpower support for Regular Vacancies.
- 44 LTs have been appointed in 43 Blood banks out of 69 sanctioned posts under NHM (O) Support.

E-Blood Bank

- For regular updation of Blood bank wise data E-Blood Bank portal has been made.
- All Govt./Pvt. Blood banks are linked into E-Blood Bank Portal.
- Blood Bank wise log in ID has been created to link up with NIB(National Institute of Biotechnicals) for Hemovigilance programme.

Mobile Blood Collection Van

- Procurement of 9 nos. of Mobile Blood Collection Vans for strengthening of blood services in Odisha is under process and only purchase order to be placed shortly.

BCSU

- Blood Component Separation Units are installed at SCB MCH Cuttack, VIMSAR Burla, MKCG MCH Berhampur, Capital Hospital BBSR, BMC Hospital Bhubaneswar, DHH Angul and CRCBB Cuttack.
- Steps have been taken to install the unit in other 7 Blood Banks.

Support for instrument and equipments for Blood Banks

- Provision has been made to centrally procure Bags, Reagents, Consumables & kits for Blood Banks by Govt. of Odisha and State Medical Corporation Limited (OSMCL) has been entrusted for the same to maintain uniform quality of the items.
- Provision has been made for automation of Lab system for grouping and cross matching of Hemoglobinopathy patients
- AMC,CMC & calibration of equipments will be made centrally from state budget and will be carried out by OSMCL.

NATPCR

- To reduce window period of various TTIs (Transfusion Transmitted infections) i.e HIV, HBV & HCV, samples are being rescreened through NATPCR at 3 Medical Colleges and Hospitals of Odisha i.e. SCB MCH Cuttack, MKCG MCH Berhampur, VIMSAR, Burla, Sambalpur and Capital Hospital Bhubaneswar. The blood samples from CRCBB, Cuttack and BMC Hospital, Bhubaneswar are also collected and tested at SCB MCH, Cuttack and Capital Hospital, Bhubaneswar respectively.

Support under State budget for Blood donation camps

- Since funds for Blood Donation camps which were earlier received by SBTC were ceased from NACO. Hence in the absence of the same, required budget has been made under State budget.
- In order to provide refreshment to all blood donors the cost of refreshment is provisioned under State Budget. i. Rs. 50/- per donor as refreshment cost and Rs. 10/- per donor towards Camp organising cost.

Provision for free diagnosis /Drug and Transportation support for Hemoglobinopathy patients

- Provision has been made to provide free diagnosis/service charges to blood disorder patients i.e. Thalassemia, sickle Cell/ Hemophilia patients all over the State.
- Ensuring free drugs supply i.e. Hydroxyurea and Folic Acid to Hemoglobinopathy patients. Drugs like BDFEROX, ANSURA, DESFERRIXAMINE injections are given to the Thalassemia patients as life saving treatment Chelation therapy.
- Blood and Blood products have been made completely free (Service charge exempted) for all categories of patients who are being treated at Govt. Health facilities w.e.f. 01.02.2019.
- Provision has been made for payment of transport cost to the Sickle Cell and Thalassemia major and hemophilia patients i.e. Rs.500/- per patient per month by DBT from 01.03.2018.
- It is planned to include 2 districts i.e. Jharsuguda and Bargarh for diagnosis and screening of Hemoglobinopathy patients in the universal VHND Sessions.

IEC/BCC

- As part of comprehensive IEC/BCC Package, 6 spots each of one minute have been developed and broadcasted in FM Radio and electronic media.
- Action has been taken for timely procurement supply and utilization of funds towards IEC materials for strengthening of Blood services from State /NHM Budget.

Programme and Financial Activities of Blood Cell NHM

- One Task Force Committee has been formed under the Chairpersonship of Mission Director NHM, Odisha. The Committee meeting is being held every month for taking progress status of the Programme.
- Regular Video Conferences are being conducted every month with The Blood Bank Officers under the Chairmanship of Director Blood Safety Odisha for taking updated status of Blood Banks for strengthening of Blood Services in the State of Odisha.
- Observation of National Voluntary Blood Donation Day and World Blood Donor Day was also conducted this year.
- Steps have been taken for the Training and capacity building of concerned staff regarding strengthening of Blood Services in the State of Odisha.

New Project with the support of CMC Vellore

- Govt. of Odisha has signed MOU with CMC, Vellore for implementation of a programme i.e. "Control of Sickle Cell and Thalassemia diseases in the State of Odisha" in collaboration with CMC Vellore. This programme is approved to be implemented initially in 4 Districts of Odisha i.e. Balasore, Koraput, Sambalpur and Cuttack districts on a pilot basis and then it will be expanded to all 30 Districts over a period of 5 years. Implementation of the project under progress.





