

# CHAPTER 15

## HEALTH, FAMILY WELFARE, SANITATION AND SOCIAL WELFARE

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### HEALTH

15.01 As a State of welfare India, Orissa State is under obligation to provide economical and efficient health services to its citizen. Although the health care system in the state has improved remarkably over the years, communicable and nutrition related diseases continue to be a major problem mostly in the tribal and backward regions as well as in the remote rural areas. Steps have been taken to bring adequate improvement in the health care system of the State especially in the rural and tribal areas and backward regions.

15.02 The main objectives of health sector programmes are as follows:

- ◆ *To provide adequate qualitative preventive and curative health care services to the people.*
- ◆ *To reduce maternal and infant mortality rate and to improve maternal and child health.*
- ◆ *To ensure health care services to all, particularly to disadvantaged groups like Scheduled Tribes, Scheduled Castes, backward classes and women.*
- ◆ *To provide affordable quality health care through allopathic, homeopathic and ayurvedic systems of medicine.*
- ◆ *To impart training to doctors, nurses and other paramedical staff to upgrade their skill and knowledge.*
- ◆ *To ensure greater access to primary health care by providing medical*

*institutions as close to the people as possible or through mobile health units, particularly in the under-served and backward districts.*

- ◆ *To improve hospital services at primary, secondary and tertiary levels in terms of infrastructure, drugs and personnel.*
- ◆ *To eliminate diseases like polio and leprosy from the State and prevent & control other communicable diseases.*
- ◆ *To improve health care facilities in the KBK districts of the State in particular.*

15.03 The state is committed to achieve the following monitorable targets set for Eleventh Plan.

- ◆ *Reduce Infant Mortality Rate (IMR) to 37 Maternal Mortality Rate (MMR) to 1.19 per 1000 live birth and to reduce Fertility Rate to 2.1.*
- ◆ *Provide clean drinking water for all by 2009 and ensure that there are no slip backs by the end of Eleventh Plan.*
- ◆ *Reduce malnutrition among children in the age group 0-3 to half its present level and reduce anemia among women and girls by 50% by the end of Eleventh Plan.*

15.04 As per the Registrar General of India sources, the estimated birth rate in Orissa lies much below the all India level as well as other bigger States. In 2007, the estimated birth rate in Orissa was 21.5 as against 23.1 at all India level. The birth rate in rural and urban Orissa stood at 22.4 and 16.1 respectively while at all India level it was 24.7 and 18.6 respectively. Highest birth rate has been

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recorded in Uttar Pradesh (29.5) followed by Bihar (29.4), Madhya Pradesh (28.5) and Rajasthan (27.9). Lowest birth rate was recorded in Kerala (14.7). As per the estimation of Central Bureau of Health Intelligence, Ministry of H. & F.W., GOI, the CBR (Crude Birth Rate) in Orissa will be reduced to 18.9 for thousand live birth during 2006-10 as against 21.3 at all India level.

15.05 The death rate in Orissa, during 2007 was highest among all the States and UTs, i.e., 9.2 as against 7.4 at all India level. Orissa occupied highest rank followed by Madhya Pradesh (8.7), Assam (8.6) and Uttar Pradesh (8.5). As per the estimation of CBHI, the CDR (Crude Death Rate) in Orissa will be reduced to 8.9 during 2006-10.

15.06 Though the **Infant Mortality Rate**, (IMR), in Orissa has declined considerably from 83 in 2003 to 71 per thousand in 2007, it is still highest at all India level. The infant mortality rate in the rural Orissa was 73 while in urban Orissa it was 52. During 2007, the IMR at all India level stood at 55 and in Kerala it has been recorded as 13. The target of 11<sup>th</sup> Plan is to reduce the IMR to 37 as compared to 28 at all India level.

15.07 The high occurrence of IMR in Orissa is mainly due to three factors viz-

- i) Poor availability of professional attendance at birth

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- ii) High percentage of low birth weight babies and
- iii) Lack of professional pre and post-natal care.

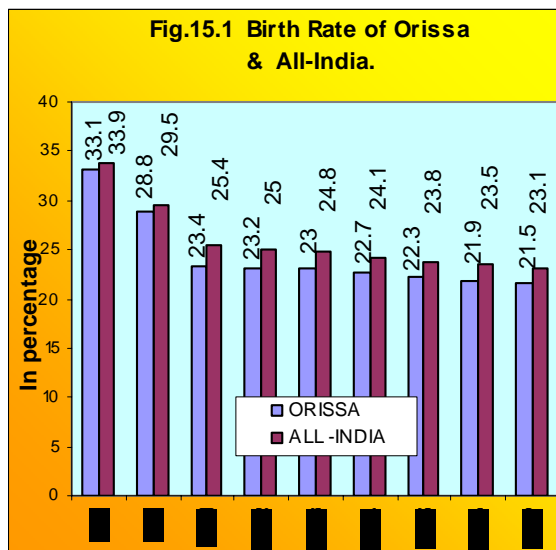
15.08 About 64% of infant deaths are attributed to neonatal mortality. Premature deliveries results in 38.5% infant deaths. Pneumonia, respiratory infection, tetanus and diarrhea of new born are result in 34.1% infant deaths. Anemia, which is caused due to malnutrition, suffered by both pregnant mothers and infant, explains 8.1% infant death and 19.3% infant deaths occur for other causes. IMR Mission is being operated in the State with an object to expedite fast reduction in IMR. Besides, verbal autopsy has been made mandatory for each infant and child death. Table 15.1 shows the birth rate, death rate & infant mortality rate in Orissa and at all India level since 1981.

**Table 15.1**

### **Birth Rate, Death Rate and Infant Mortality Rate of Orissa / All-India**

Year	ORISSA			All India		
	Birth rate	Death rate	I.M.R	Birth rate	Death rate	I.M.R
1981	33.1	13.1	135	33.9	12.5	110
1991	28.8	12.8	124	29.5	9.8	80
1995	27.8	10.8	103	28.3	9.0	74
2000	24.3	10.5	96	25.8	8.5	68
2001	23.4	10.2	90	25.4	8.4	66
2002	23.2	9.8	87	25.0	8.1	63
2003	23.0	9.7	83	24.8	8.0	60
2004	22.7	9.6	77	24.1	7.5	58
2005	22.3	9.5	75	23.8	7.6	58
2006	21.9	9.3	73	23.5	7.5	57
2007	21.5	9.2	71	23.1	7.4	55

Source: S.R.S. Bulletin, October, 2008.



15.09 The **Maternal Mortality Rate (MMR)** in India during 2001-03 was 301 per 1,00,000 live births as against 358 in Orissa. It has been targeted to reduce the MMR to 100 at all India level and 1.19 per thousand live births in Orissa by the end of Eleventh Plan period (2007-12). In order to achieve the goal, emphasis is being given on the following strategies:

- ◆ *To increase ANC coverage ensuring at least three ANC checkup for 100% of pregnant women.*
- ◆ *To universalize registration of pregnancy or 100% antenatal registration.*
- ◆ *To increase institutional delivery up to 80%*
- ◆ *To increase delivery by trained personnel up to 100%*
- ◆ *To make health awareness on RTI/STI as well as on AIDS.*

15.10 **Life expectancy at birth** has increased from 58.6 years for male and 58.7 years for female in 1999-2003 to 60.3 for male

and 62.3 for female during 2001-05. As per the report of Technical Group on population projection, the projected level of expectation of life at birth in Orissa will be 64.3 for male and 67.3 for female during 2011-15 as against 67.3 for male 69.6 for female at all India level.

15.11 **Natural Growth Rate (NGR)** of Orissa during 2007 has marginal decreased and stood at 12.4 as against 15.7 at all India level. The nature growth rate in rural Orissa was 12.9 while in urban Orissa, it was 9.1. The corresponding figures for all India stood at 16.8 and 12.7 respectively.

15.12 In Orissa, the **Decadal Growth Rate (DGR)** of population during 1991-2001 was 15.94% as against the all India average of 21.34% as per 2001 Census. Thus the decadal growth rate target fixed for the decade 2001-2011 at the national level has already been realized in the state during the decade 1991-2001. The following initiatives will be continued to check the trend in the coming decade.

1. High use of contraception
  - i) *Advocacy on high use of contraception and reduction of birth rate to 33.2 as per 2002 SRS.*
  - ii) *Effective contraceptive coverage by 75% of couples*
  - iii) *Increased use of contraception among couple with less than two children.*
  - iv) *Drop in illegal abortion*
2. Use of family welfare methods, like sterilization.

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### ALLOPATHIC MEDICAL INSTITUTIONS

15.13 During the year 1951, medical and health care facilities created by the Government were available to the people through a network of 365 medical institutions with 3,112 hospital beds and 1,083 doctors with a doctor-population ratio of 1:13,500. By end of Dec., 2007, the facilities have been increased to 1,704 Government allopathic medical institutions in the State with 14,166 hospital beds and 5095 doctors as follows-

**Table 15.2**  
**Beds available in Govt. Hospitals in 2007**

Sl. No.	Medical Institutions	Nos.	Beds
1	Medical College Hospitals	3	2861
2	Dist. Head Qrs. Hospitals	32	3923
3	Sub- Div. Hospitals	22	985
4	Oth. Hospitals	124	2001
5	CHCs	231	3520
6	PHCs	114	726
7	PHCS(New)	1164	150
8	Mob. Health Units	14	-
9	Sub Health Centres	6688	-

Source: Directorate of Health Services,  
Orissa, Bhubaneswar

15.14 Population served per medical institution being about 23,304 with area served per medical institution being 91 sq km by the end of 2007. The distribution of districts as per the indicator (medical institution per lakh population) reflects that Kandhamal district ranks at the top, i.e., with maximum no of institutions per lakh population followed by Malkangiri(8), Gajapati (6), Rayagada (6), Nayagarh (6), Sambalpur, Sonapur,

Nawarangpur, Mayurbhanj, Koraput, Keonjhar, Kalahandi (5—each). The remaining districts have four (4) such institutions per lakh of population.

15.15 Bed-population ratio is an important indicator of health services. There were 14,166 hospital beds available in the State in Government medical institutions (allopathic) by the end of December, 2007. During the year 2007, the bed-population ratio in the State was 1:2803. The bed-population ratio in Sambalpur district ranked the top with 1:887 followed by Cuttack 1:1317, Kandhamal 1:1745, Nayagarh 1:1844 and Jajpur district occupied the lowest rank, i.e., one bed for 7895 population.

15.16 State Government have taken special steps to provide better health care to rural people belonging to KBK districts. At present, 700 medical institutions are functioning in 118 tribal dominated blocks with 5,705 hospital beds.

### AYURVEDIC AND HOMEOPATHIC INSTITUTIONS

15.17 State Government have taken steps for health care of the people by providing facilities under Indian System of Medicine and Homoeopathy. Chronic and complicated diseases like paralysis, arthritis, liver disease, diabetes, asthma & tuberculosis etc. are being successfully treated with affordable cost through ISM&H process. By the end of 2007-08, there were 4829 registered Ayurvedic

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doctors in the state including 134 doctors registered during 2007-08. Similarly, there were 3685 registered Homeopathic doctors in the state by the end of 2007-08, including 147 homeopathic doctors registered during 2007-08. At present, 5 Ayurvedic Hospitals with 418 beds and 4 Homoeopathic Hospitals with 125 beds are also rendering health services in the State. Besides 619 Ayurvedic, 560 Homoeopathic and 9 Unani Dispensaries are providing health care services in the State. During 2007, about 153.23 lakh patients availed treatment facilities under these hospitals and dispensaries as against 154.74 lakh patients treated in 2006.

15.18 Three Government Ayurvedic Colleges and 4 Homeopathic Colleges have been imparting degree courses and producing 90 Ayurvedic and 100 Homeopathic graduate doctors every year. Post-graduate courses in five (5) Ayurvedic and five (5) Homeopathic disciplines are available in the state. Central assistance of Rs.325 lakhs have been availed to upgrade the status of Gopabandhu Ayurvedic Mahavidyalaya, Puri and Dr. Avirna Chandra Homeopathic Medical College and Hospital, Bhubaneswar as the 'State Model Institute'. Government Ayurvedic Pharmacy Colleges at Bolangir and Bhubaneswar have been modernized with the assistance of Govt. of India.

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**Table 15.3**  
**Government Ayurvedic & Homoeopathic  
Medical Institutions & Services in Orissa**

Year	Type of institution	Hospitals	Dispensaries	Doctors	Bed	Patient treated (in lakh)
2004	Homoeopathic	4	533	494	125	79.9
	Ayurvedic	5	607	611	203	63.1
	Unani	-	9	8	-	0.93
2005	Homoeopathic	4	560	512	125	82.8
	Ayurvedic	5	607	584	258	68.6
	Unani	-	9	8	-	1.04
2006	Homoeopathic	4	560	494	125	79.2
	Ayurvedic	5	619	584	258	74.5
	Unani	-	9	9	-	1.07
2007	Homoeopathic	4	560	468	125	78.7
	Ayurvedic	5	619	563	418	73.4
	Unani	-	9	7	-	1.09

Source: Directorate of Indian Systems of Medicine and Homoeopathy, Orissa

### STATE HEALTH PROGRAMMES / PROJECTS

15.19 As per the National Health Policy, a number of Central Plan Schemes and Centrally Sponsored Plan Schemes are being implemented in the State to ensure better health care services at the primary and secondary levels. Besides, some State Plan schemes are also in operation. Some of these are highlighted below.

### REVISED NATIONAL TUBERCULOSIS CONTROL PROGRAMME (RNTCP)

15.20 The Revised National Tuberculosis Control Programme (RNTCP) with Directly Observed Treatment Short course Strategy (DOTS) was implemented in the State with DANIDA support from 1996 to 2005. Global Funds for AIDS, Tuberculosis and Malaria (GRATM) support through Govt. of India is

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available from 2006 to 2010 to implement the said programme in the State. The objective of this programme is to achieve 70% case detection, 90% sputum conversion and 85% cure rate by the end of 2005. At present 104 sub-districts T. B. units and 545 Microscopy Centres are engaged in providing diagnosis and treatment services under the revised strategy.

15.21 Since inception of RNTCP till September'08, 2,99,728 patients have been detected and treated under DOTS. As on September'2008, annualized new sputum positive case detection rate was 67% against the national norm of 70%. Sputum conversion rate was 86% against the national norm 90%. The success rate of new smear positive case is 86%. Govt. of India provides anti T.B. drugs for patients treated free of cost under DOTS.

### ***NATIONAL FILARIA CONTROL PROGRAMME (NFCP)***

15.22 The National Filaria Control Programme (NFCP), a Centrally Sponsored Plan scheme on a sharing pattern of 50:50 between the Centre and the State, is being implemented through a Filariasis Bureau comprising a research unit at Puri, 15 Filaria Control Units and 15 Filaria clinics in urban areas. The Filaria clinics conduct night blood survey in a confined area of 50,000 populations and undertake treatment to microfilaria carrier as well as to the diseased.

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15.23 During the year 2007, 40127 blood slides were examined and 393 persons were clinically found positive by the concerned institutions. 2682 persons having microfilaria/ Filaria decease were treated. The microfilaria (MF) rate which was 1.13 in 2005 has decreased to 0.97 during 2007.

15.24 In order to achieve the national goal of eliminating Lymphatic Filariasis from the country by 2015, Mass Drug Administration (MDA) programme is being implemented in 20 districts of Orissa since 2004 with Govt. of India assistance. It has been decided to continue M.D.A. programme for the next five years and to include other districts in this programme.

### ***NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS (NPCB)***

15.25 National Programme for Control of Blindness (NPCB), a World Bank assisted project, was introduced in the State since 1976, with an aim to reduce the prevalence of blindness from 1.4% to 0.3%. For this purpose, strengthening of Central Mobile Units, District Mobile Units, up gradation of Medical Colleges, training of Ophthalmic Surgeons and District Blindness Control Society (DBCS) all over the State have been taken up. The available infrastructure includes 176 Dark Rooms, 28 nos. of 20-bedded eye wards, 25 nos. of 10-bedded eye wards and one 91-bedded Referral Eye Hospital at S.C.B. Medical College Hospital, Cuttack. The

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Referral Eye Hospital at S.C.B. Medical College Hospital, Cuttack has been upgraded to Regional Institute of Ophthalmology with 30 nos. of vision centres and 56 nos. of O.T.s.

15.26 The World Bank assistance was received by the State from 1<sup>st</sup> April 1994 to 30<sup>th</sup> June 2002. Now the programme is continuing with 100% central assistance.

15.27 During 2007-08, 95,690 cataract operations were performed as against 1,11,049 operations performed in 2006-07. During 2007-08 highest nos. of cataract operations were performed in Cuttack district (21474) followed by Ganjam district (7744). During 2006-07, the cataract operation rate was 286 per one lakh population in Orissa and ranked 18<sup>th</sup> position at national level as per survey made by Govt. of India.

15.28 Besides, school eye screening programme is also operating in the State. The achievement made under the programme during 2005-06 to 2007-08 is given in table 15.4.

**Table 15.4**  
**Achievement under NPCB in Orissa**  
(In numbers)

Item	2005-06	2006-07	2007-08
Student screened	317897	359382	3,02,128
Students detected with refractive error	17662	18349	14,680
Free spectacles distributed	7965	9202	7355
Health worker trained	3734	-	-
No. of teachers	2222	-	-

Source: Directorate of Health Services, Orissa, Bhubaneswar

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### EYE DONATION

15.29 Eye donation programme is being conducted in the state through three Government medical colleges and one private organization L.V. Prasad Eye Institute, Patia, Bhubaneswar. During 2007-08, against the target to collect 500 nos. of eyes; 92 eyes have been collected and 62 nos. were utilised.

### NATIONAL IODINE DEFICIENCY DISORDER CONTROL PROGRAMME (NIDDCP)

15.30 Iodine is an essential Micronutrient with daily requirement of 100-150 micrograms which plays an important role in normal human growth and development. It has been widely recognized that deficiency of iodine not only contributes to goiter but also is an important risk factor for preventable mental retardation. It also affects reproductive functions and impaired child rearing ability. It has been assessed that about 2 billion people are at risk of Iodine Deficiency Disorder (IDD) in the World including 600 million people in South-East Asia region. In India, as many as 73 million people are suffering from IDD.

15.31 Hence to prevent IDD, the National Iodine Deficiency Disorders Control Programme (NIDDCP) is being implemented in the State since December, 1989 as a Centrally Sponsored Scheme with a goal to bring down goiter prevalence rate to below 10%. Use of common Salt has been banned in the State from 18.10.2001. IDD Survey is

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being conducted in different districts since 1989. In our State, 15 districts surveyed so far shows endemicity (Goitre prevalence rate > 10%) in twelve districts. The districts Sundargarh and Cuttack are under resurvey during 2006-07 and the report has not yet been received. Year-wise IDD survey conducted in different districts are shown in table15.5.

**.Table15.5**  
**Year-wise IDD survey**

Year of survey	Name of the District	IDD prevalence rate	Survey conducted by
1987	Sundargarh	33.5	DGHS, New Delhi
1989	Puri	19.34	-do-
1998	Cuttack	21.61	-do-
1999	Keonjhar	14.9	-do-
2001	Nuapada	14.4	VSS M.C., Burla,SBP
2001	Balasore	0.83	SCB Med. College, Cuttack
1995-99	Baragarh	10.8	RMRC, Bhubaneswar
2002	-do- (Resurvey)	7.66	V SS Med. College, Burla
2003-04	Ganjam	15.79	MKCG M.C., Berhampur
2003-04	Kandhamal	27.79	-do-
2004	Gajapati	21.15	-do-
2004	Bolangir	8.57	VSS M.C., Burla
2005-06	Sambalpur	10.04	-do-
2006	Koraput	22.39	MKCG M.C., Berhampur
2006	Jagatsinghpur	3.08	SCB Med. College, CTC
2006	Rayagada	19.7	MKCG M.C., Berhampur
2006	Sundargarh (Re survey)	NR	CGS Team ,DGHS,New Delhi

M.C. = Medical College

Source: Directorate of Health Services, Orissa, Bhubaneswar

### **NATIONAL LEPROSY ELIMINATION PROGRAMME (NLEP)**

15.32 The National Leprosy Elimination Programme (NLEP) is under implementation in the State since 1982-83. The programme is being supported by WHO, World Bank and international donor agencies like Lepra India, HOINA and the German Leprosy Relief

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Association. The objective of the programme is to eliminate leprosy by detecting all the cases and bring them with "Multi Drug Therapy (MDT)". "Elimination of Leprosy" means to bring down the prevalence rate of leprosy to one (1) or below i.e. one case per 10,000 populations. Due to successful implementation of the programme in the State, the prevalence rate of leprosy which was 121.4 per 10,000 population in the year 1982-83 has come down to only 0.80 per 10,000 population by March, 2008 while at national level it has come down from 55 per 10,000 population to 0.78 per 10,000 population. By the end of March, 2008, 23 districts have achieved the elimination goal and the prevalence rate (PR) of the balance seven districts have decreased remarkably to 1-3 per 10,000 populations. The P.R. in Phulbani district is the lowest i.e. 0.29 while it is highest in Sonapur district 2.49. In 247 blocks out of 314 blocks of the State, Leprosy Elimination target has been achieved. Since beginning of this programme 9.78 lakh cases have been cured with MDT and now only 3283 cases of leprosy are on record in the State.

15.33 The diagnosis and treatment facilities of leprosy cases have been extended to all the peripheral health institutions including sub-centres. Re-constructive surgery facility has also been made available at the Leprosy Home and Hospitals, Cuttack, MKCG Medical

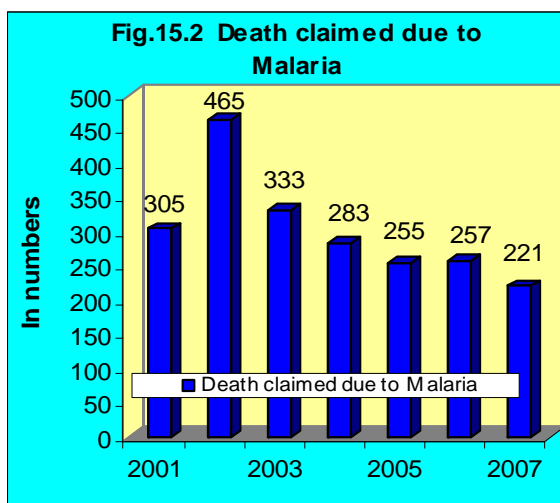


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College, Berhampur, V.S.S. Medical College, Burla and the Mission Hospital Bargarh.

### **NATIONAL VECTOR BORNE DISEASE CONTROL PROGRAMME (NVBDCP)**

15.34 Orissa has a high incidence of malaria with 20% of the total affected persons and about 40% of the death recorded in the country. The National Anti-Malaria Programme (NAMP) renamed as National Vector Borne Disease Control Programme (NVBDCP) is being implemented in the State since 1953. During 2007, 49.45 lakh blood slides were examined of which about 3.71 lakh were found positive. The percentage of positive falciparum is recorded as 86.89%. The death claimed due to malaria is given in Fig.15.2, which depicts the declining trend since 2002.



15.35 This problem is more alarming in tribal areas (158 blocks) which contribute 70% cases of the State. The State Government have targeted to bring down malaria death to 50% of the current level by 2010. The Enhanced Malaria Control Project (EMCP),

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assisted by World Bank, is in operation in hyper endemic areas since 1997-98 covering 240 blocks spread over 26 districts. This programme will be extended to all the 30 districts during the current fiscal year.

### **NATIONAL RURAL HEALTH MISSION**

15.36 The National Rural Health Mission (NRHM) a flagship endeavour was launched in the state in June, 2005. It is one of the largest health programme in the state in the last fifty years and aims at improving the access to and availability of quality health services to the under privileged like the women and children, especially the rural poor.

15.37 The important objectives of NRHM are:

- *Reduction of child and maternal mortality.*
- *Prevention and control of communicable / non-communicable diseases, including locally endemic diseases.*
- *Revitalization of local health tradition and mainstream AYUSH.*
- *Population Stabilization, gender and demographic balance.*
- *Access to integrated comprehensive primary health care.*

### **ACCREDITED SOCIAL HEALTH ACTIVIST:**

15.38 An 'ASHA' is a volunteer who works as an interface between the community and the public health system and is accountable to the Panchayat. An ASHA has been deployed in every village of population 1000 and above to provide basic health services to rural

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population. They have been trained to discharge their duties and responsibilities with the help of local Mahila Swasthya Sangha, Youth Club, ANM etc. Besides, they have also been provided with a medicine kit for treatment of cold, cough, first aid and have got the knowledge of their uses. At present, 34,324 numbers of ASHAs have been deployed.

15.39 With an aim to mainstreaming the conventional method of treatment, 'AYUSH' doctors have been engaged in block PHC/CHC. They are treating the OPD patients and distributing medicines. At present 250 AYUSH doctors have been engaged in the state and 54 more are in selection process.

15.40 In order to ensure better management of health services, **Rogi Kalyan Samiti** have been constituted in all the District Headquarter Hospitals, Sub-Divisional Hospitals, Block CHC / PHC / PHC (New). The main aim of this Samity is to provide better health services through people's participation, improving the standard of health institutions, peace keeping and necessary clearing arrangements.

15.41 To conduct smoothly and efficiently all the health programmes at village level, **Village Health and Sanitation Committees** have been formed in all revenue villages. The main responsibilities of this committee is to aware the rural people regarding maternal

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and child health services, family welfare services, etc. Besides, people are being made aware on various programmes viz. Malaria, Leprosy, TB, Blindness control etc.

15.42 '**Janani Surakhya Yojana**' is being implemented in the state from August, 2006 with an objective to reduce overall maternal mortality ratio, infant mortality rate, and to increase institutional delivery.

### **REPRODUCTIVE AND CHILD HEALTH (RCH) PROGRAMME**

15.43 The Reproductive and Child Health (RCH), a 100% centrally assisted programme, is being implemented in the State. The Phase-I of this programme was carried out for a period of 5 years from 1997-98 to 2002-03. The total cost of the programme was Rs.119.75 crore including Rs.15.00 crore for Kalahandi sub-project.

15.44 The reproductive and child health programme, Ph-II is an ongoing programme and major component of NRHM, with the objective of improving the Reproductive health of men, women and children. The main objective of the programme is to reduce the maternal, child mortality and morbidity. A programme management unit has been set up in the state and the district level to provide support for implementation of NRHM activities in the state.

### **PANCHA BYADHI CHIKITSA**

15.45 Five major diseases viz. malaria, leprosy, diarrhea, acute respiratory infections

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and scabies called “Panchavyadhi” contribute about 70% of the patient load in the primary health institutions and affect a large number of poor people. Orissa accounts for about one third of malaria death in India. The State Government launched the Panchavyadhi scheme in July, 2001 to provide free treatment including free medicines for the above five diseases. The scheme is very beneficial to all the poorer sections. Government is contemplating to extend the scope of this Panchavyadhi scheme to other common diseases.

### **NATIONAL AIDS CONTROL PROGRAMME**

15.46 National AIDS control Programme is being implemented through National AIDS Control Organisation (NACO), New Delhi under M.H. & F.W., Government of India with support of World Bank and DFID funds. State AIDS Control Societies, an autonomous organization, have been formed in each State for smooth implementation of the programme.

15.47 National AIDS Control Programme, Ph-I (1992-1999) was implemented in the State under Director, Health Services. NACP – Ph – II programme was implemented in the State through Orissa State Health & Family Welfare Society till 13.07.2004 and there after by Orissa State AIDS Control Society (OSACS) with an objective to reduce the spread of HIV infection in the State and to detect, reduce and control the spread of HIV infection.

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15.48 National AIDS Control Programme (NACP) Ph-III (2007-12) has been launched from 6<sup>th</sup> July, 2007. The overall goal of NACP, Ph-III is to halt and reverse the epidemic in India over the next 5 years by integrating programmes for prevention, care, support and treatment. This will be achieved through a four pronged strategy.

1. Prevention of new infections in high risk groups and general population through:-
  - *Saturation coverage of high risk groups with TIs*
  - *Scaled up interventions in the general populations.*
2. Providing greater care, support and treatment to a large number of PLHAs.
3. Strengthening the infrastructure systems and human resources in prevention care, support and treatment programmes at the district, state and national level.
4. Strengthening the nationwide strategic information management system.

### **HIV / AIDS SCENARIO**

15.49 The scenario is as follows:

- ◆ *Orissa is low prevalent state but highly vulnerable to HIV / AIDS.*
- ◆ *AIDS was first identified in the united state of America in 1981.*
- ◆ *First care of AIDS in India was identified in 1986 in Chennai and in Orissa it was identified in 1993 in Nayagarh district.*
- ◆ *Till October, 2008, 11156 nos were living with HIV/AIDS as detailed below.*

<u>Particulars</u>	<u>No. of cases as on Oct, 2008</u>
1. Counseled	522233
2. Screened	219981

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3. HIV +VE	
i) Total	11156
ii) Male	7115 (63.78%)
iii) Female	4041 (36.22%)
4. AIDS cases	1032
5. Death due to AIDS	815
6. Percentage of HIV+Ve Person in the age group 25-39 (up to Dec, 07).	64.7
7. Percentage of Sexual Transmission cases, Total cases (up to Sept,08)	82.9

- ◆ *Ganjam district has been recorded as the highest AIDS affected district with 370 cases followed by Cuttack district 111 numbers. Both the districts constitute 46.6% of the total AIDS cases as on 31<sup>st</sup> October, 2008.*
- ◆ *By the end of October, 2008 total 850 death due to AIDS has been recorded out of which 300 cases has been recorded in Ganjam district followed by Kendrapara (68) and Puri (63).*

### ACTIVITIES UNDERTAKEN BY OSACS

15.50 The following activities have been taken-

1. OSACS has established 129 Integrated Counseling & Testing Centers (ICTC) at all District Head Quarter Hospitals and some of the Sub-Divisional Hospitals for counseling and blood testing of persons to know their HIV Status free of cost.
2. To provide services to High Risk Groups i.e. Female Sex Workers (FSW), Inject Drug Users (IDU), Men having Sex with Men (MSM) and Migrant Labourers, 23 Targeted Intervention projects are functioning covering 22 districts of the State, where the above targeted populations are being provided services for practicing safe behaviors, availing STI / RTI treatment,

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behaviour change activities, Condom Promotion Activities, providing enabling environment and empowering the people living with HIV/AIDS (PLHA) through community mobilization.

3. To provide support to People Living with HIV/ AIDS the State Government have included the PLHAs under Madhubabu Pension Yojana. They are provided with Rs.200/- pension per month. The money is sent to their address by post, ensuring non-disclosure of identify. Till October, 2008, 9214 PLHAs have been included in the scheme. This is one of the leading initiatives taken by any state in the country.

4. While going for CD4 testing and ART treatment, PLHAs are being reimbursed minimum transportation cost at district branches of Indian Red Cross Society in the State. This is also, one of the leading initiatives taken by any state in the country.

5. Extensive Village Level HIV / AIDS awareness campaign has been completed in 17 districts, where information on HIV / AIDS have been disseminated through street plays, folk media in 14,187 villages of 3,749 GPs and 67 nos. of ULBs covering 188 Blocks. This year Extensive Integrated Village Level Awareness Campaigns will be implemented in 11 most prevalent districts of the State.

6. Four Community Care Centers (CCC) at Koraput, Berhampur, Cuttack and Bhubaneswar have been set up for providing low cost community care to the people living

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with HIV / AIDS in the state. Facilities of treatment and care are also available to 10 nos. of PLHAs for a period of 5-15 days in these centers.

7. Anti Retro Viral Therapy (ART) medicine is being provided free of cost to PLHAs to lead a healthy life which is generally preceded by CD4 testing and counseling. Three ART centers have been set up in three Government medical colleges to provide ART treatment.

8. Two CD4 blood testing centres have been setup at MKCG Medical College, Berhampur and VSS Medical College, Burla for HIV +Ve persons to know the CD4 count status free of cost.

9. Capacity building and counseling facilities have been provided to the PLHAs in three Drop-In-Centers established by OSACS at Cuttack, Bhubaneswar and Berhampur. Two more Drop-In-Centers will be set up in Bolangir and Ganjam district during the current year.

10. Four Blood Component Separation Units (BCSU) have been established at the blood banks of Capital Hospital, Bhubaneswar VSS Medical College, Burla, MKCG Medical College, Berhampur and DHH, Angul.

11. Out of the 77 licenses Blood Banks, OSACS provides financial grants to 53 blood banks and HIV & HCV kits to 54 blood banks to provide safe blood and blood products to people living with HIV / AIDS.

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15.51 For the first time in the State, Female Condoms for social marketing of condoms have been launched in March, 2007 at Malisahi, Bhubaneswar, “the CSW site for HIV/AIDS prevention programme”, which is a measure step forward for empowering women to play effective role in HIV presentation in the state.

### **MOU WITH INDIAN OIL CORPORATION**

15.52 A Memorandum Of Understanding (MOU) have been signed between OSACS and Indian Oil Corporation Ltd. (IOCL) in association with UNICEF, Orissa to create awareness on HIV & AIDS among the most vulnerable group of people within the State of Orissa, mostly the truckers. The MOU will cover IEC activities in 500 retail outlets (petrol pumps) of IOCL where IOCL will provide its infrastructure, manpower and distribution mechanism and OSACS will provide supports in terms of replication of IEC materials, design and develop new materials targeting HRGs, make available condom vending machines for Highway outlets etc., whereas UNICEF, Orissa will assist in better coordination between the partners and required technical support in terms of software development and monitoring and evaluation.

### **SCHOOL AIDS EDUCATION PROGRAMME (SAEP)**

15.53 During 2005-06, OSACS had covered 2390 nos. of schools in ten districts under school AIDS Education programme. During

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2006-07, as per the decision of National Aids Control Organization, New Delhi, the programme has been undertaken by department of School & Mass Education of the state with a view to covering all the government secondary and higher secondary schools, which includes formation of red ribbon clubs in the educational institutions. During 2007-08, NACO has approved to conduct the AEP in 1824 schools indicating that, the refresher Training Programme, Monitoring and Evaluation and Red Ribbon Club Activities are to be conducted.

### **MEDICAL EDUCATION & TRAINING**

15.54 There are three Medical Colleges with hospital facilities in the State. These colleges offer courses leading to MBBS, BDS degrees, Post-graduate and Post-doctoral courses in about 35 different disciplines. Besides, three Medical colleges have also started functioning since 2006-07. There is one Nursing College, one Dental College, one Pharmacy College, three Ayurvedic Colleges and four Homoeopathic Colleges under Government sector in the State. The State Institute of Health and Family Welfare is functioning as the apex in service training institute with three functional units at the state level and cells / wings at district / block levels for imparting training support under various programmes. During 2004-05, one Nursing college and three Nursing schools have come up in private sector. Super specialized treatment is

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being provided in all the three Medical College Hospitals through ultra modern diagnostic and therapeutic equipments.

15.55 The S.C.B. Medical College Hospital has 1208 beds and is equipped with all type of modern instruments viz. heart-lung machine, equipment for open heart surgery, C.T. scan etc.

15.56 MKCG Medical College and Hospital, Berhampur and V.S.S. Medical College and Hospital, Burla are also well equipped with 881 and 772 hospital beds respectively.

15.57 For better treatment of heart patients and patients undergoing various surgical operation, it has been decided to establish two ICU, one at VSS medical college, Burla and other at MKCG medical college, Berhampur. It has been proposed to spent Rs.60.00 crore during 11<sup>th</sup> five year plan period.

15.58 An out lay of Rs.5.00 crore has been provided in the Annual Plan 2008-09 for construction of new 50 PHCs @ Rs.10.00 lakh each. Besides, an amount of Rs.16.82 crore has also been provided for construction of essential building for the Government medical colleges and Capital Hospitals.

### **INTRODUCTION OF INFANT MORTALITY REDUCTION MISSION**

15.59 The Infant Mortality Rate (IMR) is a key indicator of the general health status of a population. As per SRS report the IMR in

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Orissa was 97 per thousand live births during 1999. In order to reduce the IMR from 97 to 50 per thousand live births by 2010, Infant Mortality Reduction Mission was launched in the State on 15<sup>th</sup> August, 2001. The key activities include-

- ◆ *Immunization in outreach inaccessible areas.*
- ◆ *Chemoprophylaxis against malaria during pregnancy.*
- ◆ *Institutional delivery to the pregnant women free of cost.*
- ◆ *Free treatment service for slum dwellers*
- ◆ *Reimbursement of transport cost for institutional delivery.*

15.60 Infant mortality rate has reduced from 97 per thousand live births in 1999 to 71 by the end of 2007.

### **INTEGRATED POPULATION AND DEVELOPMENT (IPD) PROJECT**

15.61 Integrated Population and Development (IPD) Project is being implemented in the 4 districts of the State, namely Rayagada, Malkangiri, Nawarangpur and Koraput with assistance from United Nation's Fund for Population Activities (UNFPA). This project has all the components of the RCH programme and it aims at reducing maternal mortality and infant mortality as well as achieving population control and stabilization of population through education. The project includes components such as provision of new infrastructure (building for Sub-Centres), maintenance of old

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building, up-grading the skill of health personnel including doctors, female health workers, sub-technician etc. through training, provision of facilities in girls hostels and interest-free moped advance to ANMs.

### **REGIONAL SPINAL INJURY CENTRE (RSIC)**

15.62 RSIC is being functioning in the State since Feb, 2001 with Government of India assistance for a period of 5 years. The center is functioning inside SCB medical college campus with 30 beds for the paralysis patients. Since inception, till date more than one lakh patients have been treated in this centre. The centre also provides supporting appliances to the patients prepared in the institution. Various training and awareness programmes are also being organized for the periphery doctors, medical and Para-medical staff as well as the NGOs. As per the commitment given to government of India, the state government proposes to have an outlay of Rs.55.00 lakh for 2008-09 for running of the centre out of the total provision Rs.3.00 crore for the Eleventh Five Year Plan.

### **DIAGNOSTIC CENTRES**

15.63 The Eleventh Finance Commission have recommended for establishment of 8 diagnostic centres in the state during 2000-01 to 2003-04 with a cost of Rs.3.00 crore per centre. Out of this Rs.3.00 crore, Rs.2.50 crore is earmarked for purchase of equipments and Rs.0.50 crore towards

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construction of diagnostic centre building. Regional Diagnostic Centres started functioning at the three medical colleges and hospitals of the state and district head quarter's hospital at Koraput, Sundergarh, Mayurbhanj and Bhawanipatna and Capital Hospital, Bhubaneswar, have been duly equipped with diagnostic equipments.

### **RLTAP PROGRAMME IN KBK DISTRICT**

15.64 In order to provide basic health care services to the people, 90 Mobile Health Units

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(MHU) are functioning in 80 blocks of 8 KBK districts. Out of these 90 MHU, 39 are operational with Government vehicles while the remaining 51 Mobile Health Units (MHU) is operating with hired vehicles. Each MHU works with one Medical Officer, one Pharmacist, one Female Health worker, a Driver (for institutional van) and one Attendant. The MHU holds health camp in the remote and inaccessible areas for minimum 24 days in a month and supply medicines worth of Rs.1000/- per camp during their visit.

## **FAMILY WELFARE**

15.65 The Family Welfare Programme aims at stabilizing the population in order to accelerate the economic growth and is being implemented as a part of the National Population Control Programme. This has been introduced with full Central assistance covering both population control and maternal and child health services.

15.66 Under Family Welfare Programme, the strategy has been to motivate eligible couples to limit family size by adopting various family planning methods such as sterilisation, contraception, IUD etc. The new technique for male sterilisation, namely 'No Scalpel Vasectomy' (NSV) is being popularised with UNFPA assistance. The programme seeks to promote responsible parenthood with focus on the one child norm. The number of green card holders in the State as on 31<sup>st</sup> March, 2005

was about 4.57 lakh including about 0.02 lakh during 2004-05. Table 15.6 shows the achievement of the Family Welfare Programme in the State.

**Table 15.6**

### **Progress of Family Welfare Programme in Orissa**

(Figures in lakh)

Year	Sterilizations	IUD insertion	Conventional Contraceptive users	Oral pill users	Medical Termination of pregnancy	No. of equivalent Sterilization
2002-03	0.74	1.44	2.92	1.37	0.35	1.54
2003-04	0.91	1.45	2.95	1.44	0.36	1.71
2004-05	1.01	1.63	3.05	1.79	0.39	1.95
2005-06	0.84	1.62	3.45	1.84	0.43	1.78
2006-07	0.94	1.63	3.62	1.99	0.42	1.89
2007-08(P)	1.21	1.61	3.28	1.90	0.60	NA

Source: Directorate of F. & W, Orissa, Bhubaneswar.



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15.67 Government of India, Ministry of Health and Family Welfare have introduced family planning insurance scheme in the State through Oriental Insurance Company w.e.f. November, 2005. For death, completion or failure following sterilization, the beneficiaries are supposed to be covered under Insurance Policy.

### IMMUNISATION

15.68 With the objective of reducing infant mortality and maternal mortality rates, the Universal Immunization Programme is being implemented in the State. Under the programme, children below 6 years of age are inoculated for prevention of contagious diseases like T.B, Diphtheria, Whooping cough, Tetanus, Polio, Measles etc. The immunisation programme has further been strengthened through ICDS projects in the State. The Anganwadi workers, posted in ICDS blocks and Auxiliary Nurses and Midwives posted in sub-centres, play an active role in this programme. The National Pulse Polio Programme is being implemented throughout the State with a view to making the State Polio-free by immunising infants and children of 0-5 year's age. Table-15.7 indicates the achievements of the immunisation programme in the State during 10<sup>th</sup> plan period i.e. 2003-04 to 2007-08.

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Table 15.7

### Progress of Immunization Programme in Orissa

(In lakh doses)

Programme	2003-04	2004-05	2005-06	2006-07	2007-08(P)
TT (PW)	7.99	8.18	8.14	8.32	8.20
DPT	8.35	8.12	8.51	8.18	7.99
Polio	8.37	8.20	8.53	8.20	7.99
BCG	8.83	8.65	9.26	8.70	8.48
Measles	7.76	7.90	8.40	7.88	7.82
DT	7.79	8.97	10.34	9.49	9.10
TT (10 Yrs)	7.69	7.8	8.49	8.80	8.74
TT(16Yrs)	6.51	6.82	7.59	7.87	7.87

Source: Directorate of F. & W, Bhubaneswar, Orissa  
P: Provisional

### JANANI SURAKHYA YOJANA

15.69 This is a cent percent centrally sponsored scheme which is being implemented in the State since April, 2005, under the umbrella of NHRM. It replaces the existing National Maternity Benefit Scheme (Centrally Sponsored Scheme) in a modified manner. The main objective of the JSY is to reduce MMR and IMR by focusing on increased Institutional delivery and making available quality care by linking delivery care to antenatal checkup and neonatal care along with the supported referral and transport assistance. The achievement of the scheme is as follows:

Year	Total beneficiaries	Financial Assistance (Rs. in lakh)
2005-06	26,407	253.83
2006-07	2,27,204	2443.80
2007-08 (Dec, 07)	3,54,119	4320.75

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### EMPLOYEES STATE INSURANCE SCHEME

15.70 "Employees State Insurance" (ESI) scheme, an integrated multi dimensional health insurance and Social Security Scheme is being implemented in the State since January 1960. It is one of the most effective and sub-stainable social security measures available to the workmen employed in industrial and commercial establishments of varying sizes and nature. At present, medical care is being provided to 143464 insured persons and their dependent family members through 5 ESI Hospitals, 50 ESI Dispensaries and 2 Annexed Wards functioning in 20 districts of the State with 297 beds and 200 doctors. Besides, one 50 bedded ESI Model hospital at Rourkela is also functioning under the supervision of ESI Corporation.

15.71 ESI Corporation has prescribed a ceiling of Rs.1000/- expenditure on medical care per insured person per annum, shared between ESI Corporation and the State Government in the agreed ratio 7:1 and the expenditure beyond the ceiling is entirely borne by the State Government. During 2007-08, about 8.20 lakh indoor patients were treated in the ESI hospitals/ dispensaries. Besides, immunization and family welfare programme are also performed in these hospitals / dispensaries. The details are given in the Table 15.8.

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**Table 15.8**  
**Family Welfare Programme & Immunization Programme conducted under E.S.I. Scheme in Orissa**  
(In numbers)

Name of the programme	Achievement during				
	2003-04	2004-05	2005-06	2006-07	2007-08
<b>Family Welfare Programme</b>					
Vasectomy	1	4	17	2	Nil
Tubectomy	509	259	217	86	182
I.U.D.	161	185	112	98	58
M.T.P.	202	223	194	116	1285
Oral Pills	5012	4500	2564	3094	2765
Nirodh	13751	15758	10902	11564	11028
<b>Immunisation Programme</b>					
B.C.G.	952	1408	956	961	783
Polio	4343	10658	7806	6717	5004
D.P.T.	3730	2990	2120	7350	2355
T. Toxoid	13316	14559	11683	8872	12596

Source: Directorate of ESI, Bhubaneswar.

15.72 One AIDS cell has been set up at ESI Directorate for implementation of AIDS control programme which is fully financed by National AIDS Control Organisation (NACO). AIDS awareness programmes are being conducted in different industrial areas. One S.T.D. laboratory and clinic, which is functioning in ESI Hospital, Bhubaneswar since 2004-05, has been upgraded to VCTC. As per the phased programme, it has been decided to implement ESI scheme in eight new areas namely- Talcher, Damanjodi, Kuanarmunda, Therubali, Duburi, Atharbanki, Kaniha and Laxminagar.

15.73 Hospital Waste management has been entrusted to M/s SANICLEAN (P) Ltd. on contractual basis for ESI hospital at Choudwar (100 beds) and Bhubaneswar (50 beds) as per the guidelines of Orissa Pollution Control Board.

**WATER SUPPLY & SANITATION****RURAL WATER SUPPLY**

15.74 Water is an elixir and essence of life. It is a basic need of mankind. Due to rapid population growth, urbanization, industrialisation and development, safe and clear water is no more infinite. Rural poor suffer most in absence of availability of safe and clear drinking water. Unsafe drinking water and deteriorated environmental condition cause major health hazards. Water-borne diseases are most significant cause of ill health in rural Orissa.

15.75 Access to safe and approachable drinking water source to the masses is a key objective. In order to address this key objective, a number of drinking water programmes viz. Accelerated Rural Water Supply Programme (ARWSP), Special Central Assistance Projects for KBK districts, Sector Reform Projects and Swajaladhara etc. are being implemented. Stress has been given to provide pipe water supply to all rural people in phases.

15.76 As per 2001 Population Census, the coverage of households having access to safe drinking water at all India level was 77.9% comprising 90% of urban and 73% of rural households. In Orissa, the coverage of households having safe drinking water was 92.7% comprising 97.5% of urban and 92% of rural households. The percentage of rural

households covered under different sources of safe drinking water in the State is as follows.

<u>Source</u>	<u>% of rural Households covered</u>
i) Hand pump / Tube wells	60
ii) Wells	29
iii) Tap water	03
iv) No access	08

15.77 In order to get a clear and authentic picture on the status of rural habitations with regard to availability of safe drinking water, a state wide survey was undertaken during 2003. As per status survey report, there were 1,41,368 habitations in the rural Orissa of which 1,00,669 were fully covered, 12,528 were partly covered and the remaining 28,171 were not covered as on 31.3.2003.

15.78 As per the status survey report, 2003, out of 1,41,368 nos. of identified habitations, 1,33,981 habitations (94.77%) have been covered under Rural Drinking Water Supply Programme by end of March, 2008. These habitations have been provided with 2,57,937 Tube wells, 8683 sanitary wells and 218 springs based spot sources. During 2007-08, 8279 tube wells and 729 sanitary wells and 50 springs based spot sources were completed. Besides, by the end of 2007-08, 2136 rural piped water supply projects have been commissioned in the state and another 843

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such projects were under execution in water scarcity areas.

15.79 Considering the scarcity of water in KBK districts, Government of India have approved a relaxed norm of one spot source for every 150 population where the existing norm of one spot source for every 250 population has already been achieved. Accordingly, 13757 sites have been identified to be provided with spot sources and this target has already been achieved by the end of 31<sup>st</sup> March, 2006.

15.80 As per the Status Survey, 2003, 25540 nos. of Primary Schools and Upper Primary Schools have been covered with Water supply by the end of March, 2003. During 2003-04 and 2004-05, 7624 nos. of Primary Schools and Upper Primary Schools have been covered with Water Supply under Prime Ministers' Announcement Programme (PMAP) against the target to cover 8820 schools and the balance 1196 schools have been covered during 2005-06. During the year 2006-07 and 2007-08, 4290 rural schools have been supplied with safe drinking water under ARWSP programme.

### **SWAJALADHARA SCHEME**

15.81 Government of India launched Swajaladhara Scheme during Dec., 2002 to scale up the reform initiatives in rural water supply sector throughout the country. The basic concept of Swajaladhara includes

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genuine community participation in the planning, implementation, operation and maintenance of the selected water supply schemes. Demand- responsive approach is another key feature of Swajaladhara Scheme.

15.82 1475 nos. of projects have been sanctioned under the scheme with projected outlay of Rs.5173.81 lakh comprising Government of India share of Rs.4674.87 lakh and community contribution of Rs.498.94 lakh. Out of these, a sum of Rs.4613.82 lakh including Rs.4157.32 lakh from Government of India has been received as on 30<sup>th</sup> November, 2008. Out of total 1475 sanctioned projects, 1226 projects have been completed by the end of November, 2008 with an expenditure of Rs.3490.25 lakh, registering the percentage of expenditure as 75.65%. Balance 249 projects are in different stages of completion. Physical and financial progress on Swajaladhara scheme as on 30.11.2008 is given below.

i) No. of projects sanctioned	1475
ii) No. of projects completed	1226
iii) Project outlay	Rs.5173.81 lakh
iv) Funds received	Rs.4613.82 lakh
v) Funds utilised	Rs.3490.25 lakh
vi) % of Expenditure	75.65%

### **PROVISION OF URBAN AMENITIES IN RURAL AREAS (PURA)**

15.83 The Planning Commission has formulated a new initiative named Provision of

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Urban Amenities in Rural Areas (PURA) to further the growth potential of identified rural clusters to bridge the rural-urban gap for achieving a balanced socio-economic development. The scheme was decided to be implemented in 402 identified villages across 28 districts of Orissa. This has been worked out to upgrade the existing water supply up to 100 LPD level in 373 identified villages. The balance 29 villages have been excluded due to un-inhabited villages and for some other reasons, Proposal in this regard has been submitted to Department of Drinking Water Supply, Government of India with financial projection of Rs.75.85 crore to be made available in a span of 3 years viz Rs.35.28 crore in 2005-06, Rs.24.59 crore in 2006-07 and Rs.15.98 crore in 2007-08. However, funds have not yet been sanctioned under the scheme.

### **RURAL SANITATION**

15.84 Sanitation is a link between water-policy, good health and environment. In the absence of proper sanitation, water is bacteriologically contaminated leading to health hazards in rural areas. Therefore, top priority is being given for installation of toilets in the rural areas which will provide dignity, privacy and comfort to the people irrespective of gender, age and wealth.

### **TOTAL SANITATION CAMPAIGN (TSC)**

15.85 The Total Sanitation Campaign (TSC) under National Sanitation and Water Mission

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is one among the Millennium Development Goals (MDG). The programme is being implemented in all the 30 districts of the State. The main aim of the TSC is to create demand among all households to construct and use toilets and encourage hygienic sanitary practices.

15.86 As per 2001 census, out of total 67,82,879 rural households in the state, 62,59,607 (92.3%) house holds are having sanitation facilities and about 7.7% of the total households are without any access to basic sanitation facilities. As a result, incidence of diarrhea is still very high and a major source of infant and other deaths.

15.87 It has been targeted to construct 70.57 lakh individual house hold latrine for APL / BPL families, 70663 school toilets and 25160 balwadi toilets. 19.80 lakh individual house hold latrines, 41890 school toilets and 12970 balwadi toilets have been constructed by the end of November, 2008, showing the percentage of achievement as 28%, 59% and 52% respectively. Similarly an amount of Rs.341.42 crore has been released under the programme against the project outlay of Rs.1068.23 crore of which Rs.252.50 crore have been utilised by the end of November, 2008, showing the percentage of utilisation as 73.96%. The detail is depicted at Table- 15.9.

**Table – 15.9**

**Financial Achievement under  
TSC as on November, 2008**

(Rs. in crore)

Sector	Approved share	Funds released	Funds utilised
Central share	699.42	238.44	164.13
State share	228.67	70.06	55.94
Beneficiary contribution	140.14	32.92	32.43
Total	1068.23	341.42	252.50

15.88 The total revised approved outlay for the TSC Projects is Rs.1052.96 crore, out of which Government of India share is Rs.689.22 crore and that of Government of Orissa is Rs.225.06 crore. The balance of Rs.138.69 crore accounts for contribution from beneficiaries. The Government of India have released Rs.153.95 crore and Government of Orissa have provided Rs.37.42 crore towards matching contribution under TSC. Detail is as follows:

**Table – 15.10**  
**Physical & Financial Achievement under TSC**

Item	Achievement till September-2006
Individual Household latrine for APL & BPL family	1423724
Construction of school toilets	19042
Construction of Anganwadi toilets	8601
Proposed out lay (Rs. in crore)	439.73
Funds received (Rs. in crore)	775.10
Funds utilized (Rs. in crore)	539.92

Source: Watershed Mission.

15.89 It has been targeted to provide 57,18,791 household latrines, 50,615 school toilets, 15,928 Anganwadi toilets and 720

community sanitary latrine during the Eleventh Plan period.

**NIRMAL GRAM PURASKAR**

15.90 To add vigour to the TSC, in June 2003, Govt. of India initiated an incentive scheme for fully sanitized and open defecation free Gram Panchayats, Blocks, and districts called as “the Nirmal Gram Puraskar”. Eight Gram Panchayats of 8 districts were conferred with this prestigious Nirmal Gram Puraskar, 2005 by the President of India.

**URBAN WATER SUPPLY AND  
SANITATION PROGRAMME**  
**Urban Water Supply**

15.91 The state comprises 103 Urban Local Bodies (ULBs) including 2 Municipal Corporations, 34 Municipalities and 67 Notified Area Councils (NACs). All these ULBs except Paradeep are provided with piped drinking water supply system and are maintained by Public Health Engineering Organisation (PHEO). At present, about 746.89 million litres of drinking water is being supplied everyday through piped water supply system benefiting 43.81 lakh (77%) populations. About 12.20 lakh urban population are benefited through 2,03,407 number of house connections and the balance 31.60 lakh population are served through more than 20,574 nos. of public stand posts. Besides, about 21,891 numbers of hand pump tube-wells are functioning in

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different Urban Local Bodies (ULBs) to cater the water demand during non-supply hours and areas uncovered by piped water supply system.

15.92 It has been targeted to provide urban water supply to about 8 lakh populations in Eleventh Plan Period and 1.00 lakh during 2008-09. During Eleventh Plan, improvement and augmentation to the ongoing urban water supply projects will be taken up in 60 ULBs with an expenditure of Rs.155.87 crore including the cost of hand pump tube wells to be installed in different scarcity pockets of urban areas to supplement the urban piped water supply programme.

15.93 During 2008-09, 144 ongoing and 96 new projects for improvement / augmentation / extension of water supply projects in different ULBs will be taken up. An outlay of Rs.24.67 crore has been proposed in the Annual Plan, 2008-09 which includes cost of hand pumps, tube wells to be installed in different scarcity pocket of urban areas to supplement the urban piped water supply.

### ***Accelerated Urban Water Supply Programme” (AUWSP).***

15.94 Accelerated Urban Water Supply Programme (AUWSP) is being implemented in the State as a Centrally Sponsored Plan (CSP) scheme with a funding pattern of 50:50 between the Centre and the State. CPHEEO, Government of India have sanctioned 35

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schemes with estimated project cost of Rs.71.33 crore, out of which 34 schemes have been administratively approved by the State Government. By the end of 2007-08, 23 schemes have been completed and commissioned, 2 scheme have been partly commissioned, 2 schemes commissioned but not completed and the balance 7 schemes are in different stages of execution.

15.95 A preliminary proposal for 16 Urban Water Supply Scheme in 7 KBK districts to the tune of Rs.56.76 crore has been approved by the Government. Administrative approvals for 11 schemes with project cost of Rs.48.19 crore have been received during 2003-04 to 2006-07 and expenditure to the tune of Rs.4.04 crore has been incurred by the end of March, 2008. During 2007-08, three schemes viz. augmentation of water supply scheme to Nawarangpur, Jeypore and Bolangir have been commissioned. Balance schemes are in different stages of execution. A new scheme “Improvement of water supply to Sunabeda NAC” has been included under RLTP during 2008-09 with an estimated cost of Rs.1036.50 lakh. This scheme will benefit a total projected population of around 4.3 lakh. During 2008-09, seven schemes have been targeted for completion.

15.96 There is also provision for improvement/ strengthening of water supply infrastructures in Bhubaneswar, Puri under

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JNURM. Detail Project Report (DPR) amounting to Rs.166.90 crore for Puri town has been sanctioned by Central Sanctioning and Monitoring Committee, Government of India. Besides, there is also proposal for improvement of water supply system in 41 ULBs under UIDSSMT, of which 5 water supply schemes and one sanitation scheme have already been approved by Government of India. Eight nos. of schemes have been submitted to Government in H&UD Department, out of which 5 schemes have been submitted to Government of India for approval.

### **URBAN SANITATION**

15.97 Rapidly growing urbanization and growth of slums have given rise to problems such as water logging, congestion in discharge of drainage water, accumulation of garbage etc. Underground sewerage clearance facility has been provided partly in the developed areas of five towns namely Bhubaneswar, Puri, Cuttack, Sunabeda and Rourkela (Steel Township) covering about 16.05 lakh populations. The sewerage facilities in Sunabeda and Rourkela Steel Township are being maintained by Hindustan Aeronautics Limited and Rourkela Steel Plant respectively. The State has become a pioneer in treating waste water through evapo-transpiration at Puri. An integrated sewerage system for Puri town at an estimated cost of Rs.48.29 crore is under execution by Orissa

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Water Supply & Sewerage Board (OWSSB). Four sewerage project proposals with project cost of Rs.1303.70 crore for Cuttack, Bhubaneswar, Sambalpur and Berhampur have been submitted to Government of India for seeking funds under Externally Aided Project with JBIC assistance.

15.98 The following sewerage projects are under execution by Orissa Water Supply & Sewerage Board (OWSSB).

- *An integrated sewerage system for Puri town at an estimated cost of Rs.48.29 crore is under execution.*
- *Integrated sewerage and drainage project at Cuttack.*
- *Integrated sewerage project of Bhubaneswar city under JNNURM.*

15.99 It has been targeted to cover 4 lakh population under urban sewerage and sanitation programme during the Eleventh Plan period, including 1.0 lakh population during 2008-09.

15.100 Sulabha International Social Service Organization (formerly known as Sulabha International), which is a voluntary social organization, works to prevent pollution of environment and enteric diseases and promote cleaning and healthy living in the society. Its technology of low cost sanitation and pollution control has also been acknowledged by the World Organization and implemented in many countries of the World. It has conferred a number of awards viz. "Best



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Global Indian Technology”, “Dubai International Award” etc.

15.101 SISO starts functioning in the year 1980-81 in Orissa and the first Sulabha complex was constructed at Badambadi, Cuttack in the year 1981. So far 309 numbers of Sulabha complexes have been constructed under various department of Government of Orissa. At present 34 nos. of public toilets are under construction and 144 nos. are under proposal. Besides, conversion of 22540 dry latrines into pour flush water seal latrines and 17484 new water seal latrines have been completed by Sulabha. It has also constructed 4124 nos. of individual house hold latrine in rural areas. These Sulabha complexes and house hold latrines are not only best used but also self sustainable.

## HEALTH, FAMILY WELFARE, SANITATION & SOCIAL WELFARE

15.102 Sulabha has also organised awareness camps, especially in rural areas, for adoption of the low cost latrines provided in their houses. More than 800 numbers of institutional latrines have been constructed in Women's Colleges, Boys and Girl's High Schools and more than 8000 toilets have been constructed in Primary Schools and Ashrams in Orissa. Besides, three nos. of bio-gas plant, based on human excreta, has been constructed at Reserve Police Line Campus, Bhubaneswar, Kendrapara Hospital and new bus stand, Khurda. Four nos. of duckweed projects have also been completed in Orissa sponsored by Royal Danish Government of Denmark.

## SOCIAL WELFARE

### CHILD WELFARE

15.103 In Orissa, the Integrated Child Development Scheme (ICDS) was launched in the year 1975 in Subdega block of Sundargarh district with 85 AWCs. Now it has been extended to 326 projects including all 314 CD blocks and 12 ULBs through 41,697 Anganwadi Centres and 4819 mini Anganwadi Centres. The scheme provides a package of services covering supplementary nutrition, immunization, health checkup, referral services, pre-school, non-formal education nutrition and health education to the children below 6 years, pregnant women and nursing

mothers. Table 15.11 shows the achievement under ICDS scheme during 2003-04 to 2007-08.

**Table 15.11**

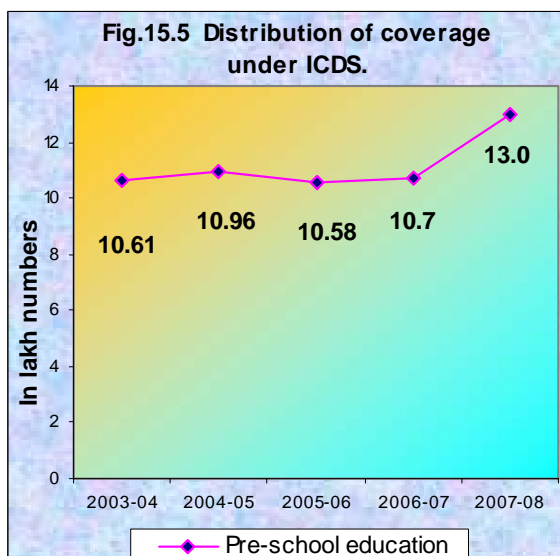
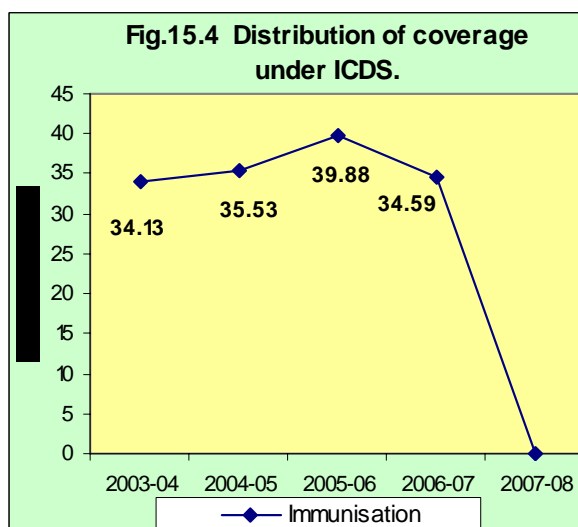
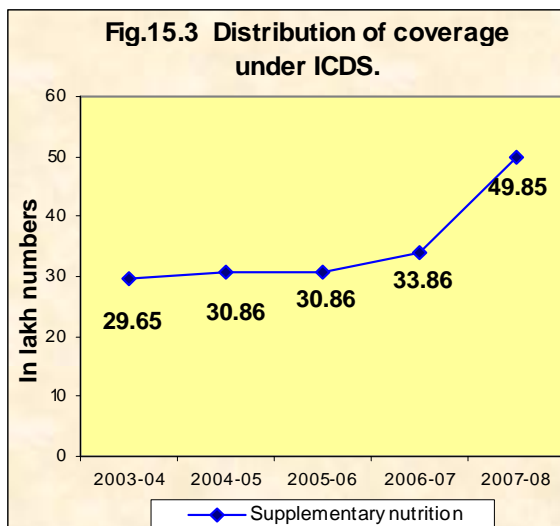
### **Beneficiaries covered under ICDS during 2003-04 to 2007-08(T)**

(In lakh numbers)

Name of the Scheme	2003-04	2004-05	2005-06	2006-07	2007-08
Supplementary nutrition	29.65	30.86	30.86	33.86	49.85
Immunization	34.13	35.53	39.88	34.59	
Health check-up	9.22	9.59	9.3	8.8	8.5
Nutrition and health Education	5.0	5.5	5.7	5.9	6.3
Referral services	4.06	6.49	6.62	6.7	6.6
Pre-school education enrolled	10.61	10.96	10.58	10.7	13.0

Source: Women and Child Development Department, Orissa.

**Orissa State Councils for Child Welfare (OSCCW)**



15.104 Orissa State Council for Child Welfare, is recognised by the State Government as a Nodal Agency to co-ordinate schemes/ programmes relating to children especially in difficult circumstances. As scrutinizing agency, it scrutinizes the applications relating to 'Adoption' as well as Deemed Orphan. There are six Balashrams (orphanages) and nine Angan Wadi Training Centres in the State under the control of council.

**Orphanages**

15.105 Children under the category "in need of care and protection" are admitted and maintained in the orphanages. Children in there orphanages are provided with food, shelter, clothing, general education, medical checkup, vocational training etc. to bring them up as a good citizen. There are 86 child care institutions (orphanages) managed by different NGOs including OSCCW in the State (except Debagarh and Malkangiri districts) for accommodation of 2628 inmates under the age group of 5 to 18 years (5-25 years incase of girls). Child below the age group of 5 residing with their mothers in jails, short stay homes, central home for women are treated as deemed orphanage, are also being maintained in these orphanages.

15.106 An amount of Rs.500/- per inmate per month and Rs.250/- per child per

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month for the Deemed Orphanages are being provided by the State Government for the maintenance of the inmates in these orphanages. During 2007-08, an amount of Rs.370.01 lakh has been provided for the purpose.

### ***Programme for Street Children:***

15.107 The objective of this programme is to protect children from destitution and facilitate their withdrawal from a life on the streets. Presently, one NGO, is implementing the scheme in 6 centres in Bhubaneswar covering 300 childrens.

### ***Juvenile justice***

15.108 Government of India have amended the Juvenile Justice (C&P of children) Act, 2000 and introduced J.J. (C & P. of children) Act, 2006 which is more child friendly and provides proper care and protection as also for ultimate rehabilitation of children 'in need of care and protection'. There are 15 observation homes in the State including 3 run by Government – one at Rourkela and two at Berhampur, the special home for girls at Berhampur being one of them. The cost of maintenance of the inmate is borne by State Government and Central Government on 50:50 sharing basis. The maintenance grant per inmate has been raised to Rs.500/- from Rs.300/- w.e.f. 2004-05. The number of inmates in these observation / special homes during the year has been varying between 200- 220.

## **HEALTH, FAMILY WELFARE, SANITATION & SOCIAL WELFARE**

15.109 As per JJ (C&P of children) Act, 2000 State Government have certified 46 child care institution including 2 for girls as children's home for reception of children under the category in need of care and protection during the pendency of their enquiry and subsequently for their care, treatment, education training etc. Besides, 31 shelter homes have been established in the State accordingly to the JJ (C&P of children) Act, 2000. Besides, different training programme are being provided to activate the J.J. Act at the level of Judiciary and Police functionaries.

### ***Adoption***

15.110 In Orissa there are two placement agencies for inter-country adoption. There is also one Adoption Coordinating Agency to coordinate all adoption related activities and identify and promote adoption of children who are legally free for adoption. The numbers of children rehabilitated during the year 2007 through 'in country' and 'inter country' adoptions were 132 and 36 respectively while the same was 125 and 98 during 2006.

### ***Mid-day Meal (MDM)***

15.111 The Mid-Day Meal (MDM) Programme was introduced in the State since July, 1995 to provide a cooked noon meal to primary school children (Class I– V) of all Government and Government aided schools for 210 working days in a year. The scheme

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aims at increasing enrollment and reducing dropouts in Primary schools as well as to improve the nutritional status of the children. From 1<sup>st</sup> July 2001 cooked meal are being provided to the primary school children in the 8 KBK districts (80 blocks including 44 ITDA Blocks) and in 74 ITDA blocks in the non-KBK districts. As regards the other blocks, dry ration @ 3 kg. of rice per child per month was being supplied. The cooked meal system under this programme was also extended to the primary school children in the district of Boudh with effect from 1.4.2002. Since September 2004, as per direction of the Hon'ble Supreme Court cooked meal is being provided to all the students at all the government / government aided primary schools and dry ration system has been dropped. Under the scheme, Ministry of Human Resource Development in Department of Elementary Education and Literacy, New Delhi is providing free rice @ 100 gms. per beneficiary per day for 210 days every academic year along with the transportation charges. Government of Orissa provides Rs.0.64 per beneficiary per day towards purchase of Dal, vegetables, oil, condiments and transportation charges and Ministry of H.R.D. have enhanced the cooking cost from Rs.1.50 to Rs.1.58. So the daily ration cost of primary school children under the programme is Rs.2.22 per child from June, 2008. Government of India provides Rs.2.10 and State Government provide Rs.0.64 per

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beneficiary per day for upper primary school students.

15.112 During 2007-08, the coverage under the programme was 42,30,818 in 65,528 primary schools including 9,41,499 students reading in 17,862 primary schools in the KBK districts. Similarly 5,26,166 Upper Primary (EBB) students in 8401 upper primary (EBB) schools were also covered under the scheme.

15.113 Government of India have provided Rs.176.83 crore for construction of Kitchen – shed in 29472 primary schools (out of 45985 schools) and Rs.71.63 crore for construction of kitchen shed in 11938 upper primary schools (out of 17720). Further, Government of India, Ministry of HRD have provided Rs.22.34 crore and Rs.4.02 crore for replacement of kitchen equipment / devices in 44,680 primary and 8048 upper primary schools of the State.

### **Supplementary Nutrition Programme (SNP)**

15.114 With a view to improving the health and nutritional status of children in the age group 6 months to 6 years, pregnant women and lactating mothers, the Supplementary Nutrition Programme (SNP) is being implemented in the state. It has been decided that government of India will support 50% of the financial norm or 50% of the expenditure incurred on the scheme, whichever is less, from the year 2005-06.

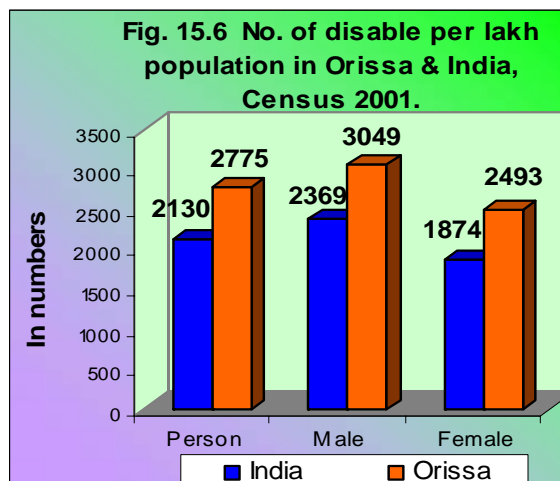
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Under this scheme, supplementary nutrition is provided to needy children and to expectant/nursing mothers from low income families for a period of 300 days a year. Beneficiaries, relating to all KBK and Backward districts (11 districts), have been universalized from 1.11.2006 and the rest 19 district w.e.f. 01.06.2007. Services under the scheme are presently being made available to 4985131 beneficiaries comprising of 42,01,596 children ( 6 m.– 6 years) and 7,83,535 pregnant and lactating mothers through a net work of 41697 Anganwadi Centres.

### WELFARE OF THE HANDICAPPED

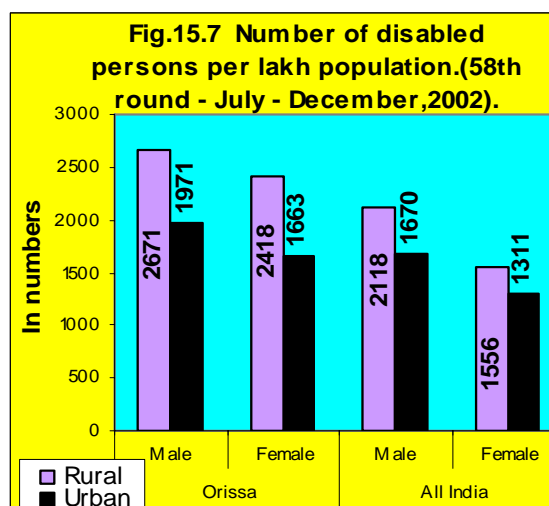
15.115 As per 2001 population census, there were 10.21 lakh disabled persons in the State, out of which 5.14 lakh (50.34%) were disabled in vision, 2.81 lakh (24.58%) in movement, 1.03 lakh (10.09%) in mental, 0.84 lakh (8.23%) in hearing and 0.69 lakh (6.76%) in speech. Out of these 10.21 lakh, 4.52 lakh (44.27%) were female. The incidence of disabled per lakh population in the State stood at 2775 while for male it was 3049 and for female 2493. The corresponding figures at all India level were 2130, 2369 & 1874 respectively. Highest incidence of handicapped is recorded in Cuttack district 0.66 lakh (6.46%) followed by Khurda district 0.63 lakh (6.17%). Lowest handicapped incidence has been found in Deogarh district 0.10 lakh (0.98%).

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Source: W & CD Department, Bhubaneswar.

15.116 According to the 58<sup>th</sup> round of NSS report, conducted during July-December' 2002, incidence of disability per lakh population in Orissa is 2459 wherein 2586 for males and 2330 for females. Though NSSO estimates appear to be low, it is more or less in agreement with the Census enumeration. The information on disabled persons per lakh population for rural and urban (Orissa – All India) level during 58<sup>th</sup> round – July-December, 2002 is given in Fig.15.7.



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15.117 A number of welfare schemes are being implemented in the State with financial support from Government of India to bring them into mainstream of the society, some of these are follows.

### ***i) Disability Pension under Madhu babu Pension Yojana ::***

15.118 The erstwhile Orissa Disability Pension Scheme has now merged with Madhu Babu Pension Yojana and is being implemented from 1<sup>st</sup> January, 2008. A person of 5 years and above with 100% visual disability or with 40% and above locomotors disability of mental retardation or cerebral palsy affected, with maximum income of Rs.12,000/- P.A. or a person with HIV irrespective of income limit are eligible to get Rs.200/- per month as pension. Against the target to cover 2.03 lakh beneficiaries during 2007-08, about 1.53 lakh beneficiaries were covered under the scheme with an expenditure of Rs.35.28 crore.

### ***ii) Special School for children with disability:***

15.119 State Government is providing free education to visually impaired, hearing impaired and mentally challenged children in special schools through specially trained teachers. Apart from 4 Govt. special schools (2 for blind and 2 for deaf), there were another 50 special schools being managed by different agencies including non-govt. organizations (NGOs) with grant-in-aid from the State Government. Out of these 50

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special schools 18 are for visually impaired, 21 for hearing impaired and 11 are for mentally retarded children, with approved student strength of 2939 and staff strength of 620 including non-teaching staff. Apart from these 50 state funded schools, 61 more special schools with 2843 students on roll are being run in the State by NGOs / Voluntary Organizations with grant-in-aid from Govt. of India. Year wise budget provision and expenditure made under the programme for the last three years is given below.

Year	Budget provision (Rs. in lakh)	Amount spent (Rs. in lakh)
2005-06	336.96	301.17
2006-07	390.00	383.67
2007-08	380.14	358.31

### ***iii) Supply of Special Aids & Appliances:***

15.120 The scheme envisages supply of aids and appliances to the needy disabled persons free of cost incase of income up to Rs.6,500/- per month and 50% of the cost incase of income Rs.6501/- to Rs.10,000/-. During 2007-08, 6588 beneficiaries were supplied with aids and appliances.

### ***Scholarship to Students with Disability:***

15.121 State Government is providing scholarships to disabled children, who are studying in the normal schools from primary to university level including those pursuing technical and vocational education in recognised institutes. 6808 disabled students were benefited under the scheme during

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2007-08 with budget provision of Rs.150.76 lakh.

### ***Training Centres for Teachers of Handicapped:***

15.122 For imparting training to the teachers of the handicapped, one training centre with intake capacity of 20 for teachers of visually impaired persons has been established in collaboration with the National Institute for Visually Handicapped (NIVH), Dehradun. Similarly two other training centres, i.e. Training Centre for Teachers of the Mentally Retarded (TCMR) and Training Centre for the Teacher of the Deaf (TCDD), with intake capacity of 20 each have been established in collaboration with National Institute for the Mentally Handicapped (NIMH), Secunderabad and National Institute for the Hearing Handicapped (NIHH), Mumbai respectively on 40:60 funding basis. Thus, annually, 60 trained teachers qualify in the State to act as special Educators for the disabled. During 2007-08, an amount of Rs.5.33 lakh have been spent for supporting manpower.

### ***Rehabilitation of Cured Leprosy Patients***

15.123 In order to provide social security and financial support to cured leprosy patients, the State Government have a scheme implemented through the Hind Kustha Nivaran Sangha and Dayashram, Cuttack. These two organizations are imparting training programme to cured leprosy

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patients in different trades. During 2007-08, 242 persons have been supported and provided training at these two centres with an expenditure of Rs.11.00 lakh. Besides, Government of India have also provided financial assistance to six other NGOs for providing vocational training to cured leprosy patients and for their rehabilitation.

### ***Loan Assistance scheme under NHFDC***

15.124 The main activities of NHFDC is to promote economic and developmental activities for the benefit of disabled persons. Accordingly, NHFDC is providing loan assistance for small business, disabled entrepreneurs, agricultural activities, skill and entrepreneurial development programmes, higher studies / professional training etc. to the persons with minimum 40% disability within the age group 18 to 55 and having annual family / individual income less than Rs.80,000/- for rural and Rs.1.00 lakh for urban area. The rate of interest on the loan amount is very low i.e. 5% up to Rs.50,000/- and 6% for above 50,000/- to Rs.5.00 lakh. 1% rebate in interest is also providing to women borrower.

15.125 Mahila Vikash Samabaya Nigam has been declared as the channelising agency for the State, extending the benefits of NHFDC to the disabled persons from the year 1998-99. Till date, total loan amount of Rs.935.73 lakh has been sanctioned by

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NHFDC for 1960 beneficiaries out of which Nigam has released Rs.802.23 lakh for 1739 handicapped persons as on 30.06.08 and the balance amount of Rs.133.50 lakh has already been refunded. NHFDC is not advancing further loan to MVSN due to less percentage of recovery. A special drive has been taken for recovery of loan by MVSN. Table 15.12 reflects the year wise loan sanctioned and disbursed till the end of 2005-06.

**Table.15.12**  
**Achievement under NHFDC Loan**  
**Scheme in Orissa**

(Rs. in lakh)

Year	Sanctioned		Disbursed		cases refunde
	No.	Amount	No.	Amount	
1998-99	40	14.40	36	13.23	-
1999-00	197	79.39	9	3.36	-
2000-01	168	84.86	147	61.73	-
2001-02	850	422.48	248	89.19	35
2002-03	204	103.64	585	281.59	69
2003-04	418	197.46	354	191.80	77
2004-05	83	33.50	343	155.20	15
2005-06	-	-	17	6.13	30
Total	1960	935.73	1739	802.23	221

Source: W & C.D. Department, Bhubaneswar.

### SOCIAL SECURITY MEASURES

#### **National Old Age Pension Scheme (NOAP)**

15.126 National Old Age Pension (NOAP) Scheme is the 1<sup>st</sup> component of 100% Government of India assisted programme namely National Social Assistance Programme being implemented in the State since 15<sup>th</sup> August, 1995. Under this scheme, destitute elderly of 65 years of age and above, having no regular means of

### **HEALTH, FAMILY WELFARE, SANITATION & SOCIAL WELFARE**

assistance, are being paid with monthly pension @ Rs.200/- per month from 1<sup>st</sup> April, 2006. The NOAP scheme has been re-launched as Indira Gandhi National Old Age Pension Scheme by Government of India w.e.f. 19.11.07 where in the Criteria for selection beneficiaries has been modified. As per the revised criteria, all persons of 65 years or above and who are below poverty line as per BPL survey of 2002, will be covered under IGNOAP as against the earlier criteria of destitute persons under NOAP. The total beneficiary under the scheme is 6,43,400 from 1.12.2006. The provision under SCP, TASP and Normal Sub head of NOAP was Rs.18418.24 lakh for implementation of the scheme in the year 2007-08 under State plan sector.

#### **State Old Age Pension (SOAP)**

15.127 State Old Age Pension (SOAP) scheme introduced in the state since 1975. Pension amounting to Rs.100/- per month per beneficiary was provided to the old and destitute persons of 60 years of age or above, leprosy patients with visible signs of deformity and destitute widows irrespective of age whose annual income does not exceeded Rs.3200/-. This pension amount has been enhanced to Rs.200/- per month w.e.f. March, 2006.

#### **Madhu Babu Pension Yojana**

15.128 The State Government has introduced 'Madhubabu Pension Yojana



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(MBPY) by merging two pension schemes 'Old Age Pension Rules, 1989' and "Disability pension Rule, 1985" which came in to effect from 1<sup>st</sup> January, 2008. All beneficiaries who were covered under State Old Age Pension Scheme and Orissa Disability Pension Scheme are now being treated as beneficiaries under MBPY since 1.1.2008.

15.129 A person shall be eligible to pension under MBPY, if he / she

- a)
  - i) is of 60 years of age and above, or
  - ii) a widow (irrespective of age), or
  - iii) a leprosy patient with visible signs of deformity (irrespective of age) or,
  - iv) a person of 5 years age or above and unable to do normal work due to deformity / disability being totally blind / mentally retarded or cerebral palsy, or
  - v) a widow of AIDS patient (irrespective of age and income criteria), or
  - vi) an AIDS patient identified by State / District Aids Control Society
- b) has family income from all sources not exceeding Rs.12,000/- per annum.
- c) is a permanent resident / domicile of Orissa
- d) has not been convicted of any criminal offence involving moral turpitude
- e) is not in receipt of any other pension from the union Government or the State Government or any organization aided by either Government.



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15.130 Under this programme pension amounting to Rs.200/- per month is being provided to each beneficiary. The number of beneficiary targeted to cover under this programme is 12,08,400 including addl. target of 3,00,000.

15.131 The State Government has also undertaken measures to rehabilitate destitute old men and women by establishing Old-Age Homes, Short Stay Homes and Day Care Centres through NGOs. During 2007-08 there were 48 Old Age Homes with intake capacity of 1200 inmates, 66 Day Care Centres with intake capacity 3300, 31 Drug De-addition Centres with 15 Beds and 4 Mobile Medicare Units are functioning in the state.

### **National Family Benefit Scheme (NFBS)**

15.132 This is one of the components of the "National Social Assistance Programme" which is being implemented in the state w.e.f. 15<sup>th</sup> August, 1995. Under this scheme a lumpsum financial assistance of Rs.10,000/- is being provided to a BPL family on the death of its primary bread earner in the age group of 18.64 years of age. During 2007-08, Rs.3291.36 lakh was provided under the State Plan Budget, out of which an amount of Rs.3045.37 lakh released to the districts for covering 30453 nos. of beneficiaries.