

CHAPTER 15

HEALTH, FAMILY WELFARE, SANITATION AND SOCIAL WELFARE

HEALTH

15.01 The focus in the health sector has been to improve access to health-care for all with particular reference to the underprivileged segments of the population. This is being achieved through consolidation and operationalisation of the primary, secondary and tertiary health-care infrastructure and effective implementation of National programmes for combating major public health problems. Communicable and nutrition related diseases continue to be the major problems in the State. During 2004-05, an outlay of Rs.279.63 crore has been proposed under State Plan, Central Plan and central share of Centrally Sponsored Plan scheme to meet the requirement.

15.02 The main objectives for the health sector programmes are as follows:

- i. To provide adequate and qualitative preventive and curative health care to the people of the State.
- ii. To improve maternal and child health and in particular to reduce maternal and infant mortality and morbidity rates.
- iii. To ensure equity in health care to all, particularly to disadvantaged groups like Scheduled Tribes, Scheduled Castes, backward classes and women.
- iv. To provide affordable quality health care to the people of the State through allopathic, homeopathic and ayurvedic systems of medicine etc.
- v. To impart training to doctors, nurses and other paramedical staff to upgrade their skill and knowledge to meet the need of health care in the State.
- vi. 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 undeveloped districts.
- vii. To improve hospital services at secondary and tertiary level in terms of infrastructure, personnel and quality of care.
- viii. To eliminate diseases like polio and leprosy from the State and prevent and control other communicable diseases.
- ix. To improve health care facilities in the KBK districts of the State.

15.03 The annual average growth rate of population of the State during the 1991-2001 decade was 1.49 % as compared to 1.95 % at the All-India level. The Crude Birth Rate in Orissa during 2001 was 23.4 which decreased to 23.2 in 2002. The Crude Death Rate and Infant Mortality Rate of the State have also decreased from 10.2 and 90 to 9.8 and 87 respectively during the same period. Though the Infant Mortality Rate of Orissa has decreased from 90 in 2001 against 87 in 2002, it is still highest in the country followed by Madhya Pradesh (85) and Uttar Pradesh (80) while Kerala was having the lowest (10). Similarly, the Birth Rate was highest in Uttar Pradesh (31.6) followed by Bihar (30.9), Rajasthan (30.6) and it was lowest in Goa (14.0). Table 15.1 shows the Crude Birth Rate, Crude Death Rate and Infant Mortality Rate of Orissa and All-India during 2002.

Table 15.1
Birth Rate, Death Rate and Infant Mortality Rate of Orissa and All-India

Sl No.	Year	ORISSA			ALL -INDIA		
		C.B.R.	C.D.R.	I.M.R.	C.B.R.	C.D.R.	I.M.R.
1	2	3	4	5	6	7	8
1	1981	33.1	13.1	135	33.9	12.5	110
2	1991	28.8	12.8	124	29.5	9.8	80
3	1995	27.8	10.8	103	28.3	9.0	74
4	1996	27.0	10.8	96	27.5	9.0	72
5	1997	26.5	10.9	96	27.2	8.9	71
6	1998	25.7	11.1	98	26.5	9.0	72
7	1999	24.1	10.6	97	26.1	8.7	70
8	2000	24.3	10.5	96	25.8	8.5	68
9	2001	23.4	10.2	90	25.4	8.4	66
10	2002	23.2	9.8	87	25.0	8.1	63

C.B.R. – Crude Birth Rate

C.D.R. – Crude Death Rate

I.M.R. – Infant Mortality Rate

Source : S.R.S. Bulletin, April ' 2004

ORISSA VISION 2010

15.04 In the mean time, Government of Orissa have finalised a Long Term Development Strategy for health Sector in the form of "Vision-2010". This vision document

has addressed the major problems faced by the sector and come up with clear cut guidelines for formulation of health policies, strategies and proposed activities in key areas. The major components envisaged in the Vision document are as follows :

- F Substantial reduction in communicable disease burden.
- F Effective control of non-communicable diseases.
- F Risk protection against major communicable diseases, injuries, all ailments of Women and Children with particular reference to conditions associated with pregnancy and child birth.
- F Better distribution of public provided services with equity and geographic access.
- F Partnership with private providers in comprehensive health care delivery through an effective balance of facilitation and regulation.
- F Professional hospital management with greater autonomy.
- F Health service market failure issues would be addressed through the following actions.
- F The public would be better informed about the nature and type of services available at publicly provided institutions.
- F A mix financing options would be tested and the most suitable method mix chosen, based on results of internal experiments and lessons learned from elsewhere.
- F Allied health and para-medical professionals would be made available according to the need with enhanced production through increased training seats in academic institutions. Contracting of service personnel would be encouraged where regular Government positions are not necessary.
- F There will be a State Health Manpower Policy and Human Resource Development Strategy that would effectively address issues of health professional supply and demand.

- F Community involvement in health service delivery will become more meaningful through performance audit by the user community, hospital development forums, built in user feed back systems etc.
- F Family Welfare services will be of good quality and more responsive to needs of the public, with collection of service charges at cost price from the people above a particular income level.
- F Diseases like polio, measles, neo-natal tetanus, yaws and blindness due to vitamin-A deficiency will be eradicated.
- F State-of-the-art treatment facilities that are relevant and affordable will be made available for non-communicable diseases, including cancer, at a cost, with some form of insurance cover or exemption for poor patients.
- F Medical and health administration will be improved through suitable policy changes.

OVERVIEW OF ORISSA HEALTH SECTOR REFORM

15.05A number of reform initiatives are being taken in the State which is listed below.

- (i) Introduction of user charges.
- (ii) Zilla Swasthya Samitees (ZSS) have been revamped.
- (iii) Handing over cleaning services to private agencies.
- (iv) Personnel policies.
 - a. Para-medical cadres were converted from State to District cadres.
 - b. Multi-skilling of pharmacists through training as laboratory technicians for TB and Malaria programmes.
 - c. Training course for general doctors in anaesthesia.
 - d. Change in internship training programme towards greater community health orientation.

- e. Rural service incentives to doctors.
 - f. Increased travel expenses for all ANMs.
 - g. Mandatory pre-postgraduate service in remote districts.
 - h. Amendment to Orissa Medical Service rules to make the first posting to rural areas mandatory.
- (v) A new policy for drug procurement and distribution.
 - (vi) Total risk protection against five selected diseases.
 - (vii) Campaign approach for vitamin–A coverage.
 - (viii) A built asset database and maintenance MIS are being developed.

ALLOPATHIC MEDICAL INSTITUTIONS

15.06 During the year 1951, medical and health care facilities created by the Government were available to the people of the State 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. During 2003 there were 1,701 Government medical institutions in the State having 13,886 hospital beds and population served per medical institution was about 21,923 and area served per medical institution was 92 sq km. The bed-population ratio was 1 : 2,685, and the doctor-population ratio was 1 : 7,560. The 118 ITDA blocks of 12 tribal districts in the State had 567 medical institutions with 3,152 beds and area served per medical institution was 123 sq km. Table 15.2 shows the number of allopathic medical institutions functioning in Orissa under the Health Department.

Table 15.2

Allopathic Medical Institutions run by the State Health Department

Sl. No .	Year	Hospitals	Community Health Centres	PHCs	PHCs (New)*	Mobile Health Units	Total Medical Institutions	Total number of beds available
1	2	3	4	5	6	7	8	9
1	1998	180	157	184	1150	14	1685	13786
2	1999	180	158	183	1166	14	1701	13786

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3	2000	180	158	183	1166	14	1701	13786
4	2001	180	158	183	1166	14	1701	13786
5	2002	180	158	184	1166	13	1701	13886
6	2003	174	231	120	1162	14	1701	13886

Source : Directorate of Health Services, Orissa, Bhubaneswar

** Dispensaries, Additional PHCs, Subsidiary Health Centres and Medical Aid Centres were amalgamated and redesignated as PHC (New) since 1996-97.*

15.07 Under RLTA Programme in the KBK districts 90 Mobile Health Units (MHU) are functioning in all 80 blocks of the 8 KBK districts to ensure greater access of the people to basic health care services; 31 MHUs are functioning with Government vehicles and the remaining 59 MHUs are operating with hired vehicles. Each MHU comprises of one Medical Officer, one Pharmacist, one female Health Worker and one Attendant. The MHUs hold health camps in the remote & inaccessible areas and supply medicine worth of Rs.1000/- per camp during their visit.

AYURVEDIC AND HOMEOPATHIC INSTITUTIONS

15.08 The popularity of the non-allopathic systems of medicines (ayurvedic, homoeopathic and unani) has grown over the years due to their low cost and minimum side effects. At present, there are three Government Ayurvedic Colleges and four Government Homoeopathic Colleges imparting graduate and post-graduate education in the State. Post-graduate training in seven Ayurvedic disciplines and in three Homoeopathic disciplines are available in the State.

15.09 During 2003, five Ayurvedic Hospitals (including three attached to colleges) and 522 Ayurvedic Dispensaries were providing health services in the State with 203 hospital beds and 545 doctors. Two private Ayurvedic Hospitals are also functioning in the State. By the end of 2003-04, there were 3191 registered Ayurvedic doctors in the State as against 3043 registered doctors in 2002-03. Nine Unani Dispensaries were functioning in the State in 2003. During 2003, about 60.5 lakh patients were treated in different Ayurvedic Hospitals and Dispensaries. It has been proposed to establish 60 Ayurvedic Dispensaries in non-tribal areas and 40 Dispensaries in tribal areas of the State during 2004-05 and an amount of Rs.1.00 crore has been proposed in the Annual plan 2004-05 for the purpose.

15.10 During 2003, four Government Homoeopathic Hospitals and 480 Homoeopathic Dispensaries were providing services in the State with 125 hospital beds and 485 doctors. Two private Homoeopathic Hospitals are also functioning in the State. During 2003, about 67.7 lakh patients received homoeopathic treatment as against 70.9 lakh patients treated during 2002. By the end of the year 2003, there were 3,049 registered Homeopathic Doctors in the State as against 2,911 during 2002. It has been proposed to open 100 Homeopathic Dispensaries (60 in non-tribal areas and 40 in tribal areas) in the State during 2004-05 and an amount of Rs.1.00 crore has been proposed in the Annual Plan 2004-05 for the purpose. Details of Ayurvedic and Homoeopathic medical institutions in the State and their growth over the years are shown in Table 15.3.

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

Sl. No.	Year	Hospitals		Dispensaries		Doctors	
		Ayurvedic	Homoeopathic	Ayurvedic	Homoeopathic	Ayurvedic	Homoeopathic
1	2	3	4	5	6	7	8
1	1999	5	4	519	460	537	470
2	2000	5	4	519	460	583	468
3	2001	5	4	519	460	537	460
4	2002	5	4	519	460	515	441
5	2003	5	4	522	480	545	485

(Contd.)

Table 15.3 (Concl.)

Sl. No.	Year	Beds		Patients treated (in lakh)	
		Ayurvedic	Homoeopathic	Ayurvedic	Homoeopathic
1	2	9	10	11	12
1	1999	203	125	52.4	76.9
2	2000	203	125	71.5	78.4
3	2001	203	125	68.2	74.9
4	2002	203	125	61.9	70.9
5	2003	203	125	60.5	67.7

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

STATE HEALTH PROGRAMMES / PROJECTS

15.11 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 level.

15.12 The National T.B. Control Programme (NTCP) is in operation in the State since 1964. The objective of the scheme is to control Tuberculosis in the community by detecting T.B. patients from among persons suffering from symptoms of the disease. Such patients are provided free domiciliary treatment so as to check the transmission of T.B. infection in the community. This programme is gradually being replaced by the Revised National TB Control Programme (RNTCP) adopted in the State since October'1997, in a phased manner with the assistance of DANIDA. All the 30 districts have been covered under this programme. The Anti T.B. Demonstration & Training Centre at Cuttack is now looking to the training aspects, culture & sensitive test and laboratory quality control aspects of RNTCP. As on March'2004, 66 Sub-district T.B. units, 519 Microscopy centers are engaged in providing diagnosis & treatment services under the revised strategy.

15.13 Since inception of RNTCP, 1,00,221 patients have been detected and treated with DOTS. As on 2nd quarter of 2004, annualized cases detection rate was 101 per lakh population against the National norm of 135 per lakh population. Cure rate was 82.7% against the national norm of 85% and sputum conversion rate was 84% against the national norm 90%. The State of Orissa is placed in the all India Target Zone for its performance. Global Drug Facility provides anti TB drugs for patients treated under DOTS strategy. Government of India also provides X-ray rolls and loose drugs directly to the districts. The DANISH assistance to RNTCP in Orissa ph-II is available from January'2004 to December'2005 with a total financial support of Rs.13.48 crore.

15.14 The National Filariasis Control Programme (NFCP) is 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 of a research unit at Puri and 15 Filariasis Control Units covering 16 urban areas. Besides, 15 Filariasis clinics are also functioning either being attached to the control units or to a Medical Institution. During 2003, 35,919 persons have been examined for (MF) microfilaria of which 547 have been detected as microfilaria carriers and 4368 critical disease manifestation cases. 4915 persons have been given treatment with D.E.C. The microfilaria rate was 1.52% during 2003 as against 1.25% in 2002.

The microfilaria rate was highest in Banki of Cuttack district (4.4%) followed by Nayagarh (3.9%) and Paralakhemundi of Gajapati district (3.4%). An outlay of Rs.266.31 lakh is proposed under Non-plan and Rs.60,00 lakh under Plan Scheme has been proposed in the Annual Plan, 2004-05 towards cost of materials for implementation of this programme. Besides Rs.175.00 lakh has been proposed for provision under Central Plan for implementation of Mass Drug Administration (MDA) with DEC in endemic districts of the State.

15.15 Under the National Programme for Control of Blindness (NPCB), the World Bank assisted Cataract Blindness project is being implemented in the State since 1976 with the aim of reducing the prevalence of blindness from 1.4% to 0.3% by providing training to Ophthalmic personnel, by upgrading the existing infrastructure and providing new infrastructural facilities for treatment of blindness. IDCO have constructed 28 numbers of 20 beded Eye wards, 25 numbers of 10 beded Eye wards, 176 numbers of Dark Rooms and a 91- beded Referral Eye Hospital at SCB Medical College Hospital, Cuttack. During 2003-04, 82,652 cataract operations have been performed including 78,590 IOL cases against the target of 1,30,000 cataract operation. Besides the above, School Eye Screening Programme is also being implemented in the State. During 2003-04, eyes of 1.45 lakh students have been screened out of which refractive error defect was found in case of 8,737 students. Glasses were provided to 2,795 students free of cost. It has been targeted to perform 1.30 lakh cataract operations. Besides, 10.00 lakh students are to be screened and 21,000 free spectacles are to be provided during the year 2004-05.

15.16 The National Iodine Deficiency Disorders Control Programme is being implemented in the State since December'1989 as a Centrally Sponsored Scheme. The aim of this programme is to prevent the Iodine Deficiency Disorders like incidence of goiter, physical and mental disorders and to bring the incidence of IDD below 10% in the State. Use of common salt has been banned in the State from 18.10.2001. IDD survey is being conducted in different districts since 1989. Resurvey was conducted in Baragarh district in 2002, where the IDD prevalence rate was found to be 7.66% as against 10.8% found in the previous survey conducted during the year 1995-99. IDD survey conducted in different year with prevalence rate is given below.

Sl. No.	Year	District	IDD Prevalence rate
1	2	3	4
1	1989	Puri	19.34

2	1989	Sundargarh	33.50
3	1998	Cuttack	21.61
4	1999	Keonjhar	14.90
5	2001	Nuapada	14.40
6	2001	Balasore	0.83
7	1995-99	Baragarh	10.80
8	2002	Baragarh (Resurvey)	7.66
9	2003-04	Ganjam	15.79
10	2003-04	Kandhamal	27.79

15.17 Besides the above, IDD survey in Gajapati and Bolangir district is in progress. The "Global IDD Prevention Day" was observed in the State for public awareness regarding iodine deficiency disorder and use and benefit of iodised salt. During 2002, a special survey was conducted by GOI-UNICEF in the districts of Puri, Cuttack and Sundargarh in which it was found that about 35% of the people are using iodised salt. During 2003-04, 131 numbers of salt samples were collected from both rural and urban areas and 104 salt samples were examined in the IDD monitoring laboratories. Out of these, 27 samples were found adulterated. Salt testing kits have been supplied to the CDMOs for testing of iodised salt. An outlay of Rs.7.00 lakh has been provided in the Annual Plan, 2004-05 for the scheme.

15.18 The National Leprosy Eradication Programme (NLEP) is being implemented in the State since 1983 with an objective to achieve elimination of leprosy by December, 2005 i.e., to bring down leprosy prevalence rate to one or below per 10,000 population. Due to successful implementation of the programme the leprosy prevalence rate has come down from 121.4 per 10,000 populations in 1983 to 3.48 by the end of March'2004 which is a remarkable achievement in the field of leprosy control in Orissa. The diagnosis and treatment facilities of leprosy cases have been extended to all the peripheral health institutions including sub-centres. Since beginning of the programme about 8.93 lakh leprosy cases have been treated with Multi Drug Therapy (MDT) and 7.82 lakh patients have been declared cured. Proposals for 14 Leprosy Elimination Campaign (LEC), 43 Special Action Projects for Elimination of Leprosy (SAPEL) were approved during 2003-04. It has been planned to eliminate leprosy in the next two years with the support of Government of India, WHO, DANILEP and NGOs like LEPRA India, TLM and HKNS.

15.19 The National Anti Malaria Programme (NAMP) which is a Centrally Sponsored Plan scheme is being implemented in the entire State of Orissa. The main programmes under the scheme are to maintain cleanliness of inhabited areas, to destroy mosquitoes through spraying of DDT, and to make people conscious of the disease through information, education and communication activities. During 2003, 44.31 lakh blood slides were examined of which about 4.21 lakh were found positive while the percentage of positive falciparum remained almost constant (83%). During the year 2003, about 333 malaria death cases were recorded as against 465 recorded in 2002. This problem is more alarming in tribal areas (158 blocks) which contribute 70% cases of the State with 63.36% death cases. The Enhanced Malaria Control Project (EMCP), a World Bank assisted project, is in operation in hyper endemic areas, since 1997-98 covering 158 blocks spread over 21 districts having more than 25% tribal population. During 2003, 29.44 lakh blood slides were examined under EMCP of which 3.26 lakh cases were found positive and 2.88 lakh cases were found positive falciparum. By the end of 2003-04, a sum of Rs.1477.62 lakh has been received and Rs.1417.89 lakh has been utilized under this scheme. During 2004-05, 82 more Blocks where Annual Parasitic Incidence (API) is in excess of 5/1000 and slide positivity rate is in excess of 5/1000 and parasite falciparum percentage is more than 30% have been sanctioned for inclusion under the programme.

15.20 The National AIDS Control programme (ph-II) has been functioning in the State since April 1999 with support of NACO and DFID. The aim of the programme is to reduce the spread of HIV infection in the State and to strengthen the State capacity to respond to the HIV/AIDS on long term basis. An amount of Rs.63.94 crore from NACO and Rs.8.50 crore from DFID has been received for implementation of the programme in the State from 1999-2000 to 2003-04 out of which Rs.8.52 crore and Rs.4.48 crore have been spent respectively. In order to know the HIV prevalence rate, Sentinel Surveillance is conducted every year from 1st August to 31st October. There are five Ante-Natal Cases (ANC) sites and seven Sexually Transmitted Diseases (STD) sites. During 2003, Ganjam district had the highest prevalence rate of 6.8% among High Risks Groups. The prevalence rate recorded in different years is as follows.

Year	Prevalence rate	
2000	2.595 (STD)	0.137 (ANC)
2001	1.314 (STD)	0.125 (ANC)
2002	0.971 (STD)	0.150 (ANC)

2003	2.514 (STD)	0.000 (ANC)
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15.21 The training of all Medical Officers in 3 Medical colleges and in 30 district Hqs. hospitals has been completed. There were 20 voluntary Blood Testing-cum-Counseling Centres in different districts of the State. Safe blood is now available in 50 Blood Banks under Red Cross Banner and Government. Blood safety programme has been under-taken in the GRAMSAT programme to create awareness since June, 2001. The School AIDS Education programme has been launched in Ganjam district and 450 High Schools and 90, +2 Colleges have been taken in to the fold. There are all together 34 STD clinics in the State to facilitate the treatment of the STD cases.

15.22 The Orissa Health Systems Development Project (OHSDP) has commenced from 18.09.98 for a period of five years (up to March, 2004) with assistance from the World Bank with the objectives to improve the health care delivery in selected primary and secondary hospitals in the State and to increase efficiency in the allocation and use of health resources through policy and institutional development. The cost of the project is Rs.415.60 crore, out of which Rs.348.80 crore constitutes loan assistance from the World Bank, and the balance Rs.66.80 crore is to be met by the State Government. The project has been extended for one more year till 31.03.2005. Up to the end of 2003-04, out of 157 identified hospital buildings, construction of 118 hospital buildings have been completed and construction work of the remaining buildings is in progress. Since inception of the project, drugs worth of Rs.16.21 crore and equipments / instruments, furnitures worth Rs.14.28 crore has been procured and supplied to the identified institutions in different districts. As many as 5,000 health camps have been organised in 12 tribal districts for providing preventive, promotive and curative services to tribal people who are unable to attend hospitals for various reasons. Besides, 9 Mobile Clinics in 5 tribal districts have been started to provide health care services in inaccessible pockets. The OHSDP has strengthened the Disease Surveillance System and expanding its coverage in all the districts for early detection and containment of communicable diseases. OHSDP has introduced a Quality Assurance Component in all the district headquarter hospitals. Medium term measures on Hospital waste management have been undertaken in all identified medical Institutions for proper segregation and disposal of hospital waste. A computerised Health Management Information system is in operation and reports on disease surveillance and health camps are being received through the system. An outlay of Rs.144.70 crore has been provided in the Annual Plan 2004-05 for continuance of the project. All the construction and procurement activities

will be continued and the progress made in the areas of disease surveillance, hospital waste management, quality assurance, in-service training, health camps and mobile health units will be further consolidated during 2004-05.

15.23 The State Government has started a new scheme "Pancha Byadhi Chikitsa" from July, 2001 which provides guarantee for free treatment including free medicine for five common communicable diseases viz. malaria, leprosy, diarrhoea, acute respiratory infections and scabies. These five diseases constitute approximately 70% of the patient load in the primary health institutions and affect a large number of poor people. Under the scheme clinical protocols have been drawn up and distributed to all doctors and institutions along with the required medicines free of cost. Government hopes to extend the scope of the Panchabyadhi scheme to other common diseases in due course.

MEDICAL EDUCATION AND TRAINING

15.24 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. 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 functions as the apex inservice training institute with three functional units at the state level and cells / wings at district / block levels for imparting training support under various programmes. There is a proposal for setting up of one Pharmacy College at Koraput out of allocation of State Plan.

15.25 Keeping in view availability of financial resources, facilities for super-specialised treatment are being provided in the three Medical College Hospitals through ultra modern diagnostic and therapeutic equipments. A cardiac catheterisation laboratory has been set up at S.C.B. Medical College Hospital, Cuttack. The S.C.B. Medical College Hospital has 1,208 beds and is equipped with modern instruments like heart-lung machine, equipment for open heart surgery, auto analyser, C.T. scan, Video endoscope etc. The other two medical college hospitals namely MKCG Medical College Hospital at Berhampur and V.S.S. Medical College Hospital at Burla have 881 and 772 hospital beds respectively. Besides, Neurology and Neuro-Surgery Departments have been opened in MKCG Medical College hospital, Berhampur. Similarly, steps are being taken for purchase of one Pediatric Endoscope machine, one Ultra Sound machine and installation of one 4 bedded Pediatric

I.C.U. Three years Diploma courses in Medical Laboratory Technology and Medical Radiation Technology have been started from 2002 in 3 Medical Colleges with an intake capacity of 20 and 10 respectively. The telemedicine system in 3 Medical Collages of the State has been taken up. One Rotational Telecobalt Machine has been installed in V.S.S. Medical College Hospital, Burla. Besides, Mahanadi Coal Field Ltd. and Western Orissa Development Council have agreed to provide financial grant of Rs.1.00 crore and Rs.0.50 crore respectively for over all development of V.S.S. Medical College & Hospital, Burla.

INFANT MORTALITY REDUCTION MISSION

15.26 Infant Mortality Rate (IMR) is a key indicator of the general health status of a population. As per the report of the Sample Registration Systems issued by the Registrar General, India, the Infant Mortality Rate (IMR) for Orissa was 87 per thousand live births in 2002 against the National average of 64. With a view to reducing the same to a level of 60 by 2005, the State Government has launched a Mission under the caption "Infant Mortality Reduction Mission". The broad objectives of this Mission are as under:

- i. To study the mortality pattern of infant below one year at various levels.
- ii. To draw up plan of action with a view to sensitising the public with logistic support from Registrar General of India.
- iii. To make the people aware of the preventive and curative measures for reducing infant mortality through wide publicity.
- iv. Training of personnel and close monitoring of the programme.
- v. To enforce proper implementation of the Registration of Birth and Death Act, 1960 in the State which is being implemented since 1970.

15.27 In order to set up the campaign for reduction of Infant Mortality Rate during 2003-04, an outlay of Rs.1.00 crore has been proposed in the Annual Plan, 2004-05 of which Rs.70.00 lakh is to be utilized for institutional deliveries and Rs.30.00 lakh for provision of health services to the urban poor.

REPRODUCTIVE AND CHILD HEALTH (RCH) PROGRAMME

15.28 The Reproductive and child Health (RCH) programme is a 100% centrally assisted programme which is being implemented in the State with the objective of improving the reproductive health of men and women and the health of children in order to ensure safe mother-hood and child survival to create confidence for accepting family planning methods. A number of activities viz. repair of sub-centres, appointment of additional ANMs, holding of RCH camps etc. have been taken up. Kalahandi district has been taken up for intensive activity under the programme. The total cost of the programme is approximately Rs.119.57 crore including Rs15.00 crore for Kalahandi sub-project and the project period of this programme was 5 years i.e. 1997-98 to 2002-03. Subsequently, the time period has been extended till the commencement of RCH, Ph-II programme.

INTEGRATED POPULATION AND DEVELOPMENT (IPD) PROJECT

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

FAMILY WELFARE

15.30 The Family Welfare Programme is being implemented as a part of the National Population Control Programme in the State. The programme is being implemented with full Central assistance covering both population control and maternal and child health services.

15.31 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 and 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 31st March, 2004 was about 4.55 lakh including about 0.06 lakh during 2003-04. Table 15.4 shows the progress of the Family Welfare Programme in the State.

Table 15.4
Progress of Family Welfare Programme in Orissa.

(Figures in lakh)

Sl. No.	Year	Sterilisations	IUD insertion	Conventional Contraceptive users	Oral pill users	Medical Termination of pregnancy	No. of equivalent Sterilisation
1	2	3	4	5	6	7	8
1	1999-00	1.10	1.91	2.79	1.17	0.25	NA
2	2000-01	0.87	1.92	2.89	1.31	0.29	NA
3	2001-02	0.93	1.75	2.66	1.32	0.33	NA
4	2002-03	0.74	1.44	2.92	1.37	0.35	1.54
5	2003-04 (P)	0.89	1.42	2.85	1.38	0.33	1.68

P : Provisional

Source : Directorate of Family Welfare, Orissa, Bhubaneswar

IMMUNISATION

15.32 The Universal Immunisation Programme is being implemented in the State with the objective of reducing infant mortality and maternal mortality rates. 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 was implemented throughout the State with a view to making the State Polio-free by immunising infants and children of 0-5 years age. During 2003-04, achievement of the State under this programme on 4th Jan'04 was 94.18% and on 22nd Feb'04 it was 94.17%. Vitamin A administration to all the children under 1 to 3 years of age were taken up in the campaign every Wednesday of May and November 2003, as a special effort on the part of the State Government in collaboration with UNICEF. During the last flood (2003), Vitamin-A supplementation was given to all children in the age group 1-6 in October and November, 2003 with 29.42 lakh achievement. The achievements of the immunisation programme in the State from 1999-2000 to 2003-04 are presented in Table 15.5.

Table 15.5
Progress of Immunisation Programme in Orissa

(In lakh doses)

Sl. No.	Programme	1999-00	2000-01	2001-02	2002-03	2003-04 (P)
1	2	3	4	5	6	7
1	Tetanus toxoid (PW)	8.38	8.59	8.43	7.91	8.86
2.	Diphtheria, pertussis, tetanus (DPT)	8.19	9.16	8.61	8.44	8.27
3	Polio	8.16	9.16	8.61	8.45	8.28
4	BCG	8.77	9.34	8.74	8.55	8.76
5	Measles	7.42	8.21	7.84	8.11	7.65
6	Diphtheria and tetanus	8.03	8.58	8.57	7.95	7.73
7	Tetanus toxoid (10 years)	7.20	NA	8.09	8.03	7.60
8	Tetanus toxoid (16 years)	6.24	NA	6.71	6.69	6.47

P: Provisional

Source : Directorate of Family Welfare , Orissa

NATIONAL MATERNITY BENEFIT SCHEME

15.33 National Maternity Benefit Scheme (NMBS) is a wholly Centrally funded programme which is being implemented in the State since 15.8. 1995. The aim of the scheme is to provide financial assistance to pregnant women of 19 years of age and above

belonging to BPL category for the first two live births. Each beneficiary under this programme is given an amount of Rs.500/- per pregnancy. The Child Development Programme Officer (CDPO) in rural areas and officer in charge of the P.P. Centre in urban areas act as the sanctioning authority under this scheme.

EMPLOYEES STATE INSURANCE SCHEME

15.34 The Employees State Insurance (ESI) scheme is an Integrated Social Security scheme catering full medical care to workers and to their family members covered under the scheme. All the expenditure under the scheme is initially borne by the State Government and subsequently shared between the State Government and E.S.I. Corporation in the agreed ratio of 1:7 within the ceiling as fixed by the ESI Corporation from time to time. For the year 2003-04, the ceiling per insured person family per year was fixed at Rs.700 and the expenses above the ceiling was borne fully by the State Government.

15.35 There are 5 hospitals and 50 dispensaries functioning under Directorate of E.S.I. Scheme with 200 doctors and 297 hospital beds. During 2003-04, 10.01 lakh patients were treated in these hospitals and dispensaries against 10.10 lakh patients treated during 2002-03.

15.36 The details of family welfare programme and immunisation programme performed under E.S.I. Scheme are presented in Table 15.6.

Table 15.6

***Family Welfare Programme and Immunisation Programme
conducted under E.S.I. Scheme in Orissa***

(In numbers)

Sl. No.	Name of the programme	Achievement during			
		2000-01	2001-02	2002-03	2003-04
1	2	3	4	5	6
1.	Family Welfare Programme				
i.	Vasectomy	31	02	40	01

ii.	Tubectomy	289	154	357	509
lii.	I.U.D.	77	99	204	161
iv.	M.T.P.	192	121	248	202
v.	Oral Pills	3,511	2,770	3,675	5,012
vi.	Nirodh	11,723	5,114	10,120	13,751
2. Immunisation Programme					
i.	B.C.G.	410	1,105	1,207	952
ii.	Polio	7,733	6,969	10,438	4,343
iii.	D.P.T.	4,344	3,705	4,329	3,730
iv.	T. Toxoid	11,748	12,232	14,384	13,316

Source : Directorate of ESI, Bhubaneswar

15.37 Besides, one AIDs cell has been set up at ESI Directorate. One S.T.D. Clinic and one STD laboratory have been sanctioned for ESI hospital, Bhubaneswar. As per the phased programme, it has been decided to implement ESI scheme in six new areas i.e. at Talcher, Damanjodi, Kuanarmunda, Therubali, Duburi and Banaharpalli, covering 7,845 additional employees. One 50 bedded ESI model hospital is functioning at Rourkela since 1.5.2003 to provide all modern specialised treatment facility to the insured beneficiaries at the sole cost of ESI Corporation. E.S.I. hospital at Bhubaneswar has been declared as Trauma Centre under S.I.G.N. (Surgical Implants Generation Net Work) for the non-insured persons (outsiders) of the state. 22 nos. of cases have been treated during 2003-04.

15.38 It is proposed to introduce I.M.P. system in three new centers in the State such as (1) Kuarmunda in Sundergarh district, (2) Therubali in Koraput district and (3) Duburi in Jajpur district to cover additional I.Ps.

WATER SUPPLY AND SANITATION

RURAL WATER SUPPLY

15.39 Water is the basic human need. Supply of drinking water is essential for healthy living. In order to address this key issue, a number of drinking water Schemes/programmes viz. Accelerated Rural Water Supply Programme (ARWSP), Schemes under Prime Ministers Announcement, Pradhan Mantri Gramoday Yojana

(PMGY), Special Central Assistance for KBK districts, Sector Reform Projects and Swajaladhara etc. are being implemented in the rural areas of the State.

15.40 Out of total 1,36,399 identified habitations in the State (as per 1994 survey, 1,14,099 habitations and as per 2001, newly identified 22,300 habitations), 1,24,127 habitations (91%) have been fully covered under drinking water supply programme by the end of March,2004. These habitations have been provided with 2,27,277 tube wells, 7,079 sanitary wells and 121 spring based water supply projects. During 2003-04, a total of 7,093 tube wells and 175 sanitary wells were installed under Accelerated Rural Water Supply Programme against the target for installation of 7,754 tube wells, 200 sanitary wells, construction of 18,000 recharge pits and 119 piped water supply projects.

15.41 Sub-mission projects are under taken for providing safe drinking water to rural habitations facing water quality problems such as excess iron, salinity, fluoride etc. Government of India has sanctioned 15 Sub-mission projects in two phases (covering 319 villages) out of which 8 projects have been commissioned, two are partly commissioned and other five projects are under different stages of execution. Besides, after getting the power for sanction of Sub-Mission, the State Government has sanctioned 109 Sub-Mission projects during 2002-03, out of which 6 projects were completed and 103 projects were in progress by the end of 2003-04.

15.42 On 15th August, 2002, Prime Minister of India announced for installation of one lakh hand pumps in water scarce areas, to provide potable drinking water facilities for one lakh rural primary schools and revival of one lakh traditional sources of drinking water in the rural areas of the country. During 2003-04, it was targeted to cover 4,721 rural primary schools with potable drinking water facilities under this scheme in Orissa and an amount of Rs.6.38 crore was released towards first installment against the allocation of Rs.12.75 crore for implementation of the aforesaid scheme. During 2003-04, 1830 primary schools could be covered under this scheme.

15.43 Construction of water Harvesting Structure is a major activity for arresting ground water depletion and improving sustainability of drinking water sources. During 2003-04, ACA of the order of Rs.26.60 crore was allocated under Pradhan Mantri Gramodaya Yojana (PMGY) for implementation of rural drinking water supply programme, out of which Rs.1.50 crore was deposited with State Watershed Mission for execution of Water Harvesting Structure and the balance amount was allotted to RWSS for execution of other activities like installation of tube wells, sanitary wells, pipe water supply projects etc.

During 2001-02 to 2003-04, an amount of Rs.3.30 crore has been released to State Watershed Mission for execution of water-harvesting structures and 859 water-harvesting structures have been executed.

15.44 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 250 population has already been achieved. A total of 13,757 sites to provide spot sources have been identified in KBK districts out of which 10,210 spot sources have been provided by the end of 2003. During 2003-04, 2885 spot sources have been installed against the target of 3000 spot sources. Similarly 190 piped water supply schemes have been commissioned in KBK districts by the end of 2003-04 out of which 19 schemes have been commissioned during 2003-04.

15.45 Government of India launched Swajaladhara Scheme on Dec.,2002 to scale up the reform initiatives in rural water supply sector through out the country. The basic concept of Swajaladhara includes genuine community participation in the planning, implementation, operation and maintenance of the water supply schemes chosen. Demand responsive approach is another key feature of Swajaladhara Scheme. During 2002-03 and 2003-04, 518 schemes have been sanctioned for Orissa with an outlay of Rs.15.42 crore of which Government of India share is Rs.14.05 crore (90% of the capital cost). By the end of 2003-04, Government of India have released Rs.7.02 crore for implementation of these schemes. 31 drinking water schemes have been completed and Rs.1.58 crore have been spent under this scheme by the end of 2003-04. During 2004-05, 263 schemes have been sanctioned for Orissa with an out lay of Rs.9.61 crore (Government of India share Rs.8.65 crore). Government of India have released Rs.6.49 crore during 2004-05 for the purpose.

15.46 The Planning Commission has formulated a new initiative named as Provision of Urban Amenities in Rural Areas (PUPA) to further the growth potential of identified rural clusters to bridge the rural-urban divide for achieving a balanced socio-economic development. The scheme will focus on drinking water supply as well. The scheme will be implemented in 402 identified villages across 28 districts or Orissa. The scheme envisages Urban-quality facilities in drinking water supply in the identified villages in a span of 3 years.

RURAL SANITATION

15.47 Sulabha International Social Service Organisation (SISSO), a non-profit voluntary organisation, has constructed 4,124 individual household latrines in 25 villages benefiting 20,620 population, 45 Sulabha Shauchalayas (community latrines) in 45 villages. 644 institutional latrines in high schools, 227 numbers of village complexes for women (in Kanyashrams / Girls' High Schools) and 8,411 toilets in U.P. schools in rural areas of Orissa in collaboration with R.D. Department and School and Mass Education Department. Besides, 326 temporary toilets have also been constructed in cyclone-affected areas in collaboration with Health & Family Welfare Department & UNICEF. In order to improve sanitation in village ponds by using duckweed for treatment of waste-water and to form nutritive feed for the fish, SISSO has undertaken four ponds in Khurda, Cuttack and Ganjam districts and completed these projects satisfactorily.

15.48 Under Rural Sanitation Programme a centrally sponsored pilot project "Total Sanitation Campaign" (TSC) launched in 1986 with the objective of improving standards of sanitation of the rural people is being implemented in 15 districts of the State viz. Balasore, Bhadrak, Jajpur, Kendrapara, Cuttack, Jagatsingpur, Puri, Khurda, Nayagarh, Ganjam, Kandhamal, Rayagada, Koraput, Bolangir and Sundargarh with estimated cost of Rs.242.76 crore out of which Central Share is Rs.158.15 crore, State Share is Rs.50.49 crore and the balance of Rs.34.12 crore is beneficiaries contribution. While nine more districts have been sanctioned for coverage during 2004-05, the remaining districts will be covered in due course. An amount of Rs.40.00 lakh has been proposed towards State Share for this programme in the Annual Plan, 2004-05.

URBAN WATER SUPPLY

15.49 There are 103 Urban Local Bodies (ULBs) in the State comprising of 2 Municipal Corporations, 34 Municipalities and 67 Notified Area Councils (NACs). All these ULBs except one are provided with piped drinking water supply system maintained by Public Health Engineering Organisation (PHEO). At present about 640 million litres of water is being supplied every day through piped water supply system benefiting 79% of total urban population through 1,73,752 number of house connections and 17,183 public stand posts. Besides, 16,492 number of hand pump tube-wells are functioning in different urban local bodies to cater to the water demand during non-supply hours and areas uncovered by piped water supply system. Augmentation of Urban Water Supply system in the State with an estimated cost of Rs.131.07 crore with HUDCO loan assistance is under execution by Orissa

Water Supply & Sewerage Board (OWSSB). Five water supply projects at Cuttack, Jajpur Road, Kendrapara, Sambalpur and Jeypore have already been commissioned and four other projects are in progress.

15.50 Accelerated Urban Water Supply Programme (AUWSP) is being implemented in the State under the Centrally Sponsored Plan Scheme with a funding pattern of 50 : 50 between the Centre and the State. According to Govt. of India norms, 29 numbers of schemes have been sanctioned out of which 26 schemes with a project cost of Rs.45.75 crore are under progress and the balance three schemes at Udala, Buguda and Nilagiri will be taken up shortly. Besides some special activities in KBK districts are undertaken under Revised Long Term Action Plan (RLTAP). Under this plan, 16 Urban Water Supply schemes in 7 KBK districts in the State have been approved with a Project cost of Rs.56.76 crore. During 2003-04 administrative approval for 8 schemes have been received at an estimated cost of Rs.36.99 crore for which there was budget provision of Rs.18.00 crore. In the current year, there is a budget provision of Rs.10.50 crore for 8 nos. of approved water supply schemes. These schemes will benefit around 4.3 lakh population. It has been targeted to complete 4 schemes in 2004-05.

URBAN SANITATION

15.51 Rapid growing urbanisation 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 facilities have been provided partly in the developed areas of five towns namely Bhubaneswar, Puri, Cuttack, Sunabeda and Rourkela (steel township) covering about 16.05 lakh population in these urban centres. 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 Water Supply & Sewerage Board (OWSSB). Four sewerage project proposals for Cuttack, Bhubaneswar, Sambalpur and Berhampur have been submitted to Government of India for seeking funding under Externally Aided Project.

15.52 Sulabha International Social Services Organisation (SISSO) has been associated with implementation of sanitation programme in both urban and rural areas in the State. SISSO has been entrusted with construction of public toilets, water sealed latrines and conversion of dry latrines into water sealed latrines. So far, SISSO have constructed 36,911 nos. of low cost Sanitary latrines and 255 Sulabha Sauchalays (Community latrines) in different Urban Local Bodies in collaboration with different Departments of Government of Orissa. Sulabha has also been entrusted with the cleaning work of a number of office buildings and selected Hospitals, Park and Bus Stands. Government have sanctioned for construction of 55 Sulabha Sauchalayays in different urban local bodies through SISSO, out of which 21 are in different stages of progress. Under MPLAD scheme, Government have also sanctioned ten public toilets up to 2003-04.

SOCIAL WELFARE

CHILD WELFARE

15.53 The Integrated Child Development Scheme (ICDS) is being implemented in the State through 326 ICDS projects in 314 blocks and in 12 urban areas. The scheme offers a package of health care services covering supplementary nutrition, immunisation, pre-school education, health check up, referral services, and health education to children within the age group of 0-6 years. There are 34,201 anganwadi centres under these ICDS projects. Eighteen ICDS projects in the 18 blocks (2 in Angul, 2 in Dhenkanal, 10 in Ganjam and 4 in Nayagarh) consisting of 2,346 anganwadi centres have been operationalised this year. The total expenditure under ICDS projects during the year 2003-04 was Rs.123.36 crore. The number of beneficiaries covered under ICDS during 1999-00 to 2003-04 is indicated in Table 15.7.

Table 15.7

Beneficiaries covered under ICDS during 1999-00 to 2003-04

(In lakh numbers)

Sl No.	Name of the Scheme	1999-00	2000-01	2001-02	2002-03	2003-04
1	2	3	4	5	6	7
1	Supplementary nutrition	21.99	19.89	28.79*	28.79	29.65
2	Immunisation	25.29	27.69	32.26	36.66	34.13
3	Health check-up	3.47	5.40	6.09	7.62	9.22

4	Nutrition and health education	3.80	3.87	4.63	5.34	5.37
5	Referral services	1.36	1.45	1.97	2.46	4.06
6	Pre-school education	6.88	8.92	9.81	9.97	10.61

* Figures up to January, 2002

Source: Women and Child Development Department, Orissa.

15.54 Orphanages for orphans and destitute children between the age group of 5-18 years (5-25 years in case of girls) are being managed by NGOs and State Council for Child Welfare with 90% financial assistance from the Government. Children in these orphanages are provided with food, shelter, clothing, general education, medical check-up and vocational training and guidance to bring them up as good citizens. At present 85 balashrams (orphanages) are functioning in 28 districts (except Deogarh and Malkangiri) of the State with 5,531 inmates. Out of these 85 orphanages, 6 are managed by OSCCW while the remaining 79 are managed by NGOs / voluntary organisations. During 2003-04, 5531 inmates including 2,166 girls were absorbed in these orphanages as against 5340 inmates including 1848 girls absorbed during 2002-03. Three of these institutions have been recognised by the State Government for sponsoring adoption of destitute and orphan children by host families within India and abroad.

15.55 The Orissa State Council for Child Welfare (OSCCW) is implementing a scheme called Care and Protection of Street Children since 1990-91 through NGOs to provide integrated community based non-institutional basic services for the development of street children. At present the council manages 6 Balashrams, 9 Anganwadi Training Centres and also running Care & Protection of Street Children Programme through 6 centres at Bhubaneswar with assistance from Government of India.

15.56 The scheme " A programme for Juvenile Justice " is a Centrally Sponsored Plan Scheme which is being implemented in the State w.e.f. 30.12.2000. Under the scheme, neglected and delinquent juveniles irrespective of caste, creed and religion are admitted, maintained and reformed in Observation Homes, Special Homes and Juvenile Homes in order to bring them to the mainstream of society. There are 15 Observation Homes in the State of which, three are maintained by the Government and the rest 12 are managed by NGOs/VOs. During 2004-05, an amount of Rs.6.00 lakh has been proposed as State share while equal amount was available as Central share for maintenance of these homes.

15.57 The Mid-day meal Programme was introduced in the State since July, 1995 to provide noon meal to Primary School Children (Class I – V) for 210 working days in a year. The scheme aims at increasing the enrollment and reducing the number of dropouts in Primary schools and to improve the nutritional status of the children. From July 2001 cooked food is being provided to the primary school children in the 8 KBK and 74 ITDA blocks in non-KBK districts. For the other blocks dry ration @ 3 kg. of rice per child per month is being supplied. The cooked meal system under this programme was also extended to the primary school children in the dist of Boudh w.e.f. 1.4.2002. Thus 157 Blocks out of 314 Blocks are now covered under the cooked meal system while the remaining 157 Blocks are covered under the dry ration system. A total of 46,31,826 students in 51,931 schools including 9,65,399 students in 14,605 schools of KBK districts were covered under the scheme during 2003-04 out of which 16,39,300 students are being provided with cooked meal and 29,92,526 students are provided dry ration. An amount of Rs.9.35 crore has been spent under this programme as against Rs.10.83 crore spent during 2002-03 covering 46,21,934 students. Under the Supplementary Nutrition Programme (SNP), nutritive food is being supplied to children in the age group of 0-6 years, nursing and expectant mothers in ICDS blocks with assistance from CARE, WFP and State Government through Anganwadi Centres and Mahila Samities. During 2003-04, nutritive food have been supplied to 29,64,825 beneficiaries including 24,16,492 children below 6 years with an expenditure of Rs.48.67 crore as against 28,78,725 beneficiaries including 23,30,392 children covered in 2002-03 with an expenditure of Rs.34.67 crore.

WELFARE OF THE HANDICAPPED

15.58 Under the scheme Welfare of Handicapped, the State Government, with the financial support of Government of India, implements welfare schemes for blind, deaf and mentally retarded children to bring these children into the mainstream of society. The handicapped children are imparted special training in special schools through trained teachers. At present 50 special schools for handicapped children are functioning in the State with 2,939 students and 620 staff (both teaching and non-teaching) strength. Out of 50 schools, 18 are for the visually impaired children, 21 for the hearing impaired children and 11 for the mentally retarded children. During 2003-04, 2939 disabled students have been imparted education in these schools. Apart from the above 50 schools, another 50 Special schools with 2939 students are being run by NGOs / Voluntary Organisations with grant-in-aid from Central Government.

15.59 To encourage disabled students to pursue education, scholarships are being awarded from Class I to the University level. During 2003-04, scholarships amounting to Rs.35.59 lakh have been provided to 3,498 disabled students. Disabled persons need specialised training so that they can find suitable employment. Accordingly, it has been decided to set up a special ITI for disabled persons. At present 4 vocational training centres have been established in the State with State Government assistance and 141 students have received various training in these centres every year. Besides, 8 vocational training centres are being maintained by different NGOs with Government of India finance. The disabled and blind are awarded pension at the rate of Rs.100 per month.

15.60 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 training centres, i.e. Training Centre for the Mentally Retarded (TCMR) and Training Centre for the Teacher of the Deaf (TCDD), with intake capacity of 20 each have been established with collaboration of 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 in these Special Schools.

15.61 The National Handicapped Finance Development Corporation (NHFDC) which is an apex financing institution for routing loan assistance through channalising agency authorised by the State Government provides financial assistance to disabled persons for setting up self employment ventures. The Corporation provides loan to persons having 40% disability or above and whose annual income does not exceed Rs.1.00 lakh per annum in Urban areas and Rs.0.80 lakh in Rural areas. Since inception of the scheme, NHFDC has sanctioned loan in favour of 1878 handicapped persons amounting to Rs.9.03 crore.

SOCIAL SECURITY MEASURES

15.62 The National Old Age Pension (NOAP) scheme has been introduced by Government of India with effect from August 15, 1995 for providing relief to old persons

below the poverty line with 65 years of age or above. Government of India provides Rs.75 per month and the State Government provides Rs.25 per month to each beneficiary under the above scheme. During 2003-04, as against the target of 4,93,400 beneficiaries, 4,93,295 beneficiaries including 2,44,914 women, have been covered under the scheme with an expenditure of Rs.56.83 crore.

15.63 Under the State Old Age Pension (SOAP) scheme introduced in the State with effect from April 1975, State Government is providing pension @ Rs.100/- per beneficiary per month to the old and destitute persons of 60 years of age or above, leprosy patient with visible signs of deformity and destitute widows irrespective of age whose annual income does not exceed Rs.3,200/-. During 2003-04, against the target of 6,40,000 beneficiaries, 6,39,496 beneficiaries including 3,83,156 women have availed the facility with an expenditure of Rs.76.50 crore.

15.64 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 2003-04, there were 38 Old-Age Homes, 30 Short Stay Homes and 68 Day Care Centres in the State. The capacity of each Old Age Home, Short Stay Home and Day Care Centre was 25, 30 and 50 persons respectively. Besides, there is a Central Home for Women at Berhampur to rehabilitate destitute and helpless women by providing them training in different vocational trades. During 2003-04, 20 women were maintained in this home and vocational training was provided to them in tailoring, toy-making etc.

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