

# CHAPTER 15

## HEALTH, FAMILY WELFARE, SANITATION AND SOCIAL WELFARE

### HEALTH

15.01 A welfare State is under obligation to provide economical and efficient health services to its people. Health care system in the State has improved remarkably over the years. But still 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 specially in the rural and tribal areas and backward regions.

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

- ♦ *Provision of adequate qualitative preventive and curative health care.*
- ♦ *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 As per the Registrar General of India sources, the **Crude Birth Rate** (CBR) in Orissa lies much below the all India level as well as other bigger States. In 2005, the estimated birth rate in Orissa was 22.3 as against 23.8 at all India level. The birth rate in rural and urban Orissa was 23.2 and 16.3 respectively while at all India level it was 25.6 and 19.1 respectively. Highest birth rate has been recorded in Uttar Pradesh (30.4) followed by Bihar (30.4), Madhya Pradesh (29.4) and Rajasthan (28.6). Lowest birth rate was recorded in Kerala (15.0).

15.04 The **Crude Death Rate** (CDR) in Orissa, during 2005 was relatively higher i.e. 9.5 as against 7.6 at all India level. Orissa occupied highest rank followed by Madhya Pradesh (9.0) and Assam (8.7).

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15.05 Though the **Infant Mortality Rate (IMR)** in Orissa shows a declining trend, it is still very high. The IMR in 2003 was 83, declined to 75 in 2005 against decline at all India level from 60 to 58. The IMR in rural Orissa was 78 while in Urban Orissa it was 55. The lowest IMR has been recorded as 14 in Kerala. Table 15.1 indicates the Birth Rate, Death Rate and Infant Mortality Rate in Orissa and at all India level.

15.06 **Natural growth rate** of the State in 2005 was 12.8 as against 16.3 at all India level. The natural growth rate in rural Orissa was 13.4 while in urban Orissa it was 9.3 in 2005.

**Table 15.1**

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

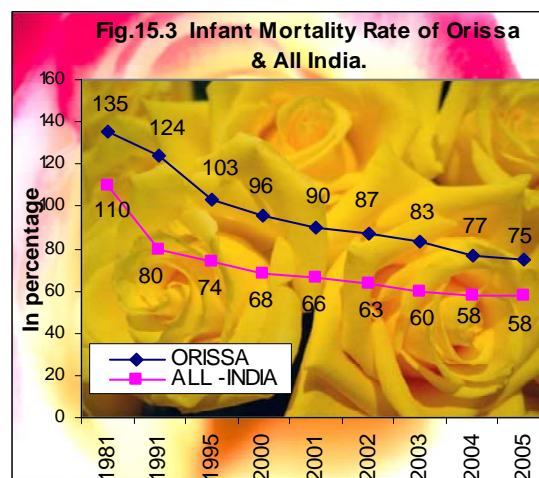
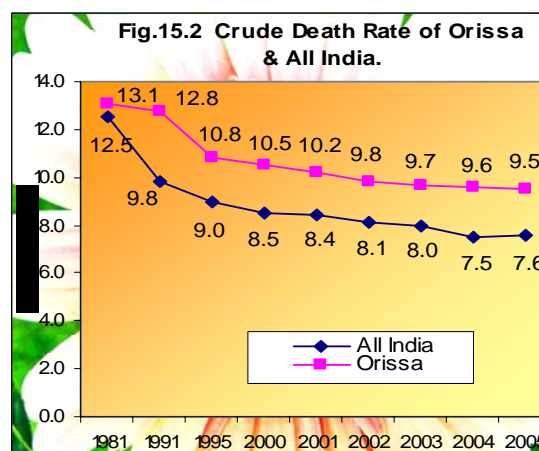
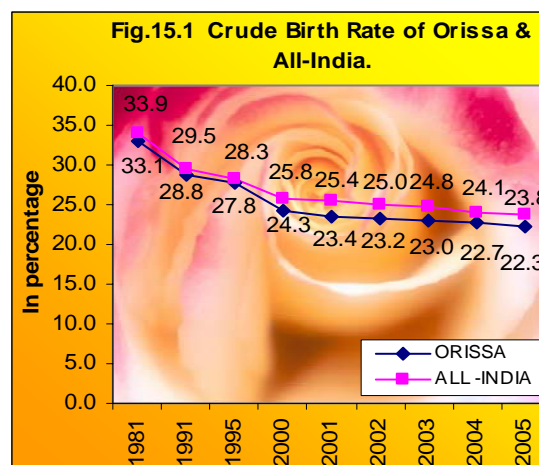
Year	ORISSA			ALL -INDIA		
	C.B.R.	C.D.R.	I.M.R.	C.B.R.	C.D.R.	I.M.R.
1981	33.1	13.1	135	33.9	12.5	110
1991	28.8	12.8	124	29.5	9.8	80
1995	27.8	10.8	103	28.3	9.0	74
2000	24.3	10.5	96	25.8	8.5	68
2001	23.4	10.2	90	25.4	8.4	66
2002	23.2	9.8	87	25.0	8.1	63
2003	23.0	9.7	83	24.8	8.0	60
2004	22.7	9.6	77	24.1	7.5	58
2005	22.3	9.5	75	23.8	7.6	58

C.B.R. – Crude Birth Rate

C.D.R. – Crude Death Rate

I.M.R. – Infant Mortality Rate

Source: S.R.S. Bulletin.



### ALLOPATHIC MEDICAL INSTITUTIONS

15.07 During the year 1951, medical and health care facilities created by the Government were available to the people

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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. The facilities have been increased to 1,701 Government allopathic medical institutions in the State with 14022 hospital beds and population served per medical institution being about 23,348 with area served per medical institution being 92 sq km by the end of 2005-06. The distribution of districts as per the indicator (medical institution per lakh population) presented in map-I reflects that Kandhamal district ranks at the top i.e maximum no of institutions per lakh population followed by Malkangiri(8), Gajapati (6), Rayagada (6), Nayagarh (6), Sambalpur, Sonepur, Nawarangpur, Mayurbhanj, Koraput, Keonjhar, Kalahandi (5 – each). The remaining districts have four such institutions per lakh of population.

### **MAP – I**

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15.08 The bed-population ratio was 1: 2832 an important indicator of health services. The map-II indicates the bed population ratio among the districts during 2004-05. The data on this indicator depicts that Sambalpur has maximum numbers of beds per lakh population followed by Cuttack (83), Kandhamal (63), Malkangiri (57), Nayagarh 957), Ganjam (49). The districts have poor facilities in this regard are Jagatsinghpur (14), Jajpur (14), Bargarh (18) and Boudh (19). Besides, 5297 health sub-centres are also functioning in the State.

### **MAP – II**

15.09 State Government has taken special steps to provide better health care to rural people belonging to KBK districts. At present 699 medical institutions are functioning in 118 tribal dominated blocks with 5705 hospital beds. Table 15.2 shows the numbers of

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allopathic medical institutions in Orissa functioning under Health Department.

**Table 15.2**  
**Allopathic Medical Institutions run by the State Health Department.**

Year	Hospital	Community Health Centre	PHC	PHC (New)	Mobile Health Units	Medical Institutions / Lakh population	Beds / lakh population
2001	180	158	183	1166	14	4.62	37.4
2002	180	158	184	1166	13	4.55	37.16
2003	174	231	120	1162	14	4.48	36.6
2004	174	231	120	1162	14	4.42	36.04
2005	174	231	120	1162	14	4.35	35.8
2006	177	231	117	1162	14	4.28	35.3

Source: Directorate of Health Services,  
Orissa, Bhubaneswar.

### AYURVEDIC AND HOMEOPATHIC INSTITUTIONS

15.10 State Government have taken steps for health care of the people by providing facilities under Indian System of Medicine and Homoeopathy (ISMH). Chronic and complicated diseases like paralysis, arthritis, liver disease diabetes, asthma, tuberculosis etc. are being successfully treated with affordable cost through ISM&H process. There were 3226 registered Homoeopathic and 4574 registered Ayurvedic doctors in the state by the end of 2005-06, out of which 101 Homoeopathic & 98 Ayurvedic doctors were registered during 2005-06. 5 Ayurvedic Hospitals with 258 beds and 4 Homoeopathic Hospitals with 150 beds were also rendering health services in the State. During 2005-06,

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607 Ayurvedic, 560 Homoeopathic and 9 Unani dispensaries are providing health care services in the State. During 2005-06, about 152.44lakh patients availed treatment facilities under these hospitals and dispensaries as against 143.93 lakh patient treated in 2004-05.

15.11 Three Govt. Ayurvedic colleges and four Homoeopathic colleges have been imparting education in the State and offering BAMS and BHMs degrees. Post Graduate training facility in 7 Ayurvedic disciplines and 3 Homoeopathic disciplines are also being available in the State.

**Table 15.3**

### Government Ayurvedic & Homoeopathic Medical Institutions & Services in Orissa.

Year	Type of institution	Hospitals	Dispensaries	Doctors	Bed	Patient treated (in lakh)
2000	Homoeopathic	4	460	468	125	78.4
	Ayurvedic	5	519	583	203	71.5
2001	Homoeopathic	4	460	460	125	74.9
	Ayurvedic	5	519	537	203	68.2
2002	Homoeopathic	4	460	441	125	70.9
	Ayurvedic	5	519	515	203	61.9
2003	Homoeopathic	4	480	485	125	67.7
	Ayurvedic	5	522	545	203	60.5
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

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

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### **STATE HEALTH PROGRAMMES / PROJECTS**

15.12 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)**

15.13 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 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 102 sub-district T.B.units and 536 Microscopy Centres are engaged in providing diagnosis and treatment services under the revised strategy.

15.14 Since inception of RNTCP till September'06, 197743 patients have been detected and treated under DOTs. As on September'2006 annualized case detection rate was 61% against the national norm of

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70%. Sputum conversion rate was 86% against the national norm 90%. Govt. of India provides Anti T.B. drugs for patients treated free of cost under DOTs.

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

15.15 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 are conducting night blood survey in a confined area of 50,000 populations and undertake treatment to microfilaria carrier as well as to the diseased.

15.16 During the year 2005-06, 36724 blood slides were examined and 417 persons were clinically found positive by the concerned institutions. 3720 persons having microfilaria / Filaria diseases were treated. The microfilaria rate which was 2.11 in 2004 has decreased to 1.13 during 2005. Puri was found with highest MF rate of 2.73 followed by Nayagarh district 2.61.

15.17 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

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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)**

15.18 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.

15.19 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.

15.20 During 2005-06, 98296 cataract operations were performed as against 91509 operations performed in 2004-05. During 2005-06 highest nos. of cataract operations were performed in Cuttack district (20807) followed by Ganjam district (7434).

15.21 Besides, school eye screening programme is also operating in the State.

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The achievement made under the programme during 2004-05, 2005-06 and 2006-07 is given in table 15.4 (a).

**Table 15.4(a)**  
**Achievement under NPCB in Orissa.**

In numbers.

Item	2004-05	2005-06	2006-07
Student screened	236376	317897	1166667
Students detected with refractive error	12969	17662	81667
Free spectacles distributed	2858	7965	24506
Health worker trained	-	3734	-
No. of teachers	-	2222	-

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

15.22 Iodine is an essential Micronutrient with daily requirement of 100-150 micrograms, and it 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 learning 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.

15.23 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

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10%. Use of common Salt has been banned in the State from 18.10.2001. IDD Survey is being conducted in different districts since 1989. In our State 14 districts surveyed so far shows endemicity (Goitre prevalence rate > 10%) in eleven districts. The district of Rayagada is under survey and the districts Sundargarh and Cuttack are under Resurvey during 2006-07. Year-wise IDD survey conducted in different districts are in table 15.4 (b).

**Table 15.4 (b)**  
**Year-wise IDD survey**

Year	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	VSS 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

M.C. = Medical College

15.24 During 2002, a special survey was conducted by Govt. of India and UNICEF in the district of Puri, Cuttack and Sundargarh where in it was found that about 35% of the people are using iodised salt. During the year 2005-06, 249 nos. of salt samples were collected from both rural & urban Orissa and were examined in the IDD monitoring

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laboratories. Out of these 23 samples were found adulterated.

15.25 The "Global IDD Prevention Day" were observed on 21.10.2006. Rally, essay, quiz and debate competitions were organized for public awareness regarding Iodine Deficiency Disorder and use and benefit of iodized salt.

### NATIONAL LEPROSY ELIMINATION PROGRAMME (NLEP)

15.26 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 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 or below, per 10,000 population. 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 0.89 per 10,000 population by September, 2006 while at national level it has come down from 55 per 10,000 population to 0.84 per 10,000 population. By the end of September'2006, 20 districts have delivered the elimination goal and the prevalence Rate of the balance ten districts have decreased remarkably to below 2.5. The P.R. in

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Phulbani district was the lowest i.e. 0.18 while it was highest in Baragarh district, 2.49. In 200 blocks out of 314 blocks of the State Leprosy Elimination target has been achieved. Since beginning of this programme 8.21 lakh cases have been cured with MDT and now only 3545 cases of leprosy are on record in the State. Out of these 3545 cases, highest cases (354 nos.) are recorded in Bargarh district followed by Ganjam (268) and Angul (236). In Phulbani district only 13 cases have been recorded by the end of September'2006.

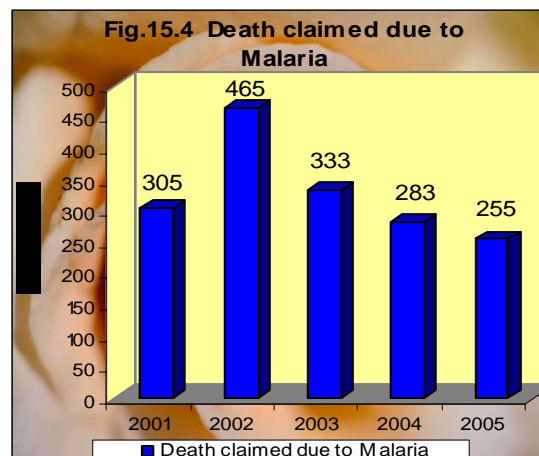
15.27 The diagnosis and treatment facilities of leprosy cases have been extended to all the peripheral health institutions including sub-centres. Re-constructive surgery facility has also been made available at the Leprosy Home and Hospitals.

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

15.28 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 2005, 48.49 lakh blood slides were examined of which about 3.97 lakh were found positive while the percentage of positive falciparum was recorded as 86.4%. The death claimed due to

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of malaria in given in Fig.15.4, which depicts the declining trend since 2002.



15.29 This problem is more alarming in tribal areas (158 blocks) which contribute 70% cases of the State. The State Government has targeted to bring down malaria death to 50% of the current level by 2010. The Enhanced Malaria Control Project (EMCP), 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. During 2004, 29.50 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.

### **ORISSA HEALTH SYSTEM DEVELOPMENT PROJECT (OHSDP)**

15.30 The Orissa Health System Development Project (OHSDP), a World Bank assisted project, is being implemented in the State since Sept.,1998 at an estimated cost of Rs.415.60 crore (Rs.348.80 crore loan



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from world Bank and Rs.66.80 crore State Government share). Out of this Rs.110.00 crore have been diverted by Govt. of India and World Bank to Polio Eradication Programme leaving a balance of Rs.307.98 crore. Out of this an amount of Rs.279.19 crore has been spent till the end of December'2005. The project which was to close in March, 2004, has been extended by two more years i.e. till 31.3.2006. Due to non completion of 8 civil works, World Bank have been requested to extend the project for another 6 months i.e. up to June'2006. The project aims at:

- ♦ *Improving efficiency in the allocation and use of health resources through policy and institutional development, and*
- ♦ *Rejuvenating the existing health care system through improvements in the quality, effectiveness and coverage of health services.*

15.31 Out of 157 identified medical institutions to be constructed, 145 has been completed by the end of 2005-06. Since inception, drugs worth of Rs.20.26 crore and equipments/ instruments and furnitures worth of Rs.53.75 crore have already been procured and 5,000 health camps have been organized in 12 tribal districts for providing Preventive, Promotive and Curative Services to the tribal people who are unable to attend the hospitals for various reasons. Nine Mobile Clinics in 5 tribal districts viz Mayurbhanj, Sundargarh, Kandhamal, Gajapati and Keonjhar have been started to provide health care services to the

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needy in inaccessible pockets. OHSDP has introduced Quality Assurance Component for providing better health care facilities in all the hospitals. Medium term measures on Hospital Waste Management have under taken in all identified institutions for proper segregation and disposal of hospital waste.

### **PANCHA BYADHI CHIKITSA**

15.32 Pancha Byadhi Chikitsa is being implemented in the State since 2001, which guarantees free treatment including free medicine for five common communicable diseases viz. malaria, leprosy, diarrhea, 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. T.B. has been included in the list recently. Diagnostic and treatment service for tuberculosis is available free of cost for all. 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 is contemplating to extend the scope of the Panchabyadhi scheme to other common diseases.

### **NATIONAL AIDS CONTROL PROGRAMME**

15.33 National AIDS control programme, Phase-I has been undertaken in the State during 1992-1999 and Phase-II programme is in operation since April, 1999 with the support of NACO and DFID. The aim of the Phase-II

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programme is to reduce the spread of HIV infection in the State and to strengthen the State's capacity to respond to the HIV/AIDS on long-term basis. The allocation of funds by NACO for the Phase-II programme is Rs.13.71crore and by DFID is Rs.10.91crore from 1999-00 to 2004-05 out of which Rs.12.09 crore and Rs.7.49 crore have been utilized till 2004-05. During 2005-06, NACO has approved a budget allocation of Rs.9.57 crore under DFID and Rs.5.84 crore under World Bank funded scheme.

### **HIV SCENARIO IN ORISSA**

15.34 By the end of March'2006, 36568 blood samples were screened out of which 3246 cases including 1047 females were found HIV positive.

#### **Sentinel Surveillance:**

15.35 The Annual Sentinel Surveillance is conducted from 1<sup>st</sup> August to 31<sup>st</sup> October every year. The objective of this sentinel surveillance is to know the HIV prevalence rate in the State. The prevalence rate for different years is as follows:-

<b><u>Year</u></b>	<b><u>Prevalence rate</u></b>
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)
2004	3.200%,(STD),0.580%(ANC), 5.20% (FSW)
2005	3.60% (STD), 0.60% (ANC), 2.60% (FSW)

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15.36 The district wise prevalence of HIV positive cases for 2005 reflects that Ganjam tops the list with HIV +ve and death due to HIV are 1279 and 171 followed by Cuttack. 743 and 32 respectively. In order to curb the spread of HIV infection among the high risk groups, 21 Targeted Intervention Programmes have been undertaken throughout the State through NGOs. Covering 41791 Primary Stakeholder (PSH), out of which 2 for truckers, 4 for Migrant Labourers, One for Fisherman Community, One for slum women labour force, one for Jail inmates. It is proposed to have 26 new targeted intervention projects in the above mentioned areas. It is proposed to have 26 new targeted intervention projects in the next year.

### **Information Education & Communication (IEC) Activities**

15.37 IEC campaign is being carried out through outdoor, print, audio and audio-visual activities. The World AIDS Day, Voluntary Blood Donation Day is observed throughout the State. Audio jingles through AIR and T.V. spots through Doordarsan & ETV are fixed for wide publicity. Audio visual shows in rural / slum areas are undertaken through out Orissa.

### **School AIDS Programme**

15.38 Out of 7580 Secondary and Senior Secondary School of the State, OSACS has undertaken 2390 nos. of schools in ten districts under the School AIDS Education

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Programme. The main objectives of the School AIDS Education Programme are to enhance the level of information and knowledge of sexual health and to develop skills, positive attitude and responsible sexual behavior among the students by imparting school level extra-curricular activities.

15.39 The school AIDS Education Programme has been launched in the district of Ganjam due to its high prevalence in the area through Nehru Yuva Kendra Sangathana, Orissa. 450 high schools and 90 colleges of +2 level covering 27,000 students have been taken into the fold. This year OSACS plans to implement this programme in 4 more districts viz Bhadrak, Dhenkanal, Jagatsinghpur and Nayagarh.

### ***VOLUNTARY CONFIDENTIAL COUNSELLING & TESTING CENTRES (VCCTC)***

15.40 In addition to the existing 20 VCCTC another 30 VCCTCs have been established in the State by the end of 2005-06.

### ***PREVENTION FROM PARENT TO CHILD TRANSMISSION (PPTCT)***

15.41 Prevention from Parent to Child Transmission (PPTCT) programme is being operated in 30 PPTCT centres in the State including in 3 medical colleges.

### ***SEXUALLY TRANSMITTED DISEASES (STD) CLINICS***

15.42 There are altogether 34 STD Clinics operational in the State. Objective of the STD

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Clinic is to facilitate treatment of STD cases in all the 30 District Hqrs. Hospitals (DHH), 3 Medical Colleges, Capital hospital, Bhubaneswar, RGH, Rourkela and ESI Hospital, Bhubaneswar.

### ***TRAINING / SENSITISATION WORKSHOPS***

15.43 During 2005-06, 4117 participants have been trained on STD/HIV/AIDS from diverse spheres including Medical Officers, PG students of three Medical Colleges, Youth Red Cross Volunteers, Project Officer and Senior Staff of Lepa Society etc.

### ***MEDICAL EDUCATION & TRAINING***

15.44 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, one private Medical college has also started functioning during 2005-06. 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 functioning 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. During 2004-05, one Nursing college and three Nursing schools have come up in private sector. Super specialised treatment is being provided in all the three

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Medical College Hospitals through ultra modern diagnostic and therapeutic equipments.

15.45 The S.C.B. Medical collage hospital has 1208 beds and is equipped with modern instruments like heart-lung machine, equipment for open heart surgery, C.T. scan etc.

15.46 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.

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

15.47 The Infant Mortality Rate (IMR) is a key indicator of the general health status of a population. As per SRS report the IMR in Orissa was 97 per thousand live births during 1999. In order to reduce the IMR from 97 to 60 per thousand live births by 2006, 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.*

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### **Navjyoti Programme**

15.48 Hon'ble Chief Minister of Orissa launched a new scheme "NAVAJYOTI" under IMR Mission on 1<sup>st</sup> April'2005 to reduce neonatal Mortality and Morbidity in the State. This programme is operating in 14 districts where the IMR is above the State average (as 60% death occurs in the neonatal period). Training of Traditional Birth Attendants has been taken up in these districts on intensified scale.

### **NATIONAL RURAL HEALTH MISSION (NRHM)**

15.49 NRHM was launched by Hon'ble Chief Minister on 17<sup>th</sup> June 2005. The objectives of the Mission are to provide effective health care to rural people, especially among the disadvantaged groups including women and children by improving access, enabling community ownership and demand for services, strengthening public health system for effective service delivery, enhancing equity and accountability and promoting decentralization.

15.50 The goal of the Mission is to reduce IMR & MMR, Universal Access to Public Health services, Women Health, Child Health, Sanitation and Hygiene, Immunization and Nutrition, Prevention and Control of communicable and non-communicable diseases. Access to integrated and comprehensive primary health care, population stabilization, gender and

## **CHAPTER 15**

demographic balance and promotion of healthy life style has also been brought about.

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

15.51 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.

15.52 Like RCH-I programme, RCH-II programme is also a 100% centrally assisted programme with the objective of improving the reproductive health of men and women and the health of children. The RCH-II programme has been introduced to ensure safe motherhood and child survival to create confidence among the population to accept family planning methods. The total cost of the RCH-II programme for the year 2005-06 has been approved for Rs.57.43 crore.

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

15.53 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

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

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 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)**

15.54 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 the end of 2005-06 (up to the end of January'2006) 97259 nos. of patients were under treatment 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 Government of India will stop flow of funds for this Centre, the State Government have provided Rs.50.00 lakh in the Annual plan 2006-07 for the Centre.

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### **DIAGNOSTIC CENTRES**

15.55 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 for purchase of equipments and Rs.0.50 crore towards construction of diagnostic centre building. Regional Diagnostic Centres started functioning at the three medical colleges of the state and district head quarters hospital at Koraput, Sundargarh, Mayurbhanj and Bhawanipatna and Capital Hospital, Bhubaneswar with effect from 15.08.2005. The constructions of these buildings have already been completed with installation of instruments and equipments.

### **TWELVETH FINANCE COMMISSION AWARD**

15.56 The 12<sup>th</sup> Finance Commission award on the basis of low per capita expenditure of the State on health sector has recommended Grant-in-Aid of Rs.196.37 crore for five years

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

i.e. from 2005-06 to 2009-10. This amount will be utilized to meet the requirement for improvement of health infrastructure, services, Medicines etc. During the current year an amount of Rs.31.22 crore has been earmarked for expenditure under non-plan sector. This comprises of Rs.26.27 crore for purchase of equipments and Rs.4.95 crore for purchase of BCL.

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

15.57 In order to provide basic health services to the people, 90 Medical Health Units are functioning in 80 blocks of 8 KBK districts. Out of these 90 MHUs, 31 are operational with Government vehicles while the remaining 59 Mobile Health Units(MHU) are operating with hired vehicles. Each MHU works with one Medical Officer, One Pharmacist, one Female Health worker, a Driver and one Attendant. The MHU holds health camp in the remote and inaccessible areas and supply medicines worth of Rs.1000/- per camp during their visit.

## **FAMILY WELFARE**

15.58 The Family Welfare Programme aims at restricting the size of the family to control rapid population 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.

15.59 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

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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 15.4 shows the achievement of the Family Welfare Programme in the State, since 2000-01.

**Table 15.4**  
**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
2000-01	0.87	1.92	2.89	1.31	0.29	NA
2001-02	0.93	1.75	2.66	1.32	0.33	NA
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	3.41	1.79	0.39	1.95
2005-06 (P)	0.83	1.60	3.42	1.87	0.39	NA

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

### IMMUNISATION

15.60 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

## HEALTH, FAMILY WELFARE, SANITATION & SOCIAL WELFARE

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 15.5 indicates the achievements of the immunisation programme in the State from 2000-01 to 2004-05 and targeted programme for 2005-06.

**Table 15.5**  
**Progress of Immunization**  
**Programme in Orissa**

(In lakh doses)

Programme	2000-01	2001-02	2002-03	2003-04	2004-05	2005-06- (P)
TT (PW)	8.59	8.43	7.91	7.99	8.18	9.22
DPT	9.16	8.61	8.44	8.35	8.12	8.46
Polio	9.16	8.61	8.45	8.37	8.20	8.49
BCG	9.34	8.74	8.55	8.83	8.65	9.25
Measles	8.21	7.84	8.11	7.76	7.90	8.30
DT	8.58	8.57	7.95	7.79	8.97	10.40
TT (10 Yrs)	NA	8.09	8.03	7.69	7.8	8.43
TT(16Yrs)	NA	6.71	6.69	6.51	6.82	7.63

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

### NATIONAL MATERNITY BENEFIT SCHEME

15.61 A wholly centrally funded programme "National Maternity Benefit Scheme" (NMBS) is being implemented in the State under Health and Family Welfare Department since 15<sup>th</sup> August 1995. The aim 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 being given an amount of Rs.500/- per pregnancy. Funds under this scheme are being released by Government of India to all district collectors for implementation of the scheme. The Child

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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

15.62 “Employees State Insurance” (ESI) scheme, an integrated Social Security Scheme is being implemented in the State since January 1960. At present medical care is being provided to 131450 insured persons and their dependent family members through 5 ESI Hospitals, 50 ESI Dispensaries and 2 Annexee Wards functioning in 20 districts of the State with 297 beds and 200 doctors. Besides, one 50 beds ESI Model hospital at Rourkela is also functioning under the supervision of ESI Corporation.

15.63 The ceiling on expenditure on medical care per insured person has been increased from Rs.750/- P.A. to Rs.900/- P.A. with effect from. 01.04.2005, 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 2005-06, about 8.40 lakh patients including 8030 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 15.6 and Fig 15.4(a)

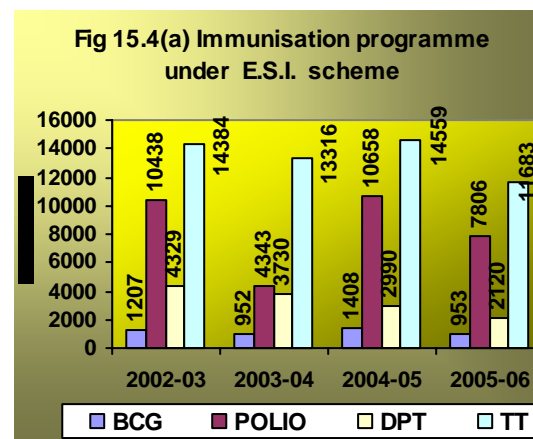
## HEALTH, FAMILY WELFARE, SANITATION & SOCIAL WELFARE

**Table 15.6**  
**Family Welfare Programme & Immunization Programme conducted under E.S.I. Scheme in Orissa.**

(In numbers)

Name of the programme	Achievement during				
	2001-02	2002-03	2003-04	2004-05	2005-06
<b>Family Welfare Programme</b>					
Vasectomy	2	40	1	4	17
Tubectomy	154	357	509	259	217
I.U.D.	99	204	161	185	112
M.T.P.	121	248	202	223	194
Oral Pills	2770	3675	5012	4500	2564
Nirodh	5114	10120	13751	15758	10902
<b>Immunisation Programme</b>					
B.C.G.	1105	1207	952	1408	953
Polio	6969	10438	4343	10658	7806
D.P.T.	3705	4329	3730	2990	2120
T. Toxoid	12232	14384	13316	14559	11683

Source: Directorate of ESI, Bhubaneswar.



15.64 One AIDS cell has been set up at ESI Directorate and AIDS awareness programmes are being conducted in different industrial areas. One S.T.D. Clinic has been functioning in ESI Hospital, Bhubaneswar since 2004-05. As per the phased programme, it has been



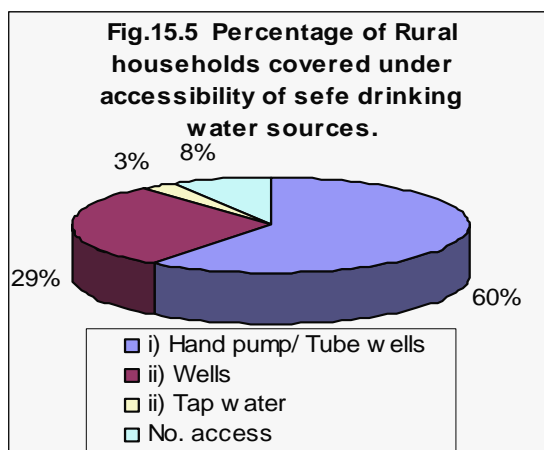
decided to implement ESI scheme in six new areas i.e. at Talcher, Damanjodi, Kuanarmunda, Therubali, Duburi and Banaharpalli, covering 7,845 additional employees. Hospital Waste management has

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**

15.65 Safe drinking water supply and improved sanitation are indispensable for overall well being of the people, with significant bearing on IMR, death rate and productivity. The economically weaker sections bear a higher impact of the non-availability of water, as well as its poor quality. Moreover 70-80 percent of illness is related to water contamination and poor sanitation. In order to address this key issue, 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 in the rural areas of the State.



15.66 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.

15.67 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 under taken during 2003-04. 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.

15.68 Out of 141368 nos. of identified habitations, 132333 habitations (93.61%) have been covered under Rural Drinking Water Supply Programme by end of 2005-06. These habitations have been provided with

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238801 Tube wells, 6669 sanitary wells and 144 spring based spot sources. During 2005-06 a total of 21545 tube wells and 1169 sanitary wells were installed. Besides, by the end of 2005-06, 1061 rural piped water supply projects have been commissioned in the state and another 238 such projects were under execution in water scarcity areas.

15.69 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 16,530 sites to provide spot sources have been identified in KBK districts, of which 15741 spot sources have been provided by end of March'2006. Besides as on 31.3.2006, 299 piped water supply schemes have been commissioned in the KBK districts including 47 nos. in 2005-06. It has been targeted to install 1197 tube wells, 1198sanitary wells, 2000 recharge pits during 2006-07. .

15.70 Hon'ble Prime Minister in his Independence Day address to the Nation made the following announcement with respect to rural drinking water supply.

- ☞ *Installation of one lakh hand pumps in water scare areas.*
- ☞ *Provision of potable drinking water facilities for one lakh rural primary schools.*
- ☞ *Revival of one lakh traditional sources of drinking water.*

## HEALTH, FAMILY WELFARE, SANITATION & SOCIAL WELFARE

15.71 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 against the target of 8820 to be covered. During 2005-06, all the 1196 schools targeted under PMA programme have been covered.

15.72 In order to improve the availability of drinking water and source sustainability, the target for revival of 5000 traditional sources were assigned to three organizations namely RWSS (3000), Water Shed Mission (1500) and Forest and Environment Department (500). During 2004-05, revival of 3118 traditional sources of water was completed out of which 2081 have been completed by RWSS while 787 and 250 traditional sources have been completed by Water Shed Mission and Forest and Environment Department respectively.

15.73 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 genuine community participation in the planning, implementation, operation and maintenance of the selected water supply schemes chosen. Demand responsive

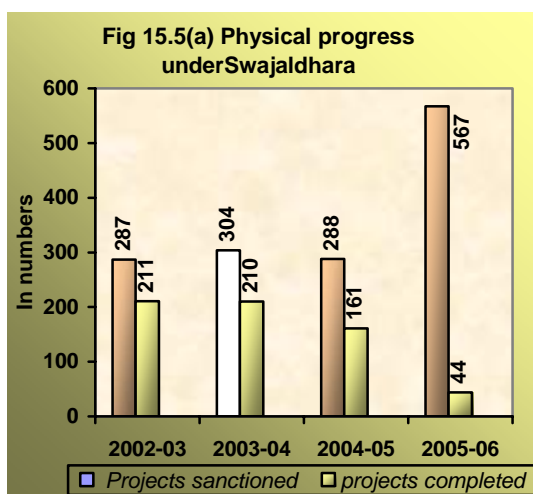
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approach is another key feature of Swajaladhara Scheme. Out of 1446 projects 626 projects have been completed by the end of 2005-06 with sanctioned project outlay of Rs.51.85 crore. Funds amounting to Rs.43.40 crore have been received and Rs.17.76 crore have been utilized during the above mentioned period. Year wise physical and financial progress of Swajaladhara scheme is reflected in Fig 15.5(a) and Fig 15.5(b).

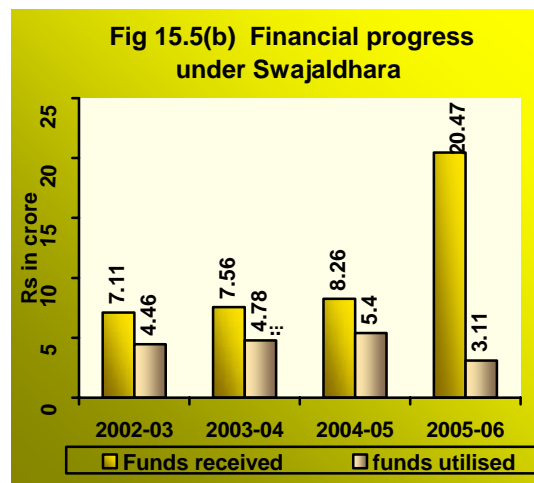
**Table – 15.7**

***Physical & Financial Progress of Swajaladhara scheme.***

Item	2002-03	2003-04	2004-05	2005-06
No. of projects sanctioned	287	304	288	567
No. of projects completed	211	210	161	44
Projected out lay (Rs. in cr.)	7.28	8.14	9.66	26.77
Funds received (Rs. in cr.)	7.11	7.56	8.26	20.47
Funds utilized (Rs. in cr.)	4.46	4.78	5.40	3.11
Expenditure (in %)	62.75	63.22	65.41	20.38



## HEALTH, FAMILY WELFARE, SANITATION & SOCIAL WELFARE



[15.74 The Planning Commission has formulated a new initiative named Provision of Urban Amenities in Rural Areas (PURA) to further the growth potential of identified rural clusters to bridge the rural-urban divide 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.

### TOTAL SANITATION CAMPAIGN (TSC)

15.75 Total Sanitation Campaign is being implemented in all the 30 districts of the State

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with plans to provide sanitation facilities to all households by 2009. As per 2001 census, of the total 67,82,879 rural house holds in the State, about 92.30% i.e. 62,59,607 house holds were without access to basic sanitation facility. Therefore, TSC has a special relevance for Orissa. It has been targeted to provide toilet facility for 63,88,444 rural house holds, 35,456 rural schools and 9863 Anganwadi toilets by 2009. The project cost of this programme is about Rs.439.73 crore of which Government of India share is Rs.284.11 crore, Government of Orissa share Rs.93.43 crore and the balance Rs.62.19 crore is the beneficiaries share. Against this, an amount of Rs.145.82 crore comprising Government of India share amounting to Rs.101.09 crore, Government of Orissa share amounting to Rs.34.30 crore and beneficiary contribution and interest amount Rs.2.48 crore have been received and Rs.72.85 crore have been utilized so far. The physical and financial progress of TSC programme in Orissa is given below.

**Table – 15.8**  
**Physical & Financial Achievement**  
**under TSC.**

Item	Achievement till September-2006
Individual Household latrine for APL & BPL family	1033922
Construction of school toilets	11584
Construction of Anganwadi toilets	3394
Proposed out lay (Rs. in crore)	439.73
Funds received (Rs. in crore)	145.82
Funds utilized (Rs. in crore)	72.85
% of utilization	49.95

Source: Watershed Mission.

## HEALTH, FAMILY WELFARE, SANITATION & SOCIAL WELFARE

### NIRMAL GRAM PURASKAR

15.76 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 “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

15.77 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 and are maintained by Public Health Engineering Organisation (PHEO). At present about 666 million liters of drinking water is being supplied every day through piped water supply system benefiting 43.10 lakh (78%) population. About 11.00 lakh urban population are benefited through 185877 number of house connections and the balance 32.10 lakh population are served through 18939 nos. of public stand posts. Besides, about 18236 numbers of hand pump tube-wells are functioning in different urban local bodies to cater the water demand during non-supply hours and areas uncovered by piped water supply system.

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

15.78 A Centrally Sponsored scheme is in operation with cost sharing ratio 50: 50 between the Centre and the State. Till date CPHEEO, Govt. of India have sanctioned 35 nos. of schemes with estimated project cost of Rs.71.33 crore out of which 34 schemes have been administratively approved by the State Government. Out of these 34 projects, 9 schemes have been completed, 7 schemes have been commissioned, 4 schemes have been partly commissioned and the balance 14 schemes are at different stages of execution.

15.79 Besides, some special activities in KBK districts are being undertaken under Revised Long Term Action Plan (RLTAP). Under this plan, preliminary proposal for 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. Besides, one scheme “Importance of Distribution System in Titilagarh Town under RLTAP” have got administrative approval in February’2006. By the end of March, 2006 expenditure to the tune of Rs.35.61 crore has been incurred for above 9 schemes. In the current year, there is a budget provision of Rs.10.50 crore for 11 nos. of approved water supply schemes. During 2006-07, it is targeted to complete 6 on going schemes and to take up 6 new

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

schemes in the 6 NACs of KBK districts under RLTAP after accordance of administrative approval which will benefit a total projected population of 4.3 lakh.

### ***URBAN SANITATION***

15.80 Rapidly growing urbanization and growth of slums has 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 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 funding under Externally Aided Project with JBIC assistance.

15.81 Sulabha International Social Services Organisation (SISSO) has been associated with implementation of sanitation programme

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in both urban and rural areas in the State. SISO has been entrusted with construction of public toilets, water sealed latrines and conversion of dry latrines into water sealed latrines. So far, SISO have constructed 36,911 nos. of low cost Sanitary latrines and 295 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, and Public Places viz Park and Bus Stands etc. Governments have sanctioned funds for construction of 127 nos. of Sulabha Sauchalayas / Public Toilets in different urban

## HEALTH, FAMILY WELFARE, SANITATION & SOCIAL WELFARE

local bodies through SISO during 2002-03 to 2005-06. Out of these, 35 public toilets have been completed and another 92 public toilets are in different stages of completion. 14 public toilets under MPLAD scheme have been taken up out of which 10 have been completed and other 3 are in progress. Besides, SISO has also taken up construction of 9 nos. of Public toilets under Orissa water supply and Sewerage Board. Out of this, 4 have been completed and 5 are In progress. SISO has been entrusted with the construction of two public toilets under RSVY scheme in Kandhamal district during 2005-06.

## SOCIAL WELFARE

### CHILD WELFARE

15.82 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 along with pregnant and lactating mothers. There are 34,201 anganwadi centres under these ICDS projects. Table 15.9 indicates the beneficiaries covered under different packages of ICDS during 2000-01 to 2005-06.

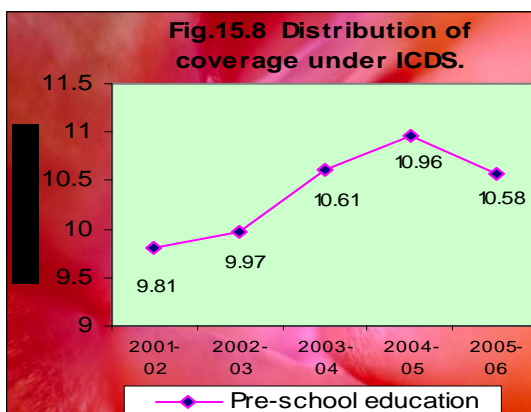
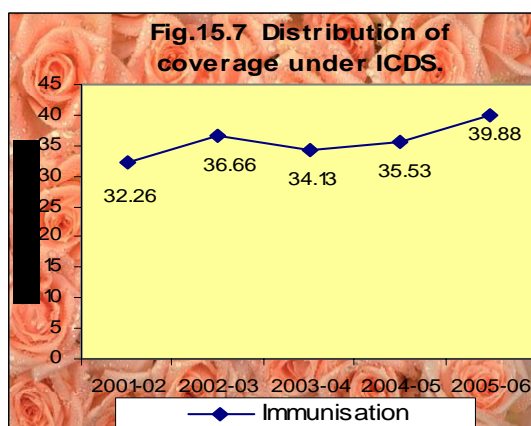
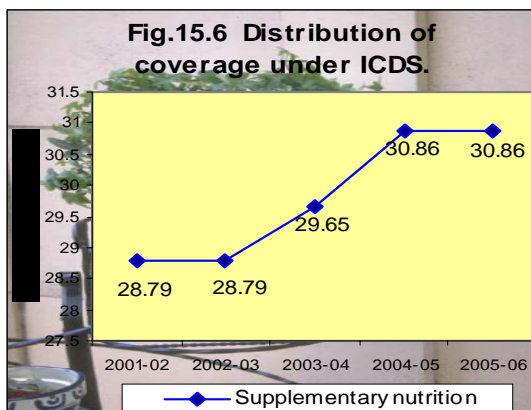
Table 15.9

### Beneficiaries covered under ICDS during 2000-01 to 2005-06

(In lakh numbers)

Name of the Scheme	2001-02	2002-03	2003-04	2004-05	2005-06
Supplementary nutrition	28.79	28.79	29.65	30.86	30.86
Immunization	32.26	36.66	34.13	35.53	39.88
Health check-up	6.09	7.62	9.22	9.59	9.3
Nutrition and health Education	4.63	5.34	5.37	5.91	6.21
Referral services	1.97	2.46	4.06	6.49	6.62
Pre-school education	9.81	9.97	10.61	10.96	10.58

Source: Women and Child Development  
Department, Orissa.



### Orphanages

15.83 Orphanages for orphans and destitute children in the age group of 5-18 years (5-25 years in case of girls) are being managed by NGOs and Orissa 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) with intake capacity of 5603 inmates. Out of these 85 orphanages, 6 are managed by OSCCW while the remaining 79 are managed by NGOs / voluntary organizations. 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. During 2005 about 175 children were rehabilitated through in-country adoption and 49 through inter country adoptions as against 75 in-country and 64 inter country adoption made in 2004. Thus, 363 adoptions have been promoted in the State during the last 2 years.

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

15.84 The Orissa State Councils for Child Welfare (OSCCW) is implementing the scheme "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 is managing 6 Balashrams, 9 Anganwadi Training Centres and also running Care & Protection of Street Children Programme through 6 centres at

## **CHAPTER 15**

Bhubaneswar with assistance from Government of India.

### ***Juvenile justice***

15.85 “A programme for Juvenile Justice” a Centrally Sponsored Plan Scheme 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 remaining 12 by NGOs. During 2006-07, an amount of Rs.10.00 lakh has been proposed as State share while equal amount was available as Central share for maintenance of these homes.

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

15.86 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 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 for being provided to the primary school children in the 8 KBK districts (80 blocks including 44 ITDA Blocks) and 74 ITDA blocks in non-KBK

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districts. Thus cooked meal is being provided only in the KBK and ITDA blocks. 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, cooked meal is being provided to all the students all over the State and dry ration system has been dropped. A total of 51,51,346 students in 55,170 schools including 11,69,832 students in 14,317 schools of KBK districts were covered under the scheme during 2004-05. During 2005-06, the coverage has gone up to 51,56,154 in 69700 schools including 11,56,426 students 18486 schools in KBK districts.

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

15.87 Under Supplementary Nutrition Programme, Supplementary Nutrition is being provided to needy children and to expectant / nursing mothers from low income families for a period of 300 days a year. This programme is being carried on in 34201 functioning AWCs covering 30,86,155 beneficiaries. The State Govt. provides nutritional support to 1963369 beneficiaries in 19 districts through 222 ICDS projects covering 23838 no. of Anganwadi centres. World Food programme are providing food assistance to 11,22,786 beneficiaries in 11 district covering 104 projects through 10363 numbers of AWCs.

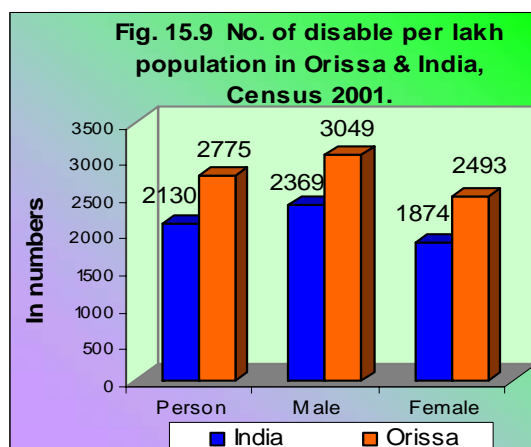


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Out of 3,08,155 beneficiaries, 1363884 were children below 3 years, 1167686 were 3-6 years and the balance 5,54,585 were pregnant and lactating women.

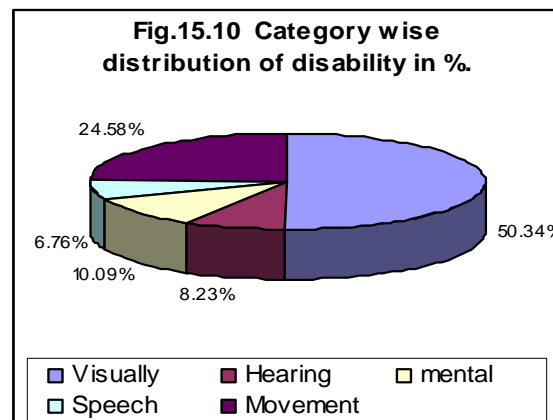
### WELFARE OF THE HANDICAPPED

15.88 As 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, 2.51 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%).

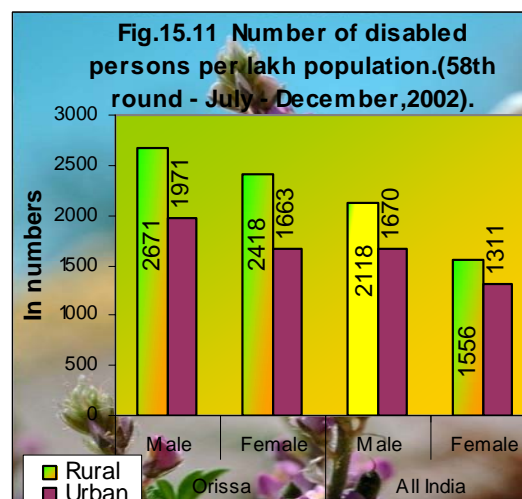


Source: W & CD Department, Bhubaneswar.

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15.89 According to the 58<sup>th</sup> round of NSS report conducted during July-December' 2002, incidence of disability / lakh population in Orissa 2459; 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.15.11.



15.90 A number of welfare schemes are being implemented in the State with financial

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support from Government of India to bring them into mainstream of the society.

### ***i) Orissa Disability Pension (ODP) Scheme:***

15.91 ODP scheme is being implemented in the State since 2<sup>nd</sup> October 1984. Persons who are five years of age or above and are totally blind / orthopaedically handicapped / mentally retarded / affected by cerebral palsy and having annual income of Rs.11000/- or less receives Rs.100/- p.m. as pension under the scheme. This amount has been increased Rs.200/- p.m. with effect from March 2006. During 2005-06, against the target to cover 125000 beneficiaries and budget provision of Rs.15.80 crore, Rs.14.78 crore has been spent benefiting 123579 beneficiaries showing 98.9% and 93.5% physical & financial achievement respectively.

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

15.92 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 non-Govt. organizations (NGOs) with grant-in-aid from State Government. Out of these 50 special schools 18 are for visually impaired, 21 for hearing impaired and 11 are for mentally retarded children, with approved student strength 2939 and staff strength 620

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including non-teaching staff. Besides these State funded schools, 25 more Special Schools with 1332 students on roll are being run in the State by NGOs / Voluntary Organizations with grant-in-aid from Govt. of India.

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

15.93 In order to enable the disabled persons to become active and mobile, State Govt. is providing suitable aids/appliances viz tricycles, blind sticks, crutches, hearing aids etc. . An amount of Rs.126.83 lakh has been spent to cover 5114 beneficiaries during 2005-06 (up to February 2006).

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

15.94 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. During 2005-06, 6092 disabled students were benefited under the scheme with an expenditure of Rs.65.30 lakh as against 4963 disabled students benefited in 2004-05.

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

15.95 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

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Retarded (TCMR) and Training Centre for the Teacher of the Deaf (TCDD), with intake capacity of 20 each have been established in with collaboration of National Institute for the Mentally Handicapped (NIMH) Secundarabad 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 2005-06, an amount of Rs.4.38 lakh have been spent for these three training Centres.

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

15.96 The National Handicapped Finance Development Corporation (NHFDC) which is an apex institution for routing loan assistance through canalizing agency authorized 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 with age group 18-55 years 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 in 1998 up to the end of 2005-06, NHFDC has sanctioned loan in favour of 1960 handicapped persons amounting to Rs.9.36 crore, of which Rs.8.02 crore was distributed to 1734 beneficiaries.

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

**Table.15.10**  
***Achievement under NHFDC Loan***  
***Scheme in Orissa.***

(Rs. in lakh)

Year	Sanctioned		Disbursed		No. of cases refunded
	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	-	-	12	6.33	30
Total	1960	935.73	1734	802.43	226

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

### **SOCIAL SECURITY MEASURES**

15.97 The National Old Age Pension (NOAP) scheme has been introduced by Government of India with effect from 15th August 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 Rs.25 per month to each beneficiary under the above scheme. The pension amount has been enhanced to Rs.200/- with effect from March - 2006. During 2005-06, an amount of Rs.67.10 crore have been provided to 4,93,400 beneficiaries under NOAP scheme.

15.98 Under the State Old Age Pension (SOAP) scheme introduced in the State since April 1975, State Government are providing pension @ Rs.100/- per beneficiary per month 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

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does not exceed Rs.3,200/-. This pension amount has been enhanced to Rs.200/- with effect from March 2006. During 2005-06, against the target of 6,75,000 beneficiaries, 6,74,722 beneficiaries including 3,43,414 women have availed the facility.

15.99 The State Government have 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 2005-06,

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

there were 43 Old-Age Homes, 34 Short Stay Homes and 70 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 2004-05, 20 women were maintained in this home and vocational training was provided to them in tailoring and toy-making etc.

