

# 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 citizen. Although the health care system in the state has improved remarkably over the years, communicable and nutrition related diseases continue to be a major problem mostly in the tribal and backward regions as well as in the remote rural areas. Steps have been taken to bring adequate improvement in the health care system of the State especially in the rural and tribal areas and backward regions.

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

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

*possible or through mobile health units, particularly in the under-served and backward districts.*

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

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

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

15.04 As per the Registrar General of India sources, the **Crude Birth Rate** (CBR) in Orissa lies much below the all India level as well as other bigger States. In 2006, the estimated birth rate in Orissa was 21.9 as against 23.5 at all India level. The birth rate in rural and urban Orissa stood at 22.8 and 16.2 respectively while at all India level it was 25.2

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and 18.8 respectively. Highest birth rate has been recorded in Uttar Pradesh (30.1) followed by Bihar (29.9), Madhya Pradesh (29.1) and Rajasthan (28.3). Lowest birth rate was recorded in Kerala (14.9). As per the estimation of Central Bureau of Health Intelligence, Ministry of H. & F.W., GOI, the CBR in Orissa will be reduced to 18.9 for Thousand live birth during 2006-10 as against 21.3 at all India level.

15.05 The **Crude Death Rate (CDR)** in Orissa, during 2006 was relatively higher i.e. 9.3 as against 7.5 at all India level. Orissa occupied highest rank followed by Madhya Pradesh (8.9) and Assam (8.7). As per the estimation of CBHI, the CDR in Orissa will be reduced to 8.9 during 2006-10.

15.06 Though the **Infant Mortality Rate, (IMR)**, in Orissa has declined considerably from 83 in 2003 to 73 per thousand in 2006, it is still very high at all India level. The infant mortality rate in the rural Orissa was 76 while in urban Orissa it was 53. During 2006, the IMR at all India level stood at 57 and in Kerala the lowest IMR has been recorded as 15. The target of 11<sup>th</sup> plan is to reduce the IMR to 37 as compared to 28 at all India level. Table 15.1 shows the birth rate, death rate & infant mortality rate in Orissa and at all India level since 1981.

15.07 The **Maternal Mortality Rate (MMR)** in India during 2001-03 was 301 per 1,00,000 live births as against 358 in Orissa. It has

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been targeted to reduce the MMR to 100 at all India level and 1.19 per thousand live births in Orissa by the end of Eleventh Plan period (2007-12). In order to achieve the goal, emphasis is being given on the following strategies:

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

15.08 **Life expectancy at birth** has increased from 58.6 years for male and 58.7 years for female in 1999-2003 to 60.3 for male and 62.3 for female during 2001-05. As per the report of Technical Group on population projection, the projected level of expectation of life at birth in Orissa for male will be 64.3 and 67.3 for female during 2011-15 as against 67.3 for male 69.6 for female at all India level.

15.09 **Natural Growth Rate (NGR)** of the State in 2006 was 12.6 as against 16.0 at all India level. The natural growth rate in rural Orissa was 13.1 while in urban Orissa it was 9.3 in 2006.

15.10 In Orissa, the **Decadal Growth Rate (DGR)** of population during 1991-2001 was 15.94% as against the all India average of 21.34% as per 2001 census. Thus the

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decadal growth rate target fixed for the decade 2001-2011 at the national level has already been realized in the state during the decade 1991-2001. The following initiatives will be continued to check the trend in the coming decade.

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

**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
2006	21.9	9.3	73	23.5	7.5	57

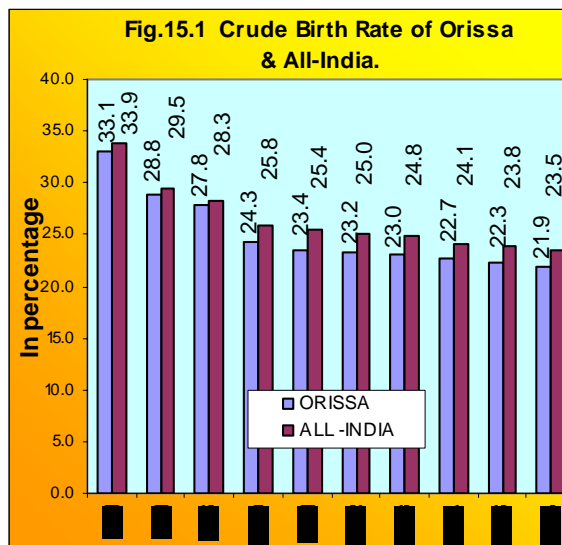
C.B.R. – Crude Birth Rate

C.D.R. – Crude Death Rate

I.M.R. – Infant Mortality Rate

Source: S.R.S. Bulletin.

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### **ALLOPATHIC MEDICAL INSTITUTIONS**

15.11 During the year 1951, medical and health care facilities created by the Government were available to the people through a network of 365 medical institutions with 3,112 hospital beds and 1,083 doctors with a doctor-population ratio of 1:13,500. By end of Dec., 2006, the facilities have been increased to 1,704 Government allopathic medical institutions in the State with 14166 hospital beds as follows-

**Table 15.2**

### **Beds available in Govt. Hospitals in 2006**

Sl. No.	Medical Institutions	Nos.	Beds
1	Medical College Hospitals	3	2861
2	Dist. Head Qrs. Hospitals	32	3923
3	Sub- Div. Hospitals	22	985
4	Oth. Hospitals	124	2001
5	CHCs	231	3520
6	PHCs	114	726
7	PHCS(New)	1164	150
8	Mob. Health Units	14	-
9	Total	1704	14166

Source: Directorate of Health Services, Orissa, Bhubaneswar

15.12 Population served per medical institution being about 23,030 with area served per medical institution being 92 sq km

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by the end of 2006. The distribution of districts as per the indicator (medical institution per lakh population) 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 (4) such institutions per lakh of population.

15.13 The bed-population ratio, an important indicator of health services, was 1:2770 in 2006-07. Sambalpur has maximum numbers of beds per lakh population followed by Cuttack (83), Kandhamal (63), Malkangiri (57), Nayagarh (57), Ganjam (49). The districts having poor facilities in this regard are Jagatsinghpur (14), Jajpur (14), Bargarh (18) and Boudh (19). Besides, 6688 nos. of health sub-centres are also functioning in the State.

15.14 State Government has taken special steps to provide better health care to rural people belonging to KBK districts. At present 700 medical institutions are functioning in 118 tribal dominated blocks with 5705 hospital beds.

### **AYURVEDIC AND HOMEOPATHIC INSTITUTIONS**

15.15 State Government has taken steps for health care of the people by providing facilities under Indian System of Medicine and

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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. By the end of 2006-07, there were 4695 registered Ayurvedic doctors in the state including 121 doctors registered during 2006-07. Similarly there were 3226 registered Homeopathic doctors in the state during 2005-06. At present 5 Ayurvedic Hospitals with 258 beds and 4 Homoeopathic Hospitals with 125 beds are also rendering health services in the State. Besides 619 Ayurvedic, 560 Homoeopathic and 9 Unani dispensaries are providing health care services in the State. During 2006-07, about 154.74 lakh patients availed treatment facilities under these hospitals and dispensaries as against 152.44 lakh patients treated in 2005-06.

15.16 In the field of Education & Training, three Government Ayurvedic colleges and four Homoeopathic colleges have been imparting teachings for degree courses. Post graduate teaching in seven Ayurvedic disciplines and three homeopathic disciplines are available in the state. Financial assistance has been availed from department of AYUSH to upgrade the status of Gopabandhu Ayurvedic Mahavidyalaya, Puri and Dr. Avinchandra Homoeopathic Medical College, Bhubaneswar as state model institutes. Government Ayurvedic pharmacies Colleges at Bolangir and Bhubaneswar have

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been modernized with assistance of department of AYUSH.

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

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

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

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

15.17 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)**

15.18 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

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said programme in the State. The objective of this programme is to achieve 70% case detection, 90% sputum conversion and 85% cure rate by the end of 2005. At present 104 sub-districts T. B. units and 540 Microscopy Centres are engaged in providing diagnosis and treatment services under the revised strategy.

15.19 Since inception of RNTCP till September'07, 2,49,031 patients have been detected and treated under DOTS. As on September'2007 annualized new sputum positive case detection rate was 62% against the national norm of 70%. Sputum conversion rate was 89% against the national norm 90%. The success rate of new smear positive case is 87%. Govt. of India provides anti T.B. drugs for patients treated free of cost under DOTS.

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

15.20 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.

15.21 During the year 2006, 35456 blood slides were examined and 336 persons were

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clinically found positive by the concerned institutions. 3405 persons having microfilaria / Filaria disease were treated. The microfilaria (MF) rate which was 1.13 in 2005 has decreased to 0.94 during 2006.

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

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

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

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to Regional Institute of Ophthalmology with 30 nos. of vision centres and 56 nos. of O.T.s.

15.24 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.

15.25 During 2006-07, 1,11,049 cataract operations were performed as against 98296 operations performed in 2005-06. During 2006-07 highest nos. of cataract operations were performed in Cuttack district (13384) followed by Ganjam district (9283). During 2006-07, the cataract operation rate was 286 per one lakh population in Orissa and ranked 18<sup>th</sup> position at national level as per survey made by Govt. of India.

15.26 Besides, school eye screening programme is also operating in the State. The achievement made under the programme during 2005-06 to 2007-08 (up to 2<sup>nd</sup> Qr.) is given in table 15.3.

**Table 15.3**

### **Achievement under NPCB in Orissa.**

In numbers.

Item	2005-06	2006-07	2007-08 (till 2 <sup>nd</sup> qr)
Student screened	317897	359382	89060
Students detected with refractive error	17662	18349	4164
Free spectacles distributed	7965	9202	1835
Health worker trained	3734	-	-
No. of teachers	2222	-	-

Source: Directorate of Health Services, Orissa, Bhubaneswar

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

15.27 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 rearing ability. It has been assessed that about 2 billion people are at risk of Iodine Deficiency Disorder (IDD) in the World including 600 million people in South-East Asia region. In India as many as 73 million people are suffering from IDD.

15.28 Hence to prevent IDD, the National Iodine Deficiency Disorders Control Programme (NIDDCP) is being implemented in the State since December, 1989 as a Centrally Sponsored Scheme with a goal to bring down goiter prevalence rate to below 10%. Use of common Salt has been banned in the State from 18.10.2001. IDD Survey is being conducted in different districts since 1989. In our State 15 districts surveyed so far shows endemicity (Goitre prevalence rate > 10%) in twelve districts. The districts Sundargarh and Cuttack are under resurvey during 2006-07 and the report has not yet been received. Year-wise IDD survey conducted in different districts are shown in table15.4 (b).

.Table15.4 (b)  
Year-wise IDD survey

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

M.C. = Medical College

Source: Directorate of Health Services, Orissa, Bhubaneswar

### NATIONAL LEPROSY ELIMINATION PROGRAMME (NLEP)

15.29 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 (1) 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

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population in the year 1982-83 has come down to only 0.81 per 10,000 population by October, 2007 while at national level it has come down from 55 per 10,000 population to 0.80 per 10,000 population. By the end of October'2007, 22 districts have delivered the elimination goal and the prevalence rate (PR) of the balance eight districts have decreased remarkably to below 2 except Sonapur district (2.6). The P.R. in Phulbani district is the lowest i.e. 0.18 while it is highest in Sonapur district, 2.6. In 247 blocks out of 314 blocks of the State, Leprosy Elimination target has been achieved. Since beginning of this programme 8.79 lakh cases have been cured with MDT and now only 3252 cases of leprosy are on record in the State.

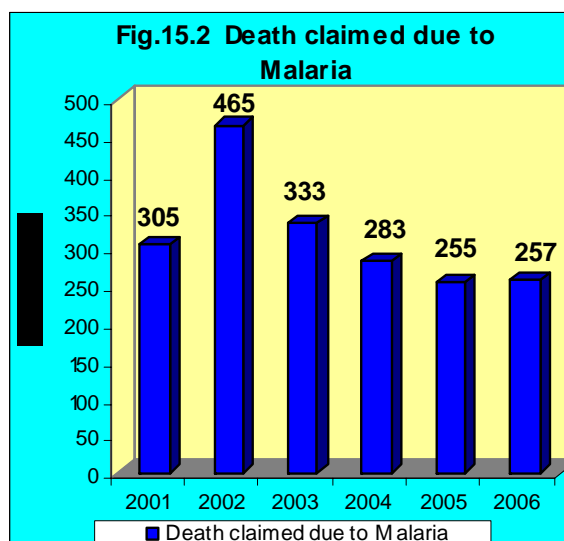
15.30 The diagnosis and treatment facilities of leprosy cases have been extended to all the peripheral health institutions including sub-centres. Re-constructive surgery facility has also been made available at the Leprosy Home and Hospitals, Cuttack, MKCG Medical College, Berhampur and the Mission Hospital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

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

15.31 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

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(NVBDP) is being implemented in the State since 1953. During 2006, 49.57 lakh blood slides were examined of which about 3.80 lakh were found positive while the percentage of positive falciparum was recorded as 87.25%. The death claimed due to malaria is given in Fig.15.2, which depicts the declining trend since 2002.



15.32 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.

### **NATIONAL RURAL HEALTH MISSION**

15.33 The National Rural Health Mission (NRHM) a flagship endeavor was launched in



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the state in June, 2005. It is one of the largest health programme in the state in the last fifty years and aims at improving the access to and availability of quality health services to the under privileged like the women and children, especially the rural poor. The achievement made under the Mission during 2006-07 is as follows.

15.34 The State Health Mission has been established with Hon'ble Chief Minister as the Chairperson to monitor the progress of health activities in the state. NRHM provides a female Accredited Social Health Activist (ASHA) per Anganwadi centre. The ASHA is a volunteer who works as an interface between the community and the public health system and is accountable to the Panchayat. Against the target to select 34324 nos. of ASHA, 33515 ASHA have been selected by the end of 2006-07. ASHA have started their work in the villages and have been able to motivate rural women for institutional delivery, complete antenatal checkup, sterilization and mobilizing children for immunization.

15.35 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

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demographic balance and promotion of healthy life style has also been brought about. A numbers of new initiatives have been incorporated in NRHM. Making provision of Accelerated Social Health Activist for every 1000 population in rural area is one of them. At present 12,730 ASHAs are in position.

15.36 In order to ensure better management of health services, Rogi Kalyana Samiti have been constituted in the district, sub district, hospital, CHCs and PHCs taking cross section of the community and local representatives.

15.37 The Reproductive and Child Health Programme (RCH) is an ongoing programme under NRHM with the objective of improving the Reproductivity Health of men, women and children. The main objective of the programme is to reduce the Maternal, child mortality and morbidity.

15.38 'Janani Surakhya Yojana' is being implemented in the state from August, 2006 with an objective to reduce overall maternal mortality ratio, infant mortality rate, and to increase institutional delivery. By the end of March, 2007 about 2.27 lakh beneficiaries have been assisted under the scheme.

### **PANCHA BYADHI CHIKITSA**

15.39 The state government has started the Pancha Byadhi Chikitsa in July, 2001, which guarantees free treatment including free medicine for five common communicable

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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. Currently, T.B. has been included in the list. 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**

15.40 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 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 (World Bank) for the Phase-II programme is Rs.23.25 crore and by DFID is Rs.23.42 crore from 1999-00 to 2006-07, out of which Rs.22.75 crore and Rs.22.94 crore have been released till 2006-07.

15.41 National Aids Control Programme (NACP) Ph-III (2007-12) has been launched from 6<sup>th</sup> July, 2007. The overall goal of NACP

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– III is to halt and reverse the epidemic in India over the next 5 years by integrating programmes for prevention, care, support and treatment. This will be achieved through a four pronged strategy.

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

### **HIV / AIDS SCENARIO**

- ◆ *Orissa is low prevalent state but highly vulnerable to HIV / AIDS.*
- ◆ *AIDS was first identified in the united state of America in 1981.*
- ◆ *First case of AIDS in India was identified in 1986 in Chennai and in Orissa it was identified in 1991 in Nayagarh district.*
- ◆ *Till October, 2007, 7513 persons were living with HIV/AIDS as detailed below.*

<u>Perticulars</u>	<u>No. of cases as on Oct,2007</u>
1. Counseled	522233
2. Screened	219981
3. HIV +VE	7513
4. AIDS cases	910
5. Death due to AIDS	693

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- ◆ Higher AIDS cases has been registered in Ganjam district (308 nos) followed by Cuttack district (106 nos). Both the district constitute 45.4% of the total AIDS case registered in the state by the end of October, 2007.
- ◆ Highest death due to AIDS registered in Ganjam district. Out of total death of 693 persons, 238 (34.3%) were of Ganjam district.

### ACTIVITIES UNDERTAKEN BY OSACS

15.42 1.Prevent New Information.

a) Targeted Information: In the context of AIDS control programme, targeted intervention specifically refers to intervention that working with high risk behaviours group. OSACS undertakes TI programme for highly vulnerable population on HIV/AIDS and bridge groups like Truck drivers, Migrant workers, Jail inmates, Fisher folk etc. through 33 TI projects in 25 districts during 2006-07.

b) Information Education and Communication (IEC) activities & Awareness:

15.43 IEC is the toll of behaviour change by combined use of mass media, as well as traditional and interpersonal media, makes the topic easier to address and has the effect of de-stigmatising HIV/AIDS. Communication continues to be one of the most important strategies in the fight against HIV/AIDS. In the absence of a vaccine or a cure, prevention is the most effective strategy for control of HIV/AIDS. It is imperative to continue intensive communication efforts that will not only raise awareness levels but also bring out behavior change. During 2007-08 (till August-2007) 21 news papers published messages on awareness on HIV / AIDS as

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advertisements and 2.63 lakh IEC materials have been distributed. Besides, 12000 Tin sheets are disseminated and 50 mini-boards are created in various places to create awareness on HIV/AIDS among general public.

### Voluntary Confidential Counseling & Testing Centres (VCCTCs)

15.44 Voluntary Confidential Counseling & Testing Centres (VCCTCs) provides HIV testing with pre-test and post-test counseling, drugs for opportunistic infections, free distribution of condoms, follow up counseling done for HIV +VE cases detected in various health camps.

15.45 Integrated Counseling Testing Centres (ICTCs) provide HIV testing with pre-test and post-test counseling for the individuals and counseling and HIV testing of pregnant mothers.

15.46 Prevention of Parent to Child Transmission Centres (PPCTC) provides HIV testing with pre-test and post-test counseling to pregnant mother. At present 35 VCCTCs, 26 ICTCs and 32 PPCTCs are established in the state in district headquarters' hospital, and some of the CHC & PHC level.

15.47 There are 34 Sexually Transmitted Diseases (STD) clinics operational in the state with the objective to facilitate treatment of STD cases in all the 30 district headquarters' hospitals, 3 medical colleges, capital hospital,

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IGH, Rourkela and ESI hospital, Bhubaneswar. As on July 2007 about 2.12 lakh patients have attended the clinic, where 1.27 lakh patients were treated.

15.48 A national aids help line is operational in OSACS and at 3 medical colleges for tele-counselling of general public on STD/HIV/AIDS.

15.49 Condom promotion also supports dual protection vis. Protection against unwanted pregnancy and the possible transmission of STD/HIV. During the year 2006 about 634.37 lakh condoms were available to the users, out of which 257.44 lakh were freely distributed.

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

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

15.51 During 2005-06 OSACS had covered 2390 nos. of schools in ten districts under school AIDS Education programme. During 2006-07, as per the decision of National Aids Control Organization, New Delhi, the programme has been undertaken by department of School & Mass Education of the state with a view to cover all the government secondary and higher

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secondary schools, which includes formation of red ribbon clubs in the educational institutions.

### **MEDICAL EDUCATION & TRAINING**

15.52 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 2006-07. There is one Nursing College, one Dental College, one Pharmacy College, three Ayurvedic Colleges and four Homoeopathic Colleges under Government sector in the State. The State Institute of Health and Family Welfare functioning as the apex in service training institute with three functional units at the state level and cells / wings at district / block levels for imparting training support under various programmes. During 2004-05, one Nursing college and three Nursing schools have come up in private sector. Super specialized treatment is being provided in all the three Medical College Hospitals through ultra modern diagnostic and therapeutic equipments.

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

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

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

15.56 During 2006-07, 14 projects of important buildings of 3 medical colleges were taken up with an estimated project cost of Rs.14.00 crore, out of which Rs.7.78 crore was provided and an amount of Rs.4.62 crore have been sanctioned for 2007-08. Besides, an outlay of Rs.1.00 crore has been proposed in the annual plan, 2007-08 for extension of buildings of SCB medical college and hospital to increase the bed strength.

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

15.57 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

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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.*

Infant mortality rate has reduced from 97 per thousand live births in 1999 to 73 by the end of 2006.

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

15.58 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.

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

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implementation of NRHM activities in the state.

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

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

15.61 RSIC is being functioning in the State since Feb, 2001 with Government of India assistance for a period of 5 years. The center is functioning inside SCB medical college campus with 30 beds for the paralysis patients. Since inception till date more than one lakh patients have been treated in this centre. The centre also provides supporting appliances to the patients prepared in the

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institution. Various training and awareness programmes are also being organized for the periphery doctors, medical and Para-medical staff as well as the NGOs. As per the commitment given to government of India, the state government proposes to have an outlay of Rs.80.00 lakh for 2007-08 for running of the centre out of the total provision Rs.3.00 crore for the Eleventh Five Year Plan.

### **DIAGNOSTIC CENTRES**

15.62 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 and hospitals of the state and district head quarter's hospital at Koraput, Sundargarh, Mayurbhanj and Bhawanipatna and Capital Hospital, Bhubaneswar, have been duly equipped with diagnostic equipments.

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

15.63 In order to provide basic health care services to the people, 90 Mobile Health Units (MHU) are functioning in 80 blocks of 8 KBK districts. Out of these 90 MHU, 39 are operational with Government vehicles while the remaining 51 Mobile Health Units (MHU) is operating with hired vehicles. Each MHU

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## HEALTH, FAMILY WELFARE, SANITATION & SOCIAL WELFARE

works with one Medical Officer, one Pharmacist, one Female Health worker, a Driver (for institutional van) and one Attendant. The MHU holds health camp in the

remote and inaccessible areas for minimum 24 days in a month and supply medicines worth of Rs.1000/- per camp during their visit.

### FAMILY WELFARE

15.64 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.

15.65 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 31<sup>st</sup> March, 2005 was about 4.57 lakh including about 0.02 lakh during 2004-05. Table 15.5 shows the achievement of the Family Welfare Programme in the State, during the tenth plan period, i.e. 2002-03 to 2006-07.

**Table 15.5**  
**Progress of Family Welfare**  
**Programme in Orissa**

(Figures in lakh)

Year	Sterilizations	IUD insertion	Conventional Contraceptive users	Oral pill users	Medical Termination of pregnancy	No. of equivalent Sterilization
2002-03	0.74	1.44	2.92	1.37	0.35	1.54
2003-04	0.91	1.45	2.95	1.44	0.36	1.71
2004-05	1.01	1.63	3.05	1.79	0.39	1.95
2005-06	0.84	1.62	3.45	1.84	0.43	1.78
2006-07	0.94	1.62	3.58	1.98	0.41	1.89

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

### IMMUNISATION

15.66 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 and Measles etc. The immunisation programme has further been strengthened through ICDS projects in the State. The Anganwadi workers posted in ICDS blocks and Auxiliary Nurses and Midwives posted in sub-centres play an active role in this programme. The National Pulse Polio Programme is being implemented throughout the State with a view to make the

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State Polio-free by immunising infants and children of 0-5 year's age. Table 15.6 indicates the achievements of the immunisation programme in the State during 10<sup>th</sup> plan period i.e. 2002-03 to 2006-07.

**Table 15.6**  
**Progress of Immunization**  
**Programme in Orissa.**

(In lakh doses)

Programme	2002-03	2003-04	2004-05	2005-06	2006-07(P)
TT (PW)	7.91	7.99	8.18	8.14	8.31
DPT	8.44	8.35	8.12	8.51	8.11
Polio	8.45	8.37	8.20	8.53	8.12
BCG	8.55	8.83	8.65	9.26	8.66
Measles	8.11	7.76	7.90	8.40	7.80
DT	7.95	7.79	8.97	10.34	9.46
TT (10 Yrs)	8.03	7.69	7.8	8.49	8.78
TT(16Yrs)	6.69	6.51	6.82	7.59	7.86

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

### **NATIONAL MATERNITY BENEFIT SCHEME**

15.67 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 with an aim 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 Development Programme Officer (CDPO) in rural areas and officer in charge of the P.P.

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Centre in urban areas act as the sanctioning authority under this scheme.

### **EMPLOYEES STATE INSURANCE SCHEME**

15.68 "Employees State Insurance" (ESI) scheme, an integrated multi dimensional health insurance and Social Security Scheme is being implemented in the State since January 1960. It is one of the most effective and sub-stainable social security measures available to the workmen employed in industrial and commercial establishments of varying sizes and nature. At present medical care is being provided to 130422 insured persons and their dependent family members through 5 ESI Hospitals, 49 ESI Dispensaries and 2 Annexed Wards functioning in 20 districts of the State with 297 beds and 200 doctors. Besides, one 50 bedded ESI Model hospital at Rourkela is also functioning under the supervision of ESI Corporation.

15.69 ESI Corporation has prescribed a ceiling of Rs.1000/- expenditure on medical care per insured person per annum, shared between ESI Corporation and the State Government in the agreed ratio 7:1 and the expenditure beyond the ceiling is entirely borne by the State Government. During 2006-07, about 8.20 lakh patients including 7241 indoor patients were treated in the ESI hospitals / dispensaries. Besides, immunization and family welfare programme are also performed in these hospitals /



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dispensaries. The details are given in the Table 15.7.

**Table 15.7**  
**Family Welfare Programme & Immunization Programme conducted under E.S.I. Scheme in Orissa.**  
(In numbers)

Name of the programme	Achievement during				
	2002-03	2003-04	2004-05	2005-06	2006-07
<b>Family Welfare Programme</b>					
Vasectomy	40	1	4	17	2
Tubectomy	357	509	259	217	86
I.U.D.	204	161	185	112	98
M.T.P.	248	202	223	194	116
Oral Pills	3675	5012	4500	2564	3094
Nirodh	10120	13751	15758	10902	11564
<b>Immunisation Programme</b>					
B.C.G.	1207	952	1408	956	961
Polio	10438	4343	10658	7806	6717
D.P.T.	4329	3730	2990	2120	7350
T. Toxoid	14384	13316	14559	11683	8872

Source: Directorate of ESI, Bhubaneswar.

15.70 One AIDS cell has been set up at ESI Directorate for implementation of AIDS control programme which is fully financed by National AIDS control Organisation (NACO). AIDS awareness programmes are being conducted in different industrial areas. One S.T.D. laboratory and clinic has been functioning in

## WATER SUPPLY & SANITATION

### RURAL WATER SUPPLY

15.72 Water is an elixir and essence of life. It is a basic need of mankind. Due to rapid population growth, urbanization, industrialisation and development, safe and clear water is no more infinite. Rural poor suffer most in absence of availability of safe and clear drinking water. Unsafe drinking water and deteriorated environmental

## HEALTH, FAMILY WELFARE, SANITATION & SOCIAL WELFARE

ESI Hospital, Bhubaneswar since 2004-05 which is being upgraded to VCTC. As per the phased programme, it has been decided to implement ESI scheme in eight new areas namely- Talcher, Damanjodi, Kuanarmunda, Therubali, Duburi, Atharbanki, Kaniha and Laxminagar.

15.71 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.

condition cause major health hazards. Water-borne diseases are most significant cause of ill health in rural Orissa.

15.73 Access to safe and approachable drinking water source to the masses is a key objective. In order to address this key objective, a number of drinking water programmes viz. Accelerated Rural Water

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Supply Programme (ARWSP), Special Central Assistance Projects for KBK districts, Sector Reform Projects and Swajaladhara etc. are being implemented. Stress has been given to provide pipe water supply to all rural people in phases.

15.74 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.

15.75 In order to get a clear and authentic picture on the status of rural habitations with regard to availability of safe drinking water, a state wide survey was undertaken during 2003-04. 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.

15.76 Out of 1,41,368 nos. of identified habitations, 1,38,024 habitations (97.63%) have been covered under Rural Drinking Water Supply Programme by end of 2006-07. These habitations have been provided with 2,49,658 Tube wells, 7954 sanitary wells and

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168 springs based spot sources. During 2006-07, 10857 tube wells and 1285 sanitary wells and 24 springs based spot sources were completed. Besides, by the end of 2006-07, 1126 rural piped water supply projects have been commissioned in the state and another 1815 such projects were under execution in water scarcity areas.

15.77 It has been targeted to install 41000 tube wells, 5000 sanitary wells, 1905 piped water supply projects and to construct 1,84,400 ground water recharge pits during Eleventh Plan period including installation of 8200 tube wells, 1000 sanitary wells, 279 piped water supply projects and construction of 36,880 ground water recharge pits during 2007-08.

15.78 Considering the scarcity of water in KBK districts, Government of India have approved a relaxed norm of one spot source for every 150 population where the existing norm of one spot source for every 250 population has already been achieved. A total no. of 13,757 sites to provide spot sources have been identified in KBK districts, and all these spot sources have been installed by end of March, 2006.

15.79 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

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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. During 2006-07, 3536 rural schools have been provided with drinking water supply against the largest of 4937 to be covered under ARWSP programme.

### SWAJALADHARA SCHEME

15.80 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. Demand- responsive approach is another key feature of Swajaladhara Scheme. Out of 1471 projects sanctioned under the scheme, 946 projects have been completed by the end of 2006-07 and the balance 525 projects are in different stages of completion. Against the project outlay of Rs.51.74 crore, an amount of Rs.43.27 crore have been received and Rs.24.42 crore (56.44%) have been utilized by the end of 2006-07. Year wise physical and financial progress of Swajaladhara scheme is reflected in Table – 15.8

## HEALTH, FAMILY WELFARE, SANITATION & SOCIAL WELFARE

**Table – 15.8**  
**Physical & Financial Progress**  
**of Swajaladhara scheme.**

Item	2002-03	2003-04	2004-05	2005-06
No. of projects sanctioned	287	316	275	593
No. of projects completed	265	272	227	182
Projected out lay (Rs. in cr.)	7.24	8.13	9.59	26.78
Funds received (Rs. in cr.)	7.11	7.54	8.24	20.38
Funds utilized (Rs. in cr.)	5.57	5.52	6.50	6.83
Expenditure (in %)	78.44	73.26	78.87	53.88

Source: RWSS, Orissa, BBSR

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

15.81 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 gap for achieving a balanced socio-economic development. The scheme was decided to be implemented in 402 identified villages across 28 districts of Orissa. This has been worked out to upgrade the existing water supply up to 100 LPD level in 373 identified villages. The balance 29 villages have been excluded due to un-inhabited villages and for some other reasons, Proposal in this regard has been submitted to Department of Drinking Water Supply, Government of India with financial projection of Rs.75.85 crore to be made available in a span of 3 years viz Rs.35.28 crore in 2005-06, Rs.24.59 crore in 2006-07 and Rs.15.98 crore in 2007-08.

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## HEALTH, FAMILY WELFARE, SANITATION & SOCIAL WELFARE

### RURAL SANITATION

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

### TOTAL SANITATION CAMPAIGN (TSC)

15.83 As per 2001 census, out of total 67,82,879 rural households in the state, 62,59,607 (92.3%) house holds are having sanitation facilities and about 7.7% of the total households are without any access\_to basic sanitation facilities. As a result incidence of diarrhea is still very high and a major source of infant and other deaths. In order to provide minimum sanitation facilities, total sanitation campaign is being implemented through out the state. 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. The physical and financial achievement under TSC as on 31<sup>st</sup> March 2007 is as follows.

**Table – 15.9**  
**Physical & Financial Achievement**  
**under TSC.**

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

Source: Watershed Mission.

15.84 It has been targeted to provide 57,18,791 household latrines, 50,615 school toilets, 15,928 Anganwadi toilets and 720 community sanitary latrine during the Eleventh Plan period including 17,15,600 households latrines, 15,184 school toilets, 4,778 Anganwadi toilets and 216 community sanitary latrines in the annual plan, 2007.08. As such an amount of Rs.660.77 crore has been proposed for the Eleventh Plan including Rs.266.23 crore for 2007.08.

### NIRMAL GRAM PURASKAR

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

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### **URBAN WATER SUPPLY AND SANITATION PROGRAMME**

#### **Urban Water Supply**

15.86 The state comprises 103 Urban Local Bodies (ULBs) including 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 722.13 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 1,94,566 number of house connections and the balance 32.10 lakh population are served through more than 19,892 nos. of public stand posts. Besides, about 18,872 numbers of hand pump tube-wells are functioning in different Urban Local Bodies (ULBs) to cater the water demand during non-supply hours and areas uncovered by piped water supply system.

15.87 It has been targeted to provide urban water supply to about 8 lakh population in Eleventh Plan Period and 1.50 lakh during 2007-08. During Eleventh Plan, improvement and augmentation to the ongoing urban water supply projects will be taken up in 60 ULBs with an expenditure of Rs.155.87 crore including the cost of hand pump tube wells to be installed in different scarcity pockets of urban areas to supplement the urban piped water supply programme. During 2007-08, an

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amount of Rs.22.67 crore has been proposed for the same.

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

15.88 Accelerated Urban Water Supply Programme (AUWSP) is being implemented in the state as a centrally sponsored plan scheme with a funding pattern of 50:50 between the centre and the state. CPHEEO, Government of India have sanctioned 35 projects with project cost of Rs.71.33 crore, out of which 34 projects have been administratively approved by the state government. By the end of 2006-07, 17 schemes have been completed of which 7 schemes have been commissioned, 2 scheme partly commissioned and the balance 8 schemes are in different stages of execution. An outlay of Rs.2.00 crore has been provided in the Annual Plan, 2007-08 for completion of the ongoing projects.

#### **REVISED LONG TERM ACTION PLAN (RLTAP)**

15.89 A preliminary proposal for 16 Urban Water Supply Scheme in 7 KBK districts to the tune of Rs.56.76 crore has been approved by the government. Administrative approvals for 11 schemes with project cost of Rs.48.19 crore have been received during 2003-04 to 2006-07 and expenditure to the tune of Rs.38.07 crore has been incurred by the end of March, 2007. During 2006-07, three augmented water supply scheme at

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Nawarangpur, Jeypore and Bolangir have been commissioned. Other balance schemes are in different stages of execution. It has been targeted to complete 6 nos. of schemes during 2007-08.

### **URBAN SANITATION**

15.90 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 population. 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 funds under Externally Aided Project with JBIC assistance.

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

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

15.92 It has been targeted to cover 4 lakh populations under urban sewerage and sanitation programme during the Eleventh Plan period, including 0.8 lakh populations during 2007-08.

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

15.94 SISO starts functioning in the year 1980-81 in Orissa and the first Sulabha complex was constructed at Badambadi, Cuttack in the year 1981. So far 309 numbers of Sulabha complexes have been constructed under various department of government of

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Orissa. At present 34 nos. of public toilets are under construction and 144 nos. are under proposal. Besides, conversion of 22540 dry latrines into pour flush water seal latrines and 17484 new water seal latrines have been completed so far by Sulabha. It has also constructed 4124 nos. of individual house hold latrine in rural areas.

15.95 Sulabha has also organised awareness camps especially in rural areas for adoption of the low cost latrines provided in their houses. More than 800 numbers of

## HEALTH, FAMILY WELFARE, SANITATION & SOCIAL WELFARE

institutional latrines have been constructed in Women's Colleges, Boys and Girl's High Schools and more than 8000 toilets have been constructed in Primary Schools and Ashrams in Orissa. Besides three nos. of bio-gas plant based on human excreta has been constructed at Reserve Police Line Campus, Bhubaneswar, Kendrapra Hospital and new bus stand, Khurda. Four nos. of duckweed projects have also been completed in Orissa sponsored by Royal Danish Government of Dhenkanal.

## SOCIAL WELFARE

### CHILD WELFARE

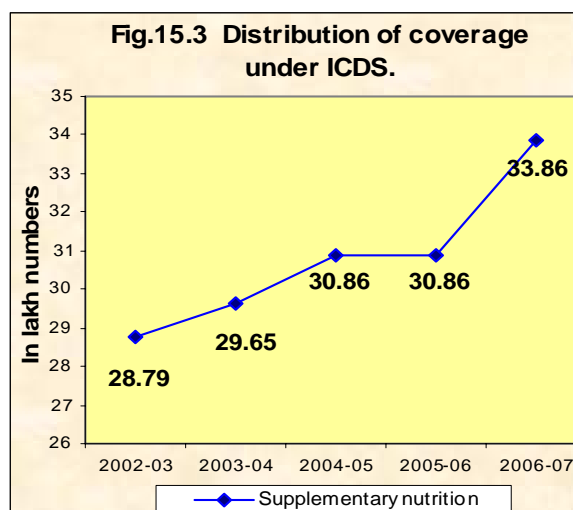
15.96 The Integrated Child Development Scheme (ICDS) was launched in Orissa in 1975 and is being implemented in the State through 326 ICDS projects in 314 blocks and in 12 urban areas. The scheme offers a package of health care services covering supplementary nutrition, immunization, pre-school education, health check up, referral services and health education to children within the age group of 0-6 years along with pregnant and lactating mothers. The scheme is in operation through 36,219 Anganwadi Centers in the state as on 31.03.2007. Table 15.10 indicates the beneficiaries covered under different packages of ICDS during 2002-03 to 2006-07.

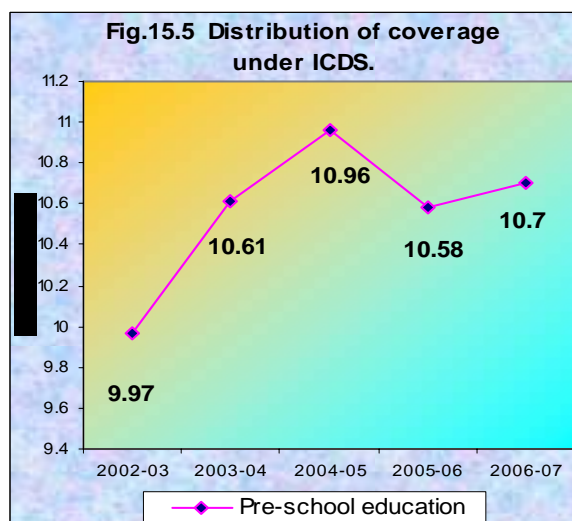
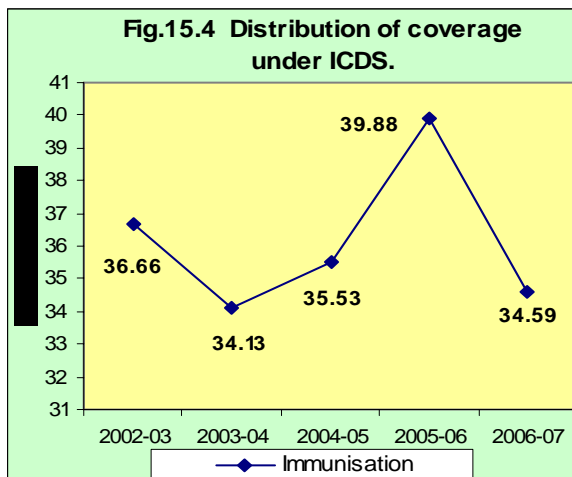
**Table 15.10**  
**Beneficiaries covered under ICDS during 2002-03 to 2006-07.**

(In lakh numbers)

Name of the Scheme	2002-03	2003-04	2004-05	2005-06	2006-07
Supplementary nutrition	28.79	29.65	30.86	30.86	33.86
Immunization	36.66	34.13	35.53	39.88	34.59
Health check-up	7.62	9.22	9.59	9.3	8.8
Nutrition and health Education	5.34	5.37	5.91	6.21	5.9
Referral services	2.46	4.06	6.49	6.62	6.7
Pre-school education enrolled	9.97	10.61	10.96	10.58	10.7

Source: Women and Child Development Department, Orissa.





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

15.97 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 Balasharams, 9 Anganwadi Training Centres and also running Care & Protection of Street Children Programme through 6 centres at

Bhubaneswar with assistance from Government of India.

**Orphanages**

15.98 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 (OSCCW) 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 2006 about 125 children were rehabilitated through in-country adoption and 98 through inter country adoptions as against 175 in-country and 49 inter country adoption made in 2004. Thus, 586 adoptions have been promoted in the State during the last three years.

**Juvenile justice**

15.99 A centrally sponsored plan scheme “Juvenile Justice” is being implemented in the



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State from 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.

15.100 During 2006-07, there are 15 observation homes in the state including 3 run by government – one in Rourkela and two are in Berhampur, the special home for neglected girls being one of them. The cost of maintenance grant per inmate has been raised from Rs.300/- to Rs.500/- since 2004-05, on a 50:50 sharing basis between state and central government. In addition to these, three special homes / juvenile homes are run by government. The member of inmates in these observation / special homes during the year has been varying from 200 to 220. During 2006-07, an amount of Rs.8.00 lakh state share has been provided under the scheme with a matching share available from government of India.

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

15.101 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

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

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

15.102 During 2006-07, about 50.02 lakh beneficiaries including 10.50 lakh SC and 14.79 lakh ST were covered under the scheme from 67598 schools. It has been targeted to cover 42.31 lakh students in 65528 schools including 9.41 lakh students in

## CHAPTER 15

17583 primary schools in KBK district during 2006-07.

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

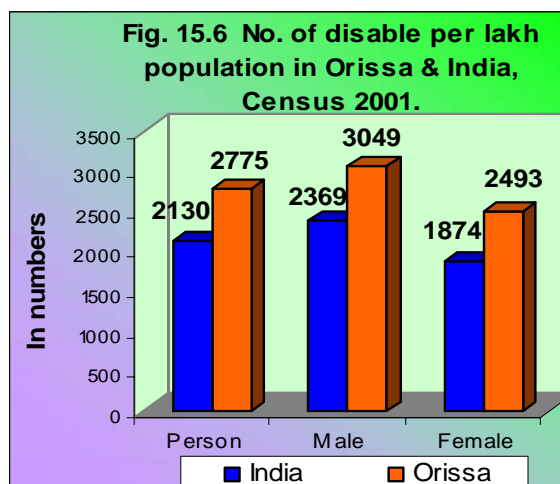
15.103 With a view to improve the health and nutritional status of children in the age group of 0-6 years, pregnant women and lactating mothers, the supplementary nutrition programme is being implemented in the state. It has been decided that government of India will support 50% of the financial norm or 50% of the expenditure incurred on the scheme, whichever is less from the year 2005-06. Under this scheme supplementary nutrition is provided to needy children and to expectant / nursing mothers from low income families for a period of 300 days a year. Beneficiaries relating to all KBK and Back ward districts (11 districts) have been universalized from December 2006. During 2006-07, services under the programme are being made available to 33.86 lakh beneficiaries comprising of about 27.47 lakh children and 6.39 lakh pregnant and lactating mothers through a network of 37480 Anganwadi Centers.

### **WELFARE OF THE HANDICAPPED**

15.104 As per 2001 population census, there were 10.21 lakh disabled persons in the State out of which 5.14 lakh (50.34%) were disabled in vision, 2.51 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

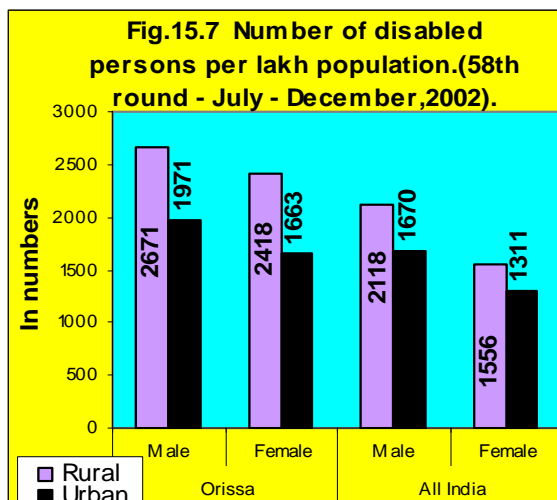
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(44.27%) were female. The incidence of disabled per lakh population in the State stood at 2775 while for male it was 3049 and for female 2493. The corresponding figures at all India level were 2130, 2369 & 1874 respectively. Highest incidence of handicapped 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.

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



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

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

15.107 This is a state government initiative introduced on 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 2006-07 an amount of Rs.2982.54 lakh was spent covering 1,25,000 beneficiaries out of budget provision of Rs.3000.00 lakh.

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

15.108 State Government is providing free education to visually impaired, hearing impaired and mentally challenged children in special schools through specially trained

teachers. Apart from 4 Govt. special schools (2 for blind and 2 for deaf), there were another 50 special schools being managed by different agencies including non-Govt. organizations (NGOs) with grant-in-aid from 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 of 2939 and staff strength of 620 including non-teaching staff. Besides these State aided schools, 45 more Special Schools with 2299 students on roll are being run in the State by NGOs / Voluntary Organizations with grant-in-aid from Govt. of India. During 2006-07, against the budget provision of Rs.390.00 lakh and amount of Rs.383.67 lakh has been spent as against the budget provision of Rs.336.96 lakh and expenditure of Rs.301.17 lakh made in 2005-06.

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

15.109 In order to enable the disabled persons to become active and mobile, suitable aids/ appliances viz. tricycles, blind sticks, crutches, hearing aids etc. are being provided free of cost to a person with disability (PWD) if his/ her monthly income is Rs.6500/- or less and 50% discount on the cost of the appliances are being given to the person having income of Rs.6501/- to Rs.10,000/- per month. An amount of Rs.146.36 lakh has been spent (up to January 2007) covering 7178 beneficiaries during 2006-07.

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

15.110 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. 6808 disabled students were benefited under the scheme during 2006-07, as against 6092 students who were benefited during 2005-06.

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

15.111 For imparting training to the teachers of the handicapped, one training centre with intake capacity of 20 for teachers of visually impaired persons has been established in collaboration with the National Institute for Visually Handicapped (NIVH), Dehradun. Similarly two other training centres, i.e. Training Centre for Teachers of the Mentally Retarded (TCMR) and Training Centre for the Teacher of the Deaf (TCDD), with intake capacity of 20 each have been established in collaboration with National Institute for the Mentally Handicapped (NIMH), Secunderabad and National Institute for the Hearing Handicapped (NIHH), Mumbai respectively on 40:60 funding basis. Thus, annually, 60 trained teachers qualify in the State to act as special Educators for the disabled. During 2006-07, an amount of Rs.3.60 lakh have been spent for these three training Centres.

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

15.112 The National Handicapped Finance Development Corporation (NHFDC), an apex financial institution for routing loan assistance through the channelising agencies 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 of 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 March, 2007, loan amounting to Rs.935.73 lakh have been sanctioned by NHFDC for 1960 beneficiaries out of whom Nigam has released Rs.802.43 lakh for 1734 handicapped persons. Against the demand of NHFDC for outstanding loan, MVSAN (Mahila Vikash Samabaya Nigam) has repaid Rs.2.13 crore (50.11%) of the demand. A special drive has been taken by MVSAN for recovery of loan.

**Table.15.11**  
**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.

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### **SOCIAL SECURITY MEASURES**

15.113 The National Old Age Pension (NOAP) scheme, a 100% government of India assisted programme was being implemented in the state since 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 Rs200/- with effect from 1<sup>st</sup> April -2006. During 2005-06, an amount of Rs.67.10 crore have been provided to 4,93,400 beneficiaries under NOAP scheme.

15.114 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 does not exceed Rs.3,200/-. This pension amount has been enhanced to Rs.200/- with effect from March, 2006. During 2006-07, against the target of 6,75,000 beneficiaries, 6,74,722 beneficiaries including 3,43,414 women have availed the facility.

15.115 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 2006-07, there were 47 Old-Age Homes, 36 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.

