



OMRAH

ANNUAL REPORT

2018-19

**THE ORISSA INSTITUTE OF MEDICAL RESEARCH & HEALTH SERVICES
(OMRAH)**

PHOTO GALLERY OF OMRAH



World AIDS Day Celebration 1st December 2018



World Environment Day



Flag Hoisting at Office



Advocacy Meeting



Weekly Review Meeting



Stake Holders Meeting



External Evaluation of TI, OMRAH



NACO Team visit

ANNUAL REPORT OMRAH - YEAR 2018-2019

The Orissa Institute of Medical Research and Health Services (OMRAH) is a non-profit making sociodevelopmental organization, founded by a group of Health Professionals way back in 1986. Conceived as a research and service organization, it has gradually shaped itself as a responsive Institution to the needs of outreach and underserved communities living in slums and rural pockets, with programs addressing to the rights of children, adolescents and women. As a responsive Institution, OMRAH has been acting upon the needs of the communities it serves. The main focus has been on Health as the rights of the Community. In the process of intervention, the key stakeholders: the children, adolescents and women, have occupied the front seat and to a large extent have owned the programs.

OMRAH's Vision: "A premier health institution catalyzing the actions for quality health of vulnerables in State of Odisha."

OMRAH's Mission: "To initiate and sustain participatory and people centered approach for quality health of vulnerables. Besides, providing basic health care services, it strives to promote rights of vulnerable (women, children, and adolescents) to lead a dignified life based on equality and social justice by building their capacity, facilitating process of empowerment, strengthening networks and advocating on public policies".

Objectives:

- To undertake scientific activities and research for development of health care system including Programming, optimally suitable for the present day society with all its socio-cultural environment.
- To promote reproductive and child health services among disadvantaged population
- To initiate activities on a wide spectrum of socially relevant problems including child rights, women empowerment, care of the elderly and improvement of livelihood.
- To disseminate knowledge relating to ecological balance and mitigation of disaster related risks.
- To strengthen grassroots democracy by capacity building of Panchayati Raj Institutions.

Legal Status:

- Registered under society Registration Act, vide No. 18995/33 of 1987-88
- Registered under FCRA in Ministry of Home Affairs, Govt. of India vide No. : 10486007 of 1991.
- Registered under section 80G of Income Tax Act 1961 and 12 A.

OMRAH'S Focal Areas of Action

REPRODUCTIVE AND CHILD HEALTH

Preventive, promotive and curative aspects are integrated in service provisions. Static clinic and mobile health care services operative since 1997. Community involvement in the intervention process.

RIGHTS OF CHILDREN

Programs have been operated since 1998. Health and education component are perfectly blended. Right-based approach; Child-to- Child Action.

ADOLESCENT EMPOWERMENT

Preparing adolescents as future parents. Participation of adolescent girls in the intervention processes. Peer to-Peer Action through Rural Adolescents Resource Centre.

WOMEN'S EMPOWERMENT

Addressing women's rights. Sensitization and skill Building Programs Self Help Groups and Income Generation activities, Vocational Training Program.

DISASTER MANAGEMENT

Community Awareness and sensitization. Disaster preparedness training to specific Task Force Groups. Preparedness for rescue, relief and rehabilitation preparation of community contingency plan

ALLIANCE BUILDING:

OMRAH as a member of Odisha State Advisory Group for Community Action. As a district convener for voice for child rights Orissa - Member of Indian Network of NGOs on HIV/AIDS - Member of Orissa Voluntary Health Association - Member of Health NGO Research Network. - Member of Jana Swasthya Abhiyan, Odisha.

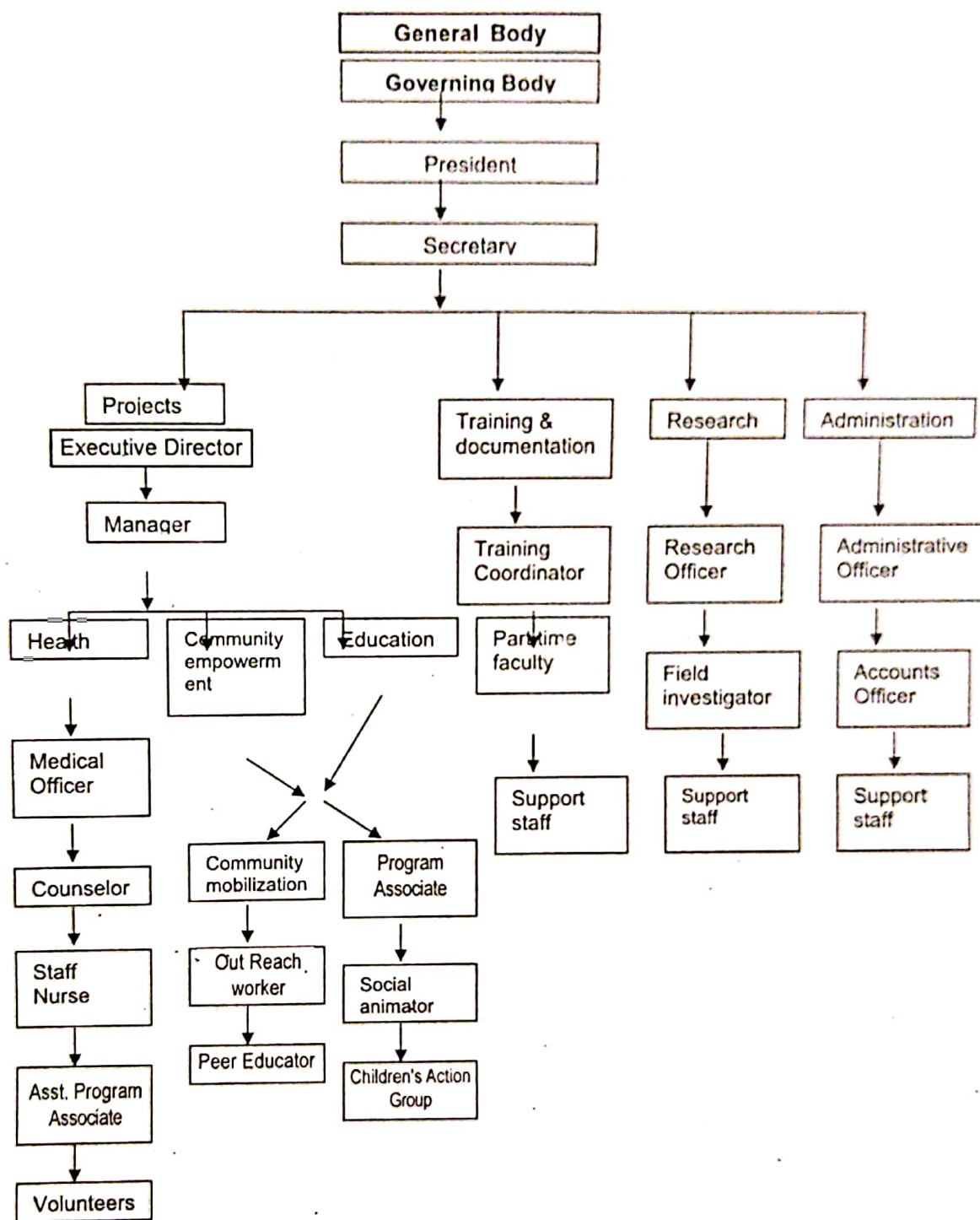
ADVISORY COMMITTEE OF OMRAH

S.N.	Name & Address	Designation	Qualification & Occupation
1.	Dr. P.L Sai, Mahanadi Vihar, Cuttack	Chief Advisor	Medical Practice Retd. Professor of Surgery
2.	Dr. Sobharani Das Friends Colony, Cuttack	Member	Retd. Professor of Pathology
3.	Dr. Hemalata Swain Mahanadi Vihar, Cuttack	Member	Retd. Professor of O&G
4.	Dr. Radhashyam Kar Kanika Chhak, Cuttack	Member	Retd. Professor of Paediatrics

GOVERNING BOARD

S.N.	Name & Address	Designation	Qualification & Occupation
1.	Dr. C.R. Mishra Niali, Cuttack	President	Medical Consultant, Obst. & Gyn.
2.	Dr. P.C. Samal Badambadi, Cuttack	Vice-President	Public Health Consultant
3.	Er. R.N. Dash Mahanadi Vihar, Cuttack	Vice-President	Retd. Engineer, Public Health Engineer, Govt. of Odisha
4.	Ms. Naliniprava Mishra Friends Colony, Buxi Bazar, Cuttack	Secretary	MBA (Master in Business Administration) Social Work
5.	Mr. Subash Ch. Kar Jhanjirmangala, Cuttack	Joint Secretary	M.A. (Economics) Social work
6.	Mr. Satyanarayan Nanda Kafila Bazar, Cuttack	Treasurer	Social work (BA)
7.	Mr. P.C. Mahapatra Asureswar, Cuttack	Member	B.A., LL.B., Advocate Legal Advisor
8.	Mrs. Sujata Priyadarsini CDA, Sec-6, Cuttack	Member	Social work
9.	Mrs. Binapani Rath Kulagaon Isahlo Asureswar, Cuttack	Member	Social work (B.A, B.Ed.) Academician
10.	Mrs. Sujata Jena CDA-6, Cuttack	Member	Advocate Orissa High Court (Legal Advisor)

ORGANO GRAM



INFRASTRUCTURAL FACILITIES

- Administrative building - It has its own Administrative building in Cuttack (2400 sq.ft.) which serves as administrative office-cum-training centre.
- Training Centre - The Administrative building also has a central training centre to accommodate 30 participants
- Documentation centre - The Administrative building also has facility for a documentation centre with a well furnished library, computers, resource materials, audio visual equipments with a number of OMRAH own published books, reports, periodicals, news letter.
- Maternity Hospital - A maternity hospital at Kulagaon Ishalo in Nischinkoili block of Cuttack district with outpatient department and pathological laboratory. Regularly visited by specialist doctors in O & G and other diseases. A large number of people both from inside and outside the block come here to take the service opportunity available in the hospital.
- Mobile Medicare Unit - Mobile Health care services provided to people in outreach areas of rural & slum pockets of Cuttack and Kendrapara Districts.

TARGETED INTERVENTION AMONG IDUS OF CUTTACK CITY ON HIV/AIDS & STIs

OMRAH is implementing Targeted intervention project among 350 IDUs of Cuttack city on prevention and control of HIV/AIDS STIs with support of Odisha State AIDS Control Society, Department of Health and Family Welfare, Govt. of Odisha. The programme is continuing as the core populations are more vulnerable to HIV transmission.

GOALS:

To contribute to the reduction of HIV/AIDS incidence among injecting drugs users, their partners and families and reduces the pool of infection. This will in turn contribute to increased quality of life for IDUs in Cuttack urban slums.

PROGRAM OBJECTIVES:

- To increase the utilization of risk reduction services by IDUs in Cuttack city. The project will provide risk reduction services to at least 350 IDUs and 150 shadow users & partners in 9 different areas during the period of one year.
- To bring about Behavioural Change by switching from injecting to non-injecting practices.
- To reduce the number of the people who are injecting.
- To reduce the transmission of HIV/AIDS among the IDU community.
- To reduce the transmission of HIV/AIDS from IDUs to partners, offspring's and wider community.
- To create an enabling environment among HIV infected people.
- To reduce the numbers of injecting drug users by Opioid substitution therapy.

PROGRAM COMPONENTS

- Community Mobilization
- Behaviour Change Communication
- Enabling environment.
- Referral and Linkages
- STI Management
- Condom Promotion.
- Needle syringe exchange and harm minimization for IDUs.
- Opioid substitution.

Activity under Targeted Intervention Project:

In India, HIV is a concentrated epidemic, which affects specific High-Risk Groups (HRG) like FSW, MSM, IDU and Bridge Population (truckers and migrant community)

Community Mobilization:

Community mobilization is the process of consulting with community, giving the community a

role in decision making and management of programmes, and building capacity of communities to assume ownership of programmes. Community mobilisation improves the quality of TI programmes by strengthening the collective bargaining power of community, community mobilization, enabling community leadership development and community self-organizing under TIs with all high risk groups like IDUs.

Mobilizing communities ensures the sustainability of interventions by creating community ownership of interventions.

The community mobilization process provides the community with an opportunity to participate in collective decision making on various issues that affect the community through the establishment of successful democratic processes.

Community mobilization should provide every community member an opportunity to become a leader or representative in organizations/forums.

Processes of community mobilization and ownership building with IDUs should lead to collectivization and establishment of community based organizations.

A number of issues unique to IDUs (e.g., the overwhelming need for drugs, stigma attached to IDUs, low esteem of IDUs) present challenges in formalizing the community's role in the project management structure.

Behavior Change Communication

Behavior change is a process, and takes place over a period of time. While the final outcome of the process would be a positive change in behavior resulting in risk reduction, there would be many ways of monitoring interim changes that would be indicative of whether the change process is in the desired direction.

Ways to reduce harms including safer injecting practices such as NSEP, on safer sex options, on services available, and ways to prevent and manage abscesses. Beyond the information provision component, the BCC strategy would seek to then motivate IDUs to act on the information

received, and also to build their capacity to do so. for example by equipping them with the necessary skills for correct condom usage and safer injecting practices. Further, a comprehensive BCC strategy would also encompass a component of advocacy among key stakeholders in order that a supportive environment exists for behavior to change, and would include a communication skills building exercise for the service providers too, enhancing their skills in inter personal communication and in the use of effective strategies to encourage behavior change. an indicator of BCC interventions aimed towards creating a supportive environment.

Effective BCC goes beyond messages to include a two-way dialogue and to encompass both social mobilization and advocacy efforts. While it makes use of media materials and inter personal communication skills, it is thus a broader concept that seeks to work on all fronts- the individual, the family and society he lives in, and the service providers who are instrumental in generating a demand for services by ensuring that they are accepted by their clients and are seen to be available and accessible. PEs, ORW of OMRAH are regularly engaged in interpersonal communication with IDUs.

Enabling environment.

Creating a crisis response / management system.

Advocacy with key stake holders / power structures response system:

Advocacy is the process of seeking support from allies, groups, networks and stakeholders to influence decision making and adopt effective approaches to meet the needs of IDUs and their sexual partners.

Advocacy is the key to an enabling environment for IDUs to access available HIV prevention and related services.

Advocacy helps programme staff to implement their projects without interference and risks from groups.

Regular advocacy in a project helps reduce stigma and discrimination.

Referral and Linkages

The key objectives of referrals and networking are to ensure that IDUs and their sexual partners have access to the existing medical, psycho social support and legal services.

A number of unmet needs of IDUs can be met through effective referral networks.

Networks strengthen and build linkages among all key stakeholders such as ICTC, ART, OST, DOT.

Networks provide access to health care services over and above those offered by TIs for IDUs.

Gaps in services can be gradually filled through collaborative work and strengthened networks.

Referral networks are needed for effective prevention of HIV and other infections.

Steps in networking include mapping healthcare providers, services or facilities and actors that affect the enabling environment; interacting with identified services to inform them about TI activities; advocating for making the service available to IDUs and partners; and establishing a system of referrals.

Networking with agencies that either obstruct or assist the TI implementation carried out regularly.

Potential entities for networking, include health care providers (ICTCs, ART, DOTs providers); non-health services and facilities (charities that provide food, clothes, shelter, Government centers running various schemes; agencies implementing income generation programmes); actors that affect enabling environment (police, narcotics control bureau); general community; influential persons; religious groups; pressure groups; legal aid; and other forums and network (e-groups, forums, networks).

Analysis of referrals and networks should be conducted regularly.

STI Management

STI services for the HRGs include the following

- Symptomatic treatment
- Presumptive treatment

- Regular Medical Check up
- Bi-annual Syphilis screening

1. Management of **Symptomatic** patients through syndromic case management: It is expected that 30% of the core group population would suffer from an episode of STI in a year. These patients are to be identified through active outreach (peer-educator and outreach worker) and referred for treatment.

2. Provision of **Presumptive treatment to asymptomatic** patients: It is given to the sex workers (male and female) due to the fact that they may be harbouring an asymptomatic infection due to Gonorrhoea and Chlamydia because of their high risk behaviour; they require treatment on this presumption. Kit 1 is used for Presumptive Treatment.

3. **Regular Medical check up** on a quarterly basis: Check up was done so as to promote health seeking behaviour, reinforce preventive messages, internal examination (proctoscopy/ speculum examination) to screen for asymptomatic STI and provide opportunity for syphilis and HIV screening.

4. **Bi-annual syphilis screening**: All core group population especially (FSW/ MSM/ IDU) screened bi annually for syphilis, and provided referral to ICTC for HIV screening. OMRAH tie up with the nearest laboratory, i.e. SCB Medical College for the same within the cost provided for the test.

Alternatively, the test can also be conducted free of cost at the nearest government laboratory. All HIV tests were performed only at the ICTC. Besides CBST was organised by OMRAH for HIV screening in all 9 hot spot areas.

Condom Promotion:

A condom acts as a barrier preventing the contact between infective secretions (semen or genital fluids, vaginal fluids) and the mucus membrane of the vagina, anus, glans, penis or urethra.

Thus, condoms prevent transmission of STI/HIV infection. They also act as contraceptives by the same mechanism.

There are several barriers to condom usage. They are sometimes not easily available or accessible. Also, a person who buys and asks for condoms is looked upon with suspicion and stigma that he could be indulging in high-risk behavior. Most important, there is lack of knowledge on the correct use of condoms and the existence of several myths and misconceptions related to condoms. Counsellor, ORWs, PEs of OMRAH doing regular counselling to the client for condom use and myths include 'using a condom is not manly', 'women do not like it', 'condoms are sticky and oily', 'condoms are reusable', 'they tear during intercourse', and others.

It's important to explain to Injecting Drug Users the importance of correct and consistent usage of condoms. Also, it's important to communicate that sometimes, under the influence of a drug, a person can forget to use a condom, or may not be able to use one correctly, thereby increasing the risk of transmission of sexually transmitted infections including HIV/AIDS. ORWs & PEs promoted condom among the IDUs.

Needle syringe exchange and harm minimization for IDUs.

The key objective of NSEP is to facilitate safe injecting practices by providing new N/S, safe disposal points and education and information on safer injecting practices. Harm reduction aims to prevent the transmission of HIV by reducing the harm associated with high risk behaviours such as sharing needles, syringes and other equipment for preparing and injecting drugs, and unsafe sexual behaviors. There are three tiers of harm reduction. Tier 1 includes Needle and Syringe Exchange Programmes (NSEP) and outreach. Tier 2 focuses on Oral Substitution Therapy (OST). Together, tiers 1 and 2 bring about behavior change from sharing of contaminated injection equipment to safer injecting and from injecting to oral substitution. Tier 3 focuses on referrals and linkages with other services and advocacy for an enabling environment.

Needle and Syringe Exchange Programme (NSEP) and Oral Substitution Therapy (OST) are integral parts of the spectrum of the harm reduction package. While NACP II focused primarily on Tiers 1 and 3, NACP III also focuses on Tier 2 – Oral Substitution Therapy (OST).

A combination of strategies and individualization of interventions are important aspects of the harm reduction approach. Harm reduction provides a practical and flexible approach to reducing immediate drug-associated harms.

Opioid substitution.

The key objective of OST is to improve the quality of life of IDUs by stabilising them and transitioning them from the injecting mode of drug administration to non-injecting, thus preventing HIV and other blood-borne viruses. OST is a well accepted strategy for HIV prevention under the harm reduction framework OST helps individuals avoid injecting and benefits them through improved health, better relationships, psychosocial rehabilitation and increased employment opportunities and higher productivity. OST is regulated under the Narcotics Drugs and Psychotropic Substances (NDPS) Act and can be dispensed only in approved centres. Eligibility criteria for admission to OST under NACP III, includes a) diagnosed case of opioid dependence with injecting drug, b) age over 18 years, c) failed detoxification and d) willingness to provide informed consent for OST. OST is a medical intervention and requires medical assessment and ongoing medical supervision. Steps in administration of OST include induction after history taking and physical examination by a doctor, administration of medicines by a nurse, daily attendance at clinic for receiving medicine (also called Daily Observed Treatment – DOT), regular follow-up by doctor and nurse and regular psychosocial therapy with counsellor. OST also emphasizes psychosocial intervention. Family support enhances retention of IDUs to treatment and improves their chances of success. OST treatment continues till the client is stabilized psychologically and socially, stops injecting drugs and starts working and being

productive. The typical duration of OST is 9 to 12 months (some require more time). OST is a facility-based programme and should be provided in addition to NSEP, BCC, general health care, and linkages with centres offering other services to IDU clients, including ART, DOTs, ICTC etc. OMRAH also make linkage with the above centre for betterment of IDU interventions.

Management

- **Reporting** – A system that would produce sufficient detailed information to manage the programme, and provide each level of management (NACO, SACS) with regular financial information (consolidated and/or is-aggregated) for decision making and monitoring.

QUANTITATIVE ACHIEVEMENT:

- 462 is the Active population vs Target of 350
- 26 New HRGs were registered.
- 18,116 Nos. of Condoms were distributed to the HRG's and through outlet.
- 449 IDU's were referred to ICTC two times a year.
- 449 Nos. of IDUs were tested for HIV at ICTC two times a year.
- 9 No HRGs found HIV +ve.
- 9 Nos. of HRGs were linked with ART.
- 1,12,312 Syringe distributed.
- 90,088 Needle distributed.
- 449 of target population undergone syphilis testing.
- 462 nos. undergone Regular Medical checkups quarterly.
- 49 HRG's have been treated for STI.
- 28 HRG's have been treated for Abscess.
- 169 Nos of IDUs have been registered at OST Centre of Mental Health Institute, SCB Medical College & Hospital, Cuttack.

QUALITATIVE ACHIEVEMENT:

- To combat the spread of HIV/AIDS,

successfully, it is necessary to stimulate involvement on all levels from individuals to groups, institutions and governments. IDUs themselves draw attention to the issue of HIV/AIDS.

- Now most of the IDUs are more concerned about their health seeking behavior.
- Behavior change communication – In this comprehensive approach, 90% IDUs stopped sharing. Some of them showing interest to take OST and 48 Nos of IDUs stopped injecting and taking OST medicine regularly at OST, Centre. 17 Nos. of IDUs were cleaned after taking OST medicine.
- IDU's are buying Needle and syringe.
- 51% of them are engaged in earning their livelihood, attending N.A meeting and living happily. Some are working as peer educators in our TI Project.
- A Documentary Film is on IDUs.
- Community involvement increased in every awareness campaign through which IDUs were easily accepted by the community people.

Sl.No.	List of Site / Hotspot	Nos.of Active HRG
1	Sweeper colony (Rajabagicha)	60
2	SCB beheraline	55
3	Jholasahi	47
4	Ranihat	48
5	Tulasipur	46
6	Jobra	61
7	Odiabazar	41
8	Machhuabazar	47
9	Choudwar	47

Staff Patern:

Project Director	:	1
Project Manager	:	1
Medical Officer	:	1
ANM	:	1
M&E Cum Acct	:	1
Out reach worker	:	2
Peer educator	:	9

**DEEPASHIKHA INSTITUTE OF
TECHNOLOGY
(AN UNIT OF OMRAH)**

OMRAH as Vocational Training Providers (VTPs)

Vocational Training is a concurrent subject under the Constitution. The Central and state Governments share responsibility for effective implementation of vocational training system in the country. At the national level, the Directorate General of Employment and Training

(DGE&T), Ministry of Labour & Employment (MOLE), is the nodal body for formulating policies, laying down norms, standards, conducting trade test and certification of vocational training under the aegis of training advisory body National Council of Vocational Training (NCVT). The training under SDI scheme is provided at various Vocational Training Providers (VTPs) registered under Central Government, State Governments, Public and Private Sector and Industrial establishments/ Institutes etc. VTPs provide counseling vocational guidance, training facilities as per norms, impart quality training, post training support to trainees in getting employment. VTPs optimally utilize the training infrastructure available. Provides short course Vocational Training on different subjects. It also provides counseling, impart quality training and post training support to trainees in getting employment.

VTPs also maintain data base on trainees trained and the outcome of the training, develop training infrastructure in the emerging areas. It also tracks the trainees for three years or till they get gainfully employed.

RURAL ADOLESCENT RESOURCE CENTER:

The Adolescent Resource Centre of the Orissa Institute of Medical Research and Health Services (OMRAH) is located in the premises of the Matrumangal Kendra (Maternal Health Center) at Kulagaon Ishalo, in Nischintakoili block of Cuttack district which is functioning

Since August 2010. The Resource center acts as a

Information hub for rural adolescent boys and girls to

access knowledge on ARSH. This is also place for

adolescents to meet regularly to share their concerns,

and there by improve their life skills. The center has been established with support from UNFPA, Odisha. The very purpose of the Adolescent Resource Center(ARC) is to increase access of rural adolescent boys and girls to knowledge on ARSH, and to provide opportunities to acquire life skills. Facilities like computer, T.V, library, indoor games are available in the centre, leaving aside News papers & magazines also available in the library. In this year 23 adolescent girl given life skill training by OMRAH.

WOMEN EMPOWERMENT:

In the process of intervention, the key stakeholders are children, adolescent and women have occupied front seat and to a large extent have owned the programs. To provides self employment facilities to women and girls, one Tailoring institute is being run by OMRAH. Addressing women's rights different sensitization and skill building programs was organised among self help groups. Leadership building and life skill building for women was also organised time to time.

OBSERVANCE:

World Health Day: A mass meeting was organized on the Occasion of world Health Day on 7th April 2018 at MM Kendra. General meeting was organised among GKS Member, Janch Committee, Matru Committee and PRIs in project area.

International day against drug abuse and illicit trafficking

On 26 th June 2018 an international day against drug abuse and illicit trafficking observed by OMRAH at Ranihat, Cuttack in this occasion a general meeting organised, under the presidency of Dr. Chitararanjan Mishra, President of OMRAH at community with different stake holders.

World AIDS Day-2018: World Aids Day was observed by OMRAH T.I (IDU) Project on 1st December 2018. In this Occasion a HIV Awareness programme was held at Pattapole (Sutahat), Cuttack under the presidency of Ms. Naliniprava Mishra, Secretary, OMRAH. In this occasion Dr. Sanjay Swain (O&G) S.C.B Medical College and Hospital Mr.G. Surya Rao was there and address to participants same time Mr.Ganesh Chandra Das Project Manger (T.I) IDU project and all other project staff were present in this occasion.

International Women's Day:

On this occasion, OMRAH TI (IDU) project organized

a general meeting and a awareness programme on 8th March 2019 at SCB Behera Lane among the family members of IDUs and the general people. The theme of INTERNATIONAL WOMEN'S DAY-2019 was "Think Equal, Build Smart Innovative for Change". In this Occasion number of women and girls were gathered. Mr. Ganesh Chandra Das, Programme

Manager (T.I) OMRAH Welcomed to participants, Secretary Naliniprava Mishra explained the objective of the meeting followed by Dr. Abhay Kumar Patra.

PROJECT & PARTNERSHIP:

- PVOH-II Maternal and Child Health Project in partnership with USAID through Government of India.
- Work Organisation and Functional Task Analysis on ICDS in partnership with DFID through Government of Odisha, Department of Women & Child Development.
- Intra-state and Inter-state Difference in Anemia among pregnant and Lactating mothers in partnership with Nutrition Foundation of India, New Delhi (in collaboration with Govt. of India).
- Multi-centric Study on Provider related issues on Abortion Assessment project in partnership with Government of India through CINI, Kolkata.
- Improving Health Status of Women and Children in Slums of Cuttck in partnership with ACTIONAID, Bhubaneswar, Odisha.
- Improving Accessibility of Slum women to RCH Services in partnership with Cuttack Urban Slum Improvement Project (CUSIP).
- SNGO project under NRHM-RCH-II, Government of India, in partnership with Government of India.
- Orissa Civil Society Poverty Program (OCSSP) in partnership with DFID through PRIA, New Delhi.
- Improving Child Sex Ratio in Cuttack District, Odisha, in partnership with Women Power Connect/UNFPA, New Delhi.

- SMILE ON WHEEL Programme (A mobile hospital) in partnership with Smile Foundation India, New Delhi.
- Integrated Rural Project for Child Development in partnership with Child Right and You (CRY), Kolkata.
- Targetted Intervention among IDUs on prevention and control of STIs/HIV/AIDS in partnership with Govt. of Odisha, Department of Health and Family Welfare, Odisha State Aids Control Society (OSACS).
- Flood Response 2008 in partnership with GOAL India, Kolkata.
- Flood Rehabilitation programme in partnership with Concern World Wide India, Bhubaneswar.
- Disaster Management through local Self Government in partnership with Concern World Wide India, Bhubaneswar.
- Disaster Risk Management Programme in partnership with Odisha State Disaster Management Authority, Government of Odisha and UNDP.
- Social Capital Restoration programme in partnership with Odisha State Disaster Management Authority, Government of Odisha.
- Hygiene Promotion Activities in partnership with OXFAM (I) TRUST.

HEALTH CAMP AT RURAL HEALTH CENTRE, OMRAH

1.	9.4.2018	7
2.	14.4.2018	30
3.	23.4.2018	6
4.	8.5.2018	20
5.	12.5.2018	18
6.	22.5.2018	5
7.	28.5.2018	5
8.	9.6.2018	27
9.	27.6.2018	6
10.	14.7.2018	26
11.	23.7.2018	6
12.	11.8.2018	28
13.	14.8.2018	7
14.	28.8.2018	7
15.	8.9.2018	24
16.	25.9.2018	7
17.	13.10.2018	30
18.	22.10.2018	6
19.	10.11.2018	33
20.	13.11.2018	7
21.	27.11.2018	3
22.	8.12.2018	34
23.	25.12.2018	7
24.	19.1.2019	28
25.	22.1.2019	5
26.	9.2.2019	31
27.	12.2.2019	3
28.	9.3.2019	34
29.	12.3.2019	4
30.	7.3.2019	11
31.	26.3.2019	6



PMC Meeting



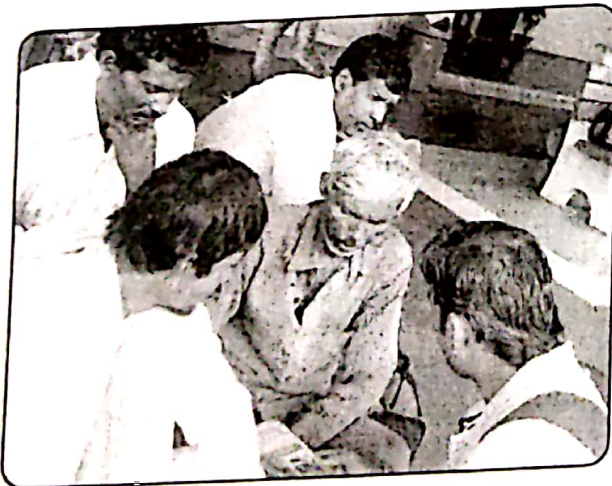
CBS by ANM



Hot Spot Level Meeting



Mid Media Campaign of Transit Project



Transit Intervention Activity



Static Clinic

PHOTO GALLERY OF OMRAH



International Day against Drug Abuse and Illicit Trafficking



Monthly Review Meeting



OST Coordination Meeting at SCB Medical College



HIV Sentinel Surveillance



PO(TSU) at OMRAH



CMC Meeting



Health Camp of OMRAH



International Womens Day

OUR PUBLICATIONS

ଦିନକାରୀ ଲୋକମାନଙ୍କର ଏକାକୀ କାହାଣୀ କୌଶଳ ଶିକ୍ଷା

ଓମ୍ରା ଓମ୍ରା

ନର୍ସିଂ ସହାୟିକା ପୁସ୍ତକ ପୁସ୍ତକ

ଡା. ଶଶିକାନ୍ତ ପଣ୍ଡା

ବୈଶାକର ଆହ୍ୱାନ

ଓମ୍ରା

କିଶୋର କିଶୋରୀ

ଓମ୍ରା ଡା. ଶଶିକାନ୍ତ ପଣ୍ଡା

ସ୍ୱସ୍ଥ ମା' ସ୍ୱସ୍ଥ ଶିଶୁ

ଡା. ଶଶିକାନ୍ତ ପଣ୍ଡା

ଗର୍ଭ ନିରୋଧକ ବ୍ୟବସ୍ଥା

ଓମ୍ରା

ପୂର୍ବ ପୂର୍ବରୁ ସଚେତନତାର ମୂଳ ମନ୍ତ୍ର

ଓମ୍ରା

ଓମ୍ରା

ଇଞ୍ଜେକ୍ସନ୍ ମାଧ୍ୟମରେ ନିଶା ଗ୍ରହଣ କରୁଥିବା ବ୍ୟକ୍ତିଙ୍କ ସାଇଁ କେତେକ ଜାଣିବା କଥା

ପୁରୁଷ ଜଣେପର ବ୍ୟବହାର ଏଚ୍.ଆଇ.ଭି. ସଂକ୍ରମଣ ଯୌନ ରୋଗର ଲକ୍ଷଣ ନିଶା ଗ୍ରହଣକାରୀମାନେ ସାବଧାନ!

ନିଶାରୁ ମୁକ୍ତି । ଶରୀର ସୁସ୍ଥ ।

ଓମ୍ରା

ଆମ ପାଇଁ ସ୍ୱାସ୍ଥ୍ୟ ସୋଜନା କେତେକ ଜାଣିବା କଥା

ଓମ୍ରା

Friends Colony, Bajrakabati Road, Cuttack-753001, Ph: 0671-2412787
 E-mail: ctkomrah@gmail.com • Website: www.omrahs.org