



OMRAH

ANNUAL REPORT

2020-21

**The Orissa Institute of
Medical Research & Health Services
(OMRAH)**

PHOTO GALLERY OF OMRAH



Weekly Review Meeting



Mid Media Campaign of Transit Migrant Project



Governing Body Meeting



Advocacy Meeting



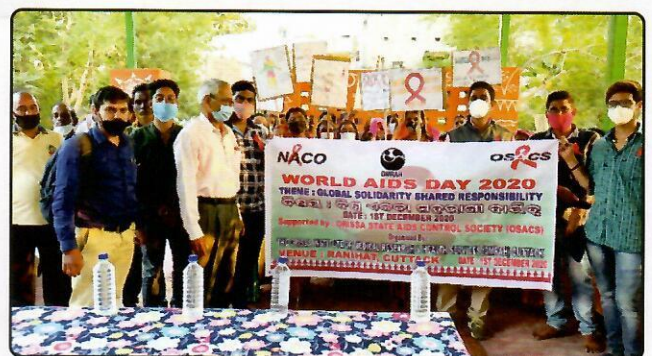
External Evaluation at OMRAH



OSACS Visit for PMPSE



Monthly Review Meeting



World AIDS Day

ANNUAL REPORT OMRAH - YEAR 2020-2021

ABOUT ORISSA INSTITUTE OF MEDICAL RESEARCH & HEALTH SERVICES (OMRAH)

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 Orissa."

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.

ADOLESCENT EMPOWERMENT

Preparing adolescents as future parents. Participation of adolescent girls in the intervention processes. Peerto-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 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

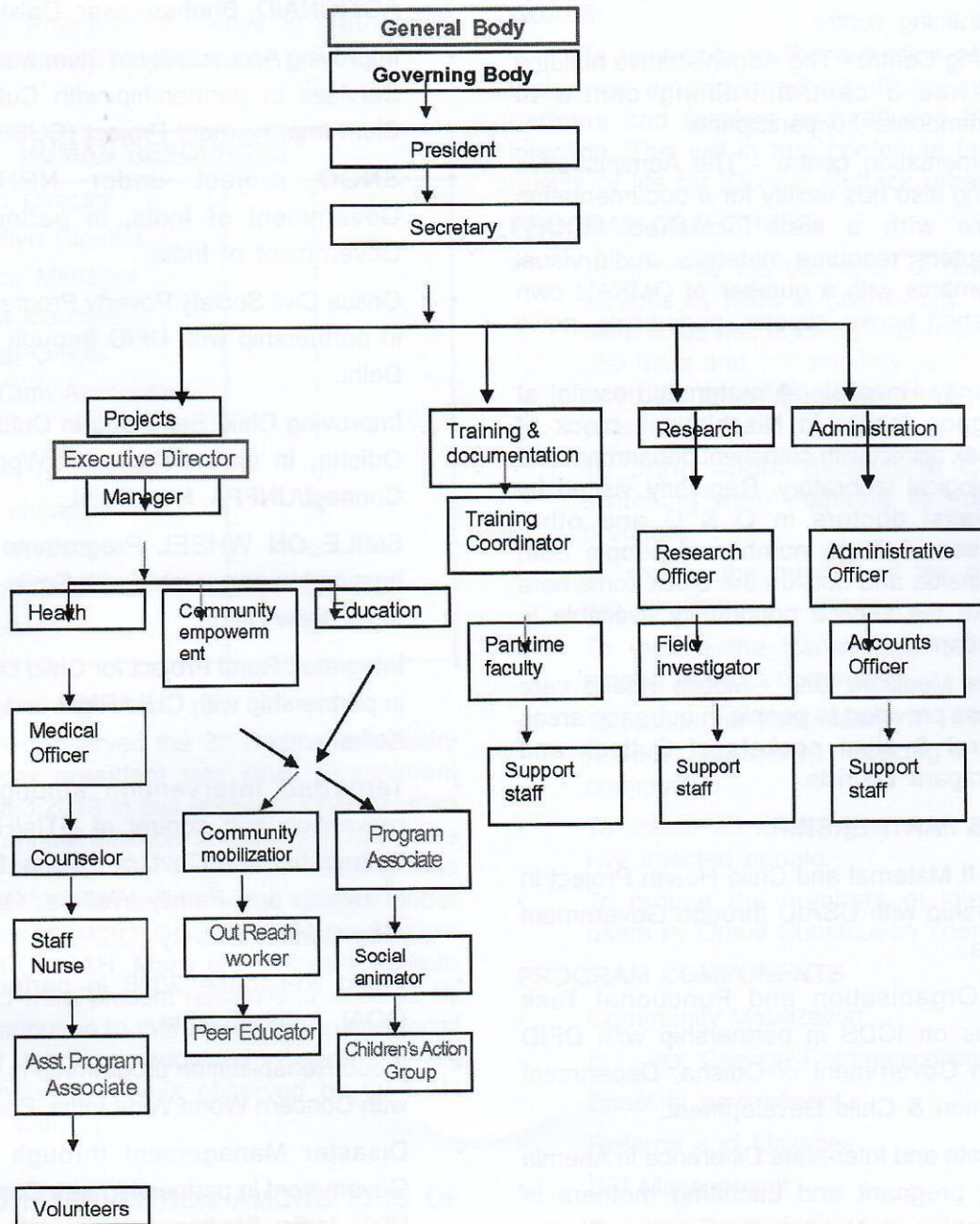
ADVISORY COMMITTEE OF OMRAH

S.N.	Name & Address	Designation	Qualification & Occupation
1.	Dr. Sobharani Das Friends Colony, Cuttack	Member	Retd. Professor of Pathology
2.	Dr. Hemalata Swain Vihar, Cuttack	Member	Retd. Professor of O&G Mahanadi
3.	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.	Mr. Nandakishore Jena Sagadiasahi Ranihat, Cuttack	Vice-President	M.A., Social Worker
4.	Ms. Naliniprava Mishra Friends Colony, Buxi Bazar, Cuttack	Secretary	M.B.A., Social Work
5.	Mr. Subash Ch. Kar Jhanjirmangala, Cuttack	Joint Secretary	M.A.(Economics) Social work
6.	Mr. Abinash Pradhan	Joint Secretary	B.Sc. (Hons)
7.	Mr. Satyanarayan Nanda Kafila Bazar, Cuttack	Treasurer	Social work (BA)
8.	Mr. P.C.Mahapatra Asureswar, Cuttack	Member	B.A.,LL.B., Advocate
9.	Mrs. Sujata Priyadarsini CDA, Sec-6, Cuttack	Member	M.A., Social work
10.	Mrs. Binapani Rath Academician Kulagaon Isahlo Asureswar, Cuttack	Member	Social work (B.A, B.Ed.)
11.	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 Nischintkoili 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.
- with Government of India through CINI, Kolkata.
- Improving Health Status of Women and Children in Slums of Cuttack 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).

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 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.

HUMAN RESOURCES	
Project Director	1
Executive Director	1
Finance Manager	1
Project Manager	1
Medical Officer	1
M&E Cum Accountant	1
ANM	1
Out reach workers	5
Peer educators	9
Office Assistants	2
Support Staff	2
Consultants	2

Annual Day of OMRAH:

OMRAH observed the 3rd Death Anniversary of its Founder president late Prof. Shashimani Panda on 28.3.2019 in this occasion OMRAH also observed its annual function to make this day more memorable. In that day a general meeting was organised by OMRAH at IMA house Cuttack under the presidentship of Dr. Chittaranjan Mishra President of OMRAH. Many eminent persons from different field were present remind and reviews Dr Pandas contribution to this society as unique social service and act as a renowned physician. Every year the Annual Day was observed by OMRAH members & staff.

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

OMRAH is implementing Targeted intervention project among 350 IDUs of Cuttack city and Choudwar on prevention and control of STIs & HIV/AIDS, TB with support of Orissa State AIDS

Control Society(OSACS), Department of Health and Family Welfare since September 2007 till now. 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 sites during the period of one year.
- To bring about Behavioral 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 Opiod Substitution Therapy (OST).

PROGRAM COMPONENTS

- Community Mobilization
- Behavior Change Communication
- Enabling environment.
- Referral and Linkages
- STI Management
- Condom Promotion.
- Needle syringe exchange and harm minimization for IDUs.
- Opiod Substitution Therapy (OST).

Activities under Targeted Intervention Project:

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

Community Mobilization:

Community mobilisation 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 mobilisation, enabling community leadership development and community self-organising under TIs with all high risk groups like IDUs.

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

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 formalising the community's role in the project management structure.

Behavior Change Communication

Behaviour 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 behaviour 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.

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. In this connection we were done CMC, PMC and Advocacy workshop with different step holder in the target areas.

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.

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.

Networking with agencies that either obstruct or assist the TI implementation was 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 centres 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 workers) and referred for treatment.
 2. **Provision of Presumptive treatment to asymptomatic patients.**
 3. **Regular Medical check up on a quarterly basis:** This 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 IDU were screened bi annually for syphilis, and provided referral to ICTC for HIV screening. The OMRAH also tied up with the nearest laboratory for the same within the cost provided for the test.

Alternatively, the test also conducted free of cost at the nearest government laboratory.

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.

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.

Needle syringe exchange and harm minimization for IDUs.

OMRAH staff provided the IDUs with new needles and syringe to the IDUs and return back from them the old needle & syringe and destroyed the same.

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 behaviours.

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 behaviour 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 individualisation of interventions are important aspects of the harm reduction approach. Harm reduction provides a practical and flexible approach to reducing immediate drug-associated harms.

Opiod Substitution Therapy (OST):

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 (Tier 2, please refer to the Harm Reduction session).

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 emphasises psychosocial intervention. Family support enhances retention of IDUs to treatment and improves their chances of success.

OST treatment continues till the client is stabilised 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.

PEs/ORWs of OMRAH counselled the IDU and referred to them to OST Centre and followed up for their ensuring OST.

ACHIEVEMENT:

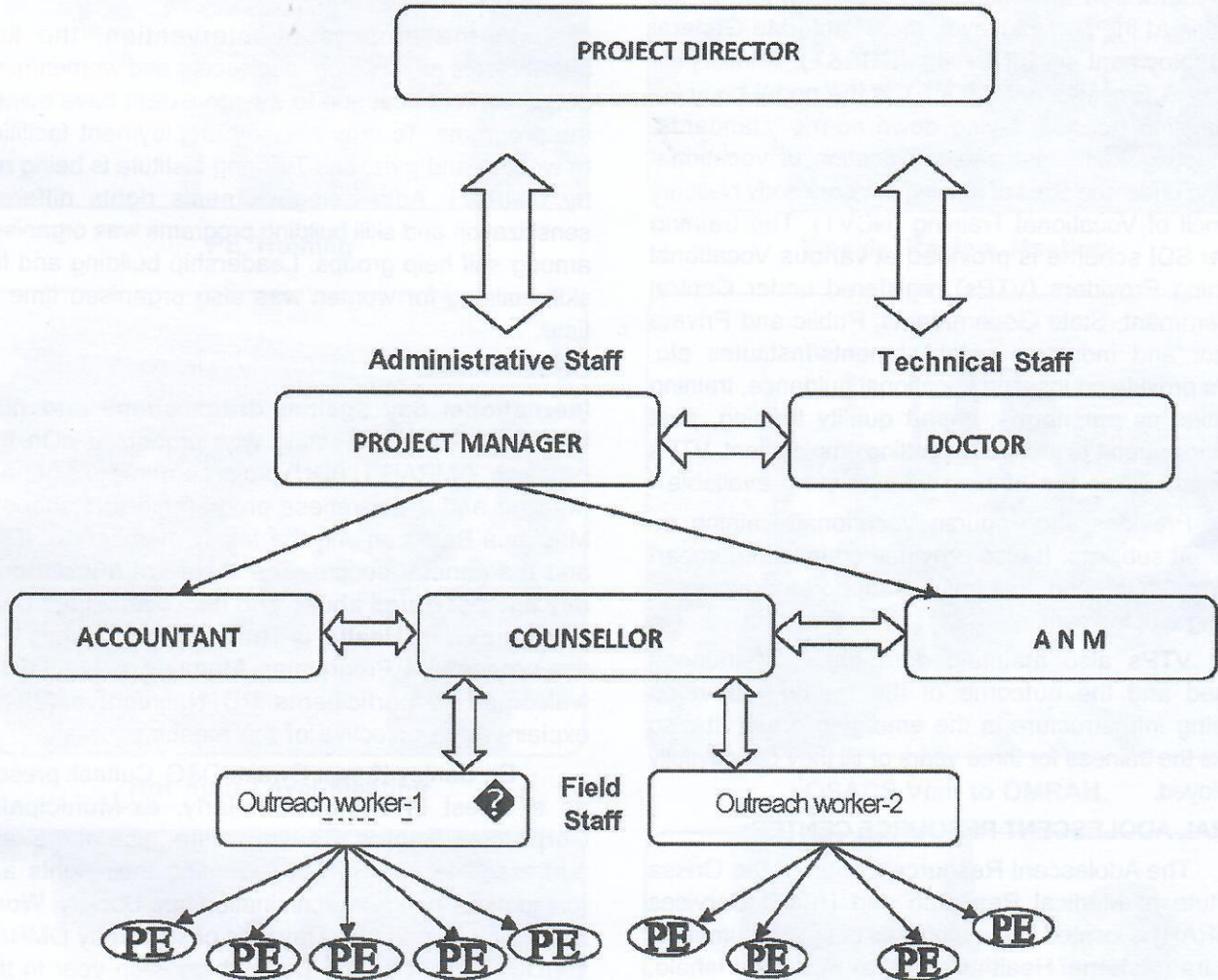
- To combat the spread of HIV/AIDS, successfully, it is necessary to stimulate involvement on all levels from individuals to groups, institutions and governments. IDUs themselves draw attention to the issue of HIV/AIDS.
- Now most of the IDUs are more concerned about their health seeking behavior.
- Behavior change communication – In this comprehensive approach, 99% IDUs stopped sharing. Some of them showing interest to take OST and stopped injecting and taking OST medicine regularly at OST, Centre. More than 200 Nos. of IDUs were cleaned after taking OST medicine.
- IDU's are using new Needle and syringe regularly.
- Some 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 was prepared by OMRAH for mass sensitization.
- Community involvement increased in every awareness campaign through which IDUs were easily accepted by the community people.

Staff Patern:

Project Manager	: 1
Medical Officer	: 1
M&E Cum Acct	: 1
ANM	: 1
Out reach worker	: 3
Peer educator	: 9

<u>S.N.</u>	<u>List of Sites / Hotspots</u>	<u>Nos. of HRGs</u>
1	Sweeper Colony (Rajabagicha)	90
2	SCB beheracolony	60
3	Jholasahi	62
4	Ranihat	68
5	Tulasipur	81
6	Jobra	70
7	Odiabazar	65
8	Machhuabazar	76
9	Choudwar	65

ORGANOGRAM OF TI (IDU) PROJECT



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 Center 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 Nischintakoilli block of Cuttack district which is functioning since August 2010. The Resource center acts as an information hub for rural adolescent boys and girls to access knowledge on ARSH. This is also a place for adolescents to meet regularly to share their concerns, and thereby 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 adolescent girls given life skill training by OMRAH.

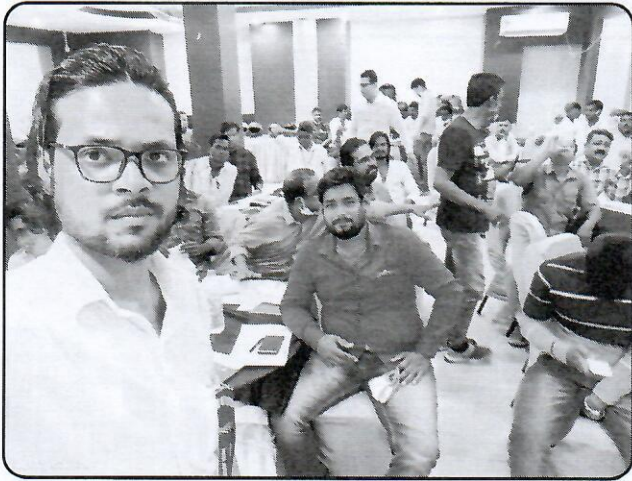
WOMEN EMPOWERMENT :

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 provide 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 organized among self help groups. Leadership building and life skill building for women was also organized time to time.

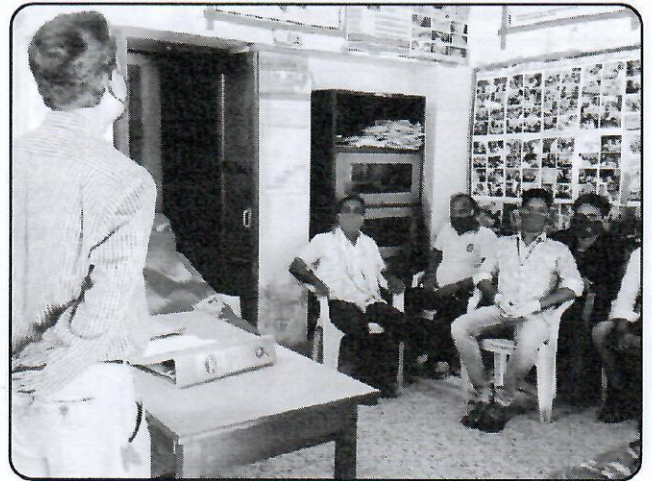
OBSERVANCE:

International day against drugs abuse and illicit trafficking: A mass meeting was organized. On this occasion, OMRAH TI (IDU) project organized a general meeting and a awareness programme at Pattapole, Machhua Bazar among the family members of IDUs and the general people. The theme of **International day against drugs abuse and illicit trafficking "Drug Challenges in Health & Humanitarian Crisis"**. In this programme Programme Manager (T.I) OMRAH welcomed to participants PD Naliniprava Mishra explained the objective of the meeting.

Dr. Sanjay Kumar Swain, O&G, Cuttack present as a Guest of Honor. Similarly, ex-Municipality Corporator Pabitra Bhuyan were also there and addressed to participants regarding their rights and role to make gender discrimination free Society **World AIDS Day:** World Aids Day was observed by OMRAH T.I(IDU) Project on 1st December each year in this occasion a drawing competition was held among the TI staff and Beneficiaries of TI project. On 1st December a HIV Awareness programme was held at Ranihat, Cuttack under the presidency of Dr. Abhaya Kumar Patra, Medical Officer, And Secretary Com Project Director, OMRAH with the presence of various stakeholders i.e Members of Local NGOs, Counselor OST, social workers and IDUs in this occasion a quiz session was organized followed by prize and mass rally.



PE Training



Weekly Review Meeting



Hot Spot Level Meeting



OSACS Visit to OMRAH



Transit Intervention Activity



Static Clinic



Community Advisory Board Meeting



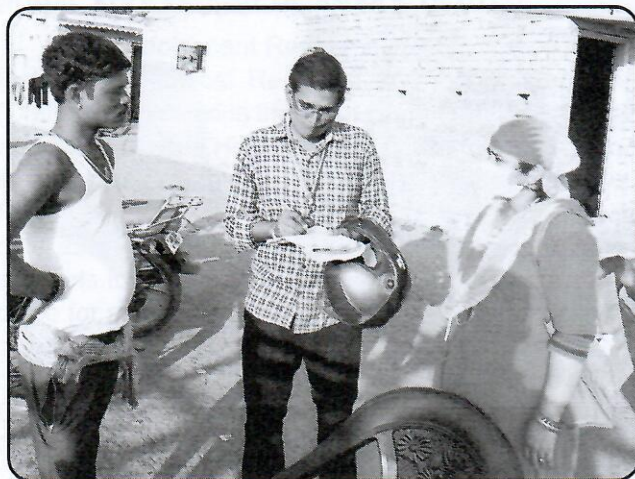
Governing Body Meeting



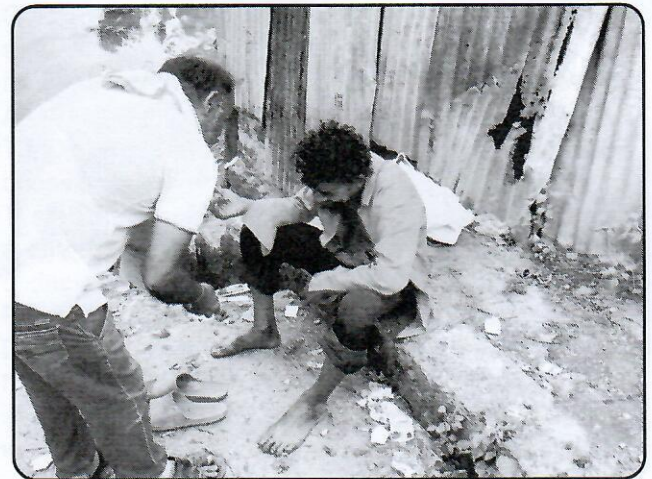
Training Program with Youth Red Cross



Training Program for P-MPSE



Field Assessment of TI Project



Commodity Distribution at Field

PHOTO GALLERY OF OMRAH



PO, TSU Visit



OSACS Visit



Orientation on PMPSE



Hot Spot Meeting



Hotspot visit by External Evaluator



Mask & Soap Distribution by OMRAH



OST Coordination Meeting at OST Centre



PP Distribution

OUR PUBLICATIONS

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ଜୀବନ କୌଶଳ ଶିକ୍ଷା

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ନିଶା ଗ୍ରହଣ କରୁଥିବା
ବ୍ୟକ୍ତିଙ୍କ ପାଇଁ
କିଛି ଜାଣିବା କଥା

ଓମ୍ରା

ଆମ ପାଇଁ ସ୍ୱାସ୍ଥ୍ୟ ଯୋଜନା
କେତେକ ଜାଣିବା କଥା

ଓମ୍ରା ଓଡ଼ିଶା ରେଷ୍ଟର ଡେଭେଲପ୍ ଏବଂ ସହଯୋଗୀ ପ୍ରତିଷ୍ଠାନ