

OMSA VOICE



65th Edition, 2021

Souvenir



Under the aegis of :
Central Working Committee
Odisha Medical Services Association : 2019-21

Date : 24.11.2021

Venue : OMSA BHAWAN, UNIT-VI, Ganga Nagar, Bhubaneswar-1



Souvenir -2021



65th EDITION OF OMSA VOICE

**“OMSA WITH TEAM SPIRIT
CAN FIGHT FOR RIGHT”**

**68th ANNUAL CONFERENCE
24TH NOVEMBER-2021
OMSA BHAWAN, UNIT-VI, GANGA NAGAR
BHUBANESWAR-751001**

**Editor
Dr. Sanjay Swain**



Edited, Printed & Published by:

Dr. Sanjay Swain

For Odisha Medical Services Association (OMSA)

“OMSA BHAWAN”

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Odisha

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68th Annual Conference of OMSA OMSACON-2021

Date 24th November,2021 (Wednesday)

Sl. No	Event	Time
1	Spot Registration & Breakfast	8 AM onwards
2	Scientific Sessions	9 AM to 11 AM
3	Inauguration	11.30 AM to 1.30 PM
11.30 a.m.	Arrive at OMSA Bhawan, Capital Hospital Premises , Unit -6, Bhubaneswar Will be received by State President, OMSA & others present Inaugurate the OMSA Bhawan Conducted to dais	
11.35 a.m.	National Anthem	
11.37 a.m.	Presentation of flower bouquets to guests on dais	
11.39 a.m.	Inaugurate the Annual Conference of OMSACON-2021 by lighting the lamp	
11.41 a.m.	Invocation Song	
11.46 a.m.	Welcome address by Dr. Nilakantha Mishra, Chairman, Organising Committee, OMSACON-2021	
11.49 a.m.	Report by Dr. Biswajit Samal, State General Secretary, OMSA	
11.52 a.m.	Address by Dr. Narayan Rout, State President, OMSA	
11.55 a.m.	Address by Dr. Bijay Kumar Mohapatra, Director of Health Services, Odisha – Guest of Honour	
11.59 a.m.	Address by Dr. Ajay Parida, Director, ILS, Bhubaneswar- Guest of Honour	
12.04 p.m.	Release of Souvenir by Hon'ble Governor	
12.06 p.m.	Felicitation to awardees by Chief Guest (about eight)	
12.10 p.m.	Felicitation to Chief Guest & Guest of Honour by State President, OMSA	
12.12 p.m.	Address by Prof. Ganeshi Lal, Hon'ble Governor, Odisha- Chief Guest	
12.22 p.m.	National Anthem	
12.24 p.m.	Leave OMSA Bhawan, Unit -6, Bhubaneswar Will be seen off by State President, OMSA & others present	
4	Cultural Programme by Kids of OMSA Members	
5	Lunch	2 PM to 3 PM
6	Annual General Body Meeting	3 PM to 5 PM
7	Valedictory	5 PM to 5.30 PM
8	High Tea	5.30 PM to 6 PM
9	Cultural Programme by OMSA Members	6 PM to 7 PM

Scientific sessions

Sessions	Topic	Speakers	Chairperson	Time
1	Acute abdomen - An overview	Dr Pramod Samantaray	Dr Uma Prasad Biswal Dr Lingaraj Pradhan	9 AM to 9.40 AM
2	An approach to headache disorders and its managements	Dr Soumyadarshan Nayak	Dr Bibhudutta Chhotaray Dr Alok Jyoti Sahoo	9.40 AM to 10.20 AM
3	An interactive session on diagnosis and management of chest pain	Dr Dipak Ranjan Das	Dr Niranjana Mishra Dr G. Krishna Prasad	10.20 AM to 11 AM



ODISHA MEDICAL SERVICES ASSOCIATION (OMSA)
(GOVERNMENT OF ODISHA, RECOGNITION NO.- 5309/POLL, 29TH JUNE 1946)
STATE EXECUTIVES (C.W.C) 2019-21

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Ref No.: OMSA/CWC/2019-21/ Letter No- 39

Date : 10/06/2020

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To,

Sri P.K Mohapatra,
Additional chief secretary,
Dept. of Health and family welfare,
Govt. of Odisha


Sub- Discussion with OMSA regarding our demands.


Respect sir,

We on behalf of Odisha medical services association (OMSA) would like to put forth few lines before you for your kind attention.

1. OMSA demands D.A.C.P at par with CGHS norms. As the present form of DACP implemented by our Govt. does not include.
 - a) Dental cadre of OMSA.
 - b) There is no 4th level progression in salary
 - c) Instead of 4, 9, 13, 20 year of effective years service it is given at 7, 14, 21 years of service with DPC Like conditions.
2. Regularisation of adhoc Doctors in service whose age has been crossed to appear OPSC exam.
3. OMSA demands Regularisation of Pension and other papers of Ex- President of OMSA, Dr. Madhusudan Mishra who has been retired since 5 to 6 years.
4. OMSA Demands a clear guideline of duty hour and availing leave in lieu of doing duty in holiday.

With Thanks,
Yours Faithfully,


Dr. Narayan Rout
State President,
OMSA


Dr. Biswajit Samal
State General Secretary,
OMSA



Prof. Ganeshi Lal
Governor, Odisha



RAJBHAVAN
BHUBANESWAR-751008
ରାଜଭବନ
ଭୁବନେଶ୍ୱର - ୭୫୧୦୦୮

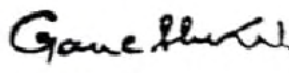
November 08, 2021

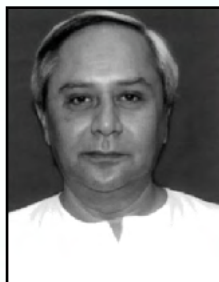
MESSAGE

I am glad to know that Odisha Medical Services Association (OMSA) is holding its Annual Function in the month of November 2021. A Souvenir is also being brought out on the occasion.

This is a landmark occasion for OMSA as “OMSA Bhawan”, the official new building at Bhubaneswar comes up to the delight of the member Physicians. Over the years the work of the OMSA has had a profound impact on health care in the State. During perhaps the greatest public health challenge of our time, the COVID-19 pandemic, the OMSA helped shape public responses at home and outside. I believe members will reaffirm the ideals that led them into this noble profession and their dedication and commitment would define the horizons of OMSA work.

I wish the occasion and publication all success.


(Ganeshi Lal)



NAVEEN PATNAIK
CHIEF MINISTER, ODISHA



LOKASEVA BHAVAN
BHUBANESWAR

Dt. : 11.11.2021

MESSAGE

I am glad to know that Odisha Medical Services Association (OMSA) is organising its 68th Annual Conference OMSACON-2021 in the month of November 2021 and bringing out a souvenir in commemoration.

The members of Odisha Medical Services Association are one of the most valued group of professionals and an essential part of our healthcare system. I am sure the deliberations in the conference will help the delegates to update their knowledge which improve the healthcare services to the people, especially the poor and deprived sections of society.

I extend my warm greetings to the members of the OMSA and wish the conference OMSACON-2021 and the publication all success.

(NAVEEN PATNAIK)



NABA KISORE DAS

Minister
Health & Family Welfare & Law
Odisha



D.O. No./MHFWLIPR

BHUBANESWAR

Date : 08. 11.2021

MESSAGE

It gives me immense pleasure to know that, 68th Annual Conference of Odisha Medical Services Association, OMSACON-2021 will be held at Bhubaneswar and a Souvenir will be published in commemoration.

I hope, delegates of this Conference will update themselves with recent advances in medical practice and deliver such acquired knowledge and practice for better treatment of the patients.

I wish all the success of the Conference and publication of the Souvenir.

(Naba Kisore Das)



Dr. Ajay Parida, FNASc, FNAAS
Director
Institute of Life Sciences
Bhubaneswar



Date : 03.11.2021

MESSAGE

I am happy to note that Odisha Medical Services Association (OMSA) is organising its Annual Conference 2021. Since its establishment the OMSA has been quite active in the field of Medical Services to several needy patients. The practice of medicine and its embodiment in the clinical relationship between a patient and physician is fundamentally a moral activity that arises from the imperative to care for patients and to alleviate the sufferings. The relationship between a patient and a physician is based on trust which gives rise to physicians' ethical responsibility to place patients' welfare above their own self-interest or obligations to others and to use sound medical judgement for patient's welfare. Therefore trust, knowledge, regard and loyalty are the 4 elements that forms the Doctor-Patient relationship, and the nature of this relationship has an impact on patient outcomes. Therefore, to be successful, the medical service professionals would require to win over the trust of the patients. This should be the guiding principle of the medical fraternity.

I wish the OMSACON-2021 and the commemoration souvenir a great success.

(Dr. Ajay Parida)



Shalini Pandit, IAS
Mission Director, NHM,
Odisha, Bhubaneswar



MESSAGE

I am happy to know that the Odisha Medical Services Association (OMSA) is going to organise its 68th Annual Conference, OMSACON-2021, during November, 2021. The 65th edition the “OMSA Voice-2021 Souvenir” is also going to be released on this occasion along with the inauguration of OMSA Bhawan.

Medical Officer is the critical pillar of the health care system. During the COVID-19 pandemic, the medical officers in Odisha have demonstrated a spirit of exemplary dedication and selfless service.

I hope the scientific deliberations at the OMSACON will be of immense help to them for better management of patients in their work place.

I wish the Annual Conference of OMSA and the 65th edition of the OMSA Voice-2021 Souvenir a grand success.

(Shalini Pandit)



Dr. Bijay Kumar Mohapatra
M.S. (Surgery)

ସ୍ୱାସ୍ଥ୍ୟ ସେବା ନିର୍ଦ୍ଦେଶାଳୟ ଓଡ଼ିଶା,
ସ୍ୱାସ୍ଥ୍ୟ ଓ ପରିବାର କଲ୍ୟାଣ ବିଭାଗ,
ଓଡ଼ିଶା ସରକାର,
ଦ୍ୱିତୀୟ ମହଲା, ବିଭାଗୀୟ ମୁଖ୍ୟ ଦପ୍ତର ଭବନ,
ୟୁନିଟ୍-୫, ଭୁବନେଶ୍ୱର

Directorate of Health Services, Odisha,
Health & Family Welfare Department
Government of Odisha,
2nd Floor, HOD Building,
Unit-5, Bhubaneswar-751001

6th November, 2021

MESSAGE

I am happy to know that 68th Annual Conference of Odisha Medical Services Association (OMSACON-2021) is being organised in November, 2021 at OMSA Bhawan, Ganga Nagar, Unit -VI, Bhubaneswar. I am also glad that a Souvenir is being released on this occasion.

I appreciate efforts of OMSA to maintain academics across the State and also make people aware to maintain healthy life.

I extend my warm greetings and best wishes for success of the said annual conference and publication of the Souvenir.

(Dr. Bijay Kumar Mohapatra)



Dr. Bijaya Kamar Panigrahy, MS
Director of Family Welfare, Odisha



DIRECTORATE OF FAMILY WELFARE, ODISHA
HEALTH & FAMILY WELFARE DEPARTMENT
GOVERNMENT OF ODISHA,
3rd FLOOR HOD BUILDING,
UNIT-5, BHUBANESWAR-751001

6th November, 2021

MESSAGE

It is a matter of great pleasure that Odisha Medical Services Association is going to organize it's 68th Annual function (OMSACON-2021) during November 2021 at OMSA Bhawan, Bhubaneswar.

Doctors are the key functionaries in our healthcare system and their active & dedicated service is indispensable while ensuring basic healthcare facilities to all sections of the populations. They play vital role in implementation of all National & State Health Programmes in our state.

Ever since Corona virus pandemic hit the State, the Doctors have been working hard round the clock in order to save the lives of our people. In the process many Doctors sacrificed their lives & succumbed to the deadly virus. In spite of such adversities, Doctors did not step back from their duty & continued their selfless service for the larger good of the society.

At this critical juncture, it is expected that the Doctors need to continue their selfless & relentless services towards the community as every life is precious for our state.

On this auspicious occasion, I extend my warm greetings and best wishes for the grand success of the conference and the publication of the Souvenir.

Vande Utkala Janani.

(Dr. Bijaya Kamar Panigrahy)



Dr. Niranjan Misrha, MS
Director of Public Health, Odisha



DIRECTORATE OF PUBLIC HEALTH, ODISHA
HEALTH & FAMILY WELFARE DEPARTMENT
GOVERNMENT OF ODISHA,
HEADS OF DEPARTMENTS BUILDING,
UNIT-5, BHUBANESWAR-751001

6th November, 2021

MESSAGE

Health & Wellness is the primary focus in Sustainable Development Goals-2030. To build a healthy and fit Odisha after 75 years of independence is the priority objective of our State. This can only be achieved through a dedicated team of Doctors taking the responsibility of leading the healthcare system and OMSA has to take a greater role during this time.

During the COVID-19 Pandemic 2020-2021, in both first and second waves the Medical fraternity showed courage, determination & resilience to meet the unknown challenges of an unknown disease and fought like warriors in the frontline to save millions of lives.

I am proud to be a member of OMSA whose members are always in the frontline to discharge Health care services to the poor and needy of our community round the clock with all dedication and sincerity.

On this auspicious occasion, I extend my warm greetings and best wishes for the grand success of the conference and the publication of the Souvenir.



(Dr. Niranjan Misrha)



Dr. Ramachandra Rout
Director, Health Intelligence &
Vital Statistics, Odisha



ସ୍ୱାସ୍ଥ୍ୟ ସେବା ନିର୍ଦ୍ଦେଶାଳୟ ଓଡ଼ିଶା,
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ଓଡ଼ିଶା ସରକାର,
ଦ୍ୱିତୀୟ ମହଲା, ବିଭାଗୀୟ ମୁଖ୍ୟ ଦପ୍ତର ଭବନ,
ୟୁନିଟ୍-୫, ଭୁବନେଶ୍ୱର

ତା ୧୧/୧୧/୨୦୨୦

MESSAGE

ଗୋଟିଏ କ୍ଷୁଦ୍ରାଣୁଜୀବ ଭୂତାଣୁ (virus) ସାରା ପୃଥିବୀକୁ ଭୟ, ଆଶଙ୍କା ଓ ଦୁର୍ଦ୍ଦିନରେ କବଳିତ କରି ରଖିଛି । ଏହିପରି ଆହୁରି ଅନେକ ସମାନ ବା ଅଧିକ ପରିସ୍ଥିତି ଆସିପାରେ । ସ୍ୱାସ୍ଥ୍ୟ ବ୍ୟବସ୍ଥାର ସବୁଠାରୁ ଗୁରୁତ୍ୱପୂର୍ଣ୍ଣ ଅଙ୍ଗ ଯାହାକି ମାନବ ସମ୍ବଳ - ଅର୍ଥାତ୍ ତାଙ୍କର ଓ ସ୍ୱାସ୍ଥ୍ୟ କର୍ମୀମାନଙ୍କୁ ଅଣଦେଖା କରିବା ଉଚିତ୍ ନୁହେଁ । ସେମାନେ ଏଥିଲାଗି ନିଜର ଜୀବନ ଓ ପରିବାରକୁ ବାଜିରେ ଲଗାଇଛନ୍ତି ଓ ବହୁ କ୍ଷେତ୍ରରେ ସାହସର ସହିତ ଯୁଦ୍ଧ କରି ହାରିଛନ୍ତି ମଧ୍ୟ ।

ଏ ପର୍ଯ୍ୟନ୍ତ ଜଣା ଥିବା ସମୁଦାୟ ପାଖାପାଖି ଦଶହଜାର ରୋଗମାନଙ୍କ ମଧ୍ୟରୁ କେତେଗୋଟି ରୋଗ ସମ୍ପୂର୍ଣ୍ଣ ଆରୋଗ୍ୟ ହୋଇ ପାରୁଛି ? ଏହା ଭାବିବାର ବିଷୟ । ‘ଡକ୍ଟରସ୍’ ଉପନ୍ୟାସରେ ଏପରି ଚିକିତ୍ସା ଜଣାଥିବା ରୋଗ ସଂଖ୍ୟାରେ ମାତ୍ର କିଛି ଉନ୍ନତି ହୋଇଛି । କିନ୍ତୁ ସବୁରୋଗ ସମ୍ପୂର୍ଣ୍ଣ ଭାବେ ଭଲ କରାଯିବା ଏ ପର୍ଯ୍ୟନ୍ତ ସମ୍ଭବ ହୋଇ ନାହିଁ ।

ଏହି ପରିପ୍ରେକ୍ଷାରେ ଆମେ ଚିକିତ୍ସକ ଓ ତାଙ୍କ ପ୍ରଦତ୍ତ ଚିକିତ୍ସାକୁ ଗୁରୁତ୍ୱ ଓ ସମ୍ମାନ ଦେବା ଜରୁରୀ । ଏଥି ନିମନ୍ତେ ଚିକିତ୍ସକ ମାନଙ୍କର ତ୍ୟାଗ ଓ ନିରବଚ୍ଛିନ୍ନ କାର୍ଯ୍ୟ ସେମାନଙ୍କୁ ପ୍ରଶଂସାର ପାତ୍ର କରିବା ଉଚିତ୍ । ତାଙ୍କର-ଦୈନିକ ଓ ସମାଲୋଚନାର ପାତ୍ର ନୁହଁନ୍ତି ।

ଓଡ଼ିଶା ସ୍ୱାସ୍ଥ୍ୟ ସେବା ସଂଘ (ଓମ୍‌ସା) ସଦା ସର୍ବଦା ନିଜର ସଦସ୍ୟ ମାନଙ୍କ ସହିତ ରାଜ୍ୟ ତଥା ଦେଶର ସ୍ୱାସ୍ଥ୍ୟ ବ୍ୟବସ୍ଥା ଓ ପାଠିତ ମାନଙ୍କର ଜୀବନରକ୍ଷା ଓ ଆରୋଗ୍ୟ ପାଇଁ କାର୍ଯ୍ୟରତ ।

ସେମାନଙ୍କର ନାର୍ଯ୍ୟ ଅଧିକାର ଓ ପ୍ରାପ୍ୟକୁ ବିନା ଦ୍ୱିଧାରେ ପୂରଣ କରି ସେମାନଙ୍କୁ ଉତ୍ସାହିତ କରିବାକୁ ପଡ଼ିବ । ଅସନ୍ତୁଷ୍ଟ ଓ ଅବହେଳିତମାନେ ଦୀର୍ଘଦିନ ଧରି ଚାପରେ ରହି ସର୍ବଦା ଠିକ୍ ରୂପେ କାର୍ଯ୍ୟ କରିବା ଆଶା କରାଯାଇନପାରେ ।

ଓଡ଼ିଶା ସ୍ୱାସ୍ଥ୍ୟ ସେବା ସଂଘ (ଓମ୍‌ସା)ର ୬୮ତମ ବାର୍ଷିକ ସମ୍ମିଳନୀର ଆୟୋଜନ କରିଥିବା କର୍ମକର୍ତ୍ତାମାନେ ଧନ୍ୟବାଦର ପାତ୍ର । ତାଙ୍କର ପେଷାରେ ବଳକା ସମୟ ଜମାରୁ ନଥାଏ-ସର୍ବଦା କାମ । ତା ମଧ୍ୟରେ ଏତେ କମ ସମୟରେ ଏ ଉତ୍ସବ ସୁଚାରୁରୂପେ ଆୟୋଜିତ ହୋଇପାରିଥିବାରୁ ଆମେ ସମସ୍ତେ ଏଥିଲାଗି ପୂର୍ଣ୍ଣ ପ୍ରଶଂସାରେ ଏକତ୍ରିତ ହେବା ଉଚିତ୍ । ଜଗନ୍ନାଥ ଏହି ସଂଘକୁ ଦୃଢ଼ ଓ ଦୀର୍ଘସ୍ଥାୟୀ କରାନ୍ତୁ ।

ସମ୍ମିଳନୀ ଓ ସ୍ମରଣିକା ପ୍ରକାଶନର ସଫଳତା ପାଇଁ ସମସ୍ତ ଶୁଭକାମନା ।

ଜୟ ଓମ୍‌ସା ।

ବରିଷ୍ଠ ସଦସ୍ୟ ତଥା ଆବାହକ,
କେନ୍ଦ୍ରୀୟ ନିର୍ବାଚନ କମିଟି, ଓମ୍‌ସା



OFFICE OF THE DIRECTOR, CAPITAL HOSPITAL BHUBANESWAR

ରାଜଧାନୀ ମୁଖ୍ୟ ଚିକିତ୍ସାଳୟ ନିର୍ଦ୍ଦେଶକଙ୍କ କାର୍ଯ୍ୟାଳୟ, ଭୁବନେଶ୍ୱର

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Dr. L. D. Sahoo

Director

Capital Hospital, Bhubaneswar

Dt. 12.11.2021

MESSAGE

It is my immense pleasure to know that Odisha Medical Services Association is going to celebrate 68th Annual Conference, OMSACON-2021 in its own newly constructed building "OMSA BHAWAN", Unit-VI, Ganganagar, Bhubaneswar-1 on 24th November 2021. Also, the 65th OMSA VOICE Magazine the "SOUVENIER 2021", the mouthpiece of the association is going to be released on this occasion along with the inauguration of the OMSA Bhawan which is an unique achievement of the association after 74 years. In recent COVID-19 pandemic, the sincere & dedicated services are praiseworthy while ensuring health care services from the poorest of poor to the richest of the rich without any indiscrimination of class, creed & religion. I wish the annual conference & edition of "SOUVENIER-2021" a grand success. Jai OMSA.

(Dr. L.D. Sahoo)



Dr. Narayan Rout, MS(Surgery)
OMSA State President : 2019-21



OMSA BHAWAN

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From President's Desk.....

MY FEELINGS AND SOME EXPRESSIONS TO MY DEAR OMS CADRES AS STATE PRESIDENT OF OMSA : 2019-21 BEFORE END OF MY TENURE.

I convey my good wishes to my OMS cadre brothers and sisters. I pray God for your good health and spirit all the time and of your lovely family members. My aim was to take strong leadership for making bold decisions. I have not thought of anything else beyond Doctor's prestige, DACP at par with CGHS scheme and dream project OMSA BHAWAN , Dental doctors restructuring, adhoc Doctors' regularisation, Pension benefits of ex-president Dr. Madhusudan Mishra. In the mean period OMSA has presented to govt to revert back the order of enhancement of service period from 65yrs to 62years. If at all doing it forceful for public benefit then govt should allow easy VR at 62yrs and no administrative post after 62yrs and those who are desirous they may serve in clinical side treating patients upto 65 yrs as in central govt from 2016. We have demanded for cadre restructuring for 8719 Doctors in proportionate to other departments promotional posts recently. Also we have objected the introduction of burecrats in district level health administration. Due to lack of time cadre rule 2018 not presented properly. Many times we, discussed about exit policy transfer but for the prevailing covid pandemic it is not done so. Also CWC has protested against Central government's Mixopathy decision. We have protested the entry of outside state Doctors through OPSC for 2445 posts. Demanded essential requirements for treating covid patients at our workplace and specially reserved hospitals for treatment of covid suffering doctors and their family members. At the beginning government showed a favourable attitude for the sanction of DACP at par with CGHS financial benefits at the 3rd floor. For CGHS pattern our demand is still there, the bad covid stood as a hurdle in this year though govt people were agreed to have a good discussion in 2021. I am hopeful govt. with good coordination and consideration may agree for CGHS pattern DACP in coming year. One major demand was dental cadre restructuring, with lot of hurdles it is done on 15th November with 146 new posts creation. Our demand was for the pensionary benefits of Dr Madhusudan Mishra the ex-OMSA president. It is already in the final stage and waiting to be notified. Similar way demand of VR after 62 yrs and to continue in clinical side after 62 yrs upto 65yrs without



holding any administrative posts. The pending file is there and I hope it will be done soon. Five suspended doctors have been reinstated in a short period by the fight of OMSA. I have tried for solving many personal problems of many doctors and succeeded to some extent like dropping the departmental proceedings. For covid suffering doctors hospital reservation done with special provision of covid vaccination for family members. On New year's day 2021 blood donation camps done on behalf of OMSA in almost all districts with good number of blood collection. This success is due to sincere effort of Dr Biswajit Samal our SGS. OMSA 1st time started virtual Webinar CME on a topic like Epilepsy by visionary effort of Dr Prasanta Kumar Mohapatra CWC Member with a good support. OMSA almost streamlined with its ideology as a noble association. From the outset OMSA CWC probed to venture for construction of OMSA BHAWAN with cadres whole hearted support. Now it is structural upto 3rd floor (G +3) and functional upto conference hall/Auditorium in 1st floor. Already 1st GB meeting , observing Independence day, GRUHA PRABES and GANESH POOJA done in our own campus. We have our Annual Conference OMSACON-2021 in OMSA BHAWAN on 24th November 2021. Changes have been brought by CWC 2019-21. :

Life Membership almost doubled- a milestone achievement and three branches have almost 100% Life memberships. Adoption of Digital online voting a historical change. Opening of accounts in most branches with return of branch share . Achievement of OMSA PAN card. Online payments, transactions for LM and OMSA bhawan are very transparent for all. For Chief Minister's covid 19 relief fund, OMSA donated 20 lakhs rupees. We visited almost all districts with team spirit having slogan of "**SAKHA CHALO ABHIJAN**" even during covid time. With an aim to construct new digital OMSA at it's permanent official address - The OMSA BHAWAN at Bhubaneswar has been constructed. It is a historical testimony of the OMSA Cadres. All CDMO's have cooperated CWC in all meetings with a hallmark for Digital OMSA. For the 1st time NSA has been enacted at Bolangir in arresting culprits with great trial. Police has arrested culprits at Balipatna, Tangi, Talcher, Dhenkanal, Koraput and many more places for violence with doctors on duty. We have taken care of all covid suffering doctors and have reached to 6 bereaved families with mourning and a small tribute of Rs. 50,000/- each from welfare fund of OMSA.

As president, I have taken all with me. I am always on the road of progress of my cadres and have never looked back. Always a leader with high morals and team spirit will show the path of success to it's association members. I and my team worked for OMSA in a very dedicated, committed and with a honest way . We wanted a holistic improvement of OMSA state wide. Even trivial financial corruption has disappeared from association. People with negative comment have not a fraction of dedication, focus, integrity and hard work for getting things done. We should always assess the limits of our capability to solve the personal or the mass problems. What I have personally felt as state President, the OMSA is the most prestigious association in state. It is a vibrant organisation with 8719 number of cadres. Due to covid restrictions virtual meetings done with less attendance.



Friends! I thank you all for giving me the opportunity to serve for the association in a dignified way at personal and govt level. Let's all arise beyond the horizon and work together by achieving unseen heights for the betterment of the cadres. I am personally having a dynamic thought process and always having new aspirations for new leaders with good executives. One has to take life as it comes as we have learnt from 2020 covid pandemics with many lock outs, mask and social distancing in keeping the members apart. Still we lost a number of esteemed valuable colleagues to the pandemic. We hope regular physical meetings in post vaccinated period during 2021-22. I heartly congratulate all new bona-fide life members around 1800 in our tenure, possible due to heard Labour of branch secretaries. I request and encourage the new members to take active part in various activities of the association.

I was extremely delighted to prepare and present you the OMSA Directory of the last 75 years but due to lack of time and non availability of data's couldn't be done. I was interested for prizes, Felicitations, welcome and farewell to DHS and CDMO's. The rules of elections for office bearers has been well defined as only Life Members can vote. The WhatsApp , email , website, tweets has been introduced for faster communications. The OMSA Life Membership smart card with QR code and RFID tag has been introduced with digital address for communication by the sole effort of our CWC member, Dr Sanjay Swain. There are 62 OMSA official WhatsApp groups developed in a bottom down cascade manner from CWC level through CEC level to district and sub-divisional branch levels so that every cadre can get the information and interact accordingly. We have come across a long way since the formation of our association OMSA years back in 1946. The association office named as "OMSA BHAWAN " is achieved after 75 years with your noble contribution and cooperation. We should find out the negative minds amongst us that hinders the progress.

We should have determination and perseverance to achieve our goals and demands as a spider in making the web for haunting. In 2013 major role played by Dr Chandan Garnaik, President, Dr Kishore Mishra, Dr Bhabani Sankar Bal, Dr Nihar Ranjan Samal, Dr J P Biswal, Dr P K Samantray helped me in getting the long awaited OMSA land. The GA dept staffs and the law officer helped us a lot . We have made new digital OMSA and a transperant OMSA by active cooperation of all CWC, CEC executives . Now the cadres appetite is increased with greater expectations and hope. The major thing we have achieved is financial transperancy and accessibility to all activities by all. And I expect the " OMSA BHAWAN " will act as the brain centre of the association and all activties will spread from this place. Last but not the least I have tremendous love for the association, no doubt about it. So to my words- OMSA BHAWAN, DACP financial benefit, Digital voting , accounts transperancy, doubled life members, update record keeping. Finally I accept everybody as my advisor for our association.

Jai OMSA ! Jai JAGNNATH !!

(Dr. Narayan Rout)
State OMSA President.



Dr Nilakantha Mishra,
MD, DM(Cardiology)

**Chairman, Organising Committee,
OMSACON-2021**

MESSAGE

Dear friends!

As Chairman Organizing Committee of the Annual Conference - OMSACON-2021 it gives me immense pleasure to welcome you all to this august gathering at the newly constructed OMSA Bhawan. This is the first such conference to be held in this venue and it is really heartening to see the dream come true for all doctors who are serving the state in various capacities.

Over the years it was always a dream to have a good venue for our Association where we can sit, discuss and further the cause of our colleagues and association. With the untiring effort of our current state president along with support from all of you it has become possible and we are proud to organize our annual conference in our own state head quarters this year.

In this time of Pandemic organizing a conference is a real challenge and due to changing scenario of Covid-19 we had to change the meeting from being virtual to Physical on short notice.

I hope our conference will be a great success and shall help the association in the deliberations and shaping the future of the healthcare givers of the society in this difficult situation.

I also wish the OMSA VOICE Souvenir in commoration of the occassion be a great success.

Bande Utkal Janani ! Jai OMSA !!

(Dr Nilakantha Mishra)



Dr P. K. Mohapatra
MD (Psychiatry)

**Organising Secretary,
OMSACON-2021**

MESSAGE

At the outset, I must be grateful to all the members of OMSA for having the faith and confidence in me and gave the opportunity to host 68th Annual Conference of Odisha Medical Services Association (OMSACON -2021) as the organizing secretary. If we look back to the past history from stalwart professionals working in the Medical Colleges and Odisha Medical Services cadre in peripheral health care facilities were the members of a single association i.e. OMSA , which is a Government of Odisha recognised service association started during 1946 . The main objective of the organization was to augment the moral and ethical standards of the profession and the professionals, to initiate and perpetuate the research activities, to solve the service related problems encountered by the members from time to time by liaising with authorities and Government and lastly to give assistance in the National and State health programmes. Due to separation of the carders of the Medical Colleges and Odisha Medical Services in 1992, the Odisha Medical Teachers Association (OMTA) took birth and the original OMSA continue as such with the same motto as during inception with the doctors serving in periphery. Like all other organizations, OMSA during this long recourse, has seen many ups and downs, but could overcome and stable with confidence till today by the sacrifice, goodwill and commitments towards the association by the members. It is really commendable. To organize any conference, there are definitely some hardships and obstacles, but I am encouraged by the able guidance of my senior colleagues and potentiality of the juniors, we could be able to make it a grand success and shall remain as a token of memory. On the behalf of organizing committee, anticipating your participation and cooperation from one and all and giving heartfelt thanks to everybody in advance, awaiting to welcome you on the day of celebration.

(Dr P. K. Mohapatra)



Dr. Biswajit Samal, MD
State General Secretary, OMSA



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State General Secretary 's Report

OMM JAGANNATHAY NAMAHI!

My Dear brothers and sisters of OMHS cadres!

I feel privileged for getting me an opportunity to serve as State General Secretary for our own Association for which I am thankful to all esteem members of OMSA.

In 2019 for the first time in the history of OMSA, election was held in online digital platform mode through mobile SMS as an easy and transparent process though there was some minor technical problems but over all it was a successful made. After declaration of the election result, the new executives taken over the office for the tenure 2019 – 21. On 27.11.2019 Oath taking ceremony was conducted for the 1st time in the annuals of OMSA history and New elected executives took Oath in a ceremony at IMA institute, Bhubaneswar in presence of Directors and previous executives of OMSA. 1st CWC meeting of new executives was held on the same day and vacant post of executives filled up with unanimous resolution of CWC. On 21.12.2019 Ist CEC meeting meeting was conducted in a unique way with Felicitation to Ex-DHS Dr. Dilip Kumar Sarangi, the officiating DIRECTOR of Health Services Dr. Bijay Ku Mohapatra and Dr Ram Ch Rout the CEC convenor, OMSA Election, 2019-21 for their dedication & support to OMSA.

Our Team of Executives worked last 2 year with relentless effort for upgradation of dignity and respect of OMSA. We have visited every District and every corner of Odisha through " SAKHA(Branch) CHALO ABHIJAN" to strenghten each and every branch of OMSA even during pick of Corona Pandemic. Our Executives has done many things for the 1st time in OMSA history like :-

1. Blood donation camp organised all over Odisha under the banner of OMSA and collected more than 500 units of blood as a social responsibility
2. A CME was conducted through webinar with Dr. P. K. Mohapatra CWC member as Organising Secretary on the topic of epilepsy in which many national and international speakers were participated, which was a successful and useful academic activity of OMSA
3. A OMSA indemnity scheme has been started for the benefit of members of OMSA
4. Rs 20 Lakh was donated to CM relief fund in the covid Pandemic situation as social responsibility activity
5. An OMSA welfare fund was opened to help family members of OMSA life member doctors who lost their life due to corona infection. Through this fund we had collected around 4 Lakh by the contribution from our members and ₹ 50,000 each has been given as a token of help to the bereaved family members of 6 covid warrior martyred.
6. In Annual todays function Felicitation of Best OMSA Branch secretary, Best District OMSA Chairman, Best alrounder OMSA Branch and District achieving 100% life membership.



7. Introduction of OMSA life membership smart cards having unique QR code and RFID tag for digital saving and retrieve of personal data has been done which is an innovative idea of our CWC member Dr. Sanjay Swain.
8. During our tenure we have revoked suspension order of our cadres like:-
 - i. Dr Bhimsen Sahu, Surgery specialist, DHH Bargarh.
 - ii. Dr Biju Agrawal, Paediatric specialist of SDH Patnagarh, Bolangir
 - iii. Dr Mukতিকant Mallick of Kalimela, Malkanigiri
 - iv. Dr Basant Toppo, Superintendent, CHC, Hatibari, Dist. Sundergarh
 - v. Dr Lalit Ku Behera, MO, Assembly Dispensary, BBSR within a record period of 5 days

During our tenure whenever Violence on doctor has occurred any where in Medical campus culprit had been nabbed quickly due to protest of branch and state executives. Due to combined effort of OMSA Bolangir branch and stater executives NSA was executed against culprit of violence in Bolangir Medical college which was a mile stone achievement of OMSA.

During our tenure OMSA life membership number has been almost doubled over the number before we take charge of office which is a great achievement for which I will give thanks to all members for their cooperation and special thanks to the State Treasurer Dr Khirod ch Paul for easy transparent on the transfer of membership fee and quickest method of allotment of life membership number by which many members were attracted and motivated towards assured OMSA life membership.

During our tenure The 'OMSA Bhawan ' the official address of OMSA which was a dream project of OMSA can stand erect on the heart of State Capital by the tireless effort of our beloved President Dr Narayan Rout and contribution of Members after 75 years of Association formation in 1946. I will give many many thanks to all generous donors without whom it was not possible, also I will request members who has not contributed till now to contribute generously so that we can complete this project as early as possible.

Coming to the Demands, we have demanded many a times through written letters to Government regarding our Genuine Demands like :-

1. DACP at par with CGHS Scheme
2. Cadre restructuring of OMSA
3. Formation of Dental subcadre of course the OMS (Dental) cadre restructuring is just achieved.
4. Regularisation of Adhoc Doctors
5. Regularisation of Pension papers of Ex President Dr Madhusudan Mishra, which has been processed to the final stage by the effort of OMSA.
6. Clear-cut guideline on duty hours, job chart and holiday availability.
7. Revoke of enhancement of retirement age from 62 to 65 years to its previous status.

But due to corona Pandemic for last 18month we are unable to discuss and achieve our demands except for 146 new posts created in Dental sub-cader has been notified on 14th November,2021. However a meeting was held between Government and OMSA delegates on 13th April 2021 where Government has agreed to fulfil our demands, so let us be hopeful.

At last I will pay homage to all COVID warriors who lost their life in the war against corona Pandemic to save the life of Odisha people. During last 18 months period of COVID-19 Pandemic, we have lost many Doctors and family members which is a great loss to society and also for our Association.

OMM Shanti !

Bhagaban Tanka Atmaku Sadgati diantu !!

Long live OMSA !!!

Dr Biswajit samal
State General secretary, OMSA



From the Editor's Pen



The unprecedented COVID-19 pandemic have derranged every walk of life and even not spared the association activities of OMSA. Our Managing Editor, Dr. Kishore Chandra Mishra had multiple attacks of COVID-19 and at the neck of morement expressed his inability to shoulder the responsibility of publication of OMSA VOICE due to post COVID elements. So when the CWC was in frantic search of a suitable alternative my name crops up from a galaxy of efficient OMSA activists.

At the outset I must thank the Central Executive Committee of Odisha Medical Services Association (CWC, OMSA) specially Dr. Kishore Chandra Mishra, the regular Managing Editor of OMSA VOICE for the tenure 2019-21 to repose confidence upon me to carry out the mammoth task of Editor, OMSA VOICE SOUVENIR - 2021 in a special situation with ultra short notice. I prostrate before Lord Jagannath to bestow enough courage and strength upon me to come out this acid test successfully.

Recently Maa Durga & Maa Kali have already visited our planet earth taking stock of the COVID-19 pandemic situation. Just a few days back on the auspicious day of Kartiak Purnima (19th November) also popularly called as Rahas Purnima in our state the eternal anniversary of Maharasa of Srikrishna and Radharani along with the worship of Tadakasura slayer Kumar Kartik has been celebrated. Kartik Purnima (Fullmoon night) is also reminds our glorious maritime activities in the form of "Boita Bandana" ceremony observation. In the plesant weather juncture of Atumn and Winter our service association OMSA is going to observe its long awaited annual conference - OMSACON- 2021 abreasting the huddles and abiding to the COVID appropriate behaviours and guidelines in our State Capital, Smart City, Bhubaneswar.

I take this oportunity to welcome all the delegates from far and near public health care facilities of Odisha to OMSACON-2021. Wish them to enjoy the full day event of an amalgamation of Academic deliberations of excellent academicians in the Scientific Session, thought provoting speeches of eminent guests in Inaugural meeting and enchanting cultural programme by our own cadres and their kids with hidden talents in the field of song, music and dance, along with the serious association related GB Meeting at the end of the day.

This edition of OMSA VOICE-2021 Souvenir contains a salad of articles by eminent personalities like Governor of our State to the down to earth cadres of OMSA working in remote stations of odisha. Varied tastes of articles from scientific to general, from essays to



poems and from lighter jokes to serious topics enrich this edition along with other traditional features of an association related conference Souvenir.

I must thank to the contributors from the core of my heart for timely submission of their in depth thought provoking analytical literary contributions in spite of a very short notice. My special thanks goes to His' Excellency Prof. Ganeshi Lal, Hon'ble Governor, Odisha who kept the request of OMSA and tender a beautiful write up from his practical experience which glorifies all levels of healthcare providers including doctors and nurses.

I must fail in my duty if I will not extend thanks to the back ground staff of this project who are responsible for safe landing of the finish product. "OMSA VOICE-2021 Souvenir" at the door steps of OMSA Bhawan to be released in time i.e. the proprietor and staff of M/S Poonam Graphics, Cuttack.

Last but not the least I thank all the delegates and our valued esteem readers - OMSA brothers and sisters in anticipation of their appreciation.

Long live OMSA.

Wish you Happy reading.

(Dr. Sanjay Swain)

Editor, OMSA Voice

Souvenir-2021



ଡାକ୍ତରଙ୍କ ଆବଶ୍ୟକ ୪୦ ହଜାର, ଚଳାଉଛନ୍ତି ୫ ହଜାର ପଦୋନ୍ନତି ପାହ୍ୟା ପୁନର୍ବିନ୍ୟାସ ଦାବି କଲା ଓମ୍ପସା

ଭୁବନେଶ୍ୱର, ୫/୬/୨୧ (ଆ.ପ୍ର): ରାଜ୍ୟ ସରକାରଙ୍କ ନିକଟରେ ଦାବି ଦୋହରାଇଲେ ଓମ୍ପସା/ଓଡ଼ିଶା ମେଡିକାଲ ସର୍ଭିସ ଆସୋସିଏସନ) । ନେଲିଡ଼ ଯୋଜନା ଆଖ୍ୟା ଦେଇଥିଲେ ମଧ୍ୟ ସେମାନଙ୍କ ଦାବି ପୂରଣ କରିବାରେ ଟାଳିତୁଳ ନାହିଁ ଅବକାମନା କରୁଛନ୍ତି । ଅନ୍ୟପକ୍ଷରେ ଡାକ୍ତରଙ୍କ ପାଇଁ ନାଗୁ କରିଥିବା ପଦୋନ୍ନତି (ଡି-ଏସି)ରେ ଅନେକ ବ୍ୟତିକ୍ରମ ପରିଲକ୍ଷିତ ହୋଇଛି । ଏହାକୁ କେନ୍ଦ୍ରୀୟ ସମସ୍ତଙ୍କ ସ୍ୱାସ୍ଥ୍ୟ ଯୋଜନା (ସି-ଇ-ଏସ) ସରକାରୀ ଅନୁସାରେ ୪,୦,୯୩୯ ୯୯୯ ୨୦୯୯୯ ଟାଳିରି ନାଳରେ ଡି-ଏସି ଯୋଗ୍ୟ ୧୨୦ ବର୍ଷରେ ୧୦ ହଜାର ଗ୍ରେଡ଼ ଯେ ଦେବା ନିମନ୍ତେ ଓମ୍ପସା ପକ୍ଷରୁ ବାରମ୍ବାର ଦାବି କରାଯାଇଛି ଯେ ରାଜ୍ୟ ସରକାର ଏହିପରି ପଦକ୍ଷେପ ଗ୍ରହଣ ନକରିବେ । ଚେଷ୍ଟା ଅନ୍ୟ ରାଜ୍ୟ ଏମିଟିକି ବିହାରରେ ୨୦୦୮ ରୁ ଏଭଳି ନିୟମ ନାଗୁ ହୋଇଥିବାବେଳେ ଓଡ଼ିଶାରେ ନାଗୁ ନହେବା ଯୋଗୁଁ ଅନେକ ନୂତନ ଡାକ୍ତର ଅଧିକ ବରମା ମିଳୁଥିବା ବିକିସାମୟରେ ଯୋଗ ଦେଉଛନ୍ତି । ଓଡ଼ିଶାରେ ୪୦,୦୦୦ ଡାକ୍ତରଙ୍କ ଆବଶ୍ୟକତା ପୂରଣରେ ମାତ୍ର ୫,୦୦୦ ଡାକ୍ତର ଅଛନ୍ତି । ତେଣୁ ସରକାର ଏହିପରି ଅବକାମନା ପଦକ୍ଷେପ ନେବାକୁ ହେବ ଦାବି କରିଛି । ଯଦି ସରକାର ଏ ଦିଗରେ ପଦକ୍ଷେପ ଗ୍ରହଣ ନକରିବେ ତେବେ ଅଧିକାଂଶ ପାହ୍ୟା ଗ୍ରହଣ କରିବେ ବୋଲି ଏହାର ରାଜ୍ୟ ସରକାର ତା ନାମାୟଣ ରାଜତ କହିଛନ୍ତି । ସୂଚନା ଅନୁସାରେ ରାଜ୍ୟରେ ଡାକ୍ତରଙ୍କ ସଂଖ୍ୟା ୨୦୦୦ରୁ ୮୨୧୯୯ କୁ ବୃଦ୍ଧି କରାଯାଇଥିଲେ ମଧ୍ୟ ଏପର୍ଯ୍ୟନ୍ତ ପୁନର୍ବିନ୍ୟାସ କରାଯାଇନାହିଁ । ଏହାଛଡ଼ା ଦତ୍ତ ବିକିପକ ଅବସର ସମୟ ପାଖେଇ ଆସୁଥିଲେ ମଧ୍ୟ ସେମାନଙ୍କ ପାହ୍ୟା ପୁନର୍ବିନ୍ୟାସ କରାଯାଇନାହିଁ । ୨୨ରୁ ଅଧିକ ଆଡ଼ହକ ଡାକ୍ତର ଓଡ଼ିଶା ଲୋକସେବା ଆୟୋଗଙ୍କ ଦ୍ୱାରା ନିଯୁକ୍ତି ପାଇଁ ଧାର୍ଯ୍ୟ ବସସମାପ୍ତ ଅତିକ୍ରମ ହୋଇଥିଲେ ହେଁ ଏପର୍ଯ୍ୟନ୍ତ ସେମାନଙ୍କୁ ନିଯୁକ୍ତି କରାଯାଇନାହିଁ । ସରକାର ଏକଡ଼ରପା ଭାବେ ବସସମାପ୍ତ ୨୨ରୁ ୨୫ରୁ ବୃଦ୍ଧି କରିବା ଦ୍ୱାରା ଡାକ୍ତରଙ୍କ ପଦୋନ୍ନତିରେ ବାଧା ସୃଷ୍ଟି ହୋଇଛି । ଡାକ୍ତରଙ୍କ ସେମାନଙ୍କ କାର୍ଯ୍ୟକ୍ରମରେ ଆକ୍ରୋଶମୂଳକ ଭାବେ ଆକ୍ରମଣ ଉପରେ ପଦକ୍ଷେପ ନିଆଯିବ । ସହ ପୁରୁଣା ଯୋଗାଇ ଦେବାର ଆବଶ୍ୟକତା ରହିଛି । ଓମ୍ପସା କାର୍ଯ୍ୟକ୍ରମର ସହ ସରକାର ଆଲୋଚନା କରିବା ସହ ସମସ୍ତ ଦାବି ପୂରଣ ପାଇଁ ହେବ ପକ୍ଷରୁ ରାଜ୍ୟ ଉପାଦେୟ ତା ବିଶ୍ୱକିର୍ ସାମଲ ସ୍ୱାସ୍ଥ୍ୟ ବିଭାଗର ଅତିରିକ୍ତ ମୁଖ୍ୟ ଶାସନ ସଚିବଙ୍କ ସମେତ ବିଭାଗୀୟ ମନ୍ତ୍ରୀଙ୍କ ଦୃଷ୍ଟିଆକର୍ଷଣ କରିଛନ୍ତି ।

ଡାକ୍ତରଙ୍କୁ ଆକ୍ରମଣ ଘଟଣାର ନିନ୍ଦା କଲା ଓମ୍ପସା

ଭୁବନେଶ୍ୱର, ୪/୬/୨୧ (ନି.ପ୍ର): କର୍ଣ୍ଣାଟକ ଓ ଆସାମରେ କାର୍ଯ୍ୟକ୍ରମ ଡାକ୍ତରଙ୍କୁ ଆକ୍ରମଣ କରାଯାଇଛି । ଏହାକୁ ଓମ୍ପସା ଘୋର ନିନ୍ଦା କରିଛି । ଜାତୀୟ ଚରିତ୍ରକୁ ଏହା ସଂହାର କରିଛି ବୋଲି ଓମ୍ପସାର ରାଜ୍ୟ ସରକାର ତା ନାମାୟଣ ରାଜତ ପ୍ରତିକ୍ରିୟାରେ କହିଛନ୍ତି । ମହାମାରୀ କରୋନା ସମୟରେ ଡାକ୍ତରଙ୍କୁ ଆକ୍ରମଣର ବହୁତ ନଜିର ଆସିଛି । ସମାଜରେ ସବୁଠାରୁ ଅଧିକ ସମ୍ମାନ ପାଇଁ ଡାକ୍ତରା ବିଦ୍ୟା ଆପଣାଇ ବହୁ ବର୍ଷ ଅଧ୍ୟୟନ କରିଥିବା ଡାକ୍ତରଙ୍କୁ କିଛି ଲୋକ ଦୁର୍ବ୍ୟବହାର ଦେଖାଇ ସମାଜକୁ ତଳକୁ ଖସାଇ ଦେଉଛନ୍ତି । ଆଜକୁ ସ୍ୱାସ୍ଥ୍ୟସେବା ପ୍ରଦାନରେ ଏହା ପ୍ରତିବନ୍ଧକ ସୃଷ୍ଟି କରିବ । ଡାକ୍ତର ବୃଦ୍ଧି ଏକ ମହାନ ବୃଦ୍ଧି । ରାଜ୍ୟରେ ମଧ୍ୟ ଉତ୍ତମ ସ୍ୱାସ୍ଥ୍ୟସେବା ପାଇଁ ୪୦ ହଜାର ଡାକ୍ତର ଦରକାର ଥିଲାବେଳେ ମାତ୍ର ୮ ହଜାର ଡାକ୍ତର ସାତେ ୪କୋଟି ଲୋକଙ୍କୁ ସେବା ଯୋଗାଇଛନ୍ତି । କାର୍ଯ୍ୟକ୍ରମ ଡାକ୍ତରଙ୍କୁ ଦୁର୍ବ୍ୟବହାର କରିବା ଦୁଃଖ ଓ ପରିତାପର ବିଷୟ । ସରକାର ଡାକ୍ତରଙ୍କୁ କର୍ମକ୍ଷେତ୍ରରେ ସୁରକ୍ଷା ଦିଅନ୍ତୁ । ଅଭିଯୁକ୍ତଙ୍କୁ ଏନ୍-ଏସ୍-ଏ ଅନୁସାରେ ଦଣ୍ଡ ଦିଆଯାଉ । କର୍ମକ୍ଷେତ୍ରକୁ ସୁରୁ ରଖନ୍ତୁ । ଏହାହାରା ଜନସାଧାରଣ ଉପଯୁକ୍ତ ସେବା ପାଇପାରିବେ । ସେହିପରି ଆମ ରାଜ୍ୟର ରାଜକନିକା ଗୋଷ୍ଠୀ ସ୍ୱାସ୍ଥ୍ୟକେନ୍ଦ୍ରରେ କାର୍ଯ୍ୟକ୍ରମ ଜଣେ ଡାକ୍ତରଙ୍କୁ ଦୁର୍ବୃତ୍ତ ଆକ୍ରମଣ କରିଥିଲେ । ଏହାକୁ ଓମ୍ପସା ବିରୋଧ କରିବାରୁ ଦୁର୍ବୃତ୍ତ ବିରୋଧରେ କାର୍ଯ୍ୟାନୁଷ୍ଠାନ ନିଆଯାଇଥିଲା ସେ କହିଛନ୍ତି ।

୨୪ରେ ଓମ୍ପସାର ବାର୍ଷିକ ସମ୍ମିଳନୀ

ଭୁବନେଶ୍ୱର, ୧୯/୫/୨୧ (ନି.ପ୍ର): ଆସନ୍ତା ୨୪ରେ ଭୁବନେଶ୍ୱରସ୍ଥିତ ନବନିର୍ମିତ ଓମ୍ପସା ଭବନରେ ବାର୍ଷିକ ସମ୍ମିଳନୀ ଓ କାର୍ଯ୍ୟକ୍ରମ ପାଇଁ ଅନୁଷ୍ଠିତ ହେବ । କରୋନା ନିୟମ ପାଳନ କରାଯାଇ ଏହି କାର୍ଯ୍ୟକ୍ରମ ଅନୁଷ୍ଠିତ ହେବ । ପୂର୍ଣ୍ଣ ଅଭିଭୂତ ଭାବେ ରାଜ୍ୟପାଳ ପ୍ରଫୁଲ୍ଲକାନ୍ତ ରଥେଶା ଭାଇ ଏଥିରେ ଅଂଶଗ୍ରହଣ କରିବାକୁ ସମ୍ମତି ଦେଇଥିବା ଭାବେ ରାଜ୍ୟ ସରକାର ତା ନାମାୟଣ ରାଜତ ସୂଚନା ଦେଇଛନ୍ତି ।

କରୋନା ଯୋଦ୍ଧାଙ୍କ ପାଇଁ ସ୍ୱତନ୍ତ୍ର ଡାକ୍ତରଖାନା ହେଉ

ଭୁବନେଶ୍ୱର, ୩/୬/୨୧ (ନି.ପ୍ର): କରୋନା ଯୋଦ୍ଧା ଓ ସେମାନଙ୍କ ପରିବାର ସହସାଧକ ପାଇଁ ସରକାର ସ୍ୱତନ୍ତ୍ର କରୋନା ଡାକ୍ତରଖାନା କରିବାକୁ ଓମ୍ପସା ଦାବି କରିଛି । ପ୍ରଥମ ଲହର କରୋନାରେ ଡାକ୍ତରମାନେ ନିଜ ପରିବାରକୁ ଇସ୍ତଃ ଓ ଶକା ମଧ୍ୟରେ ରଖି କରୋନା ଯୋଦ୍ଧା ହିସାବରେ କାମ କରିଥିଲେ । ପାଖାପାଖି ୩୨ ଡାକ୍ତର ପ୍ରାଣ ହରାଇଥିଲେ । ୮୨୦ ଡାକ୍ତର କରୋନାରେ ସଂକ୍ରମିତ ହୋଇଥିଲେ । ୧୫୦ରୁ ଅଧିକ ଡାକ୍ତର କରୋନା ଡାକ୍ତରଖାନା ଓ ଗୃହ ସଜାଯୋଗରେ ରହି ଚିକିତ୍ସିତ ହୋଇଥିଲେ । ସମସ୍ତେ ଯେତେବେଳେ ଘରେ ରହୁଥିଲେ ସେତେବେଳେ ଡାକ୍ତର, ସେବିକା ଏବଂ ପାରୀସିଦ୍ଧକ ସହ ଅନ୍ୟାନ୍ୟ ସ୍ୱାସ୍ଥ୍ୟକର୍ମୀ ବିଭାଗରୁ ନିଜ କାମକୁ ପାଣି ଛଡ଼ାଇ କରୋନା ରୋଗୀକୁ ଚିକିତ୍ସା କରୁଥିଲେ । ସରକାରଙ୍କ କହିବାନୁଯାୟୀ କେବଳ କରୋନା ଡାକ୍ତରଖାନାରେ କରୋନା ରୋଗୀକୁ ଚିକିତ୍ସା ନୁହେଁ ବରଂ ସମସ୍ତ ସରକାରୀ ଡାକ୍ତରଖାନା କର୍ମଚାରୀ ପ୍ରଥମରୁ ଅରଣ୍ୟ କରୋନା ସଂକ୍ରମିତ ରୋଗୀଙ୍କ ସମ୍ପର୍କରେ ଆସି ଚିକିତ୍ସା ସେବା ପ୍ରଦାନ କରୁଛନ୍ତି । ଓମ୍ପସା ରାଜ୍ୟ ସରକାର ତା ନାମାୟଣ ରାଜତ କହିଛନ୍ତି, ୨ୟ ଲହର ଖୁବ୍ ବେଗରେ ବ୍ୟାପୁଛି । ଏହି ସମୟରେ ଆମ ଧାଡ଼ିର ୨୪ ଘଣ୍ଟା ସ୍ୱାସ୍ଥ୍ୟ ସେବା ପ୍ରଦାନ କରୁଥିବା ଯୋଦ୍ଧା ଓ ସେମାନଙ୍କ ପରିବାର ପାଇଁ ସ୍ୱତନ୍ତ୍ର କରୋନା ଡାକ୍ତରଖାନା କରନ୍ତୁ । ଯଥାସମ୍ଭବ ସମସ୍ତ ଚିକିତ୍ସା ସୁବିଧା ଓ ଆନୁଷ୍ଠାନିକ ବ୍ୟବସ୍ଥା କରନ୍ତୁ । ଡାକ୍ତରଙ୍କ ମନୋବଳ ବଢ଼ିବ ଓ ରୋଗୀ ଚିକିତ୍ସା ପ୍ରତି ଆଗ୍ରହ ଆସିବ ।

30/4/21 → 1/5/21 ୫୨୮୬



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State General Secretary



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CWC Member



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Dr. C. Garhnayak
Member Inauguration



Dr. Mamata Barik
Member Inauguration



EVOLUTION OF OMSA BHAWAN, BHUBANESWAR





GLIMPSES OF OUR ACTIVITIES



Meeting with Honb'le Governor of Odisha



Branch Meeting at OMSA Rayagada with CWC Executives



OMSA Kendrapada Branch in GB meeting at OMSA BHAWAN



Branch meetings of OMSA Khordha



OMSA Jharsuguda Branch



President OMSA meets Secretary Health, Dr. P. K. Meherda



President OMSA with CDMO Sundargarh & Ex DHS



OMSA BHAWAN Contribution drive at DHS



GLIMPSES OF OUR ACTIVITIES



Oath taking Ceremony



Branch Meeting at OMSA, Panposh (RGH), Sundargarh



OMSA Jagatsinghpur



CWC Members at OMSA Malkangiri Branch



1st CWC Meeting at Capital Hospital, Bhubaneswar



Hearty Welcome to Central Executives by OMSA Malkangiri



Visit to Health Secretary, Mr. N. K. Dhal



Displaying of proposed OMSA Flag



GLIMPSES OF OUR ACTIVITIES



Meeting with Mrs. Rupa Roshan Sahu, IAS



Meeting with DHS for Restructuring Dreaft preparation



Meeting with OMSA Mayurbhanj



Meeting of State OMSA President with OMS(Dental) Cadres



Meeting at OMSA Deogarh



Meeting at OMSA Kandhamal



Meeting at OMSA VSSMCH, Burla



Meeting at OMSA Nayagarh



GLIMPSES OF OUR ACTIVITIES



Meeting with OMSA Kuchinda



Branch Meeting at OMSA, Balasore



With bereaved family of Dr. M. K. Baliarsingh



CWC Members at OMSA Sambalpur Branch



Miss Ritsika Patra, D/O Dr Samir Patra, Rkl. with her dance guruma



COVID-19 discussion at DHS office



Meeting at OMSA Sonepur



OMSA Chorus Group

Their memories shall live for ever with OMSA



Obituary



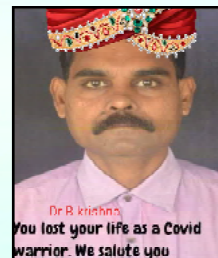
Dr. Prakash Ch. Satpathy
LM No. : 835
DOB : 12.05.1957
DOD : 10.06.2017



Dr. Shyam Prakash Das
LM No. : 1858
DOB : 04.09.1963
DOD : 10.10.2020



Dr. Sisir Kumar Pradhan
LM No. : 388
DOB : 12.12.1959
DOD : 06.03.2020



Dr. B. Krishna
LM No. : 734
DOB : -- -- --
DOD : 06.03.2020



Dr. Minaketan Baliarsingh
LM No. : 956
DOB : 22.05.1962
DOD : 20.08.2020



Dr. Santilata Gidi
LM No. : 1215
DOB : 28.01.1964
DOD : 18.10.2020



Dr. Biswanath Rout
LM No. : 2604
DOB : 26.08.1980
DOD : 30.10.2020



Dr. Pabitra Mohan Rout
LM No. : 1116
DOB : -----
DOD : 26.08.2020



Dr. Sushant Kumar Panda
LM No. : 1821
DOB : 10.12.1969
DOD : 17.06.2021



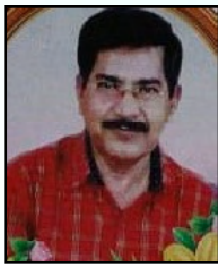
Dr. Bijan Kumar Samantaray
LM No. : 3119
DOB : 07.04.1961
DOD : 04.08.2021



Dr. Anupananda Kar
LM No. : 2912
DOB : 03.08.1984
DOD : 12.08.2021



Dr. Kunja Bihari Samal
LM No. : 1472
DOB : 09.04.1978
DOD : -----



Dr. Surendra Kumar Sarangi
LM No. : 1607
DOB : 15.06.1964
DOD : 11.11.2021



Dr. Bhabani Sankar Bala
LM No. : 1278
DOB : 21.03.1963
DOD : 13.09.2021



Dr. Manjubala Mohanty
LM No. : 993
DOB : 25.03.1960
DOD : 23.03.2021



Dr. Pradipta Kumar Ray
LM No. : 2084
DOB : 25.01.1959
DOD : 18.08.2021



Dr. Bhubaneswar Sukla
LM No. : 274
DOB : -----
DOD : 21.11.2021



Dr. Siba Prasad Padhy
LM No. : 754
DOB : 02.01.1958
DOD : 21.05.2019



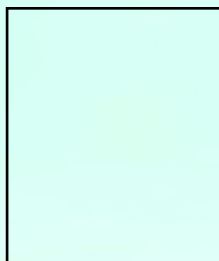
Dr. Basant Kumar Rout
LM No. : 1607
DOB : 18.03.1960
DOD : 02.08.2018



Dr. Bhagirathi Murmu
LM No. : 586
DOB : ---,---,----
DOD : 27.11.2020



Dr. Purna Ch. Rath
LM No. : 34
DOB : -----
DOD : -----



Dr. Ambika Prasad Parija
LM No. : 36
DOB : -----
DOD : -----



Dr. A.C. Sahu
LM No. : 81
DOB : -----
DOD : -----



Dr. Bijay Kumar Behera
LM No. : 86
DOB : -----
DOD : -----



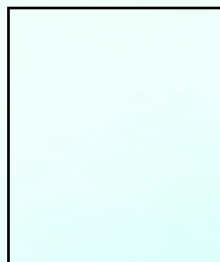
Dr. Binod Bihari Mishra
LM No. : 99
DOB : -----
DOD : -----



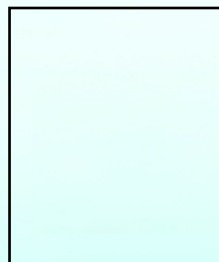
Dr. Bhaskar Ch. Sethi
LM No. : 254
DOB : -----
DOD : -----



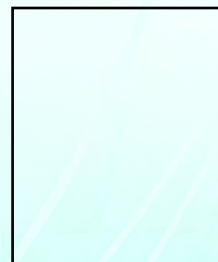
Dr. Manorama Dei
LM No. : 303
DOB : -----
DOD : -----



Dr. Sk. Maniruddin
LM No. : 612
DOB : -----
DOD : -----



Dr. Arjun Singh
LM No. : 961
DOB : -----
DOD : -----



Dr. Harish Singh
LM No. : 1103
DOB : -----
DOD : -----



ଅସୁସ୍ଥ ପୃଥିବୀର ପ୍ରାର୍ଥନା

ପ୍ରଫେସର ଗଣେଶୀ ଲାଲ

ମାନ୍ୟବର ରାଜ୍ୟପାଳ, ଓଡ଼ିଶା

ଗତ ସପ୍ତାହରେ ମୁଁ ମୋର ନିୟମିତ ସ୍ୱାସ୍ଥ୍ୟ ପରୀକ୍ଷା ପାଇଁ ଏକ ଘରୋଇ ଡାକ୍ତରଖାନା ଯାଇଥିଲି । ମହାପ୍ରଭୁ ଶ୍ରୀଜଗନ୍ନାଥଙ୍କ ଅପାର କରୁଣାରୁ କୌଣସି ବିଶେଷ ସ୍ୱାସ୍ଥ୍ୟଗତ ସମସ୍ୟା ପାଇଁ ଏଯାଏ ମତେ ଡାକ୍ତରଖାନା ଯିବାକୁ ପଡ଼ିନି, କେବଳ ନିୟମିତ ସ୍ୱାସ୍ଥ୍ୟ ପରୀକ୍ଷା ବ୍ୟତୀତ । ତେବେ ଏହି ଅବସରରେ ଡାକ୍ତର ଓ ନର୍ସମାନଙ୍କ କାର୍ଯ୍ୟ ଅତି ନିକଟରୁ ଦେଖିବାର ସୁଯୋଗ ପାଇଛି । ସେମାନଙ୍କୁ ଦେଖିଲେ ମୋ ମନରେ ଭାବାନ୍ତର ସୃଷ୍ଟି ହୁଏ । ଏଥର ମତେ ଦୁଇ ରାତି ଡାକ୍ତରଖାନାରେ ରହିବାକୁ ହେଲା । ସେମାନଙ୍କର କାର୍ଯ୍ୟ, କାର୍ଯ୍ୟଧାରା ଓ ତାଙ୍କୁ ପ୍ରେରିତ କରୁଥିବା ଶକ୍ତି ସଂପର୍କରେ ଅନୁଶୀଳନ କରିବାର ଅବସର ମଧ୍ୟ ମିଳିଲା ।

ମୋ ମାନସପତ୍ତରେ ଉଭା ହେଲେ ସ୍ୱାମୀ ବିବେକାନନ୍ଦ । ବିଶ୍ୱ ଧର୍ମ ସମ୍ମିଳନୀରେ ତାଙ୍କର ଐତିହାସିକ ବକ୍ତବ୍ୟ ସଂପର୍କରେ ପ୍ରାୟ ସମସ୍ତେ ଜାଣନ୍ତି । ତେବେ ସେଠାରେ ପହଞ୍ଚିବା ତାଙ୍କ ପାଇଁ ସେତେଟା ସହଜ ନଥିଲା । ଅନେକ ବାଧାବିଘ୍ନକୁ ଅତିକ୍ରମ କରି ସେଠାରେ ପହଞ୍ଚିବା ପରେ ବି ସମ୍ମିଳନୀରେ ଯୋଗ ଦେବା ପାଇଁ ଅନୁମତି ପାଇବା ମଧ୍ୟ ତାଙ୍କ ପାଇଁ କଷ୍ଟସାଧ୍ୟ ଥିଲା । ଦେବଦୂତ ଭଳି ପହଞ୍ଚିଥିଲେ ଦିବ୍ୟ ଦମ୍ପତି ମିସେସ୍ ଇ.ଆଇ.ହାଲେ ଓ ମିସ୍ତର ଜି. ବ୍ଲୁ. ହାଲେ । ସେମାନେ ସ୍ୱାମୀ ବିବେକାନନ୍ଦଙ୍କ ପାଇଁ ସୁଯୋଗ ସୃଷ୍ଟି କଲେ; ଯାହା କେବଳ ବିବେକାନନ୍ଦ ନୁହଁନ୍ତି ସମଗ୍ର ଭାରତବର୍ଷ ପାଇଁ ବରଦାନ ସଦୃଶ ଥିଲା । ଅନେକ ସମୟରେ ଜୀବନରେ ଏମିତି କିଛି ଘଟେ ଯାହାକୁ ଇଶ୍ୱରଙ୍କ ହସ୍ତକ୍ଷେପ ବ୍ୟତୀତ ଆଉ କିଛି କୁହାଯାଇନପାରେ । ଅକ୍ଷର ଅସରନ୍ତି ଲାଗୁଥିଲା ବେଳେ ଦୀପଟିଏ ଜଳିଉଠେ; ଯାହାଙ୍କର ଦର୍ଶନ ଓ ସର୍ଗରେ ଜୀବନ ଆୟୁଷ୍ମାନ ହେଇଯାଏ, ବିଶ୍ୱାସର ବୀଜପତ୍ର ମେଲିଯାଏ : ସେମାନେ ଇଶ୍ୱର ବା ଇଶ୍ୱରଙ୍କ ପ୍ରତିନିଧି । ମୋ ବିଚାରରେ ସେହିଭଳି ଉଦାହରଣ ଅଟନ୍ତି- ଡାକ୍ତର ଓ ନର୍ସ । ଏଥିରେ ସାମିଲ ଅଛନ୍ତି ସ୍ୱାସ୍ଥ୍ୟସେବା ସମ୍ପର୍କିତ ଅନ୍ୟାନ୍ୟ ସେବା ପ୍ରଦାନକାରୀ । ସ୍ୱାମୀ ବିବେକାନନ୍ଦ ସେହି ଦିବ୍ୟ ଦମ୍ପତିଙ୍କୁ ପରମ ଶ୍ରଦ୍ଧା ଓ ସମ୍ମାନର ସହ ସମ୍ବୋଧନ କରିଥିଲେ; ‘ମଦର ଚର୍ଚ୍ଚ’ ଓ ‘ଫାଦର ପୋପ୍’ । ସେହିଭାବ ଓ ଭାବନା ଆଧାରରେ ମୁଁ ଆମ ଦେଶରେ କହିପାରିବି ଡାକ୍ତରଙ୍କୁ ‘ଫାଦର ଗର୍ଡ୍’ ଓ ନର୍ସଙ୍କୁ ‘ମଦର ଇଣ୍ଡିଆ’ । ଅବଶ୍ୟ ସେମାନଙ୍କ ସେବା ଓ ତ୍ୟାଗର ମହିମା ହୁଏତ ଏହାଠାରୁ ଉପରେ ହେଇପାରେ ।

କୁହାଯାଏ ଇଶ୍ୱର କାଳେ ସବୁଠି ସବୁ ସମୟରେ ପହଞ୍ଚିପାରିବେନି; ସେଥିପାଇଁ ସୃଷ୍ଟି କଲେ ନାରୀ ଭିତରେ ସ୍ୱର୍ଗୀୟ ସ୍ନେହର ଅକ୍ଷୟ ଭଣ୍ଡାରକୁ ଦେଇ - ମା । ମା’ ଅନୁପସ୍ଥିତ ଥିଲେ ତାଙ୍କ ସ୍ଥାନ ପୂରଣ କରିବାକୁ ସୃଷ୍ଟି କରିଛନ୍ତି ଡାକ୍ତର ଓ ନର୍ସଙ୍କୁ । ତେଣୁ ସାଧାରଣ ମଣିଷ ଓ ଇଶ୍ୱରଙ୍କ ମଧ୍ୟରେ ସେମାନେ ହେଲେ ଐଶ୍ୱରିକ ସେତୁ । ଏହି ଚେତନାର ପରିପ୍ରକାଶ ଉଭୟ ପାର୍ଶ୍ୱରେ ପ୍ରତିବିମିତ ହୋଇଥାଏ । ଏଣୁ ଜଣେ ଚିକିତ୍ସକ ଡାକ୍ତରୀ ସେବାକୁ ବୃତ୍ତି ନୁହେଁ - ଏକ ରୂତ ; ଜୀବିକା ନୁହେଁ - ଏକ ଯଜ୍ଞ ଭାବରେ ବିଚାର କରେ ।

ଡାକ୍ତର ଓ ଡାକ୍ତରଖାନା କହିଲେ ସାଧାରଣତଃ ଶରୀରର ଚିକିତ୍ସା ବା ଦେହ ଜନିତ ଅସୁସ୍ଥତାର ଚିକିତ୍ସା ମନକୁ ଆସେ । ଭାରତୀୟ ଚିନ୍ତନ ଓ ଦର୍ଶନରେ ଦେହକୁ କେବଳ ଦେହ ଭାବରେ ନୁହେଁ; ଏହାକୁ ଆତ୍ମାର ଆବାସ ସ୍ଥଳ ବୋଲି ଗ୍ରହଣ କରାଯାଏ । ଆମର ପାରମ୍ପରିକ ଚିକିତ୍ସା ପଦ୍ଧତିରେ ଏହାକୁ ବିଶେଷ ପ୍ରାଧାନ୍ୟ ଦିଆଯାଇଛି ଏବଂ ଏହି ତତ୍ତ୍ୱକୁ ଆଧାର କରି ପାରମ୍ପରିକ ଚିକିତ୍ସା ପ୍ରକ୍ରିୟା ଗଢ଼ି ଉଠିଛି । ଆଧୁନିକ ଚିକିତ୍ସା ବିଜ୍ଞାନ ମଧ୍ୟ ଏହି ମୌଳିକ ଅବଧାରଣାକୁ ବ୍ୟାପକ ରୂପେ ଆପଣେଇବାରେ ଲାଗିଛି ।



ଆଧୁନିକ ଚିକିତ୍ସା ବିଜ୍ଞାନ ଓ ଆଧ୍ୟାତ୍ମିକତା ମଧ୍ୟରେ କ୍ରମେ ସମନ୍ୱୟତା ସ୍ଥାପିତ ହେବାରେ ଲାଗିଛି । ଚିକିତ୍ସକମାନେ ଦେହର ସେବା କଲାବେଳେ ପ୍ରତ୍ୟକ୍ଷ ଭାବରେ ଯେ ଆତ୍ମାର ସେବା କରୁଛନ୍ତି, ଯେଉଁ ଆତ୍ମା ପରମାତ୍ମାଙ୍କର ଅଂଶବିଶେଷ; ତାହା ଧାରଣାକୁ ନେଲେ ନିଜର କର୍ମ ଯେ କେତେ ମହିମାନ୍ୱିତ ଏବଂ ଏହା ଯେ ପରମେଶ୍ୱରଙ୍କ ସହ ଯୋଡ଼ିହେବାର, ତାଙ୍କର ସେବାରେ ଲାଗିବାର ଏକ ମହାର୍ଘ ସୁଯୋଗ ବୋଲି ଭାବିପାରିବେ । ଏହା ମଧ୍ୟ ତାଙ୍କର ସେବାକୁ ପୂଜାରେ ପରିଣତ କରିଦେବ ଏବଂ ଈଶ୍ୱରଙ୍କ ଆଶୀର୍ବାଦ ଓ ପ୍ରେରଣା ପ୍ରାପ୍ତ ହେବେ ।

ମଣିଷର ଶରୀର ଏକ ଜଟିଳ ଯନ୍ତ୍ର । କୋଟି କୋଟି କୋଷରେ ଗଠିତ । ପ୍ରତ୍ୟେକ କୋଷରେ ଜୀବନ ଅଛି । ଚେତନା ଅଛି । ଈଶ୍ୱରଙ୍କ ଏହି ଦିବ୍ୟ ନିର୍ମାଣର ମରାମତି ଦାୟିତ୍ୱ ଈଶ୍ୱର ଯାହାକୁ ସମର୍ପିଛନ୍ତି ; ସେମାନେ କଦାପି ସାଧାରଣ ମଣିଷ ହୋଇନପାରନ୍ତି । ଡାକ୍ତର ପ୍ରକୃତରେ କ’ଣ କରେ ? ଭଗବାନଙ୍କର ଏହି ଭବ୍ୟ ଓ ଦିବ୍ୟ ସୃଷ୍ଟି ମଧ୍ୟରେ ସେ ଦୀପତିଏ ଧରି ପ୍ରବେଶ କରେ । ସେଠାରେ ସେ ଅନେକ କରେ ଯାବତୀୟ ବିକୃତି, ତୃଟି ବିରୂପି ଏବଂ ତାର ନିଦାନ ବ୍ୟବସ୍ଥା କରେ । ଯେ ଯେତେ ଅକ୍ଲେଶରେ ସହଜରେ; ଜ୍ଞାନଦୀପ୍ତ ଦୃଷ୍ଟି ସହ ପ୍ରବେଶ କରିପାରେ; ସେ ସେତେ ସଫଳ ହୁଏ ଏବଂ ତାର ଏହି ଯାତ୍ରା ବା ସୃଷ୍ଟି ସଂଦର୍ଶନ ବାସ୍ତବରେ ତାକୁ ଈଶ୍ୱରଙ୍କ ନିକଟତର କରାଏ । ମୋ ବିଚାରରେ ଔଷଧରେ ହୁଏତ ରୋଗ ଭଲ ହେଇପାରେ; କିନ୍ତୁ ରୋଗୀ ଭଲ ହୁଏନି । ରୋଗୀକୁ ଭଲ କରେ ଡାକ୍ତର - ଔଷଧ ନୁହେଁ ।

କେବଳ ତିନିଜଣଙ୍କ ପାଖରେ ମଣିଷ ଭଲଗୁ ହେଇପାରେ; ନିଜକୁ ଉନ୍ମୁକ୍ତ କରିପାରେ । ସେମାନେ ହେଉଛନ୍ତି ମା, ଡାକ୍ତର ଓ ଈଶ୍ୱର । ଏମାନଙ୍କ ପାଖରେ ମଣିଷ ନିଜକୁ ଯେତେ ଖୋଲିପାରିବ, ତା ପାଇଁ ସେତେ ଭଲ । ମହାଭାରତରେ ଦୁର୍ଯ୍ୟୋଧନ କ’ଣ କଲା ? ମା ସାମ୍ରାଜ୍ୟରେ ଭଲଗୁ ହେବାକୁ ଲାଜ କଲା ଏବଂ ତାର ପରିଣାମ ଭୋଗିଲା । ମା’ର ସ୍ନେହବୋଲା ଦୃଷ୍ଟିରେ ରକ୍ଷା କବଚ ଥାଏ; ଏହା ଅତି ସୁସ୍ଥ ଓ ଶକ୍ତ; ଅଥଚ ବାହାରକୁ ଦିଶେ ନାହିଁ । ସେହିପରି ଈଶ୍ୱରଙ୍କ ସାମ୍ରାଜ୍ୟରେ ପ୍ରାର୍ଥନା କଲାବେଳେ ଆଖି ଆପେ ଆପେ ମୁଦି ହେଇଯାଏ, କାମନା ଥାଏ ଈଶ୍ୱରଙ୍କ କୃପା ଦୃଷ୍ଟି ଚିକେ ପଡୁ । ସେହିପରି ଡାକ୍ତରଙ୍କ ଦୃଷ୍ଟି, ଶବ୍ଦ ଓ ସ୍ପର୍ଶରେ ଯେଉଁ ଭାବ ଥାଏ ତାହା ରୋଗକୁ ନିଶ୍ଚିନ୍ତ କରିଥାଏ । ଜଣେ ଭଲ ଡାକ୍ତର ହୁଏତ ସହଜରେ ମିଳିଯିବେ; ମାତ୍ର ଭାବାନ୍ୱିତ ରୋଗୀଟିଏ ଏଭଳି ସହଜରେ ମିଳନ୍ତି ନାହିଁ । ଯାହାଫଳରେ ରୋଗକୁ ପ୍ରତିହତ କରିବା ଅନେକ ସମୟରେ କଷ୍ଟକର ହୁଏ ବୋଲି ମୋର ବିଶ୍ୱାସ ।

ଡାକ୍ତରମାନେ ହେଉଛନ୍ତି ଆତ୍ମା ଓ ବିଶ୍ୱାସର ପ୍ରତୀକ । ଆମ ଆଧ୍ୟାତ୍ମ ଦର୍ଶନରେ ବିଶ୍ୱାସବୋଧକୁ ବିଶେଷ ଗୁରୁତ୍ୱ ଦିଆଯାଇଛି । କୁହାଯାଇଛି; “ବିଶ୍ୱାସେ ମିଳନ୍ତି ହରି, ତକେଁ ବହୁ ଦୂର” । ଡାକ୍ତରକୁ ନେଇ ଯଦି ରୋଗୀ ମନରେ ଦ୍ୱନ୍ଦ୍ୱ ଅଛି, ସନ୍ଦେହ ଅଛି, ତେବେ ଚିକିତ୍ସା ପ୍ରକ୍ରିୟା ମଧ୍ୟ ସେହି ଭାବରେ ପ୍ରଭାବିତ ହୁଏ । ରୋଗ ସୃଷ୍ଟିକାରୀ ଜୀବାଣୁ, ଭୂତାଣୁ ଆଦି ଖାଲି ଆଖିରେ ଦିଶେ ନାହିଁ । ଦେହରେ ସେମାନଙ୍କର ଉପସ୍ଥିତି ସମ୍ପର୍କିତ ସୂଚନାକୁ ଆମେ ବିଶ୍ୱାସ କରୁ ଏବଂ ଡାକ୍ତର ଯାହା ଔଷଧ ବା ଇଞ୍ଜେକ୍ସନ ଦିଅନ୍ତି ସେଥିରେ କ’ଣ ଥାଏ, ଆମେ ପ୍ରଶ୍ନ କରୁନା ; ପ୍ରଶ୍ନ କରିବାର ଯୋଗ୍ୟତା ମଧ୍ୟ ଆମର ନଥାଇପାରେ । ତେବେ ସବୁକଥା ଚାଲେ ବିଶ୍ୱାସରେ । ଏହି ବିଶ୍ୱାସ ହିଁ ଡାକ୍ତରମାନଙ୍କୁ ଦାୟିତ୍ୱବାନ କରିବା ସହିତ ତାଙ୍କର କାର୍ଯ୍ୟକୁ ସେବାର ରୂପ ଦିଏ; ଏବଂ ସେହି ସେବା ଅନାୟତ୍ତରେ ଶାଶ୍ୱତାଭିମୁଖୀ ହୁଏ । ରୋଗୀର ବିଶ୍ୱାସଭାଜନ ହେବା ବୋଧହୁଏ ଜଣେ ଡାକ୍ତର ବା ସେବିକାର ପ୍ରାରମ୍ଭିକ ଯୋଗ୍ୟତା ଏବଂ ଏହା ଅଧ୍ୟୟନଲକ୍ଷ ଜ୍ଞାନରୁ ଆସିନଥାଏ । ଏହାର ଉତ୍ସ ହେଉଛି “ତତ୍ତ୍ୱମସି” : ମୁଁ ଯେ, ସେ ମଧ୍ୟ ସେ । ସବୁଠି ସେ । ଏପରି ଭାବ ସେମାନଙ୍କୁ ଯୋଗ ସାଧନାର ଶୀର୍ଷ ସ୍ତରକୁ ନେଇଯାଏ । “ଯସ୍ମାନ୍ତତ୍ତ୍ୱରେବ ସ୍ୟାଦାତ୍ମତ୍ତ୍ୱସ୍ତୁ ମାନବଃ” (ଶ୍ରୀମଦ୍ ଭଗବଦ୍ ଗୀତା) ଯେଉଁ ମଣିଷ ଆତ୍ମାରେ ରମଣ କରୁଥାନ୍ତି, ଯାହାର ଆତ୍ମାରେ ଶୁଦ୍ଧି ଥାଏ, ସେ ନିଜ ଆତ୍ମା ପରି ସମସ୍ତଙ୍କ ଆତ୍ମାକୁ ଦେଖୁଥାଏ, ସେ ସର୍ବଦା ତୁଷ୍ଟି ଓ ସନ୍ତୋଷ ଲାଭ କରେ ; ସକାମ କର୍ମରେ ତାର ମନ ରହେ ନାହିଁ । ନିଷ୍ଠାମ କର୍ମ ଯୋଗୀ ହେଉଛନ୍ତି ସେମାନେ, ଯେଉଁମାନେ ପ୍ରତ୍ୟେକ ମଣିଷର ସେବାକୁ ମାଧବ ସେବା ବୋଲି ଭାବିଥାନ୍ତି ।



ମଣିଷର ଅନେକ ଦୁଃଖର କାରଣ ସେ ନିଜେ । ମାନବ ସଭ୍ୟତାର ଉନ୍ନେଷ, ଉତ୍ତରଣ ଓ ଯାତ୍ରାକୁ ଅନୁଧ୍ୟାନ କଲେ ଦେଖାଯାଏ ପଥ ଧାରେ ଧାରେ ରକ୍ତର ଚିହ୍ନ । ସେସବୁ ମଣିଷର ଭିଆଣ । ମଣିଷ ମୁକ୍ତ ହୋଇ ଜନ୍ମ ନିଏ, କିନ୍ତୁ ନିଜକୁ ନିଜେ ସହସ୍ର ଶିକୁଳିରେ ବାନ୍ଧି ଚାଲିଥାଏ । ଜାତି, ଧର୍ମ, ବର୍ଣ୍ଣ, ରାଜ୍ୟ, ଦେଶ, ସଂପ୍ରଦାୟ, ପଦ, ପଦବୀ ଆଦି ଅନେକ ଆବରଣ ତଳେ ସେ ଲୁଚିଯାଏ । ଅନେକକୁ ସେ ଅଳଙ୍କାର ଭାବି ପିନ୍ଧିଥାଏ । ତେବେ ଡାକ୍ତରଙ୍କ ପାଖରେ ଏସବୁ ଓହ୍ଲାଇବାକୁ ହୁଏ । ବେଡ଼ରେ ପଡ଼ିଥିବା ରୋଗୀଟିର ମୌଳିକ ପରିଚୟ “ରୋଗୀ” ବ୍ୟତୀତ ତାହାର ଅନ୍ୟ କୌଣସି ଆଡ଼ମ୍ବର ବା ବିକୃତି ଡାକ୍ତର ଦେଖିପାରେ ନାହିଁ; ଦେଖିବା ଉଚିତ ମଧ୍ୟ ନୁହେଁ । ଈଶ୍ଵର ତା ସୃଷ୍ଟିକୁ ଦେଖିଲା ଭଳି, ଡାକ୍ତର ଶରୀରକୁ ତନ୍ମୁ ତନ୍ମୁ ପରୀକ୍ଷା କରୁଥାଏ । “ବିଦ୍ୟାବିନୟସଂପନ୍ନେ ବ୍ରାହ୍ମଣେ ଗର୍ବି ହସ୍ତିନି । ଶୁନି ଚୈବ ଶ୍ଵପାକେ ଚ ପଣ୍ଡିତାଃ ସମଦର୍ଶିନଃ ।।” ସେ ଶ୍ରୀମଦ୍ ଭଗବଦ୍ ଗୀତାରେ ସୂଚିତ ପଣ୍ଡିତଙ୍କ ଭଳି ସମସ୍ତଙ୍କୁ ସମାନ ଭାବରେ ଦେଖେ କାରଣ ଯାହା ତା ସାମ୍ନାରେ ଉପସ୍ଥାପିତ ହୋଇଥାଏ ସେଥିରେ ଭିନ୍ନତା ବାସ୍ତବରେ ନଥାଏ । ଏହି ଚେତନା ଯଦି ବ୍ୟାପକ ଭାବରେ ସଂପ୍ରସାରିତ ହୋଇପାରନ୍ତା ତେବେ ପୃଥିବୀର ଅନେକ ଦୁଃଖ ଦୂରୀଭୂତ ହୋଇପାରନ୍ତା । ଏହି ଡାକ୍ତରୀୟ ଚେତନାର ପ୍ରାସଙ୍ଗିକତା ଆଜି ମଣିଷ ମର୍ତ୍ତ୍ୟ ମର୍ତ୍ତ୍ୟ ଅନୁଭବ କଲେ ମଧ୍ୟ “ଅଜ୍ଞାନେନାବୃତଂ ଜ୍ଞାନଂ ତେନ ମୁହ୍ୟନ୍ତି ଜଂତବଃ” । ଏହା ହିଁ ଆମ ସମୟର ବିଡ଼ମ୍ବନା ।

ଏବେ ଏକ ଅଦୃଶ୍ୟ ଭୂତାଶୁ କିପରି ପୃଥିବୀକୁ ଛାରଖାର କରଚାଲିଛି, ସେ ସମ୍ପର୍କରେ ବର୍ଣ୍ଣନା ନିଷ୍ପ୍ରୟୋଜନ । ଏଥିରୁ ନିଷ୍ଠାର ପାଇଁ ମଣିଷ ତ୍ରାହି ତ୍ରାହି ଡାକୁଛି । ନିଜକୁ ବଞ୍ଚେଇବାକୁ ମଣିଷ ଘର କୋଣରେ ଲୁଚୁଛି । ଯୁଦ୍ଧ କ୍ଷେତ୍ରରୁ ପଳାୟନ କରିବା ହୋଇଛି ଯୁଦ୍ଧ ଜିତିବାର ସୂତ୍ର । ତେବେ ସମସ୍ତେ କ’ଣ ଯୁଦ୍ଧ କ୍ଷେତ୍ର ଛାଡ଼ି ଚାଲିଯାଇଛନ୍ତି ? ଯେଉଁମାନେ ସମ୍ମୁଖ ଭାଗରେ ରହି ମଣିଷ ଜାତି ପକ୍ଷରୁ ନିଜ ଜୀବନକୁ ବାଜି ଲଗେଇ ଲଢୁଛନ୍ତି ସେମାନେ ଆମର ଚିରନମସ୍ୟ । ଅନ୍ୟମାନଙ୍କ ମଧ୍ୟରେ ଅଗ୍ରଗଣ୍ୟ ଭାବରେ ଅଛନ୍ତି ଡାକ୍ତର ଓ ନର୍ସ - ଫାଦର ଗର୍ଭ ଓ ମଦର ଇଣ୍ଡିଆ । ଏ ଯୁଦ୍ଧ ମଣିଷ ନିଶ୍ଚୟ ଜିତିବ । ଏ ବିଶ୍ଵାସ ଅଛି ଏବଂ ଏହି ବିଶ୍ଵାସର ଆଧାର ହେଉଛନ୍ତି ସେମାନେ । ସାଧାରଣ ଲୋକ ଠାରୁ ରାଷ୍ଟ୍ରମୁଖ୍ୟ ପର୍ଯ୍ୟନ୍ତ ସମସ୍ତଙ୍କ ଦୃଷ୍ଟି ସେମାନଙ୍କ ଆଡ଼େ ନିବଦ୍ଧ । ଦିନ ରାତି ଗବେଷଣା ଚାଲିଛି । ମନ୍ଦିର, ଗାର୍ଜୀ, ଚର୍ଚ୍ଚ ବନ୍ଦ ଅଛି । କିନ୍ତୁ ଡାକ୍ତରଖାନା ଖୋଲା ଅଛି । ନୂଆ ନୂଆ ଡାକ୍ତରଖାନା ଖୋଲିବାରେ ଲାଗିଛି । ନିଶ୍ଚୟ ବ୍ରହ୍ମାସ୍ତ୍ର ବାହାରିବ ଏବଂ ମଣିଷ କରୋନା ଉପରେ ବିଜୟ ଲାଭ କରିବ ।

ଡାକ୍ତରଖାନାର ବେଡ଼ରେ ମୁଁ କେବେ ବି ନିଃସଙ୍ଗ ଅନୁଭବ କରିନି । ମୋ ହାତ ପାଆନ୍ତାରେ ମିଳିଯାଆନ୍ତି ନର୍ସ ଓ ଡାକ୍ତର ରୂପରେ ଈଶ୍ଵର । ରାତିର ଅର୍ଥପୂର୍ଣ୍ଣ ଗଭୀର ନିରବତାକୁ ବିଦାରି ଦୂରରୁ ଶୁଭୁଛି ଆତ୍ମଲୀନୀର ସାଇରନ୍ । ହୋଇପାରେ ସୁଖର ; ବି ହୋଇପାରେ ଦୁଃଖର । ମହାନ ସବୁ କବି ଭୀମ ଭୋଇଙ୍କ କଣ୍ଠରେ ଶୁଣିପାରୁଛି ପ୍ରାର୍ଥନା : “ମୋ ଜୀବନ ପଛେ ନକେଁ ପଡ଼ିଥାଉ, ଜଗତ ଉଦ୍ଧାର ହେଉ ।” ମୁଁ ପାଳି ଧରୁଛି ଏବଂ ବିଶିଷ୍ଟ କବି ଚି. ଏସ୍. ଏଲିଅଟ୍‌ଙ୍କ କେତୋଟି ଧାଡ଼ି ମତେ ଆନ୍ଦୋଳିତ କରୁଛି :

‘The wounded surgeon plies the steel
That questions the distempered part;
Beneath the bleeding hands we feel
The sharp compassion of the healer’s art;
Resolving the enigma of the fever chart’.



QUALITY HEALTH CARE WITHOUT DOCTORS : A DREAM

OMSA : 2019-21

When doctors passing out from medical colleges of Odisha are in frantic search of descent jobs and migrating to other states or abroad in search of their fortune, our state government can not retain them to fill up the vacancies created by retirement of finger counted posts i.e. annually less than 150 doctors only. From the existing 3 old government medical colleges and 3 private medical colleges every year more than 1000 doctors are graduating, but they are not being attracted to join government. So the Govt should retrospect the state policy for recruitment of doctors, their pay scale, promotional avenues, financial benefits in accordance to their pattern of job schedule which is totally different from other employees of state government rather than establishing new Medical Colleges to fillup the vacancies-which is a day dream. Working environment and adequate professional infrastructure for their job satisfaction along with a modest family life are very much essential for delivering the responsible job of a medical officer. Considering all these facts the central government health scheme introduced Dynamic Assured Career Progression (DACP) since 2006 and many state government following CGHS DACP scheme with successful health services in the respective states. Because Odisha government is not having an attractive pay package especially for doctors, no adequate work place security, no adequate basis amenities for staying of a doctor's family at work place, no definite job chart and schedule duty hours, no adequate number of doctors at workstations for 24x7 hours duty and no adequate number of paramedics helping hands as well as appropriate supply of medicines and investigation facilities, so the doctor posts are continuing to remain vacant for years together taking the public health service to more and more deteriorating condition day by day. Following table is clearly depicting the present status of Districtwise vacancy position in our state which is a clear mirror reflection of the quality of health services available to the general population of Odisha :

DOCTORS' INCUMBENCY STATUS IN ODISHA

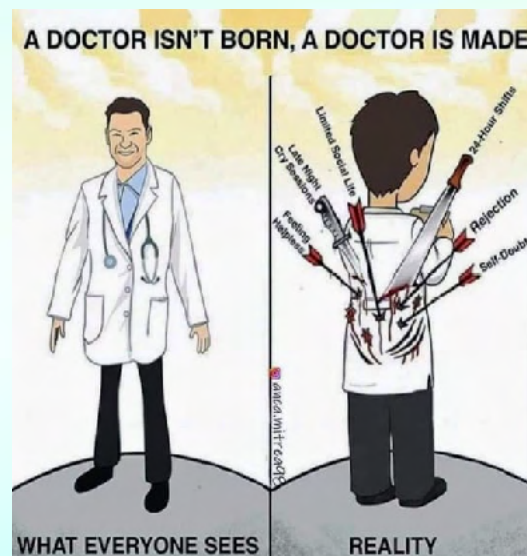
Sl. No.	Name of the District	Population (Census-2011)	No. of Sanction Posts 2011	Mid year Population for the year- 2020	No. of Sanction Posts 2021	No. of Doctors in Position by 2021			
						OPSC	Adhoc	Contractual	PPP
1	Angul	1273821	146	1389052	242	125	1	2	0
2	Boudh	441162	62	499246	125	73	0	2	0
3	Bhadrak	1506337	137	1661387	215	125	1	10	0
4	Balangir	1648997	177	1926159	325	189	1	13	0
5	Baragarh	1481255	151	1597354	311	127	2	26	0
6	Balasore	2320529	211	257169	373	201	3	28	0
7	Cuttack	2624470	246	2868162	411	231	1	90	5
8	Deogarh	312520	56	346389	106	39	0	0	0



9	Dhenkanal	1192811	154	1305605	235	123	1	15	0
10	Gajapati	577817	91	627198	177	92	0	28	0
11	Ganjam	3529031	296	3843316	567	218	4	55	10
12	Jharsuguda	579505	74	644302	143	88	0	7	0
13	Jajpur	1827192	156	2007735	196	124	4	14	0
14	Jagatsinghpur	1136971	121	1207584	220	140	1	18	0
15	Khordha	2251673	157	2577298	283	162	1	70	0
16	Keonjhar	1801733	217	2019197	359	192	0	3	1
17	Kalahandi	1576869	193	1785205	339	177	0	29	3
18	Kandhamal	733110	160	806829	359	142	0	65	0
19	Koraput	1379647	182	1552802	338	134	0	40	0
20	Kendrapara	1440361	130	1562989	224	134	1	13	0
21	Malkangiri	613192	97	709218	197	106	0	6	0
22	Mayurbhanj	2519738	316	2774948	549	237	0	27	0
23	Nabarangpur	1220946	128	1391189	245	100	1	7	0
24	Nuapada	610382	77	674102	154	78	0	2	0
25	Nayagarh	962789	122	1049089	261	122	2	6	0
26	Puri	1698730	187	1873015	320	18	0	24	4
27	Rayagada	967911	133	1079219	249	147	0	26	0
28	Sambalpur	1041099	165	1140894	222	130	0	14	0
29	Subarnapur	2093421	92	750285	152	74	0	5	0
30	Sundergarh	4197421	212	1389052	398	151	0	0	6
31	Capital Hospital		120		177	100	1	38	0
32	RGH Rkl		51		74	40	0	2	0
33	State H.Q.		0		105	105	0	0	0
34	Medical College		0		78	78	0	0	0
		45561440	4817	43315989	8729	4322	25	685	29

Unless otherwise government will take OMSA into confidence and fulfill it's demands nobody can improve the health status of the State, because doctors are the central pillar of health system.

Long live OMSA !!





ଭଗବାନ ନୁହେଁ ମଣିଷର ମାନ୍ୟତା ଲୋଡ଼ା

ଡଃ ରାମଚନ୍ଦ୍ର ରାଉତ

ପ୍ରାଚ୍ୟ ସ୍ମରଣୀୟ ଉତ୍କଳଗୌରବ କୁଳବୃଦ୍ଧ ମଧୁସୁଦନ ଦାସଙ୍କର ସ୍ମରଣୀୟ ଆତ୍ମ ବାକ୍ୟ - ‘ଆଲୋ ସଖୀ, ଆପଣା ମହତ ଆପେ ରଖି’ ବହୁତ ଗୁରୁ ବହନ କରେ ।

ଡାକ୍ତରଟିଏ ପ୍ରଥମେ ଜଣେ ମଣିଷ, ସାମାଜିକ ପ୍ରାଣୀ, ସମାଜର ସବୁପ୍ରକାର କାର୍ଯ୍ୟ କଳାପ ଦ୍ଵାରା ପ୍ରଭାବିତ । ସେ କରୁଥିବା କାର୍ଯ୍ୟକୁ ‘ସେବା’ ଅଧିକନ୍ତୁ ‘ମାନବ ସେବା’ କହି ସମସ୍ତେ ତା’ଠାରୁ ବହୁତ କିଛି ଆଶା କରନ୍ତି - ଯାହା କରିହେବ, କରିବା ସମ୍ଭବ ମଧ୍ୟ ନୁହେଁ ।

ବର୍ତ୍ତମାନ ପାଖାପାଖି ଦୀର୍ଘ ଦୁଇବର୍ଷ ହେଲା ସବୁ କିଛି ଏପଟ ସେପଟ କରିଦେଇଥିବା ମହାମାରୀ ‘କରୋନା-୧୯’, ଏହା ପ୍ରମାଣ କରୁଛି ଯେ ମଣିଷ ଯେତେ ଚେଷ୍ଟା କଲେ ମଧ୍ୟ ସବୁ ପ୍ରକାର ରୋଗ ଉପରେ ଶତ ପ୍ରତିଶତ ବିଜୟ ହାସଲ କରିପାରିବ ନାହିଁ । ଏଥି ନିମନ୍ତେ ସଚେତନତା, ସଂଜମତା, ଶୃଙ୍ଖଳିତ ଜୀବନଚର୍ଯ୍ୟା ଓ ମାନବିକ ମୂଲ୍ୟ ବୋଧର ଆବଶ୍ୟକତା ଅପରିହାର୍ଯ୍ୟ ।

ବହୁତ ସତର୍କ ହୋଇ ମଧ୍ୟ ମହାମାରୀ ଅନେକ କ୍ଷତି କଲା, ଅଧିକ କ୍ଷତି କରିଆସାନ୍ତା, ମାତ୍ର ସ୍ଵାସ୍ଥ୍ୟ ବିଭାଗ ଏଥିଲାଗି ଯେଉଁ ଭଳି ରାତି ଦିନ ଏକ କରି ଓ କାର୍ଯ୍ୟ ଦିବସ ଓ ଛୁଟିଦିବସକୁ ଏକାକାର କରି, ଡାକ୍ତର ଓ ସ୍ଵାସ୍ଥ୍ୟ କର୍ମୀମାନେ ସେମାନଙ୍କ ଜୀବନକୁ ବାଜି ଲଗାଇ, ପରିବାର ଓ ନିଜ ସୁଖ ସ୍ଵାଚ୍ଛନ୍ଦ୍ୟ ଓ ବିଶ୍ରାମ କଥା ଭୁଲିଯାଇ ଅନେକ ତ୍ୟାଗ କରି କାମ କରିଲେ ଓ କରୁଛନ୍ତି ମଧ୍ୟ, ତା’ର ପଟାନ୍ତର ନାହିଁ । ଅନ୍ୟମାନେ ସେମାନଙ୍କୁ ସହଯୋଗ କରିଥାଇ ପାରନ୍ତି ମାତ୍ର ମୁଖ୍ୟ କାମ ହେଲା ଡାକ୍ତର ମାନଙ୍କର ।

ଏହି ପରୀତ୍ଵେଷ୍ଟୀରେ ଅନେକ ଭାଇ ଭଉଣୀ ଅକାଳରେ ବୃନ୍ତରୂପ ହେଲେ, ତାଙ୍କର ପରିବାର, ବାପା, ମା ପିଲାମାନେ ଅନାଥ ନିରାଶ୍ରୟ ହୋଇଗଲେ । କିଛି ଦିବଂଗତ ଡାକ୍ତରଙ୍କ ପରିବାର ଲୋକେ ଆର୍ଥିକ ସହାୟତା ପାଇଲେ, ଆହୁରି ଅନେକ ସରକାରୀ ନିର୍ଦ୍ଦେଶନାମାର ସଠିକ୍ ବାଖ୍ୟା ନ ହୋଇ ଏ ପର୍ଯ୍ୟନ୍ତ ସେ ସହାୟତା ପାଇନାହାନ୍ତି ।

ଡାକ୍ତରୀ ପେଶାର ସବୁଠାରୁ କଷ୍ଟକର କଥା ହେଲା - ଅଧିକାଂଶ ରୋଗ (ପାଖାପାଖି ଜଣା ଯାଇଥିବା ଦଶ ହଜାର ରୋଗରୁ ୨୦-୩୦କୁ ଛାଡ଼ି) ର କୌଣସି ଯଥାଯଥ ଚିକିତ୍ସା ନାହିଁ । ସବୁ ଜର ପାଇଁ ପାରାସିଟାଲ, ଶ୍ଵାସ ଉପଶମ ପାଇଁ ଡେରିଫୋଇଲିନ୍, ସଂକ୍ରମଣ ପାଇଁ ଆଣ୍ଟିବାୟୋଟିକ୍ ନ୍ୟାୟରେ ଚାଲିଛି ।

ଏହାକୁ ଲକ୍ଷଣ ଅନୁରୂପ ଚିକିତ୍ସା କୁହାଯାଏ - ନିଶ୍ଵାସ ନେଇ ହେଉନାହିଁ - ରେକ୍ସିରେଟର ଓ ଏକ୍ମୋ ଚିକିତ୍ସା, ହୃଦୟ ଧମନୀ ଅବରୋଧ ହେଲେ ଷ୍ଟେଣ୍ଟ ବା ବାଇପାସ୍, ଡାଇଭେଟିଜ୍ ହେଲେ ଇନ୍‌ସୁଲିନ୍ ଝରିବା ପାଇଁ ଔଷଧ କିମ୍ବା ଇନ୍‌ସୁଲିନ୍ ଦ୍ଵାରା ଚିକିତ୍ସା, ଉଚ୍ଚ ରକ୍ତଚାପ ପାଇଁ, ରକ୍ତଚାପ କମାଇବା ଔଷଧ ଓ ଏହିପରିସବୁ । ମାତ୍ର କୌଣସି ରୋଗର ସମ୍ପୂର୍ଣ୍ଣ ଚିକିତ୍ସା କଷ୍ଟକର ଅଟେ । କିନ୍ତୁ ପୀଡ଼ିତ ବ୍ୟକ୍ତି ଓ ଜନସାଧାରଣ ଚାହାଁନ୍ତି ସବୁରୋଗ ସଙ୍ଗେ ସଙ୍ଗେ ପୁରା ପୁରି ଭଲ ହେଉ ଓ କୌଣସି ରୋଗୀ ମୃତ୍ୟୁବରଣ ନ କରନ୍ତୁ । ବହୁତ ରୋଗର କାରଣ ଡାକ୍ତର କିମ୍ବା ସ୍ଵାସ୍ଥ୍ୟ ବିଭାଗର ନିୟନ୍ତ୍ରଣ ବାହାରେ ଥାଏ । ପ୍ରତ୍ୟକ୍ଷିତ ପାଣି ଓ ପବନ, ଖାଲ ଢିପ ରାସ୍ତା, ନିଶା ଓ ଧୂମପାନ ଇତ୍ୟାଦି ଇତ୍ୟାଦି, ମାତ୍ର ଡାକ୍ତରମାନଙ୍କୁ ପ୍ରକାରାନ୍ତରେ ଏଥିପାଇଁ ଦାୟୀ କରାଯାଇଥାଏ ।

ଡାକ୍ତରୀ ପାଠ ପଢ଼ା ଲମ୍ବା ସମୟର - ହାଇସ୍କୋଲାର୍‌ସିପ୍ ଏକ ବର୍ଷ ମିଶାଇ ଏମ୍.ବି.ବି.ଏସ୍. ୬ ବର୍ଷ, ପି.ଜି. ପ୍ରସ୍ତୁତି ୧ ରୁ ୨ ବର୍ଷ ତାପରେ ପି.ଜି. - ୩ ବର୍ଷ, ସେହିପରି ସୁପର୍ ପି.ଜି. ପାଇଁ ପ୍ରସ୍ତୁତି ଓ ସୁପର୍ ପି.ଜି. ୩ ବର୍ଷ ଏମିତି ୧୫-୧୮ ବର୍ଷ ଚାଲିଯାଏ ପାଠ ପଢ଼ାରେ - ମାତ୍ର ସେହି ଅନୁସାରେ ରାଜ୍ୟ ସରକାରଙ୍କର ଚାକିରୀରେ ସେତିକି ଗୁରୁତ୍ଵ, ମାନ୍ୟତା, ପଦ ମର୍ଯ୍ୟାଦା ତଥା ଦରମା ଓ ଅନୁସୃଜିକ ସୁବିଧା ନଥିବାରୁ ଡାକ୍ତର ମାନେ ଓଡ଼ିଶା ରାଜ୍ୟ ସରକାରୀ ଚାକିରୀ ପାଇଁ ଅମଙ୍ଗ । ସମସ୍ତେ ଭାବନ୍ତି



ଘରୋଇ ଚାକିରୀରେ ଅର୍ଥ ଉପାର୍ଜନ ଅଧିକ - ତେଣୁ ଡାକ୍ତରମାନେ ସେହିଆଡ଼କୁ ଆଗ୍ରହୀ - କିନ୍ତୁ କିଏ ମନା କରୁଛି - ସରକାରୀ ସ୍ତରରେ ତା'ର ଯଥାଯଥ ବ୍ୟବସ୍ଥା କରିବାକୁ? ସରକାରୀ ସ୍ତରରେ ସେହି ସୁବିଧା ରହିଲେ ଆଉ ଡାକ୍ତରମାନେ ସରକାରୀ ଚାକିରୀ ପ୍ରତି ଅମଙ୍ଗ ହେବେ ନାହିଁ! ଡାକ୍ତରଙ୍କର ଘୋର ଅଭାବ ବୋଲି କୁହା ଯାଉଥିବା ବେଳେ କାର୍ଯ୍ୟରତ ଆଡ଼ହକ୍ ଡାକ୍ତରମାନଙ୍କୁ ନିୟମିତ କରିବା ସହିତ ପ୍ରତି ୬ ମାସରେ ଥରେ ଲେଖାଏଁ ଓ.ପି.ଏସ୍.ସି. ଚୟନ ପ୍ରକ୍ରିୟା ଦ୍ୱାରା ନିଯୁକ୍ତି କରିବା କ'ଣ ଉଚିତ୍ ନୁହେଁ?

ଆହୁରି ଅନେକ କଥା ରହିଛି - କେ.ବି.କେ. ଠାରୁ ଆରମ୍ଭ କରି କାର୍ଯ୍ୟ କ୍ଷେତ୍ରରେ ନିରାପତ୍ତା ଓ ଜଣେ ମଣିଷ ପରି ବଞ୍ଚିବାର ସମସ୍ତ ସୁବିଧା ସୁଯୋଗ ଯୋଗାଇ ଦେବା । ଏହା ନ ହେଲେ ଡାକ୍ତରୀ ଚିକିତ୍ସା ବ୍ୟବସ୍ଥାର କୌଣସି ମୂଲ୍ୟ ନ ଥାଏ । ଆଉ ଗୋଟିଏ କଥା ହେଲା କାମ କରିବାର ସମୟ ନିର୍ଦ୍ଦିଷ୍ଟ ଅର୍ଥାତ୍ ନିର୍ଦ୍ଦିଷ୍ଟ କାର୍ଯ୍ୟ ଅବଧି । ଜଣେ ଡାକ୍ତର କେବେହେଲେ ଜରୁରୀ ଚିକିତ୍ସା ଆଳରେ ରାତି ଦିନ ଚବିସ୍ ଘଣ୍ଟା କାମ କରି ପାରିବ ନାହିଁ କିମ୍ବା ପ୍ରତ୍ୟେକ ଯେତେ ଅଧିକ ସଂଖ୍ୟକ ରୋଗୀ ହେଲେ ମଧ୍ୟ ସମସ୍ତଙ୍କୁ ଠିକ୍ରେ ଦେଖିପାରିବ ନାହିଁ ।

ଏଥିପାଇଁ ଜନସଂଖ୍ୟା, ରୋଗର ସଂଖ୍ୟା ଓ ରୋଗୀ ମାନଙ୍କ ସଂଖ୍ୟା ଯଥେଷ୍ଟ ମାତ୍ରାରେ ବୃଦ୍ଧି ପାଇଥିବା ବେଳେ ସେହି ଅନୁପାତରେ ଡାକ୍ତର ଓ ସ୍ୱାସ୍ଥ୍ୟକର୍ମୀ ମାନଙ୍କର ସଂଖ୍ୟା ବୃଦ୍ଧି କରାଯାଇ ନାହିଁ । ପ୍ରକାରାନ୍ତେ ଅନ୍ୟସବୁ ସରକାରୀ ବିଭାଗ ଗୁଡ଼ିକରେ ଏହାକୁ ଲାଗୁ କରାଯାଇ ଥିବା ବେଳେ ସ୍ୱାସ୍ଥ୍ୟସେବା କ୍ଷେତ୍ର ଯାହାକି ବର୍ତ୍ତମାନ ସବୁଠାରୁ ଗୁରୁତ୍ୱପୂର୍ଣ୍ଣ ଓ ସମ୍ବେଦନଶୀଳ ବିଭାଗ, ତା' ପ୍ରତି ଯଥେଷ୍ଟ ଧ୍ୟାନ ଦିଆଯାଉନାହିଁ । ଅନ୍ୟ ବିଭାଗ ଗୁଡ଼ିକର ପଦ ପଦବୀର ସଂରଚନାର ପୂର୍ନଗଠନ ଓ ପଦୋନ୍ନତି ସୁଯୋଗ ଏହି ବିଭାଗଠାରୁ କାହିଁ କେତେ ଉଚ୍ଚରେ । ତା'ହେଲେ ସ୍ୱାସ୍ଥ୍ୟ ବିଭାଗ ପ୍ରତି, ଏ ବୈମାତୃକ ଭାବ କାହିଁକି? ସମଗ୍ର ସ୍ୱାସ୍ଥ୍ୟ ବିଭାଗରେ (୮୭୧୮ ରୁ ଉର୍ଦ୍ଧ୍ୱ ପ୍ରଥମଶ୍ରେଣୀ ଅଧିକାରୀଙ୍କୁ ନେଇ) ମାତ୍ର ୨ଟି ସ୍ୱତନ୍ତ୍ର ଶାସନ ସଚିବ ତୁଲ୍ୟ ପଦ, ଯାହାକି ଏହି ବିଭାଗ ତଥା ୮ ଆଠ ହଜାରରୁ ଉର୍ଦ୍ଧ୍ୱ ସରକାରୀ ଡାକ୍ତରମାନଙ୍କ ପାଇଁ ବିଦ୍ରୁପ ଓ ହତାଦରର ପ୍ରତିଫଳନ । ସେମାନେ କ'ଣ ଦୋଷ କରିଛନ୍ତି? ଏହି ପଦବୀ ଅତିକମ୍ରେ ୧୨୦ରୁ ୨୦୦ ମଧ୍ୟରେ ହେବା ଉଚିତ୍ ଓ ଉପର ୧୫୦ ପଦବୀକୁ ସଚିବ ସ୍ତରୀୟ ଦରମା (G.P.-୧୦,୦୦୦) ସହିତ ସମାନ କରିବା ଉଚିତ୍ । ମାତ୍ର ତାହା ନ କରି ଡାକ୍ତରମାନଙ୍କୁ କୌଣସି ସୁବିଧା, ନିରାପତ୍ତା ଓ ଛୁଟି ନେବାର ଅନୁମତି ନ ଦେଇ କେବଳ ଚବିଶ ଘଣ୍ଟା ଖଟାଇବା ଠିକ୍ ହେଉନାହିଁ । ଏବେ ଆୟୁଷ୍ଟ ନିର୍ଦ୍ଦେଶକ ପଦବୀକୁ ସ୍ୱତନ୍ତ୍ର ଶାସନ ସଚିବ ପଦବୀସହ ସମାନ କରାଯାଇଥିବା ବେଳେ ସ୍ୱାସ୍ଥ୍ୟ ବିଭାଗ ନିର୍ଦ୍ଦେଶକ, ଜିଲ୍ଲା ମୁଖ୍ୟ ଚିକିତ୍ସା ଅଧିକାରୀ ଓ ମୂଳରୁ ଆରମ୍ଭ କରି ସମସ୍ତ ପ୍ରଥମ ଶ୍ରେଣୀର ଅତିରିକ୍ତ ନିର୍ଦ୍ଦେଶକ ପର୍ଯ୍ୟନ୍ତ ଥିବା ଡାକ୍ତରଙ୍କ କଥା ଭୁଲିଯିବା ଉଚିତ୍ ନୁହେଁ । ସେହିପରି ଜିଲ୍ଲାରେ ମୁଖ୍ୟ ଚିକିତ୍ସା ଅଧିକାରୀମାନଙ୍କୁ ସେମାନଙ୍କଠାରୁ ପଦବୀରେ କନିଷ୍ଠ ଜିଲ୍ଲାପାଳମାନଙ୍କ ଅଧିନରେ କାର୍ଯ୍ୟ କରାଇବା ଠିକ୍ ନୁହେଁ ।

ଜୀବନରକ୍ଷା ଓ ଚିକିତ୍ସାର ଆବଶ୍ୟକତା ଥିବାବେଳେ ଓ ଅତିକଷ୍ଟ ତଥା ଅସାଧାରଣ ଓ ଭିନ୍ନ ଧରଣର କାମ କରୁଥିବା ଡାକ୍ତର କେବେ ସାଧାରଣ ହୋଇ ନପାରେ । ତେଣୁ ସାଧାରଣ ପ୍ରଶାସନ, ବିଚାର ବିଭାଗ, ପୋଲିସ୍ ଓ ଅନ୍ୟ ସବୁ ବିଭାଗଠାରୁ ନିଶ୍ଚିତ ଭାବେ ଡାକ୍ତରମାନଙ୍କୁ ଉପରେ ରଖିବା ଉଚିତ୍ - ଖାଲି ଡାକ୍ତର ମାନେ “ଦ୍ୱିତୀୟ ଇଶ୍ୱର” ବୋଲି କହି ତାଙ୍କୁ ଆକ୍ରମଣ ଓ ମାଡ଼ ମାରି ଖସିଯିବା ଉଚିତ୍ ନୁହେଁ ।

ସେମାନେ ସାଧାରଣ ମଣିଷ ପରି - ସେମାନଙ୍କ ପଦମର୍ଯ୍ୟାଦା, ସାମାଜିକ ପ୍ରତିଷ୍ଠା, ସ୍ୱାଭିମାନ ଓ ମାନବତ୍ୱ ରହିଛି । ସେମାନଙ୍କୁ ମଣିଷ ପରି ରହିବାକୁ ଦିଆଯାଉ । “ଦ୍ୱିତୀୟ ଭଗବାନ” କହି ଆଉ ଲଜିତ ନ କରାଯାଉ । ଯଦି ଅନ୍ତରାତ୍ମର ସହିତ ଦ୍ୱିତୀୟ ଭଗବାନ ଭାବୁଛନ୍ତି ତାହାଲେ ତାଙ୍କୁ ସେମାନଙ୍କର ସମସ୍ତ ନାର୍ଯ୍ୟ ପ୍ରାପ୍ୟ ପ୍ରଦାନ କରି ଏହା ପ୍ରମାଣ କରନ୍ତୁ ।





Quo Vadis

Dr Chandan Garhnayak

The historicity of job of healing dates back to the advent of life on the planet; be it human, animal or plant. As civilization marched on, healing as more of a science than a belief became evident. The respect & position the healers enjoyed in society reached newer heights. The healthcare personnel was treated as a special entity by the ruling class as well as the common citizen alike. Over the ages, the special treatment accorded to the healthcare professionals prompted many among them to indulge in this discipline involving both science and art with the passion of a tradesman. This profession has been appropriately called the second oldest trade on earth, next only to the Flesh trade, or the trade involving sex.

A single individual with the wisdom of detecting the defect in human body & treating the same with utmost zeal became the trademark of a devout & respectable clinician. A very little scope of resorting to investigations or help from peers made this profession somewhat egocentric. All these years, the common man nurtured in his mind a stereotyped image of a healer who was no less than a demigod.

Many clinicians of the yore spent their lives in pursuit of truth in a hermetic way. We perceived doctors as noble souls and saint like without worldly ambitions. Modern medicine evolved over the last two hundred years at the most. The Phrenic healing science & similar sciences from other ancient civilizations were relegated to ignominy. Mass destructiveness let loose by certain diseases found solution in modern medicine. With this came commercialisation of this service. Brilliant brains competed to enter into the profession like any other discipline. To excel in the profession at the cost of their longing for a good life was never their motto. But the common mass, accustomed to see doctors as the toiling lot with little penchant for self enhancement in terms of luxury, could not come to terms with the facts. There arose conflicts of interests.

To add to this agony, the ruling class with decreasing moral standards too used this platform for their own benefit. In the name of working for upliftment of the poor and downtrodden in the society, they often instigated the masses against health care professionals to divert their attention from the real issues.

Like many other trades, a parallel system of non federal health care facilities cropped up. They came as a saviour for many suffering segments of the society when the federal structures failed to deliver. The smarter & entrepreneurial ones from the healer groups chose to opt for the private sector. This group of healers, with the accompaniment of several



accessories because of liberal money flow,ended with more satisfactory outcome for patients.Commerce gradually amassed money for this sect of doctors which often became the talk of the town.

At this juncture,people were hoodwinked to believe doctors as not saviour,but as an arrogant bunch of money spinners! Behind all this brouhaha lies the game plan unleashed by certain unhealthy & unscrupulous minds in the society.The frenzied public are never tried to be placated that way. Here do we the significance of the title of the topic "Quo Vadis". We are through the Christmastide or the phase of Christmas celebration till the 1st of Jan 2021. Saint Peter, while fleeing Rome for fear of being executed at the hands of Romans,comes across Jesus who has just survived crucifixion. Peter asks Jesus "Quo vadis" which in Latin says "Where are you marching or going?" To which Jesus replies - he is going back to Rome to be crucified again. Saint Peter, thus gains confidence and returns to Rome to be crucified again.

Similar circumstances surround us.No respite or recuse will come as a succour.Our unity will, of course, rule the roost in the end. A doctor's dilemma & agony as well as ecstasy can never be shared or subdued by any other professional. God forbid, the societal challenges posed to the doctor fraternity does not come in the way of disinteresting bright students to join this trade!

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କରୋନା ସଂକ୍ରମିତ ଗର୍ଭବତୀ - ମୋ ଅଭିଜ୍ଞତା

ଡଃ ରୀତାଞ୍ଜଳି ମିଶ୍ର

ସ୍ତ୍ରୀ ଓ ପ୍ରସ୍ତୁତିରୋଗ ବିଶେଷଜ୍ଞ

ଗତ ୨ ବର୍ଷ ହେଲା, ପୃଥିବୀବାସୀ କରୋନା ପାଇଁ ଭୀତଭ୍ରଷ୍ଟ, ବିଷାଦଗ୍ରସ୍ତ ଓ ଅଜଣା ଆଶଙ୍କାରେ କାଳାତିପାତ କରୁଛନ୍ତି । କେତେ ଯେ ଅମୂଲ୍ୟ ଜୀବନ କରୋନାର କରାଳଗ୍ରାସରେ ବିଲୀନ ହୋଇ ଯାଇଛି, ତାହା ଅକଥନୀୟ । ସାରା ଜନସମାଜର ଏପରି ମାନସିକ ବିଦ୍ୱେଷ ତାହା ଅକଥନୀୟ । ସାରା ଜନସମାଜର ଏପରି ମାନସିକ ବିଦ୍ୱେଷ ସମୟରେ ମହା ମୂଲ୍ୟବାନ ଗର୍ଭବତୀ ସ୍ତ୍ରୀ ମାନଙ୍କ ଉପରେ ଏହାର ପ୍ରଭାବ କ’ଣ ଆସନ୍ତୁ ଆଲୋଚନା କରିବା ।

ମୋର ଆଲୋଚିତ ଗୀତି ଉଦାହରଣ ମୋ ନିଜର ଅଭିଜ୍ଞତା ଉପରେ ଆଧାରିତ । ଗତ ୨ ବର୍ଷ ମଧ୍ୟରେ ପ୍ରାୟ ୬୦/୭୦ କୋଭିଡ୍ ପଜିଟିଭ୍ ଗର୍ଭବତୀ ସ୍ତ୍ରୀ ଙ୍କ ସଂସ୍ପର୍ଶରେ ଆସିଥିବା ବେଳେ ସେଥିରୁ ୩ ଗୋଟି ମନକୁଆଁ ରୋଗୀଙ୍କ ବିଷୟରେ ଲେଖୁଛି ।

୧. ୨୬ ବର୍ଷ, ସ୍ତ୍ରୀ ଲୋକ, ୨ୟ ଗର୍ଭ ୮ ଦିନ ତଳେ ତାର ବଡ଼ଯା, କୋଭିଡ୍ ଆକ୍ରାନ୍ତ ହୋଇ ମୃତ୍ୟୁବରଣ କରିଛନ୍ତି । ଘରେ ବଡ଼ ଯାଙ୍କର ୮ ବର୍ଷର ପୁଅ ଓ ନିଜର ୪ ବର୍ଷର ଝିଅକୁ ଛାଡ଼ି ଗର୍ଭବେଦନାରେ ଡାକ୍ତରଖାନା ଆସିଥିବା ସ୍ତ୍ରୀ ଲୋକ ପାଖରେ କେବଳ ସ୍ୱାମୀକୁ ଛାଡ଼ି କେହି ଜଣେ ବି ନିଜ ଲୋକ ନାହାନ୍ତି । ସମସେତ କୋକୁଆ ଭୟ ରେ ଘରେ ରହି କେମିତି ଏ ସ୍ତ୍ରୀ ଲୋକଟି ଘରକୁ ଛୁଆକୁ ଧରି ଜୀବନରେ ଫେରିବ ସେହି କଥା ଭାବୁଛନ୍ତି । Duty ରେ ଥିବା ଡାକ୍ତର ଓ ଦିଦିଙ୍କୁ ନେହୁରା ହୋଇ ଅନୁରୋଧ କରୁଛି । ଯେତେବେଳେ ଡାକ୍ତର ଓ ଦିଦି ବିନା ଦ୍ୱିଧାରେ ସସମ୍ମାନେ, ସ୍ୱଚ୍ଛ ସିମାତ (PPE) ପିନ୍ଧି ତା ସ୍ତ୍ରୀର ନର୍ମାଲ ଡେଲିଭରି କରିଦେଲେ ଓ ମା ଛୁଆକୁ ସେ ଘରକୁ ଫେରିବାକୁ ଦେଲେ, ସେତେବେଳେ ସ୍ୱାମୀତ ଡାକ୍ତରଙ୍କ ଗୋଡ଼ ତଳେ ପଡ଼ି ଭୋ ଭୋ କାନ୍ଦିଲା ଓ କହିଲା ଆପଣମାନେ ସତରେ ଭଗବାନ, ମୋ ସାଙ୍ଗରେ ମୋର ନିଜ ଲୋକ, କେହି ନଥିବା ବେଳେ ଆପଣ ମାନେ ମୋ ସ୍ତ୍ରୀ ଓ ଛୁଆକୁ ବଞ୍ଚେଇଲେ ।

୨. ୩୫ ବର୍ଷ ସ୍ତ୍ରୀ ଲୋକ, ୩ୟ ଗର୍ଭ । Covid +ve ବାହାରି ଜ୍ୱରରେ ୨ ଦିନ ହେଲା ପଡ଼ିଛି । ସ୍ୱାମୀ, ବାହାରେ କାମରେ ଅଟକି ଯାଇଛି । ଗର୍ଭ ବେଦନାରେ ଘରେ ଛଟପଟ ହେବା ବେଳକୁ ପାଖରେ କେହି ନାହାନ୍ତି । କରୋନା ଭୟରେ ନିଜ ଜୀବନକୁ ପାଣି ଛଡେଇ ତା ପାଖକୁ ଯିବ କିଏ ? ଆଶା ଦିଦିଙ୍କ ପାଖରେ ଖବର ପହଞ୍ଚିଲା ସେ (PPE kit) ପିନ୍ଧି ତାର ଘରକୁ ପହଞ୍ଚିଲା ବେଳକୁ ଗର୍ଭ ଯନ୍ତ୍ରଣା ଜର୍ଜରିତ ମାଟି ଲକ ସଦ୍ୟଜାତ ମୃତ ଶିଶୁପୁତ୍ରଟିକୁ ଜନ୍ମ ଦେଇ ନିଜେ ଅତ୍ୟଧିକ ରକ୍ତସ୍ରାବ ହୋଇ ସଂଘାତିକ ଅବସ୍ଥାରେ ଡାକ୍ତର ଖାନାରେ ପହଞ୍ଚିଲା ଏବଂ ଶେଷରେ ଚିକିତ୍ସିତ ହୋଇ ଫେରିଲା । ପ୍ରଥମରୁ ମାନସିକ ଅନଗ୍ରସର ଛୁଆ ଥିବାର ମା’ଟି ଶିଶୁପୁତ୍ରକୁ ହରାଇ ଦୁଃଖରେ ମିୟମାଣ ହୋଇ ପଡ଼ିଥିଲା ।

୩. ପ୍ରଥମ ଗର୍ଭ ୧୯/୨୦ ବର୍ଷର ସରଳ ଆଦିବାସୀ ଝିଅ ର Covid +ve ଜାଣି ସୁଦ୍ଧା ସ୍ୱାମୀ , ଭାଇ ସପରିବାର ତା ପାଖକୁ ଆସି ପହଞ୍ଚିଛନ୍ତି । ସତରେ ଯେପରି କରୋନା ତାଙ୍କ ମନରେ କୌଣସି ଭୟ ସୃଷ୍ଟି କରି ପାରିନାହିଁ । ଆମର ବାରମ୍ବାର କହିବା ସତ୍ତ୍ୱେ ସମସ୍ତେ ସ୍ତ୍ରୀ ଲୋକର ପାଖରେ ସବୁବେଳେ ରହି ଆସିଛନ୍ତି । ତାହାର Delivery ହେଲା, ମା ଓ ଶିଶୁ ସୁସ୍ଥ ହୋଇ ଘରକୁ ଗଲେ Covid ସମୟରେ ଗର୍ଭବତୀ ସ୍ତ୍ରୀ ଙ୍କର ଯତ୍ନ ବିଷୟରେ କହିବାକୁ ଗଲେ ନିମ୍ନଲିଖିତ ବିଷୟ ମନେରଖିବା କଥା ।

(୧) Covid +ve ମା’ର ଗର୍ଭନଷ୍ଟ କରିବା ନିହାତି ଆବଶ୍ୟକ ନୁହେଁ । Covid ସମୟରେ Pregnancy ରଖିଲେ ସ୍ତ୍ରୀ ଲୋକଙ୍କୁ ମାନସିକ ସ୍ତରରେ ଆମେ ସୁଚିନ୍ତିତ ପରାମର୍ଶ ଦେବା ଉଚିତ୍ ।



- (୨) Covid +ve ମା' ମାନେ ନିହାତି ଆବଶ୍ୟକ ନହେଲେ ଘରୁ ବାହାରକୁ ଆଦୌ ବାହାରକୁ ନାହିଁ । Mask, Sanitizer ଓ ହାତ ମୁହଁ ପରିଷ୍କାର କରି ଧୋଇ ରଖିବା ଉଚିତ ।
- (୩) ଏହି ଗର୍ଭବତୀ ମା' ମାନଙ୍କୁ ସସମ୍ମାନେ ନିଜେ (PPE) ସଠିକ୍ ଭାବେ ପିନ୍ଧି ଡେଲିଭରି କରିବା ଉଚିତ୍ । ସେମାନଙ୍କ ପ୍ରସବ ପାଇଁ ଲେବରରୁମ୍ ଓ OT ଅଲଗା ହେବା ଆବଶ୍ୟକ ।
- (୪) ପ୍ରସବ ପରେ ଶିଶୁଟି ମା ସ୍ତୀର ଖାଇବା ଉଚିତ୍ । ଯଦି ମା ଟି ସାଂଘାତିକ ଅବସ୍ଥାରେ ଅଛି ତେବେ ମା ସ୍ତୀର କୁ ଗିନା ବାହାର କରି ତାକୁ ଚାମଚରେ ଶିଶୁକୁ ଦେବା ଉଚିତ୍ ।

ଆମେ ସମସ୍ତେ ପ୍ରତିଜ୍ଞାବଦ୍ଧ ହୋଇ କୋରାନା ସଂକ୍ରମିତ ଗର୍ଭବତୀ ସ୍ତୀର ସଠିକ୍ ଚିକିତ୍ସାକଲେ ନିଜକୁ ଏବଂ ଆମର ଭବିଷ୍ୟତ ନାଗରୀକ ମାନଙ୍କୁ ସୁରକ୍ଷିତ ରଖି ପାରିବା ।

ମା' ତୁମେ ମମତାର ଶ୍ରୀମାତ୍ରୀନ ସାଗର... ।

ମା' ତୁମେ ଆମ ପାଇଁ ଦେବତାର ମନ୍ଦିର ... ।





କରୋନା ! ଦେଲ ତୁମେ ମହାଶିକ୍ଷା ?

ଡା. ନୀହାର ରଞ୍ଜନ ତ୍ରିପାଠୀ

ଜିଲ୍ଲା ସଦର ମହକୁମା ଚିକିତ୍ସାଳୟ,
ମାଲକାନଗିରି

ସୃଷ୍ଟି - ପ୍ରଳୟର ସମୟ ଚକ୍ରରେ
ଏ କି ଅଭିନବ ଅନୁଭୂତି,
ବିନାଶ-ତାଣ୍ଡବ-କରାଳ-ନୃତ୍ୟ
ନା, ପରିବର୍ତ୍ତନର ପ୍ରତିଶ୍ରୁତି ?
ଚନ୍ଦ୍ରପୃଷ୍ଠପରେ ବସା ବାନ୍ଧିବାର
ସ୍ଵପ୍ନରେ ବିଭୋର ମନପକ୍ଷୀ,
ଆପଣା ନୀଡ଼ରେ ଗୃହବନ୍ଦୀ ମୁହିଁ
ଉର୍ଦ୍ଧ୍ଵନାଭି ତାର ଦେଖ ବଡ଼ ସାକ୍ଷୀ ।
ଉଚ୍ଚ ଅଜ୍ଞାନିକ, ଅମାପ ସମ୍ପଦ
ଏଠି ନିଜର ଯେ କିଛି ନାହିଁ,
ଯେଉଁ ଶଯ୍ୟା ଆଜି ରଙ୍କ ପାଇଁ ସଜ
ସେଠି ରାଜା ମଧ୍ୟ ଶୋଇଥାଇ ।
କରୋନା ଚାହେଁନା ଦୁର୍ମୂଲ୍ୟ ଔଷଧୀ
ଅବା ପ୍ରତିଷ୍ଠିତ ଚିକିତ୍ସାଳୟ,
ଚାହେଁଖାଲି କିଛି ପ୍ରତିଶ୍ରୁତି ଅନୁଶାସନ ଓ
ସୁଷମ ଆହାର, ଶୁଦ୍ଧ ମଳୟ ।
ସଭିଏଁ ଜାଣନ୍ତି ସଦା ପ୍ରତିଷୋଧ
ଚିକିତ୍ସା ଅପେକ୍ଷା ଶ୍ରେଷ୍ଠତର,
ତଥାପି ଜ୍ଞାନର ଭଣ୍ଡାର ମଣିଷ
କରୋନା ରୋଗରେ ଗୁରୁତର ।
ମୁଖଟା ପିନ୍ଧିବା, ଦୂରରେ ରହିବା,
ହସ୍ତ ପ୍ରକ୍ଷାଳନ, ଅନୁଶାସନ

ନ ମାନି ସଂସାର ହନ୍ତସନ୍ତ ଆଜି,
କେତେ ଅସହାୟ ମଣିଷ ମନ ।
ସ୍ଵାର୍ଥ-ଇନ୍ଦ୍ରିୟଙ୍କ ବଶୀଭୂତ ମନ
ନିଜେ ନିଜକୁ ହିଁ ପାରିନି ଚିହ୍ନି,
ତଥାପି ଚାହୁଁଛି ଯୁଦ୍ଧ ଯୋଗେ ଆଜି
ଯିବ ସାରା ବିଶ୍ଵବ୍ରହ୍ମଣ୍ଡ ଜିଣି ।
କରୋନା ମନୁଷ୍ୟ ବୁଦ୍ଧି, ବିବେକ ଓ
ସାଧନାଠୁ ବଳି ବଡ଼ ରୋଗ ?
ନା, କରୋନା ମାନବ ଅନ୍ତରେ ସଞ୍ଚିତ
ବୁଦ୍ଧିହୀନତା ର ପରିଣାମ ?
ପ୍ରକୃତି ଯେବେ ବି ସତ୍ତ୍ଵଳନହରା
ପ୍ରଳୟ ସର୍ବଦା ଅବଶ୍ୟତାବା,
କାଳରାତ୍ରି କିନ୍ତୁ ଯେତେ ଦୀର୍ଘତର
ସକାଳ ସେତିକି ମନଲୋଭାବି ।
ଧୈର୍ଯ୍ୟ, ସାହସ ଓ ଅନୁଶାସନର
ପ୍ରତିବିମ୍ବ ସାଜି ମାନବ ଜାତି,
ପ୍ରତିଶ୍ରୁତି ଦେଉ ନବ ପ୍ରଭାତର
ଲୁଚିଯିବ କାଳ କରୋନା ରାତି ।
ପ୍ରକୃତି ବିଧିତ ନବ ସମାଜର
ଯୁଗାନ୍ତକାରୀ ଯେ ଗୁରୁ-ଦୀକ୍ଷା
କରୋନା କେବଳ ମହାମାରୀ ନୁହେଁ
ପରିବର୍ତ୍ତନର ମହାଶିକ୍ଷା ।

◆◆◆



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କଳ୍ପତରୁଟିଏ ସ୍ଥାପନା କରିଦେଇଯିବି ।

ଲକ୍ଷ ଲକ୍ଷ ଜନ୍ମ ନେଇ ଆସୁଥିଲି ଆଉ ଆସୁ ବି ଥିବି ମୁଁ

ଲଭୁଥିଲି ଆଉ ଲଭୁଥିବି ମୁଁ

ଏ ପୃଥିବୀ ମାତା ପାଇଁଜନସମାଜ ପାଇଁ

ମୋ ଶେଷ ନିଃଶ୍ୱାସ ଥିବା ଯାଏଁ ।





କିଶୋରୀ କନ୍ୟାଙ୍କ ଯତ୍ନ

ଡ. ସଞ୍ଜୟ ସ୍ୱାଇଁ (ଏମ୍.ଡି.)

ବରିଷ୍ଠ ସ୍ତ୍ରୀରୋଗ ଓ ପ୍ରସୂତୀ ବିଶେଷଜ୍ଞ, କଟକ

ସମ୍ପର୍କ :- ୯୪୩୭୦୨୯୦୮୯

ଆଜିର କିଶୋରୀ କନ୍ୟା ଆସନ୍ତା କାଲିର ଦାୟିତ୍ୱ ସମ୍ପନ୍ନା ଯୁବତୀ ଏବଂ ତତ୍ପରବର୍ତ୍ତୀ ଦିନର ଜାୟା ତଥା ଜନନୀ । କିଶୋରୀ କନ୍ୟାମାନେ ଆମ ଭବିଷ୍ୟତ ବଂଶଧରମାନଙ୍କ ଯତ୍ନଶୀଳା କଲ୍ୟାଣମୟୀ ମାତା । ଏଣୁ ସାମୁହିକ ରୂପେ ମାନବ ଜାତିର କଲ୍ୟାଣ ପାଇଁ ସୁସ୍ଥ, ଶିକ୍ଷିତା ଏବଂ ସର୍ବଗୁଣ ସମ୍ପନ୍ନା କିଶୋରୀ କନ୍ୟା ପ୍ରସ୍ତୁତ କରିବା ସମସ୍ତ ପିତାମାତା ତଥା ଆମ ସମାଜର ଜାତୀୟ କର୍ତ୍ତବ୍ୟ । କିଶୋର କିଶୋରୀମାନଙ୍କୁ ଯତ୍ନ ପ୍ରଦାନ କରିବା ଏକ ବିରାଟ ଆହ୍ୱାନ, କାରଣ ଅଧିକାଂଶ ସମୟରେ ସେମାନେ ନିଜସ୍ୱ ସ୍ତରରେ ସ୍ୱାଧୀନ ନିଷ୍ପତ୍ତି ଗ୍ରହଣ କରିବାକୁ ତତ୍ପର ହୋଇଥାଆନ୍ତି । ଶୈଶବର ଅତିରିକ୍ତ ସୁରକ୍ଷାମଳୟରୁ ମୁକ୍ତ ହୋଇ ଉଭୟ ଶାରୀରିକ ଏବଂ ମାନସିକ ସ୍ୱାଧୀନ ଯୁବାବସ୍ଥାରେ ପ୍ରବେଶ କରିବା ପାଇଁ ବ୍ୟାକୁଳିତା ହେଉଥିବା ୧୦ ରୁ ୧୯ ବର୍ଷ ବୟସର ମଧ୍ୟବର୍ତ୍ତୀ ଜୀବନ କାଳକୁ କୈଶୋରୀବସ୍ଥା କୁହାଯାଏ । ଏହି ଅବସ୍ଥାର ଉପଯୁକ୍ତ ଯତ୍ନ ଭବିଷ୍ୟତର ସୁସ୍ଥ, ଶିକ୍ଷିତ, ଉତ୍ପାଦନକ୍ଷମ ତଥା ଦାୟିତ୍ୱ ସମ୍ପନ୍ନ ନାଗରିକ ଗଠନର ଭୂମି ସ୍ଥାପନ କରିଥାଏ ।

କିଶୋରୀ କନ୍ୟାମାନଙ୍କର ପୁଷ୍ଟି, ରତ୍ନପ୍ରାବ, ଶିକ୍ଷା, ମାନସିକ ସ୍ୱାସ୍ଥ୍ୟ, ମାଦକଦ୍ରବ୍ୟ ବ୍ୟବହାର ନିଷେଧ, ଆତ୍ମୀୟ ଏବଂ ହିଂସା ବିପକ୍ଷ ଆତ୍ମରକ୍ଷା କୌଶଳ, ଅଣ ସଂକ୍ରାମକ ରୋଗ ତଥା ଯୌନ ଓ ପ୍ରଜନନ ସ୍ୱାସ୍ଥ୍ୟ ସମ୍ପର୍କିତ ଯତ୍ନ ଏକ ସୁସ୍ଥ ଓ ପ୍ରଗତିଶୀଳ ସମାଜ ପାଇଁ ଅତ୍ୟନ୍ତ ଉପାଦେୟ ।

ଶୈଶବ ଏବଂ କିଶୋରୀ ଅବସ୍ଥାରେ ନିରୋଗ ଏବଂ ସ୍ୱାସ୍ଥ୍ୟବତୀ ରହିଲେ ପରବର୍ତ୍ତୀ କାଳରେ ମାତୃତ୍ୱ ଜନିତ ବିପଦ ଗୁଡ଼ିକର ସମ୍ଭାବନା କ୍ଷୀଣ ହୋଇଥାଏ । ଆଜି କିଶୋରୀ କନ୍ୟାମାନଙ୍କୁ ବିନୟ, ତାଲି, ଶସ୍ୟ, ସବୁଜ ପନିପରିବା, ଫଳ, ଘିଅ ଆଦି ସହ ସମ୍ଭବ ହେଲେ ଦୁଗ୍ଧ କିମ୍ବା ଅନ୍ୟାନ୍ୟ ଦୁଗ୍ଧଜାତ ଦ୍ରବ୍ୟ, ଅଣ୍ଡା, ମାଛ, କୁକୁଡ଼ା ଓ ମାଂସ ପରି ପୁଷ୍ଟିକର ସମ୍ବୃଦ୍ଧିତ ଖାଦ୍ୟ ଖୁଆଇଲେ, ସେମାନେ ସୁସ୍ଥ ଏବଂ ବଳିଷ୍ଠ ହୋଇ ଆସନ୍ତା ଦିନମାନଙ୍କରେ ସୁସ୍ଥ ସନ୍ତାନମାନଙ୍କୁ ଜନ୍ମ ଦେବେ ।

ସକାଳ ଜଳଖିଆ ଠିକ୍ ସମୟରେ ସମ୍ବୃଦ୍ଧିତ ରୂପେ ଗ୍ରହଣ କରିବା ଅତ୍ୟନ୍ତ ଆବଶ୍ୟକ । ମୋଟାପଟା ହ୍ରାସ କରିବା ପାଇଁ ପ୍ରାତଃ ଭୋଜନ ନକରିବା ଭ୍ରମାତ୍ମକ, ବରଂ ଏହାଦ୍ୱାରା ମୋଟାପଟା ବୃଦ୍ଧି ପାଇଥାଏ । ଦୈନିକ ଅତି କମ୍ରେ ୬ ରୁ ୮ ଗ୍ଲ୍ୟୁସ୍ ତରଳ ଦ୍ରବ୍ୟ ଯଥା ଜଳ, ବିନା ଚିନିର ତାଜା ଫଳରସ ଏବଂ କ୍ଷୀର ପାନ କରିବା କିଶୋରୀ ମନ୍ୟାଙ୍କ ଉ ମ ସ୍ୱାସ୍ଥ୍ୟ ପାଇଁ ଉପାଦେୟ । ଆଜିକାଲି କିଶୋରୀମାନେ ତନ୍ମୁପାତେଳୀ ହେବା ପାଇଁ ପ୍ରତିଯୋଗୀତା ପୂର୍ବକ ସ୍ୱଚ୍ଛହାରୀ ହେବା ଦ୍ୱାରା ବିପଦଜନକ ରୂପେ ଅତ୍ୟଧିକ ନିମ୍ନ ଓଜନ ସ୍ତରକୁ ଚାଲିଯାଉଛନ୍ତି, ଯାହା ଉତ୍ତମ ସ୍ୱାସ୍ଥ୍ୟର ପରିପତ୍ନୀ ।

ସେହିପରି ଅତ୍ୟଧିକ ସ୍ନେହସାର ଏବଂ ଶ୍ୱେତସାର ଥିବା ବଜାରରେ ଚଟପଟା ଫାଷ୍ଟଫୁଡ୍ ଖାଇ କିଶୋରୀମାନେ ଅତିରିକ୍ତ ମେଦବହୁଳତାର ଶିକାର ହେବା ସହ ବିଭିନ୍ନ ଅନ୍ତଃସ୍ରବୀ ରସାୟନ(ହରମୋନ)ର ଅସନ୍ତୁଳତାରେ ପୀଡ଼ିତ ହୋଇ ନିଜସ୍ୱ ରତ୍ନପ୍ରାବ ଏବଂ ପ୍ରଜନନ କ୍ଷମତାକୁ ବିପର୍ଯ୍ୟସ୍ତ କରିପକାଉଛନ୍ତି ।

କିଶୋରୀ କନ୍ୟାମାନେ ଉତ୍ତମଶିକ୍ଷା ଗ୍ରହଣ ଦ୍ୱାରା ଲେଖାପଢ଼ା ସହ ଅନ୍ୟାନ୍ୟ ବିବିଧ କ୍ଷେତ୍ରରେ ପାରଦର୍ଶିତା ଅର୍ଜନ କରି ନିଜର ପରିବାରର ତଥା ସମାଜର ଉପଯୁକ୍ତ ଯତ୍ନ ନେବାକୁ ସକ୍ଷମ ହୋଇପାରିବେ ।



ସରକାରୀ ସ୍ତରରେ ପ୍ରଚଳିତ “ସହଯୋଗୀ ଶିକ୍ଷା” (Peer education) କାର୍ଯ୍ୟକ୍ରମ ମାଧ୍ୟମରେ “କିଶୋରୀ ସାଥୀ” ମାନେ ପ୍ରଦାନ କରୁଥିବା ସ୍ଵାସ୍ଥ୍ୟ ସଚେତନତା ବାର୍ତ୍ତା ଗୁଡ଼ିକ ଶିକ୍ଷିତା କିଶୋରୀମାନେ ସହଜରେ ପ୍ରକୃତ କ୍ଷେତ୍ରରେ ପ୍ରୟୋଗ କରିପାରନ୍ତି । କୈଶୋର ସ୍ଵାସ୍ଥ୍ୟ ଦିବସ, ଶ୍ରଦ୍ଧା କ୍ଲିନିକ୍, ରତ୍ନସ୍ରାବ ଜନିତ ସ୍ଵଚ୍ଛତା କାର୍ଯ୍ୟକ୍ରମ ତଥା ସାପ୍ତାହିକ ଲୌହସାର ବିତରଣ କାର୍ଯ୍ୟକ୍ରମ ଏବଂ ବାର୍ଷିକ ୨ ଥର କୃମିନାଶକ ବଟିକା ସେବନ କାର୍ଯ୍ୟକ୍ରମ ଗୁଡ଼ିକର ସିଂହଭାଗ ହିତାଧିକାରୀ କିଶୋରୀ କନ୍ୟାମାନେ ହେବା ବିଧେୟ ।

କିଶୋରୀ କନ୍ୟାମାନେ ୧୮ ବର୍ଷ ବୟସପରେ ବିବାହ କରିବା ଉଚିତ୍ । କାରଣ ସେତେବେଳକୁ ଶାରୀରିକ ଓ ମାନସିକରୂପେ ସେମାନେ ପୂର୍ଣ୍ଣ ବିକଶିତ ହେବା ସହ ଗର୍ଭଧାରଣ ପାଇଁ ଉତ୍ତମରୂପେ ପ୍ରସ୍ତୁତ ହୋଇସାରିଥାନ୍ତି, ଏଣୁ ଗର୍ଭାବସ୍ଥା ଓ ସନ୍ତାନ ପ୍ରସବରେ ପ୍ରାୟତଃ ସମସ୍ୟା ଦେଖା ଦେଇ ନ ଥାଏ ।

ତରଳ କିଶୋରୀ ଅବସ୍ଥାରେ ଅବଦାନସଗ୍ରସ୍ତ ଓ ଚଉଚାଞ୍ଚଲ୍ୟ ଦୁଇଟି ବିଷୟ ମାନସିକ ସମସ୍ୟା । ଏହାସହ ବ୍ୟକ୍ତିତ୍ଵ ମଳିନ କରୁଥିବା ବ୍ରଣ ଏବଂ ରତ୍ନସ୍ରାବ ଜନିତ ଉଦରପୀଡ଼ା ସମସ୍ୟା ସମ୍ପର୍କିତ ସମୟୋପଯୋଗି ଉପଯୁକ୍ତ ସକାରାତ୍ମକ ପରାମର୍ଶ କିଶୋରୀ କନ୍ୟାମାନଙ୍କ ଯତ୍ନ ଏକ ପ୍ରମୁଖ ବିଷୟ, କାରଣ ଏହି ସମସ୍ତ ସ୍ଥିତି ଅନେକ ସମୟରେ ସେମାନଙ୍କୁ ଆତ୍ମହତ୍ୟା ପରି ଚରମ ପଦକ୍ଷେପ ନେବାକୁ ପ୍ରେରିତ କରିଥାଏ ।

ଅସ୍ଥିର କିଶୋରୀବସ୍ଥାରେ ଧୂମପାନ, ମଦ୍ୟପାନ ଏବଂ ଅନ୍ୟାନ୍ୟ ଉକ୍ତ ନିଷିଦ୍ଧମାଦକ ଦ୍ରବ୍ୟଗୁଡ଼ିକର ସ୍ଵାଦ ଜାଣିବା ତଥା ସେଗୁଡ଼ିକ ସେବନର ଚାଞ୍ଚଲ୍ୟକର ଅନୁଭୂତିକୁ ଅଙ୍ଗେ ନିଭାଇବା ପାଇଁ ମନ ଉଚ୍ଚାଟ ହୋଇଥାଏ । ମାତ୍ର ସେଗୁଡ଼ିକ କବଳରେ ଥରେ କବଳିତ ହୋଇଗଲେ ସେଥିରୁ ନିଷ୍ଠୁତି ମିଳିବା ଦୁଃସାଧ୍ୟ ହୋଇପଡ଼େ । ସେହିପରି ଏହି କିଶୋରୀ ବୟସରେ ଅସୁରକ୍ଷିତ ଯୌନ ସମ୍ପର୍କ ରଖିବା ଅବାଞ୍ଚିତ ଗର୍ଭ ଧାରଣ ଏବଂ ଏଚ୍. ଆଇ. ଭି. ତଥା ଅନ୍ୟାନ୍ୟ ଯୌନ ସଂକ୍ରମଣର କାରଣ ହୋଇଥାଏ । ଏଣୁ କିଶୋରୀ କନ୍ୟାମାନଙ୍କୁ ଉପଯୁକ୍ତ ସମୟରେ ସଠିକ୍ ଯୌନ ସ୍ଵାସ୍ଥ୍ୟ ଶିକ୍ଷା ପ୍ରଦାନ କରାଯିବା ବାଞ୍ଛନୀୟ ।

ସର୍ବୋପରି ସୁସ୍ଥମ ଖାଦ୍ୟ, ସୁଶିକ୍ଷା, ସ୍ଵାସ୍ଥ୍ୟ ସମ୍ପର୍କିତ ସଚେତନତା, ମାଦକ ଦ୍ରବ୍ୟଠାରୁ ନିରାପଦ ଦୂରତ୍ଵ ରକ୍ଷାକରି ନିୟମିତ ଶାରୀରିକ ବ୍ୟାୟାମ କରିବା ଦ୍ଵାରା ଜଣେ କିଶୋରୀ କନ୍ୟା ସମାଜ ଉପଯୋଗୀ, ସୁସଂସ୍କୃତା, ସୁଶୀଳା ଏବଂ ସ୍ଵାସ୍ଥ୍ୟବତୀ ନାରୀରେ ରୂପାନ୍ତରିତ ହୋଇପାରିବ । ଏପରି କନ୍ୟାମାନେ ଉଦ୍ଦିଷ୍ଟତର ଦାୟିତ୍ଵସମ୍ପନ୍ନ ସୁନାଗରିକମାନଙ୍କୁ ଜନ୍ମଦେଇ ଦେଶଗଠନର ଗୁରୁତ୍ଵପୂର୍ଣ୍ଣ ଭୂମିକାରେ ଅବତୀର୍ଣ୍ଣ ହୋଇପାରିବେ ।

କରନା କନ୍ୟାକୁ ଅବହେଳା କେବେ
ଯତ୍ନ କର ରତ୍ନ ପରି
ଆସନ୍ତା କାଲିକୁ ସେହିମାନେ
ହେବେ ସଂସାରର ନାରୀ । ୧ ।
ସ୍ଵାସ୍ଥ୍ୟ ଶିକ୍ଷାଦେଇ ସଂସ୍କାର ଶିଖାଅ
ହେଉ ମନେ କର ନାହିଁ
କନ୍ୟାଟି ବଞ୍ଚିଲେ ଜଗତ ବଢ଼ିବ
ଏକଥା ଭୁଲିବ ନାହିଁ । ୨ ।

ଜନନୀ ଭଗିନୀ ଜାୟା ଅଟେ କନ୍ୟା
ଅଟଇ ଜଗତଧାତ୍ରୀ
ତ୍ରିବେଣୀ ଧାରାରେ ବହେ ଯୁଗେ ଯୁଗେ
ଜଗତେ ଶ୍ରେଷ୍ଠା ପୁତ୍ରୀ । ୩ ।
ହାସ୍ୟ ଲାସ୍ୟମୟୀ କଲ୍ୟାଣମୟୀ ସେ
ମଙ୍ଗଳମୟୀ ସେ ମାଆ
ମା’ ନରହିଲେ କିଏ ହେବ ତତେ ସାହା । ୪ ।





ମାନସିକ ବିକୃତିର ପ୍ରକାର ଭେଦ

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ମାନସିକ ବିକାର (Psychosis) : ମନରେ ଭ୍ରାନ୍ତ ଧାରଣା ପ୍ରବେଶ, ଅତ୍ୟଧିକ ସନ୍ଦେହ, ମନେ ମନେ ହସିବା, କାନ୍ଦିବା ବା ଗୁଣ୍ଡ ଗୁଣ୍ଡ ହୋଇ ଗପିବା ସମେତ ଅସଙ୍ଗତ ବ୍ୟବହାର, ନିଜ ଚିହ୍ନାଲୋକକୁ ବିରୋଧୀ ଭାବିବା, ନିଜ ପରିବାରର ଚରିତ୍ରକୁ ନେଇ ସନ୍ଦେହ, ଯେ କୌଣସି ଲୋକ କଥା ହେଲେ ନିଜ ବିଷୟରେ ଖାଲି ଭାବିବା, ଏକା ଏକା ଅନ୍ୟମନସ୍କ ରହିବା, ଶୂନ୍ୟରୁ କଥା ଶୁଣିବା ବା କିଛି ଦେଖିବା ଯାହା ଅନ୍ୟକୁ ଦୃଶ୍ୟ ହେଉନଥିବ, କାମରେ ଆଗ୍ରହ ନରହିବା, ମୂର୍ତ୍ତିଭଳି ବସି ରହିବା, ନିଜର ଯତ୍ନ ନନେବା ଇତ୍ୟାଦି । **ଅବସାଦ (Dipression)**

ଡିପ୍ରେସନ୍ : ମନ ଦୁଃଖ, କାର୍ଯ୍ୟରେ ଅନାଗ୍ରହ, ନିଦ୍ରା, କ୍ଷୁଧା ଆଦିରେ ପରିବର୍ତ୍ତନ, ଧ୍ୟାନ ଲୟ ରଖି ନପାରିବା । ଧୂରେ ଧୂରେ ଶୁଖିଯିବା, ହତାସ୍ ଲାଗିବା ଇତ୍ୟାଦି ।

ଉନ୍ମାଦନା (Mania): ନିଜକୁ ଉଚ୍ଚ ଭାବି ବଡ଼ ବଡ଼ କଥା କହିବା, ସବୁ କଥାରେ ମୁଣ୍ଡ ପୁରାଇବା, ଅତ୍ୟଧିକ ଖୁସି ହେବା ଯଥା ନାଚିବା, ଗୀତ ଗାଇବା, ଅତ୍ୟଧିକ ଖର୍ଚ୍ଚ କରିବା, ଛୋଟ ଛୋଟ କଥାରେ ଗଣ୍ଡଗୋଳ କରିବା, ନଶୋଇବା ଇତ୍ୟାଦି ।

ଅବସେସନ୍ : ଅନିଚ୍ଛା ସତ୍ତ୍ୱେ ବାରମ୍ବାର କେତେକ ଭାବନା ମନରେ ପଶିଯିବା, ଯେପରିକି ଆକାରଣେ ଅପରିଷ୍କାର ଲାଗିବା ହେତୁ, ହାତ ଗୋଡ଼ ଧୋଇ ଧୋଇ ହାତ ପାଣି ଖାଇ ଯାଇଥିବ (ସୁଚୀବାୟୀ ରୋଗ)

ସୋମାଟୋଫର୍ମ : ଅନେକ ଦିନର ଅସାଧ୍ୟ ବ୍ୟାଧି, ଗୋଡ଼ହାତ ମୁଣ୍ଡ ସବୁଠି ସମସ୍ୟା, ଯେତେ ଔଷଧ ଖାଇଲେ ବି ସାଧ୍ୟ ହେଉ ନଥିବ ଓ ମନଟା ଦୁଃଖ ରହୁଥିବ ।

ଅପସ୍ମାର ବାତ (Epilepsy) : ହଠାତ୍ ହାତଗୋଡ଼ ବାଡ଼େଇ ଛାଟି ହୋଇ ପାଟିରୁ ଫେଣ ବାହାରିବ କିମ୍ବା ଅଳ୍ପ ସମୟ ପାଇଁ କିଛି ଅସ୍ୱାଭାବିକ ବ୍ୟବହାର ଦେଖାଇହେବା ଓ ପରେ ପଚାରିଲେ ଜାଣି ନଥିବ, ଏହା ସହ ଚେତା ବି ବୁଝିଯାଏ ।

ଯୌନ ସମସ୍ୟା (Sex Disorder) : ଶୀଘ୍ର ଶିଥିଳତା, ଶୀଘ୍ର ପତନ, ଯୌନକ୍ରିୟା ପ୍ରତି ଅନାଗ୍ରହ, ଆଗ୍ରହ ସତ୍ତ୍ୱେ ଲିଙ୍ଗରେ ଉତ୍ତେଜନା ନଆସିବା, ଚରମ ତୃପ୍ତି ନ ମିଳିବା (ସ୍ତ୍ରୀ ଓ ପୁରୁଷଙ୍କ କ୍ଷେତ୍ରରେ)

ନିଦ୍ରା ଜନିତ ସମସ୍ୟା (Sleep Disorder): ନିଦ ନ ଆସିବା, ବାରମ୍ବାର ଭାଙ୍ଗିଯିବା, ସକାଳୁ ସତେଜ ନ ଲାଗିବା, ଦିନରେ ନିଦ ଲାଗିବା, ନିଦରେ ଭୟାନକ ସ୍ୱପ୍ନ ଦେଖିବା, ନିଦରେ ବାଉଳା ହେବା, ଚାଲିବା ଇତ୍ୟାଦି ।

ଆତ୍ମହତ୍ୟା ପ୍ରବଣତା(Suicidal Tendency), ଆନଜାଇଟି : ଛାନିଆ ଲାଗିବା (ରକ୍ତ ଛୁଣ୍ଡ, ଜନଗହଳି ଜାଗା, ଅସରପା, କେଣ୍ଡୁଆ, ଉଚ୍ଚ ଜାଗା) ଅତି ଠାରୁ ଅହେତୁକ ଭୟ, ବେଳେବେଳେ ବ୍ୟସ୍ତତା ବଢ଼ି ଲୋକ ପାଗଳ ହୋଇଯିବ ବୋଲି ଭାବେ, ଛୋଟ କଥାରେ ହୃଦ୍‌ସ୍ପନ୍ଦନ ବଢ଼ି ଗମ୍ ଗମ୍ ଝାଳ ବାହାରିପଡ଼େ ଓ ପାଟି ଶୁଖିଯାଏ, କଥା ପଦେ କହିବାକୁ ସାହସ ହୁଏ ନାହିଁ ।

ନିଶାଦ୍ରବ୍ୟ ସେବନ (Substance Abuse): ଅଧିକାଂଶ ଲୋକେ ଚାହିଁଲେ ବି ନିଶା ଛାଡ଼ି ପାରନ୍ତି ନାହିଁ । ନିଶା ଛାଡ଼ିବାର କଷ୍ଟକୁ ସହ୍ୟ କରିପାରନ୍ତି ନାହିଁ ଏବଂ ଅଧିକରୁ ଅଧିକ ସମସ୍ୟା ମଧ୍ୟକୁ ଟାଣି ହୋଇ ଯାଆନ୍ତି ।

ଛୋଟ ଛୁଆଙ୍କର ବିଚଳତା (Hyper active child): ଅତ୍ୟଧିକ ଦୁଷ୍ମାମି, ଅସ୍ଥିର ଅଥୟ ହେବା, ପାଠ ନ ପଢ଼ିବା, ଶେଯରେ ବଡ଼ହେବା ଯାଏ ପରିଶ୍ରା କରିବା, ବୟସ ଅନୁସାରେ ବୁଦ୍ଧି ବିକଶିତ ନହେବା ।

ବ୍ୟକ୍ତିତ୍ୱର ପରିବର୍ତ୍ତନ (Personality Disorder): ଅତ୍ୟଧିକ ରାଗି, ଲାଜୁଆ, ଛାନିଆ, ଏକୃଷିଆ ଲୋକ ଇତ୍ୟାଦି ବ୍ୟକ୍ତିତ୍ୱକୁ କିଛିମାତ୍ରାରେ ବଦଳାଇ ହୁଏ ।





SEVERE ACUTE MALNUTRITION

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Malnutrition in children is widely prevalent in developing countries including India. More than 33% of deaths in 0-5 years are associated with malnutrition. Severe Acute Malnutrition (SAM) is a unique type of severe malnutrition and is different from severe underweight and severe stunting. Severe acute malnutrition is defined as severe wasting and/or bilateral edema. Severe wasting is extreme thinness diagnosed by a weight-for-length (or height) $< - 3$ SD of the WHO Child Growth Standards. In children ages 6-59 month, a mid-upper arm circumference < 115 mm also denotes extreme thinness: a color banded tape is a convenient way of screening children in need of treatment. Bilateral edema is diagnosed by grasping both feet, placing a thumb on top of each, and pressing gently but firmly for 10 sec. A pit (dent) remaining under each thumb indicates bilateral edema.

This definition of severe acute malnutrition distinguishes wasted/ oedematous children from those who are stunted, since stunted children (although underweight) are not a priority for acute clinical care because their deficits in height and weight cannot be corrected in the short term.

The previous name protein-energy malnutrition is avoided because it oversimplifies the complex, multi deficiency aetiology. Other terminologies are marasmus (severe wasting), kwashiorkor (characterized by edema), marasmic-kwashiorkor (severe wasting and edema). Children with severe acute malnutrition have had a diet insufficient in energy and nutrients relative to their needs.

Stunting is unusually low height or length for age, often due to chronic malnutrition. A stunted child may be adequate in weight-for-height but low in weight-for-age because he is very short. Stunted children do not need intensive management and should be managed in the community. Acute malnutrition is classified into severe acute malnutrition (SAM) and moderate acute malnutrition (MAM) according to severity of malnutrition.

SAM is both a medical and social disorder. The medical problem is due to the social problems at home. Lack of exclusive breast feeding, late introduction of complementary feeds, feeding diluted feeds containing less amount of nutrients, repeated enteric and respiratory tract infections, ignorance, and poverty are some of the factors responsible for Severe Acute Malnutrition (SAM). According to National Family Health Survey-III, In India, 6.4% of children below 60 months of age were suffering from severe acute malnutrition. With the current estimated total population of India as 1100 million, it is expected that about 8.1 million are likely to be suffering from SAM.

The median case fatality rate is approximately 23.5% in severe acute malnutrition, which may reach 50% in oedematous malnutrition. Severe acute malnutrition kills children by increasing the case fatality rate in children suffering from common illnesses such as diarrhea and pneumonia. This fatality can be brought down to approximately 7-10% by standard case management protocol.





MENTAL HEALTH DURING COVID-19 PANDEMIC : THE GOVERNMENT OF ODISHA PERSPECTIVE

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A major outbreak in the 21st century, the Coronavirus disease, 2019 (COVID-19) pandemic has led to unprecedented hazards to mental health globally, while psychological support is being provided to patients and healthcare workers, the general public's mental health requires significant attention as well. Relatively higher rates of symptoms of anxiety (6.33% to 50.9%), depression (14.6% to 48.3%), post-traumatic stress disorder (7% to 53.8%), psychological distress (34.43% to 38%), and stress (8.1% to 81.9%) are reported in the general population during the COVID-19 pandemic.

This never thought before situation is highly associated with highly significant levels of psychological distress, that, in many cases would meet the threshold for clinical relevance. Further, they found out that the risk factors associated with the distress measures included, female gender, younger age group (below 40 years), presence of chronic/ psychiatric illness, unemployment student status, and frequent exposure to social media/news concerning COVID-19.

MENTAL HEALTH CHALLENGES DUE TO COVID 19

Introducing to the concept of "new normal" was the Covid Pandemic which has brought about unprecedented mental health challenges. A never thought before situation of migration, shutdowns, lockdowns, significant restriction of routine activities, joblessness, isolation, quarantine, inadequate supplies, travel restrictions, closing down of small and big business, closure of schools, markets, shops, seeking medical care for comorbidities, inadequate care of children, elderly & PwDs, inadequate information about the disease, food security for family, fear of infection, stigma and discrimination with coping with the new norms of using masks, hand hygiene, respiratory hygiene, social distancing and environmental sanitation, was enough to make each and every individual prone to imbalances.

Best practices and state initiative by NMHP, 2020-2021, Odisha

Implemented in the state across 30 districts under the umbrella of National Health Mission, National Mental Health Program functions in 28 out of 30 district Mental Health units with 110 out of 194 dedicated DMHP staffs. Government of Odisha during the covid 19 crisis has taken initiatives to address the challenges of enhanced, mental morbidities experienced by the community such as fear of contracting infection, isolation, depression, anxiety, OCDs, psychosis, stigma & discrimination, substance abuse, and suicidal ideation.



Capacity Building for Surveillance

- ◆ To integrate the Mental Health services with primary care services and strengthen early case detection and management, MOU was signed with NIMHANS, Bengaluru for mentoring Mos of CHC/SDH/DHH and other mental health professionals in basic mental healthcare, managing psychological emergencies, prescribing psychotropic drugs, counselling and following up persons with common severe mental disorders at District and sub-district level through Virtual Knowledge Network (VKN)- ECHO model.
- ◆ Regional hub of VKNECHO named as Odisha Digital Academy of Mental Health.
- ◆ Till date 250 Mos, 47 psychologists, 32 SNs, 40 social workers have been trained by National Digital Academy, NIMHANS ON "Diploma in Community Mental Healthcare".
- ◆ 605 Counselors were provided virtual training to provide tele-counselling, door-step counselling, visit the TMC/CCC/Shelter homes/ child homes for psychological support to covid cured/discharged/recovered and person with mental illness.
- ◆ 39 webinars were conducted by the State Mental Health Cell in coordination

Initiatives taken at the State & District Level

- ◆ 33 Mobile Mental Health Unit across 30 districts for counselling, doorstep delivery of psychotropic drugs, rescue of wandering persons with mental illness and upscaling public awareness in the community.
- ◆ 21 out of 30 outbound call centers were functional at DMHP unit in order to follow-up, counsel and provide psychosocial support to the COVID positive/cured and discharged persons. CUG numbers were also provided with a questionnaire and SOP For the counsellors to contact the persons with COVID 19 / PwMI (38215 people were counselled and 1992 followed up till Sept 30th 2020).
- ◆ One inbound call center at COE, MHI, SCBMCH, Cuttack was functional to provide psychosocial care and specialized services.
- ◆ Additional funds of 1.5 Cr were provided to 30 districts for procurement of Psychotropic Drugs over and above free drugs supplied to prevent interruption in the services.
- ◆ Posters, brochures, FAQs developed in Odia and shared with districts for public awareness.
- ◆ 30 webinars were conducted for Mos, SNs, Counselors of other schemes, DMHP staffs to reorient and sensitize them to provide psychological support to the community and COVID warriors working in the field. 3250 healthcare staffs have already been given training/ reorientation and sensitization.



- ◆ 10 core teams at 3 districts are formed to provide psychosocial counselling to PwMI as well as any other mental health issues in the community.
- ◆ 25 out of 30 districts conducted Tele-monitoring and tele-consultation by DMHP team through which 6491 people were counselled and 1864 have been followed up by the state and district teams till date.
- ◆ ASHA/ Relatives and NGOs of district were distributed psychotropic drugs during lockdown and shutdown period to the PwMI
- ◆ Tele-monitoring of persons with COVID symptoms/ cured/ discharged was done by State Mental Health Cell as part of COVID Control Rom Duty.
- ◆ "Diploma in Community Mental Health Care", Basic Courses on Alcohol De-addiction Medicine and use of psychotropic drugs" initiated by NIMHANS, Bengaluru in coordination with VKN-ECHO, MHI, Cuttack.
- ◆ The mobile numbers of Psychiatric Specialists and Clinical Psychologists were also shared with telemedicine centers operational at District Headquarters for referral of calls of PwMI.
- ◆ Panel discussion on Mental Health Issues were conducted on Door darshan for upscaling public awareness.
- ◆ Mental Health Messages and telephone numbers of the 10 core teams shared on social media for public awareness.

Conclusion

The pandemic not only has made people more vulnerable but also has set a new bar for the professionals as well as the individual to achieve in order to lead a life with balance. With a long way to go and a lot more to achieve, the efforts of the Government of Odisha will count the most in the betterment of the people of the state and will be a reference to others.

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PRESENT GUIDELINES FOR COVID-19 VACCINATION IN EXPECTANT MOTHERS

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COVID-19 was declared as a global public health emergency by the World Health Organization on 30 January 2020. Incidentally, the first case of COVID-19 was diagnosed and declared in India on the same day. Later, on 11 March 2020, WHO declared it as a pandemic. Globally, 145 million cases have occurred and resulted in over 3 million deaths. In India, 16 million individuals have been infected and this has resulted in 189000 deaths as of 25th April 2021. In India, the pandemic, especially in its second wave, is putting enormous burden on the health infrastructure.

There is no precise data for COVID-19 infections in pregnancy and puerperium at a global or national level. FOGSI has initiated the National Registry on COVID -19 Infection in Pregnancy for this purpose. Other countries have their national surveillance systems such as the UKOSS. Pregnant women are not at increased risk of getting infected as compared to the general population. Just as for the general population, COVID-19 has an asymptomatic or mild course for most pregnant women. However, compared to non-pregnant women and pregnant women who are not infected with COVID-19, pregnant women who are infected with COVID are more likely to need hospitalization, critical care and mortality.

Background evidence on COVID-19 vaccines and pregnant/lactating women

- Pregnant and lactating women were not included in the initial clinical trials of COVID-19 vaccines.
- Studies are underway but long-term safety data are not yet available.
- Available COVID-19 vaccines are not live virus vaccines.
- Data from animal studies and post-introduction surveillance data have not shown harmful effects in pregnancy.
- Vaccine effectiveness is likely to be comparable to non-pregnant women; initial immunogenicity data are similar.

WHO Interim Recommendations

In the interim, WHO recommends vaccination in pregnant women when the benefits of vaccination to the pregnant woman outweigh the potential risks.

For example: 1. Pregnant women at high risk of exposure to COVID-19. 2. Pregnant women with comorbidities that place them in a high- risk group for severe COVID- 19.

Side effects of the COVID 19 vaccines on pregnant women or her foetus



- COVID 19 vaccines available are safe and vaccination protects pregnant women against COVID 19 illness/disease like other individuals. - Based on current knowledge, experts believe that COVID -19 vaccines are unlikely to pose a risk to the pregnant person or foetus. - Like any medicine a vaccine may have side effects which are normally mild. After getting the vaccine, she can get mild fever, pain at injection site, or feel un-well for 1-3 days. - The long-term adverse effects and safety of vaccine for foetus and child is not established yet. - Very rarely, (one in 1-5 lakh persons) the beneficiary may after COVID 19 vaccination, experience some of the following symptoms within 20 days after getting the injection which may need immediate attention.

Specific contraindications for vaccination in Pregnancy

As for the general population, pregnant women should avoid vaccination in the following conditions:

- Anaphylactic or allergic reaction to the previous dose of COVID-19 vaccine.
- Anaphylaxis or allergic reaction to vaccines or injectable therapies, pharmaceutical products, food-items etc.
- Vaccine is temporarily contraindicated in the following conditions:
 - o Diagnosed COVID-19 infection – defer for 12 weeks from infection or 4 to 8 weeks from recovery.
 - o Active COVID-19 infection.
 - o COVID-19 infection treated with anti-COVID-19 monoclonal antibodies or convalescent plasma.

Global recommendations on vaccination of pregnant women in other countries

Given the potential benefits and risks of the vaccine, International professional bodies have taken a positive stand on the COVID-19 vaccine in pregnancy. These bodies acknowledged lack of data in pregnancy.

- WHO recommends use of recombinant vaccine in pregnant women, provided the benefits of vaccination outweigh the potential risk. Pregnant women may also be exposed to COVID-19 vaccine before the woman knows she is pregnant. - WHO does not recommend pregnancy testing prior to vaccination and delaying pregnancy or terminating pregnancy because of vaccination. - International Federation of Gynecology and Obstetrics (FIGO) believes that risk-based approach to immunization might be of disadvantage to the pregnant woman. - The Royal College of Obstetricians and Gynecologists (RCOG) states that pregnant women should be offered the vaccine as the general population⁶. - The American College of Obstetricians and Gynecologists (ACOG) states that pregnancy testing should not be required prior to receiving vaccine and vaccine may be administered to the people who may consider future pregnancy. However, the ESHRE guidelines are differing a bit, which will be enumerated below. Women under age 50 including pregnant women can receive any COVID-19 vaccine. However, they should be aware of the rare risk of thrombosis with thrombocytopenia



syndrome after receipt of mRNA vaccines. - Countries such as Australia, Canada, Israel, Singapore, United Kingdom and United State of America are vaccinating pregnant women with COVID-19 vaccines.

COVID-19 vaccine types

There are different types of COVID-19 vaccines under development (mRNA, protein subunit and vector) and at different approval stages in the EU. At the time of publication only mRNA COVID-19 vaccines (Comirnaty from Pfizer/BioNTech and COVID-19 Vaccine Moderna) have been approved for use in the EU, following review by the European Medicines Agency (EMA) and authorisation from the European Commission. In the EU member states the first COVID-19 vaccines were administered from 27/12/2020. In other countries, such as the UK and the US, vaccines have also been approved and vaccination programmes introduced.

COVID-19 VACCINATION IN ASSISTED REPRODUCTION – THE ESHRE GUIDELINES

The European Centre for Disease Control (ECDC) has recommended national vaccination strategies based on prioritisation of groups at risk of severe COVID-19 as well as those with an increased risk of exposure and onward transmission of SARS-CoV-2 (e.g. in professional settings). A recent ECDC overview of EU vaccination plans indicates that men and women of reproductive age, of whom some may be pregnant or planning pregnancy with fertility treatment, will be included in these programmes based on their individual risk of severe COVID-19 disease and/or professional exposure.

Although as a general rule all inactivated and toxoid-based vaccines are considered safe for use during pregnancy, the access of reproductive-age people to a COVID-19 vaccination programme raises specific questions that have not yet been formally addressed : -

- Should men and women receive the COVID-19 vaccine before attempting conception?
- Should couples who received COVID-19 vaccination postpone conception, and if so, for how long?
- Should pregnant women be vaccinated?

Should men and women receive the COVID-19 vaccine before attempting conception?

There is a lack of information on the possible effect of COVID-19 vaccination on assisted reproduction treatment or future pregnancy. The product information for both Comirnaty and COVID-19 Vaccine Moderna states that animal studies “do not show any harmful effects in pregnancy”. However, data during pregnancy are reported as “very limited”, with no data on breast-feeding. As a result, ESHRE can make no recommendations on whether men and women attempting to conceive through assisted reproduction should receive the vaccine before starting treatment. For women with co-morbidities putting them at higher risk of COVID-19 and/or pregnancy complications, consideration should be given to encouraging vaccination before attempting conception. The same applies to women in whom the risk of exposure to SARS-CoV-2 infection is high and cannot be avoided. ESHRE recommends that



men and women living in countries where the vaccine is not available or choosing not to be vaccinated should not be prevented from access to assisted reproduction treatments.

Should couples who received COVID-19 vaccination postpone conception, and if so, for how long? There are different viewpoints with regards to the need to postpone conception after vaccination. It seems prudent to postpone the start of assisted reproduction treatments (sperm collection, ovarian stimulation, embryo transfer) for at least a few days after the completion of vaccination (i.e. after the second dose) to allow time for the immune response to settle. In the absence of information on the effect of the COVID-19 vaccine on oocytes and sperm, embryo implantation and early stages of pregnancy, and to allow time for antibody development, a more cautious approach could be considered (i.e. postpone the start of ART treatment for up to 2 months).

Assisted reproduction treatments should not be started in women who have had any significant side effects from COVID-19 vaccination (such as an allergic reaction) and until they are considered fit for pregnancy by their physician.

Should pregnant women be vaccinated? As stated in previous ESHRE guidance documents, pregnant patients with COVID-19 are at an greater risk of more severe illness than their non-pregnant peers (9). Vaccines against diseases such as tetanus, pertussis and influenza have been described as safe during pregnancy. However, the safety of COVID-19 vaccines in human pregnancy has not been evaluated to date.

For Comirnaty and COVID-19 Vaccine Moderna, the EMA states that the decision on whether to use the vaccine in pregnant women should be made in close consultation with a healthcare professional after considering the individual benefits and risks. Similar advice is provided on administration during pregnancy and breastfeeding for the Oxford/AstraZeneca vaccine (ChAdOx1-SARS-CoV-2) recently authorised in the UK. Pregnant women should be informed about the lack of long-term human studies on Covid-19 vaccination, but should not be excluded from vaccination programmes.

Vaccination of staff Vaccination of healthcare workers aims for their protection and to help reduce the risk of transmission. Fertility clinic staff are healthcare workers and as such should be given priority for vaccination based on individual risks and benefits.

Summary recommendations and considerations

- ESHRE reaffirms its earlier guidance for safe ART practices. Even after the start of large-scale vaccination programmes, ESHRE recommends continued observance of its previous guidance on modified services and risk mitigation measures in line with local epidemiological data.
- ESHRE recommends that men and women should have access to fertility services, and such access should not depend on the availability of COVID-19 vaccines or on the decision of individual patients about vaccination.



- In men and women who receive the vaccine, it seems prudent to postpone assisted reproduction treatments for at least a few days after the completion of vaccination.
- A decision on whether to use the vaccine in pregnant women should be made in close consultation with a healthcare professional after considering the benefits and risks.
- There is currently no information on the role of vaccination in patients and staff who have had COVID-19 disease and could have developed immunity.
- ESHRE recommends monitoring the outcomes of assisted reproduction treatments and to compare them in vaccinated versus non-vaccinated patients.
- ESHRE urges COVID-19 vaccine manufacturers to share any relevant information and advice on vaccination in pregnant women and couples contemplating pregnancy.
- At this stage, there is no information on the safety of different vaccine types during assisted reproduction treatment or pregnancy, and no recommendation can be made on which is the safer for men and women aiming to attempt pregnancy.





PAEDIATRICS PNEUMONIA : MANAGEMENT CHALLENGES

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Introduction

As per SRS 2019, IMR of Odisha is 38/ 1000 live birth which is 8 points higher than national average. Odisha is at 5th from bottom in IMR among all states. Child hood Pneumonia continues to be the top most infectious killer among under-five children, contributing to 15 percent of underfive deaths in the country. Mortality due to pneumonia is strongly linked to malnutrition, poverty and inadequate access to health care. The national goals for pneumonia to be achieved by 2025, under the Integrated India Action Plan for Pneumonia and Diarrhoea (IAPPD) are:

- ♦ Reduce mortality from pneumonia to < 3 per 1000 live births;
- ♦ Reduce the incidence of severe pneumonia by 75% as compared to 2010 levels.

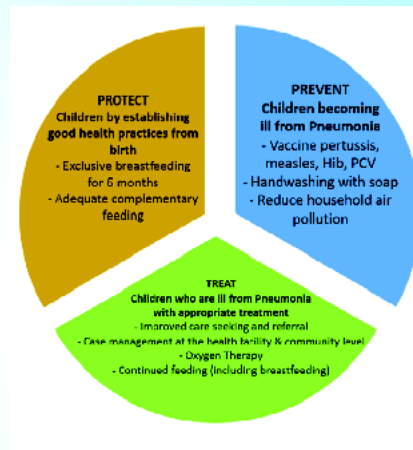
Relation of Childhood Pneumonia with COVID 19

In present scenario of COVID 19, it is necessary to discuss regarding similarity in symptoms of pneumonia with COVID 19. In 70 to 80% cases symptoms of COVID 19 resembles Pneumonia. Fever, Cough, runny nose, malaise, loss of smell and taste are mild symptoms. If the child develops breathlessness, chest in drawing, grunting, cyanosis then the child has to be admitted in facility for treatment. Easy method for early diagnosis of Pneumonia by front line workers is to count breathing rate in a child having fever, and cough. If only fast breathing is recognized early treatment can be started with Amoxicillin.

Age	Respiratory rate/min(more than equal)
0-2 months	>60
2months-1yr	>50
1-5 yr	>40
>5 yr	>30

Protect, Prevent and Treat framework

Deaths due to pneumonia are largely preventable if protect, prevent & treat interventions (PPT interventions) are adequately and appropriately implemented. The Protect, Prevent Treatment (PPT) approach for Pneumonia management is as follows:



Protect

Protecting children by establishing and promoting good health practices;

- ◆ Exclusive breastfeeding for six months and continued breastfeeding with appropriate complementary feeding reduces the onset and severity of pneumonia.

Prevent

Preventing children from becoming ill from pneumonia by ensuring universal coverage of immunization, and healthy environments;

- ◆ Use of vaccines like Measles/MMR, Pentavalent vaccine, Pneumococcal vaccine substantially reduces the disease burden and deaths caused by the infectious agents.
- ◆ Hand-washing and promotion of key hygiene practices provide health, economic and social benefits.
- ◆ Reduction of household air pollution has been shown to reduce pneumonia incidence. According to WHO 45% of pneumonia deaths in children are attributable to household air pollution.

Treatment

As per SAANS guidelines diagnosis of Pneumonia in under 5 children are divided into 2 groups.

Age	Diagnosis	Presentation
0-2 months	PSBI	Not able to feed Fast breathing >60/min Chest In drawing Fever or Hypothermia
2months-5yrs	Severe Pneumonia	Respiratory rate >70/min Chest In drawing Central Cyanosis Grunting
	Pneumonia	Fast breathing as described above (Resp. Rate as per the age).

Facility Management of Young Infant with PSBI

Pneumonia in 0-59 days children is difficult to diagnose as the clinical presentation is nonspecific & often overlaps with septicaemia. Even though it is clinically difficult to differen-



tiate between severe Pneumonia, septicaemia & meningitis, the treatment of these conditions is similar. So commonly the condition is known as Possible Serious Bacterial Infection(PSBI).

Injection Ampicillin and Gentamicin is used as initial treatment. In case there is suspicion of concomitant meningitis a combination of injection Cefotaxime and Gentamicin should be used instead. Oxygen should be given where required (presence of cyanosis, grunting, severe respiratory distress, i.e. RR>70/bpm, SpO2<90%. The infant should be kept warm. Breastfeeding should be continued to prevent hypoglycaemia. If the infant is unable to suck he should be given expressed breast milk. Infants on oxygen should be given intravenous fluids the infant is able to take it orally.

Antibiotic Dose in 0-2 months

Antibiotics	Mg/kg/dose	Frequency		Route	Duration
		<7 days	>7 days		
Inj Ampicillin(PSBI)	50	12	8	IV/IM	7-10 days
Inj Gentamicin	5	24	24	IV/IM	
Inj Cefotaxime (In Meningitis)	50	8	8	IV	2-3 weeks
Inj Amikacin	15	24	24	IV/IM	
Inj Cloxacillin (If pustules)	50	8	8	IV	4 weeks

Antibiotic Dose in 2months-5yrs Children

Category	Antibiotic	Dose	Frequency	Route	Duration
Pneumonia	Amoxycillin	25mg/kg/dose	12 hrly	Oral	5 days
Severe Pneumonia	Inj Ampicillin	50mg/kg/dose	6hrly	IV/IM	7-10 days
	Inj Gentamicin	7.5mg/kg/dose	24 hrly	IV/IM	

How to nebulise a child

- ◆ If the child has wheezing, give 3 doses of nebulized salbutamol for 20 minutes; or 2-4 puffs of salbutamol MDI(at a gap of 2-3 min between each puff) with spacer repeated every 20 minutes.
- ◆ salbutamol to be administered and pour into nebulizer chamber (cup) and add saline solution to make the volume to 3 ml.
- ◆ The dose of salbutamol is 2.5 mg (i.e. 0.5 ml of the 5 mg/ml nebulizer solution).
- ◆ This can be given 1- 4 hourly initially, reducing to 6-8 hourly once the child's condition improves.
- ◆ This can be given 1- 4 hourly initially, reducing to 6-8 hourly once the child's condition improves.
- ◆ If necessary in severe cases, it can be given more frequently.
- ◆ If the medicine is in single-use vials, twist the top off the plastic vial and squeeze the contents into the nebulizer cup.



How to give Oxygen

- ◆ Give oxygen to all children with oxygen saturation $< 90\%$ ($< 94\%$ if they also have other emergency signs like shock etc.)
- ◆ Use nasal prongs as the preferred method of oxygen delivery to young infants; if not available, a nasal or nasopharyngeal catheter may be used.
- ◆ Use a pulse oximetry to guide oxygen therapy (keep oxygen saturation $> 90\%$). If a pulse oximeter is not available, continue oxygen until the clinical signs of hypoxia (such as inability to breastfeed or breathing rate $\geq 70/\text{min}$) are no longer present.
- ◆ The mother is advised to keep the nose clean by putting in nasal drops (boiled and cooled water with salt mixed in it) and cleaning the nose with a soft cotton cloth. Mother can also prepare saline nasal drops at home by adding $\frac{1}{2}$ teaspoon of common salt (2.5 gram) to 250 ml (1 glass) of clean drinking water. Fresh solution should be prepared daily.
- ◆ Keep the infant warm.
- ◆ Continue Breast-feeding . If the infant is unable to suck, expressed breast milk.
- ◆ Infant on oxygen should be given IVF until the infant is able to take orally.

Recording and Reporting

Though we are working day and night with all dedication but we are very poor in keeping records of our own work. It is also essential for planning, procurement of drugs and logistics for our work place. There are formats available in HMIS to report no of Pneumonia cases identified, referred or died during treatment. We should record all these data on daily basis so that monthly compilation will be feasible.

Conclusion

Pneumonia though very common disease among children, zero deaths can be achieved if we will focus on protect, prevent and treat policy. Recently one important intervention has been added to the programme as PCV Vaccination. Creation of awareness among public and orientation of all service providers and front line workers on recent management protocols will definitely bring down pneumonia deaths and improvement in child survival of the state.





Lifestyle And Behavioural Modification to fight Post Corona Depression

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1. Wake up early in the morning.
2. Practice breathing exercises and Surya Namaskar to bring balance between body and mind.
3. Moderate aerobic exercise minimum 30 minutes daily.
4. Meditation daily.
5. Stay away from any addiction.
6. Enjoy your hobbies... reading/ writing/ cooking /gardening / listening to music.
7. Do a task you are good at.
8. Watch something that uplifts you.
9. Include more green vegetables , seeds , beans and nuts , high fibre grains in food.
10. Have some fruits , milk , fish in diet.
11. Take break off from social media and electronic gadgets , your phone.
12. Get 6 to 8 hours of good sleep, Tired Minds Don't Plan well, Sleep First, Plan Later.
13. Drink plenty of water at least 2 litres to keep yourself hydrated.
14. Stay connected with family and friends.
15. Think positive , look on bright side and Believe in yourself.
16. Spend time with empowering people.
17. Distance yourself from things that don't feel good.
18. Improve your posture and body language.
19. Talk to yourself kindly.
20. Keep gratitude journal.
21. Have faith on God.

My best wishes for your state of complete physical , mental and social wellness.
A Well Wisher.





ବଧୂରତା

ଡଃ: ସରୋଜ ରଞ୍ଜନ ନାୟକ

କର୍ଣ୍ଣ, ନାସା, ଗଳା ବିଶେଷଜ୍ଞ
ଜିଲ୍ଲା ମୁଖ୍ୟ ଚିକିତ୍ସାଳୟ ଖୋର୍ଦ୍ଧା

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ଶିଶୁଟିଏ ଭୃମିଷ୍ଟ ହେବା ସଙ୍ଗେ ସଙ୍ଗେ ପରିବାରରେ ଖେଳିଯାଏ ଖୁସିର ଚରଙ୍ଗ । ତାର ମଙ୍ଗଳ ମନାସି ଉଜ୍ଜ୍ୱଳମୟ ଭବିଷ୍ୟତର କାମନା କରନ୍ତି ସମସ୍ତେ । କ୍ରମଶଃ ଶିଶୁଟି ବଡ଼ ହେବା ସଙ୍ଗେ ସଙ୍ଗେ ତାର ପ୍ରତିଟି କାର୍ଯ୍ୟ ଯେମିତି ପ୍ରଥମ ହସିବା, ପେଟେଇବା, ଗୁରୁଣ୍ଡିବା, ବା.... ବା, ମା....ମା ଶବ୍ଦ କରିବା, ଚାଲିବା କଥା କହିବା ସବୁ ପ୍ରକ୍ରିୟା ମନରେ ଆଶେ ଶିହରଣ । କିନ୍ତୁ ବେଳେ ବେଳେ ଏସବୁ ପ୍ରକ୍ରିୟାରେ ବ୍ୟତିକ୍ରମ ଘଟି ମନରେ ଆଶଙ୍କାର କଳା ବାଦଲ ଭରିଦିଏ । ସେମିତି ଏକ ଆଶଙ୍କା ହେଉଛି ବଧୂରତା । ବେଳେ ବେଳେ ଜଣାପଡ଼େ ଯେ ଶିଶୁଟିର ଶୁଣିବା ଶକ୍ତି କମ ବା ଶିଶୁଟି ସଂପୂର୍ଣ୍ଣ ବଧୂର । ଏହା ଜଣାପଡ଼େ ଯେତେବେଳେ ତା'ର କଥା କହିବା ବିଳମ୍ବ ହୁଏ ବା ଶିଶୁଟି ଆଦୌ କଥା କୁହେ ନାହିଁ । ଅନେକ ସମୟରେ ଶିଶୁଟିର କଥା କହିବା ବିଳମ୍ବ ପାଇଁ ପରିବାର ସଦସ୍ୟ ତାକୁ ଡାକ୍ତରଙ୍କ ପାଖକୁ ଆଣନ୍ତି ସେତେବେଳେ ହିଁ ଜଣାପଡ଼େ ଯେ ଶିଶୁଟି ବଧୂର ଓ ବଧୂରତା କାରଣରୁ ତା'ର ବାକ୍ଶକ୍ତି ମଧ୍ୟ ଅନୁରୂପ ଭାବେ ପ୍ରଭାବିତ ।

ବଧୂରତା ଯେ କେବଳ ଶିଶୁମାନଙ୍କ କ୍ଷେତ୍ରରେ ଦେଖାଯାଏ, ତା ନୁହେଁ ପ୍ରତି ବୟସର ଲୋକଙ୍କ କ୍ଷେତ୍ରରେ ଏହା ଦେଖାଯାଇପାରେ ।

ମନୁଷ୍ୟର ପଞ୍ଚ ଇନ୍ଦ୍ରିୟର କାର୍ଯ୍ୟ ଯଥା - ଦେଖିବା, ଶୁଣିବା, ଆତ୍ମାଣ କରିବା, ସ୍ପାଦ ବାରିବା ଓ ସ୍ପର୍ଶ ଅନୁଭବ କରିବା ଇତ୍ୟାଦି ମଧ୍ୟରୁ ଶୁଣିବା କାର୍ଯ୍ୟଟି ଅନ୍ୟ ଏକ ଗୁରୁତ୍ୱପୂର୍ଣ୍ଣ ପ୍ରକ୍ରିୟା । ଏହା ଆମକୁ ଅନ୍ୟମାନଙ୍କ ସହ ଭାବ ବିନିମୟରେ ସାହାଯ୍ୟ କରେ । ଏହା ସହିତ ଏହା ମନୁଷ୍ୟର ମାନସିକ, ବିକାଶ ଓ ସାମାଜିକ ସହବନ୍ଧିତାରେ ମଧ୍ୟ ସାହାଯ୍ୟ କରେ । ଏତଦ୍‌ବ୍ୟତୀତ ବଧୂରତା ଯୋଗୁ ଶିଶୁଟି ବାକ୍ଶକ୍ତି ଓ ଭାଷା ଜ୍ଞାନ ହରାଇବସେ ।

ବଧୂରତା ହେଉଛି ଏକ ଲୁକ୍କାୟିତ ଅକ୍ଷମତା ଅନ୍ୟାନ୍ୟ ଅକ୍ଷମତା ଯଥା- ଅକ୍ଷତ୍ୱ, ଶାରୀରିକ ଅକ୍ଷମତା, ମାନସିକ ଅନଗ୍ରସରତା ଆଦି ସହଜରେ ବାରି ହେଉଥିବା ବେଳେ ବଧୂରତା ସହଜରେ ଜାଣି ହୁଏ ନାହିଁ । ତେଣୁ ଅନେକ ସମୟରେ ବଧୂର ବ୍ୟକ୍ତି ଅବହେଳାର ଶୀକାର ହୋଇଥାନ୍ତି । ଆମ ଭାରତ ବର୍ଷରେ ପ୍ରାୟ ୬ କୋଟିରୁ ଊର୍ଦ୍ଧ୍ୱ ଲୋକ ଗୁରୁତର ବଧୂରତାରେ ପୀଡ଼ିତ । ଏହା ବାଦ୍ ତଦୁର୍ଦ୍ଧ୍ୱ ସ୍ୱଳ୍ପ ବଧୂରତାରେ ଆକ୍ରାନ୍ତ । ଏଥିମଧ୍ୟରୁ ଏକ ବଡ଼ ଭାଗ ହେଉଛନ୍ତି ଶିଶୁମାନେ । ଯେହେତୁ ବଧୂରତା ନିରୂପଣ ପାଇଁ ଅନେକ କ୍ଷେତ୍ରରେ ବିଶେଷଜ୍ଞଙ୍କର ଅଭାବ ରହିଛି ଓ ଏ ବିଷୟରେ ଏତେଟା ଗୁରୁତ୍ୱ ଆଜି ପର୍ଯ୍ୟନ୍ତ ଦିଆଯାଇନାହିଁ ତେଣୁ ବଧୂରଙ୍କ ସଂଖ୍ୟା ଏହାଠାରୁ ଯଥେଷ୍ଟ ଅଧିକ ବୋଲି ଆଶଙ୍କା କରାଯାଏ । ବଧୂରତା ଯେ କେବଳ ଶାରୀରିକ କ୍ଷତି ପହଞ୍ଚାଇଥାଏ ତା ନୁହେଁ ଏହା ମଧ୍ୟ ଆର୍ଥିକ ସ୍ଥିତି ପ୍ରତିପାଦନତାକୁ କ୍ଷତି ପହଞ୍ଚାଏ ଯାହାକି ସାମଗ୍ରିକ ଭାବେ ସମାଜରେ ମାନବ ସମ୍ବଳର ବିକାଶରେ ଅକ୍ତରାୟ ସୃଷ୍ଟି କରେ ।

ବଧୂରତା ପ୍ରକାର ଭେଦ :-

ସାଧାରଣତଃ ଏହା ଦୁଇପ୍ରକାରର । (୧) ସ୍ନାୟୁ ଜନିତ (୨) ଶବ୍ଦ ପ୍ରବାହ ଜନିତ । ବେଳେବେଳେ ଏହି ଦୁଇପ୍ରକାରର ବଧୂରତା ମିଶି କରିଥାନ୍ତି, ଯାହାକୁ ମିଶ୍ରିତ ବଧୂରତା କୁହାଯାଏ ।



ସ୍ନାୟୁ ଜନିତ ବଧୂରତା :-

(କ) **ଜନ୍ମଗତ** - (୧) ଗୁଣସୂତ୍ର ସମ୍ବନ୍ଧୀୟ, (୨) ଅନ୍ତଃ କର୍ଣ୍ଣ ବିକଶିତ ନହେବା (୩) ଅନ୍ତଃ କର୍ଣ୍ଣ ଗଠନରେ ଜଟିଳତା (୪) ଏକାଧିକ ଜନ୍ମଗତ ବ୍ୟାଧି, ଯେଉଁଥିରେ କି ବଧୂରତା ସହିତ ଅନ୍ୟାନ୍ୟ ଅଙ୍ଗ ମଧ୍ୟ ରୋଗଗ୍ରସ୍ତ ହୋଇଥାନ୍ତି ଯେମିତିକି ହୃତପିଣ୍ଡ, ଚକ୍ଷୁ, ଚର୍ମ, ବୃକକ, ଅନ୍ତଃସ୍ରାବୀ ଗ୍ରନ୍ଥି (ଥାଇରଏଡ୍), ଅସ୍ଥି ଇତ୍ୟାଦି । (୫) ମାତୃ ଗର୍ଭରେ ସଂକ୍ରମଣ ଯେମିତିକି ସିଫିଲିସ୍, ରୁବେଲା, ହରପିସ୍, ଟକୋପ୍ଲାଜମା ତଥା ଅନ୍ୟାନ୍ୟ ଭୂତାଣୁ ଜନିତ ସଂକ୍ରମଣ । (୬) ଗର୍ଭାବସ୍ଥାରେ ବିଭିନ୍ନ ଔଷଧର ବିଷକ୍ରିୟା, (୭) ଗର୍ଭାବସ୍ଥାରେ ବିଭିନ୍ନ ପ୍ରକାର ବିକିରଣର ପ୍ରଭାବ । (୮) ଗର୍ଭାବସ୍ଥାରେ ପୁଷ୍ଟିହୀନତା, ମଧୁମେହ, ଥାଇରଏଡ୍ ଆଦି ସମସ୍ୟା

(ଖ) **ଜନ୍ମ ସମ୍ବନ୍ଧୀୟ** - (୧) ଜନ୍ମବେଳେ ଅମ୍ଳଜାନର ଅଭାବ ଯେମିତିକି, ମା'ର ଅତ୍ୟଧିକ ରକ୍ତସ୍ରାବ, ବହୁସମୟଧରି ଗର୍ଭଯନ୍ତ୍ରଣା, ଶିଶୁ ଜନ୍ମ ପୂର୍ବରୁ ନାହିଁ ନାଡ଼ ବାହାରି ଆସିବା, ଗର୍ଭସ୍ଥ ଶିଶୁ ବେକରେ ନାହିଁ ନାଡ଼ ଗୁଡ଼େଇ ହୋଇ ରହିବା, ଜନ୍ମପରେ ଶିଶୁଟି ବହୁ ସମୟଧରି ନ କାନ୍ଦିବା ଇତ୍ୟାଦି । (୨) ଅପରିପକ୍ୱତା - ଯଦି ଶିଶୁଟି ସମୟର ବହୁ ପୂର୍ବରୁ ଜନ୍ମ ହୋଇ ପଡ଼େ ବା ଓଜନ ୧୫୦୦ ଗ୍ରାମରୁ କମ ରହେ (୩) ଜନ୍ମବେଳେ ଶିଶୁଟିର ମସ୍ତିଷ୍କରେ ଆଘାତ । ଏହା ବିଭିନ୍ନ ଅସ୍ତ୍ର ଯଥା ଶିଶୁ ମୁଣ୍ଡ ବାହାର କରିବା ପାଇଁ ବ୍ୟବହାର ହେଉଥିବା ଫୋରସେପ୍ ଦ୍ୱାରା ମଧ୍ୟ ହୋଇପାରେ ।

(ଗ) **ଜନ୍ମ ପରବର୍ତ୍ତୀ** - କାରଣ ଗୁଡ଼ିକ ହେଲା (୧) ନବଜାତକ କାମଳ ରୋଗ (୨) ବିଭିନ୍ନ ପ୍ରକାର ଭୂତାଣୁ ଜନିତ ରୋଗ ଯଥା, ମିଳିମିଳା, ଗାଲୁଆ ରୋଗ, ଇନ୍ଫୁଏନ୍ଜା, ମସ୍ତିଷ୍କ ପ୍ରବାହ, ସିଫିଲିସ୍ (୩) ଅନ୍ୟାନ୍ୟ ରୋଗ ଯେମିତିକି ମ୍ୟାଲେରିଆ, ଥାଇରଏଡ୍ ଜନିତ, ରକ୍ତ ସମ୍ବନ୍ଧୀୟ ରୋଗ, ମଧୁମେହ ଇତ୍ୟାଦି (୪) ମସ୍ତିଷ୍କରେ ଆଘାତ, (୫) ଅତ୍ୟଧିକ ପ୍ରଦୂଷଣ (୬) ବିଭିନ୍ନ ଔଷଧର ବିଷକ୍ରିୟା, (୭) ମସ୍ତିଷ୍କ କର୍କଟରୋଗ (୮) ବୟସାଧିକ ସ୍ନାୟୁ ଦୁର୍ବଳତା ।

ଶିଳ୍ପ ପ୍ରବାହ ଜନିତ ବଧୂରତା

(୧) କାନରେ ଅତ୍ୟଧିକ ମଇଳା, (୨) କାନରେ ପୂଜ (୩) କାନ ପରଦାରେ କଣା (୪) ମଧ୍ୟ କର୍ଣ୍ଣର ବିଭିନ୍ନ ରୋଗ (୫) ମଧ୍ୟକର୍ଣ୍ଣରେ କ୍ଷୁଦ୍ର ଅସ୍ଥି ନଷ୍ଟ (୬) ଉର୍ଦ୍ଧ୍ୱ ଶ୍ୱାସନଳି ସଂକ୍ରମଣ ।

ବଧୂରତା ପ୍ରଭାବ

ବଧୂରତା ବ୍ୟକ୍ତି ସହିତ ତାର ପରିବାର ଓ ସମାଜକୁ ମଧ୍ୟ ପ୍ରଭାବିତ କରିଥାଏ । ଶିଶୁଟିଏ ବଧୂର ଓ ବାକ୍ଶକ୍ତି ବିହୀନ ଜାଣିବା ପରେ ପରିବାର ଲୋକେ ଭାଙ୍ଗିପଡ଼ନ୍ତି । ଅନେକ ଅନାଗତ ଭବିଷ୍ୟତକୁ ନେଇ ବ୍ୟସ୍ତ ହୋଇପଡ଼ନ୍ତି । ବଧୂରତା ଶିଶୁଟିର ସାମଗ୍ରିକ ଶାରୀରିକ ଓ ମାନସିକ ବିକାଶରେ ବାଧା ପହଂ । ଶିଶୁଟିର ସାମାଜିକ ଜୀବନରେ ପ୍ରତିକୂଳ ପ୍ରଭାବ ପକାଏ । ଶିଶୁର ପାଠପଢ଼ାକୁ ମଧ୍ୟ ପ୍ରଭାବିତ କରେ । ବଡ଼ ଲୋକଙ୍କ କ୍ଷେତ୍ରରେ ଏହା ଉପଯୁକ୍ତ କର୍ମ ସଂସ୍ଥାନ ପାଇଁ, ଅନ୍ତରାୟ ହୋଇଥାଏ । ତା ଛଡ଼ା ସାମାଜିକ ଜୀବନ ମଧ୍ୟ ପ୍ରଭାବିତ ହୋଇଥାଏ । ବୃଦ୍ଧ ଲୋକଙ୍କ କ୍ଷେତ୍ରରେ ଏହା ଅବସାଦର ଏକ କାରଣ ପାଲଟେ । ଅନ୍ୟମାନଙ୍କ ସହ ଭାବବିନିମୟ ରେ ଏହା ଅନ୍ତରାୟ ସୃଷ୍ଟିକରେ ଯାହାକି ସେମାନଙ୍କୁ ଅଧିକ ଅବସାଦ ଗ୍ରସ୍ତ କରାଏ ଓ ସମାଜରୁ ଦୂରେଇଯାଇ ସେମାନେ ନିଃସଙ୍ଗ ଜୀବନଯାପନ କରନ୍ତି ।

ନିଦାନ ଓ ଥଇଥାନ ବ୍ୟବସ୍ଥା

ବଧୂରତା ଏକ ଲୁକ୍କାୟିତ ଅକ୍ଷମତା । ଏହା ସହଜରେ ଜଣାପଡ଼େ ନାହିଁ । ଶରୀରକୁ କଷ୍ଟ ହେଉନଥିବାରୁ ସାଧାରଣତଃ ଏହାର ନିରୂପଣରେ ବିଳମ୍ବ ହୋଇଥାଏ । ଅନ୍ୟମାନଙ୍କ ସନ୍ଦେହ ପରେ ହିଁ ରୋଗୀ ଏ ବିଷୟରେ ସଚେତନ ହୁଏ ନଚେତ ବେଳେ



ବେଳେ ଡାକ୍ତରଙ୍କ ପରାମର୍ଶ ସମୟରେ ଏହା ଜଣାପଡ଼େ । ଯେହେତୁ ଏହାର ପ୍ରଭାବ ସାମଗ୍ରିକ ଭାବେ ସମାଜ ଓ ଜୀବନ ଉପରେ ପଡ଼େ, ସେଥିପାଇଁ ଦୂରତ ପଦକ୍ଷେପ ଦ୍ୱାରା ଏହା ବହୁ ପରିମାଣରେ ଉପଶମ ହୋଇଥାଏ । ପ୍ରତିଶେଧକ ବ୍ୟବସ୍ଥା ଦ୍ୱାରା ବ୍ୟୁତ୍ପାଦନ ବହୁ ପରିମାଣରେ ଏଡ଼ାଇ ଦିଆଯାଇପାରେ ।

କେତେକ ବଂଶଗତ କାରଣରୁ ହେଉଥିବାରୁ ଏହା ପ୍ରତି ସତର୍କ ରହିବା ଜରୁରୀ । ଗର୍ଭାବସ୍ଥାରେ ଯେପରି ମାକୁ ବିଭିନ୍ନ ପ୍ରକାର ରୋଗ ସଂକ୍ରମଣ ନହୁଏ ସେଥିପାଇଁ ଯତ୍ନବାନ ହେବା ଆବଶ୍ୟକ । ଗର୍ଭବତୀ ମାର ଉପଯୁକ୍ତ ଡାକ୍ତରୀ ପରୀକ୍ଷା କରାଇବା ବାଞ୍ଛନୀୟ । ମା' ଯେପରି ପୁଷ୍ଟିହୀନତା, ମଧୁମେହ, ତଥା ଆଇର-ଏଡ଼୍ ଭଳି ସମସ୍ୟାରୁ ଦୂରେଇ ରହିବ ବା ଉପଯୁକ୍ତ ଚିକିତ୍ସା ପଦ୍ଧତିରେ ରହିବ ସେ ଦିଗରେ ଦୃଷ୍ଟିଦେବା ଆବଶ୍ୟକ । ମାତୃଗର୍ଭରେ ଓ ପରେ ଶିଶୁଟି ଯେପରି କୌଣସି ପ୍ରକାର ମସ୍ତିଷ୍କ ଆଘାତ ନପାଏ ସେ ବିଷୟରେ ନିଶ୍ଚିତ କରିବା ଦରକାର । ବିନା ଡାକ୍ତରୀ ପରାମର୍ଶରେ କୌଣସି ଔଷଧ ଆଦୌ ଖାଇବା କଥା ନୁହେଁ । ଡାକ୍ତର କୌଣସି ଔଷଧ ଲେଖିବା ପୂର୍ବରୁ ନିଜର ଗର୍ଭାବସ୍ଥା ବିଷୟରେ ତାଙ୍କୁ ଜଣାଇବା ଆବଶ୍ୟକ । ମା'କୁ ମ୍ୟାଲେରିଆ ରୋଗରୁ ଦୂରେଇ ରଖିବା ଆବଶ୍ୟକ କାରଣ ଉଭୟ ମ୍ୟାଲେରିଆ ଓ ଏହାର ଔଷଧ ବ୍ୟବହାର କାରଣ ହୋଇପାରେ । ଶିଶୁ ଜନ୍ମ ସବୁବେଳେ ଡାକ୍ତରଖାନାରେ କରାଇବା ଆବଶ୍ୟକ । ଏହାଦ୍ୱାରା ଶିଶୁର ଅମ୍ଳଜାନ ଅଭାବ ଜନିତ କେତେକ ସମସ୍ୟାକୁ ଦୂରେଇ ଦିଆଯାଇପାରେ । ଯଦି ଆବଶ୍ୟକ ପଡ଼େ ତେବେ ବହୁ ସମୟଧରି ଗର୍ଭଯନ୍ତ୍ରଣା ଭୋଗିବା ଅପେକ୍ଷା ଅସ୍ତ୍ରୋପଚାର ଦ୍ୱାରା ଶିଶୁ ଜନ୍ମ ପାଇଁ ପଦକ୍ଷେପ ନେବା ଜରୁରୀ । ଶିଶୁକୁ ଉପଯୁକ୍ତ ଟୀକାକରଣ, ପୁଷ୍ଟିସାଧନ ସହିତ ବିଭିନ୍ନ ରୋଗ ସଂକ୍ରମଣରୁ ଦୂରେଇ ରଖିବା ଆବଶ୍ୟକ । ସାଧାରଣ ଥଣ୍ଡା ଶର୍କିକୁ ହାଲୁକା ଭାବେ ଗ୍ରହଣ କରିବା ଉଚିତ ନୁହେଁ । କାରର ଏହାଦ୍ୱାରା ମଧ୍ୟ କର୍ଷ୍ଣ ପ୍ରଭାବିତ ହୋଇ ବ୍ୟୁତ୍ପାଦନ ସୃଷ୍ଟି ହୋଇପାରେ । ମନଇଚ୍ଛା କୌଣସି ଔଷଧ ଖାଇବା ବା କାନରେ ପକାଇବା ସର୍ବଦା ବର୍ଜନୀୟ । ଉପଯୁକ୍ତ ଡାକ୍ତରୀ ପରାମର୍ଶରେ ସବୁବେଳେ ଔଷଧ ବ୍ୟବହାର କରିବା ଉଚିତ । ଅନେକ ସମୟରେ ଦେଖାଯାଏ, ଲୋକମାନେ ଆଖିରେ କୌଣସି ଜିନିଷ ପକାଇବା ପୂର୍ବରୁ ଚିକେ ସତର୍କ ହୁଅନ୍ତି, କିନ୍ତୁ କାନରେ ବିଭିନ୍ନ ପ୍ରକାର ଦ୍ରବ୍ୟ ପକାଇବାରେ ଆଦୌ କୁଣ୍ଡାବୋଧ କରନ୍ତି ନାହିଁ । ଯେମିତିକି ରସୁଣ ସୋରିଷ ତେଲ, ବିଭିନ୍ନ ପତ୍ରର ରସ, ଲୁଣ, ସିନ୍ଦୂର, ଚୂନ ପାଣି, ସ୍ତନ୍ୟାପାନ କରାଉଥିବା ମା'ର କ୍ଷୀର, ବିଭିନ୍ନ ଗଛର କ୍ଷୀର, ଏପରିକି ବିନା ଡାକ୍ତରୀ ପରାମର୍ଶରେ କେତେକ ଔଷଧ ଏମିତି ଅନେକ । ଯଦିଓ ତୁରନ୍ତ ଡାକ୍ତରୀ ସେବାର ଅଭାବ ଓ ଅସହ୍ୟ କାନ ଯନ୍ତ୍ରଣା ଏପରି କରିବାକୁ ଲୋକଙ୍କୁ ବାଧ୍ୟ କରିଥାଏ ତେବେ ଏପରି କରିବାରୁ କ୍ଷାନ୍ତ ରହିବା ବିଧେୟ ।

ଅତ୍ୟଧିକ ଶବ୍ଦ ପ୍ରଦୂଷଣରୁ ଦୂରେଇ ରହିବା ଆବଶ୍ୟକ । ବିଭିନ୍ନ କାରଖାନା ତଥା ନିର୍ମାଣଧାନ ସଂସ୍ଥାରେ କାର୍ଯ୍ୟ କରୁଥିବା ବ୍ୟକ୍ତିମାନେ ଶବ୍ଦ ପ୍ରଦୂଷଣ ଯୋଗୁ ବିଶେଷ ଭାବରେ ପ୍ରଭାବିତ ହୋଇଥାନ୍ତି । ସାଧାରଣ ଭାଷାରେ କହିଲେ ଯଦି ଶବ୍ଦ ପ୍ରଦୂଷଣର ମାତ୍ରା ଏତେ ଅଧିକ ଥାଏ ଯେ ଦୁଇ ମିଟର ଦୂରରୁ ଦୁଇଜଣ ବ୍ୟକ୍ତିଙ୍କ ମଧ୍ୟରେ କଥାବାର୍ତ୍ତା ଶୁଣିବାରେ ଅସୁବିଧା ହୁଏ । ତାହା ଶରୀର ପକ୍ଷେ ବିଶେଷ କ୍ଷତି କାରକ ହୋଇଥାଏ । ଅତି ଉଚ୍ଚ ଶବ୍ଦମୁକ୍ତ ହର୍ଷ୍ଟ ବ୍ୟବହାର କରିବା ଅତ୍ୟଧିକ ଶବ୍ଦ କରୁଥିବା ଯନ୍ତ୍ରପାତି ବା ସଙ୍ଗୀତ ଯନ୍ତ୍ର ବ୍ୟବହାର କରିବା, ଅତ୍ୟଧିକ ଶବ୍ଦ କରୁଥିବା ଉତ୍ସବ ଆଦିକୁ ବାରମ୍ବାର ଯିବା, ଖୁବ୍ ଜୋରରେ ବାଣୀ ପୁଟାଇବା, ଅତ୍ୟଧିକ ଶବ୍ଦ କରୁଥିବା ବ୍ୟାଣ୍ଟ ପାର୍ଟି ଏବଂ ସମୟେ ସମୟେ ଅତି ନିକଟରେ ବ୍ରଜାଘାତ ଜନିତ ଶବ୍ଦ ଦ୍ୱାରା ମଧ୍ୟ ଶ୍ରବଣ ଶକ୍ତି ନଷ୍ଟ ହେବାର ଆଶଙ୍କା ଥାଏ । ତେଣୁ ଏ ସବୁରୁ ଦୂରେଇ ରହିବା ଆବଶ୍ୟକ ।

ଶ୍ରବଣ ଶକ୍ତି ହ୍ରାସର କାରଣ ନିରୂପଣ କରି ଚିକିତ୍ସା କଲେ ଏଥିରୁ ସୁଫଳ ମିଳେ । ରୋଗଗ୍ରସ୍ତ କାନର ବିଭିନ୍ନ ପ୍ରକାର ଭେଷଜ ଓ ଶଲ୍ୟ ଚିକିତ୍ସା ଆବଶ୍ୟକତା ଅନୁଯାୟୀ କଲେ ବ୍ୟୁତ୍ପାଦନରୁ ଉପଶମ ମିଳେ । ସ୍ନାୟୁ ଜନିତ ବ୍ୟୁତ୍ପାଦନ ପାଇଁ ବିଭିନ୍ନ ପ୍ରକାର ଶ୍ରବଣ ଯନ୍ତ୍ରର ସାହାଯ୍ୟ ନିଆଯାଏ ।



ଶ୍ରବଣ ଯନ୍ତ୍ର

ଏହାଦ୍ୱାରା କମ୍ ଶୁଣାଯାଉଥିବା ବ୍ୟକ୍ତି ବିଶେଷ ଭାବେ ଉପକୃତ ହୋଇଥାନ୍ତି । ଯେଉଁମାନଙ୍କର ସ୍ୱାୟତ୍ତ ବଧୂରତା ଥାଏ ବା ଯେଉଁମାନେ ଶଲ୍ୟ ଚିକିତ୍ସା ଚାହାନ୍ତି ନାହିଁ ସେମାନେ ଏହା ବ୍ୟବହାର କରିପାରିବେ । ଏଠାରେ ଧ୍ୟାନ ଦେବା ଉଚିତ ଯେ ଶ୍ରବଣ ଯନ୍ତ୍ର କୌଣସି ଚମତ୍କାରିତା ନୁହେଁ । ଏହା ବଧୂରତାକୁ ସଂପୂର୍ଣ୍ଣ ଭଲ କରିଦିଏ ନାହିଁ । ଏହା କେବଳ ଭଲ ଶୁଣିବାରେ ସାହାଯ୍ୟ କରେ । କମ ଶ୍ରବଣଶକ୍ତି ଥିବା ଶିଶୁମାନଙ୍କ କ୍ଷେତ୍ରରେ ଏହା ଯେତେ ଶୀଘ୍ର ଲଗାଯିବ, ସେତେ ଭଲ । କାରଣ ଏହାଦ୍ୱାରା ଶିଶୁଟିର ବାକ୍ଶକ୍ତି ତଥା ଭାଷା ଜ୍ଞାନ ଠିକ୍ ରୂପେ ବିକଶିତ ହୋଇପାରିଥାଏ । ବିଭିନ୍ନ ପ୍ରକାର ଶ୍ରବଣ ଯନ୍ତ୍ର ଏବେ ମିଳୁଛି । ଏହା ସାଧାରଣତଃ ଔଷଧ ଦୋକାନ ବା ମନୋହାରୀ ଦୋକାନରେ ମିଳେ ନାହିଁ । ଯେହେତୁ ଏହାକୁ ଲଗାଇବା ପୂର୍ବରୁ ଉପଯୁକ୍ତ ଡାକ୍ତରୀ ପରୀକ୍ଷା ଓ ଶ୍ରବଣ ଶକ୍ତିର ପରୀକ୍ଷା ଦରକାର ପଡ଼େ, ସେଥିପାଇଁ ଶ୍ରବଣ ବିଶେଷଜ୍ଞଙ୍କ ପାଖରେ ଏହା ଉପଲବ୍ଧ ହୁଏ । ଶ୍ରବଣଯନ୍ତ୍ରର ଉପଯୁକ୍ତ ବ୍ୟବହାର, ଯତ୍ନ ତଥା ନିୟମିତ ବ୍ୟାଟେରୀ ବଦଳାଇବା ଦରକାର ପଡ଼ିଥାଏ ଯାହା ବ୍ୟବହାର ସମୟରେ ଶ୍ରବଣ ବିଶେଷଜ୍ଞ ମାନେ ବୁଝାଇ ଦେଇଥାନ୍ତି । ଶ୍ରବଣ ଯନ୍ତ୍ର କାନରେ ଠିକ୍ ହୋଇ ଲାଗିବା ପାଇଁ କାନର ମାପ ଅନୁସାରେ ତାର ଆବରଣ ମଧ୍ୟ ତିଆରି କରାଯାଇ ଲଗାଯାଇଥାଏ ।

ଅନ୍ତଃକର୍ଣ୍ଣ ପ୍ରତିରୋପଣ

୨ ବର୍ଷରୁ ଅଧିକ ଶିଶୁ ଓ ବୟସ୍କ ବ୍ୟକ୍ତି ଯେଉଁମାନେ ସଂପୂର୍ଣ୍ଣ ବଧୂର ସେମାନଙ୍କ କ୍ଷେତ୍ରରେ ପ୍ରତିରୋପଣ ଏକ ଭିନ୍ନ ସମାଧାନ । ଏଠାରେ ଉଲ୍ଲେଖଯୋଗ୍ୟ ଯେ ଯେଉଁମାନେ ଶ୍ରବଣ ଯନ୍ତ୍ର ଦ୍ୱାରା ଉପକୃତ ହୁଅନ୍ତି ସେମାନଙ୍କ କ୍ଷେତ୍ରରେ ପ୍ରତିରୋପଣ କରାଯାଏ ନାହିଁ । ଶ୍ରବଣ ଯନ୍ତ୍ର କେବଳ ଧ୍ୱନିର ମାତ୍ରାକୁ ବଢ଼ାଇଦେଉଥିବା ବେଳେ ପ୍ରତିରୋପଣ ସେ ଲୋକମାନଙ୍କର ଦରକାର ପଡ଼େ ଯାହାଙ୍କର ଅନ୍ତଃକର୍ଣ୍ଣ ସଂପୂର୍ଣ୍ଣ ରୂପେ ନଷ୍ଟ ହୋଇଯାଇଥାଏ ବା ଆଦୌ କାର୍ଯ୍ୟକ୍ଷମ ନଥାଏ । ପ୍ରତିରୋପଣ ଏକ ଅସ୍ତ୍ରୋପଚାର ପଦ୍ଧତି । ଏହାପରେ ରୋଗୀକୁ ନିରବଚ୍ଛିନ୍ନ ଭାବରେ କଥା ଏବଂ ଭାଷା ପ୍ରଶିକ୍ଷଣ ନେବାକୁ ପଡ଼େ । ଏହା ସହିତ ଉପଯୁକ୍ତ ଶୈକ୍ଷିକ, ପ୍ରଦ୍ୟୋଗିକ ଓ ଚିକିତ୍ସା ଭିତ୍ତିକ ସହାୟତା ମଧ୍ୟ ଦରକାର ପଡ଼େ । ଯେହେତୁ ଏହା ଏକ ସମୟ ସାପେକ୍ଷ ପଦ୍ଧତି, ଏଥିପାଇଁ ଧୈର୍ଯ୍ୟଶୀଳ ହେବା ନିତ୍ୟାନ୍ତ ଆବଶ୍ୟକ । ତେଣୁ ଏଥିପାଇଁ ଶିଶୁର ପରିବାରବର୍ଗଙ୍କୁ ବା ବ୍ୟକ୍ତି ବିଶେଷଙ୍କୁ ଅପରେସନ୍ ପୂର୍ବରୁ ମାନସିକ ଭାବେ ପ୍ରସ୍ତୁତ ହେବାକୁ ପଡ଼ିଥାଏ । ଅପରେସନ୍ ପରେ ଦୀର୍ଘ ସମୟ ଧରି ଶ୍ରବଣ ଓ ବାକ୍ ବିଶେଷଜ୍ଞଙ୍କ ଅଧୀନରେ ପ୍ରଶିକ୍ଷଣ ନେବାକୁ ପଡ଼େ ଓ ମନସ୍ତତ୍ତ୍ୱବିତ୍ଙ୍କର ପରାମର୍ଶ ମଧ୍ୟ ଦରକାର ପଡ଼ିଥାଏ । ଏସବୁ ବିନା ପ୍ରତିରୋପଣ ପ୍ରକ୍ରିୟା ନିଷ୍ଫଳ ହୋଇଯାଏ । ଏହା ବାଦ ଏଥିପାଇଁ ଲକ୍ଷ ଲକ୍ଷ ଟଙ୍କାର ଆବଶ୍ୟକତା ପଡ଼େ । ପ୍ରତି ସପ୍ତାହରେ ବ୍ୟାଟେରୀ ବଦଳାଇବା ଦରକାର ପଡ଼େ ଯାହାକି ମଧ୍ୟ ବହୁ ପରିମାଣରେ ଖର୍ଚ୍ଚ ସାପେକ୍ଷ । ଏସବୁ ସତ୍ତ୍ୱେ ଆସ୍ତେ ଆସ୍ତେ ସରକାରୀ ସ୍ତରରେ ଏ ବିଷୟରେ ଧ୍ୟାନ ଦିଆଗଲାଣି । ଏବେ ରାଷ୍ଟ୍ରୀୟ ବାଳସ୍ୱାସ୍ଥ୍ୟ କାର୍ଯ୍ୟକ୍ରମ ଜରିଆରେ ଆମ ରାଜ୍ୟରେ ଏହା ସମ୍ପୂର୍ଣ୍ଣ ମାଗଣାରେ ଉପଲବ୍ଧ ହେଉଅଛି ।

ଜାତୀୟ ବଧୂରତା ପ୍ରତିଶେଧକ ଓ ନିୟନ୍ତ୍ରଣ କାର୍ଯ୍ୟକ୍ରମ

ଜାତୀୟ ସର୍ବେକ୍ଷଣ ଅନୁଯାୟୀ ପ୍ରତି ଏକ ଲକ୍ଷ ଜନସଂଖ୍ୟାରେ ୩୦୦ ପାଖାପାଖି ବ୍ୟକ୍ତି ତୀବ୍ର ବା ସଂପୂର୍ଣ୍ଣ ବଧୂରତାରେ ଆକ୍ରାନ୍ତ । ଏଥିରୁ ସଂଖ୍ୟାଧିକ ଜନରୁ ୧୪ ବର୍ଷ ବୟସର । ଏହା ବାଦ୍ ସ୍ୱଳ୍ପ ଓ ମଧ୍ୟମ ବଧୂରତାରେ ବହୁବ୍ୟକ୍ତି କବଳିତ । “ଅକ୍ଷମତା ସହ ଜୀବନ”ରେ ବଧୂରତାର ସ୍ଥାନ ଦ୍ୱିତୀୟ । ପ୍ରଥମଟି ହେଉଛି ମାନସିକ ଅବସାଦ । ଯେହେତୁ ଏତେ ସଂଖ୍ୟକ ବ୍ୟକ୍ତି ବଧୂରତା ଦ୍ୱାରା ପ୍ରଭାବିତ ତେଣୁ ୨୦୦୬ ମସିହାରେ ଭାରତ ସରକାର ପ୍ରାରମ୍ଭିକ ଭାବେ ଦେଶର ଦଶଟି ରାଜ୍ୟ ଓ ଗୋଟିଏ କେନ୍ଦ୍ର ଶାସିତ ଅଞ୍ଚଳ ୨୫ଟି ଜିଲ୍ଲାରେ ଏହି ଯୋଜନା ଆରମ୍ଭ କରିଥିଲେ । ୨୦୦୮ ମସିହାରୁ ଏହା ଏକ ସ୍ୱୟଂ ସଂପୂର୍ଣ୍ଣ କାର୍ଯ୍ୟକ୍ରମ ଭାବେ ସାରା



ଦେଶର ପର୍ଯ୍ୟାୟକୁମ୍ଭେ ଚାଲୁଛି । ଏବେ ଆମ ଓଡ଼ିଶାରେ ଏହା ପାଇଁ କାର୍ଯ୍ୟକ୍ରମ ହାତକୁ ନିଆଯାଇଛି ।

ଏହି ଯୋଜନାର ବିଭିନ୍ନ ଲକ୍ଷ୍ୟ ଗୁଡ଼ିକ ହେଲା -

- ୧. ଆଘାତ ଯୋଗୁ ବା ରୋଗଗ୍ରସ୍ତ ଯୋଗୁ ହେଉଥିବା ବ୍ୟୁତ୍ତର ପ୍ରତିରୋଧ ।
- ୨. ବ୍ୟୁତ୍ତର ସୃଷ୍ଟିକାରୀ ସମସ୍ୟା ବା ରୋଗର ଯଥା ଶୀଘ୍ର ନିର୍ଣ୍ଣୟ ନିରୂପଣ ଓ ଚିକିତ୍ସା ।
- ୩. ବ୍ୟୁତ୍ତରରେ ଆକ୍ରାନ୍ତ ପ୍ରତି ବୟସ୍କ ବ୍ୟକ୍ତି ବିଶେଷଙ୍କୁ ଉପଯୁକ୍ତ ଚିକିତ୍ସା ପଦ୍ଧତିରେ ଥଇଥାନ ।
- ୪. ବ୍ୟୁତ୍ତରରେ ଚାଲୁଥିବା ବିଭିନ୍ନ ଥଇଥାନ କାର୍ଯ୍ୟକ୍ରମକୁ ସୁଦୃଢ଼ କରି ସେଥିରେ ବ୍ୟୁତ୍ତ ବ୍ୟକ୍ତିଙ୍କୁ ସାମିଲ ।
- ୫. ମାନବ ସମ୍ବଳର ପ୍ରଶିକ୍ଷଣ, ଉପଯୁକ୍ତ ଉପକରଣ ଓ ଯନ୍ତ୍ରପାତିର ଯୋଗାଣ ସହିତ କର୍ଷ୍ଣ ଚିକିତ୍ସା ପାଇଁ ଅନୁଷ୍ଠାନ ଗୁଡ଼ିକର କାର୍ଯ୍ୟଦକ୍ଷତାର ବିକାଶ ।

ଏହି କାର୍ଯ୍ୟକ୍ରମ ଅନୁଯାୟୀ ବିଭିନ୍ନ ସ୍ତରରେ ପ୍ରଶିକ୍ଷଣ ଦିଆଯିବା ସହିତ ବିଭିନ୍ନ ଅନୁଷ୍ଠାନ ଗୁଡ଼ିକୁ ଆନୁସଙ୍ଗିକ ଉପକରଣ ପ୍ରଦାନ କରାଯିବାର ବ୍ୟବସ୍ଥା ଆରମ୍ଭ ହୋଇଛି । ଲୋକମାନଙ୍କ ମଧ୍ୟରେ ସଚେତନତା ସୃଷ୍ଟିପାଇଁ ବିଭିନ୍ନ କାର୍ଯ୍ୟକ୍ରମ ନିଆଯାଇଛି । ଯଦିଓ ଆମ ଓଡ଼ିଶାରେ ଏହା ପ୍ରାରମ୍ଭିକ ଅବସ୍ଥାରେ ଅଛି, ତେବେ ପରବର୍ତ୍ତୀ ପର୍ଯ୍ୟାୟରେ ଏହା ନିର୍ଣ୍ଣିତ ସଫଳତା ପ୍ରାପ୍ତି ହେଉ ଓ ଅଗଣିତ ବ୍ୟୁତ୍ତ ବ୍ୟକ୍ତି, ସେମାନଙ୍କର ପରିବାରବର୍ଗ ଓ ସମାଜ ପାଇଁ ଆଶାର କିରଣ ପାଲଟୁ ଏହାହିଁ କାମନା । ବ୍ୟୁତ୍ତ ଶିଶୁଟିର କରୁଣାମୟ ପ୍ରଭୁଙ୍କ ନିକଟରେ ପ୍ରାର୍ଥନା ।

ଶଠ ବ୍ୟୁତ୍ତର

ଶଠ ବ୍ୟୁତ୍ତର କେତେକଙ୍କ ପାଇଁ କୌତୁହଳ ପୂର୍ଣ୍ଣ ଶବ୍ଦଟିଏ ହେଲେ ମଧ୍ୟ ଏହାର ଆଲୋଚନା ଜରୁରୀ । ବିଭିନ୍ନ ଅକ୍ଷମତାରେ କବଳିତ ବ୍ୟକ୍ତି ବିଶେଷଙ୍କ ପାଇଁ ଜନମଙ୍ଗଳ କାରୀ ରାଷ୍ଟ୍ରର କର୍ତ୍ତବ୍ୟ ରହିଛି । ଏମାନଙ୍କର ଉପଯୁକ୍ତ ଚିକିତ୍ସା, ଥଇଥାନ ଓ କର୍ମନିଯୁକ୍ତି ଆଦି ପାଇଁ ସରକାରଙ୍କର ସତତ ପ୍ରୟତ୍ନ ଜାରୀ ରହିଛି ଓ ଅନେକ ବେସରକାରୀ ସଂସ୍ଥା ମଧ୍ୟ ଏଥିପାଇଁ ଉପଯୁକ୍ତ ପରାମର୍ଶ ଓ ସାହାଯ୍ୟ ଯୋଗାଇ ଦେଉଛନ୍ତି । ଅକ୍ଷମ ବ୍ୟକ୍ତି ବା ଭିନ୍ନକ୍ଷମ ବ୍ୟକ୍ତି ବା ଏବେର ପ୍ରତିଶବ୍ଦ ଅନୁଯାୟୀ ଦିବ୍ୟାଙ୍ଗ ବ୍ୟକ୍ତିଟିଏ ପାଇଁ ସତ୍ୟ ସମାଜରେ ସବୁବେଳେ ସ୍ୱତନ୍ତ୍ର ସ୍ଥାନ ରହିଛି । ସରକାର ଏମାନଙ୍କୁ ଉପଯୁକ୍ତ ପ୍ରମାଣପତ୍ର ଯୋଗାଇଦେବା ସଙ୍ଗେ ସଙ୍ଗେ ସେମାନଙ୍କର ଥଇଥାନ ପାଇଁ ବିଭିନ୍ନ କାର୍ଯ୍ୟକ୍ରମ ହାତକୁ ନେଉଛନ୍ତି । ଏମାନଙ୍କୁ ଶିକ୍ଷା କ୍ଷେତ୍ରରେ, କର୍ମନିଯୁକ୍ତି କ୍ଷେତ୍ରରେ, ବ୍ୟାଙ୍କରୁ ରିହାତି ଦରରେ ରଣ ପାଇବାରେ, ଆୟକର ରିହାତି କ୍ଷେତ୍ରରେ, ଠିକାଦାରୀ ପାଇଁ ଅନୁମତି ପତ୍ର ପାଇବାରେ, ଅକ୍ଷମତା ଭତ୍ତା ପାଇବାରେ, ଇନ୍ଦିରା ଆବାସ ପାଇବାରେ, ରେସନ କାର୍ଡ ପାଇବାରେ ଏମିତି ଅନେକ କ୍ଷେତ୍ରରେ ସ୍ୱତନ୍ତ୍ର ସୁବିଧା ବା ସଂରକ୍ଷଣ ଦିଆଯାଉଛି ଓ ବିଭିନ୍ନ ସାମାଜିକ ସୁବିଧା ସୁଯୋଗରେ ଅଗ୍ରାଧିକାର ଦିଆଯାଉଛି । ଏପରି ସୁଯୋଗ ପାଇଁ ଅନେକ ଖଳ ପ୍ରକୃତିର ବ୍ୟକ୍ତି ଅକ୍ଷମତାର ଅଭିନୟ କରନ୍ତି ଓ ଭିନ୍ନକ୍ଷମ ପ୍ରମାଣ ପତ୍ର ପାଇଁ ଚେଷ୍ଟା କରନ୍ତି । ବିଭିନ୍ନ ଅସାଧୁ ରାଜନୈତିକ ବ୍ୟକ୍ତି ବିଶେଷ, ଦୁର୍ନୀତିଗ୍ରସ୍ତ ଅଧିକାରୀ ଓ ଗୁଣ୍ଡା ପ୍ରକୃତିର ଲୋକଙ୍କ ସାହାଯ୍ୟ ନେଇ ଭିନ୍ନକ୍ଷମ ପ୍ରମାଣପତ୍ର ପାଇଁ ଯୋକ ଭଳି ଲାଗିପଡ଼ନ୍ତି । ଧରାପଡ଼ି ହରଡ଼ ଘଣାରେ ପଡ଼ନ୍ତି । ଏକରେ ତ ବେଆଇନ କାର୍ଯ୍ୟରେ ଲିପ୍ତ ରହନ୍ତି, ଦ୍ୱିତୀୟଟି ହେଲା ନିଜର ସୁବିଧା ପାଇଁ ସେମାନେ ଭିନ୍ନକ୍ଷମ ବ୍ୟକ୍ତିଙ୍କୁ ସେମାନଙ୍କ ନାହିଁ ପ୍ରାପ୍ୟରୁ ବଞ୍ଚିତ କରିବାର ପାପ ଅର୍ଜନ କରନ୍ତି । ବ୍ୟୁତ୍ତର କ୍ଷେତ୍ରରେ ଏପ୍ରକାର ଧୂଷତା ବହୁଳ ଭାବେ ଦେଖାଯାଏ । କାରଣ ବ୍ୟୁତ୍ତର ଯେହେତୁ ଏକ ଲୁକ୍କାୟିତ ଅକ୍ଷମତା, ତାହାର ସୁଯୋଗ ନେଇ ଅନେକ, କିଛି ନ ଶୁଣିବାର ଅଭିନୟ କରନ୍ତି । ତେବେ ଉପଯୁକ୍ତ ପରୀକ୍ଷା ଦ୍ୱାରା ଏମାନଙ୍କର ଶଠତା ଧରାପଡ଼ିଯାଏ । ତେଣୁ ଏପରି ଶଠ ବ୍ୟକ୍ତିମାନଙ୍କ ପ୍ରତି ସମସ୍ତେ ସତର୍କ ରହିବା ଆବଶ୍ୟକ ଓ ଏମାନଙ୍କୁ ଦଣ୍ଡିତ କରିବାରେ ସମସ୍ତେ ପ୍ରଚେଷ୍ଟା ଜାରି ରଖିବା ଉଚିତ ।





ANTENATAL SCREENING FOR BIRTH DEFECTS

Dr. Sanjay Swain,

OBGY Consultant

Birth defect in a newborn is very distressing to parents as well as to the society. Some major defects made the child untreatably handicapped for the rest of life or may made the parents financially handicapped due to the huge recurring expenses for the treatment and care of the defective baby. So the policy is “ A stitch in time saves nine”, the antenatal screening of birth defects in high risk mothers pays the dividend to the parents and the society by early diagnosis and appropriate intervention in right time.

Mainly three factors are responsible for birth defects, viz:

- i) Genetic factors leading to mutation of one or more genes.
- ii) Chromosomal factors leading to Aneuploidy.
- iii) Environmental factors during pregnancy leading to mostly the morphological birth defects.

Incidence:

Cytogenetic disorders found in 2% of pregnancies with elderly mothers (>35 years or older women). This occurs in 1% of live births & 6% of still births. More than 50% of spontaneous abortions are due to chromosomal anomalies. Most commonly involved aneuploidies are with chromosome 13,15, 16, 18, 21, 22 & X. In India annually $1\frac{1}{2}$ million babies born with anomalies. Incidence of Down's syndrome (Trisomy 21) is 1 in 1150 births and annually 21000 Down's babies are born in India. Aneuploidies of 5 chromosomes - 13, 18, 21, X & Y accounts for 95% chromosomal aberrations that lead to infacts born with congenital defects.

Screening for Anomalies:

- I) 11 weeks to 13 weeks 6 days:
 - i. USG makers (Temporary):
 - Genetic scan:
 - Nuchal thicken (NT) >3 mm
 - Nasal bone (NB)
 - Ductus venous (DV) flow: reversal of blood flow
 - Tricuspid Regurgitation (TR)
 - ii. Dual makers:
 - Serum HSG.
 - Pregnancy Associated plasma proteins -A (PAP-A)



After 10 weeks:

i. Non-invasive prenatal test(NIPT)

- (a). Prenatal cell free fetal DNA (maternal blood) has 99% screening abilities for detection of Trisomy 13, 18, X & Y chromatin anomalies.
- (b). Targeted imaging for fetal anomalies (TIFFA) by USG from 15-22 weeks.
- (c). QUAD Marker (15-22 weeks) Maternal blood for Down's syndrome (Trisomy - 18), N T defect & abdominal wall defect.

The 4 tests are:-

1. Alpha foeto protean (AFP) : 37.67 - 61.38ng/ml is the normal range between 16-19wks
2. H S G
3. Serum estriol-E2
4. Inhibin - A : 194.20 - 226.90pg/ml is the normal range between 16-19wks

ii. Invasive Diagnostic Test for Anomalies:

1. At 12 weeks : Chorionic villus sampling (CVS)
2. At 18 weeks : Amniocentesis.
3. Florescence in situ hybridization (FISH) for Trisomy 13, 18, 21 and (sex linked defects of X & Y chromosomes)

Selection of antenatal cases for foetal anomaly screening should be done with:-

- Genetic counselling for previous history of repeated pregnancy loss
- Maternal age > 35 years
- Past history of birth defect / Anomali duing previous pregnancies

Risk factors as a indication for screening of birth defects:

- Maternal Age > 35 years
- Maternal Race
- Maternal Weight
- Multifoetal Pregnancy
- Diabetes Mellitus
- Maternal viral infection during pregnancy
- IVF
- Smoking during Pregnancy.
- Family history of congenital disabilities / previous histry of congenital baby birth / used harmful medication or Drugs while pregnant.

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LETUS KNOW OMSA

Odisha Medical Services Association (OMSA) started as a Service Association of all doctors working under Government of Odisha way back in the year 1946. It was recognised by Govt. vide its letter of Recognition No. 5309/POLL, 29th June 1946. Initially OMSA was the one and only one Service Association of all Doctors in Govt. of Odisha Service - be in medical college teaching service, periphery service, ESI Medical Service or in any Govt. of Odisha undertaking healthcare facility service. After the creation of Odisha Medical Education Services (OMES) as a separate cadre for Medical Teachers in the year 1982, the then stalwarts of OMSA belonged to Medical Colleges separated them from OMSA and formed Odisha Medical Teachers Association (OMTA). Since then OMSA marches forward with a separate constitution and objectives to work for the wellbeing of Odisha Medical & Health Services (OMHS) cadres. It includes both OMS (Health) and OMS(Dental) subcadres. At present OMSA is a strong association with more than 3563 life members. It's cadre friendly activities is palpable all over the state with its own official address at OMSA BHAWAN, Unit-VI, Ganganagar, Bhubaneswar - 751001. It has an amendable constitution, a dynamic website: omsa.org.in, A PAN card, 5 Bank Accounts at SBI, OUAT Branch, Bhubaneswar for different designated activities namely:

1. OMSA Corpus fund A/c : 10173713293
2. OMSA Bhawan A/c : 10173713306
3. OMSA Welfare Fund A/c : 39590013074
4. OMSA Legal Cell A/c : 36038969634
5. OMSA Voice A/c : 30005554542

OMSA has Elected State executives and Branch executives. State OMSA has 3 Zones- Central Zone, South Zone & West Zone with 29, 16 & 15 in respective zone totalling 60 branches all over the State.

Working of the association with regard to eligibility for membership, participation in election for different executive posts and voting rights etc are all delineated clearly in its constitution available in OMSA website as well as a copy is published in this chapter of the souvenir for ready reference.

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CONSTITUTION

THE CONSTITUTION OF ORISSA MEDICAL SERVICES ASSOCIATION

(63rd Annual Conference and General Body at RMRC (Regional Medical Research Center) Auditorium Bhubaneswar on 14.10.12

Latest Amendment

PREAMBLE

The Constitution of the Orissa Medical Services Association is the outward and visible manifestation of the life of its members and it must respond to the deep pulsation for change from within. It is not an end in itself, rather a means for ordering the life of its member's. The generations of yesterday might not know the needs of today, 'and if yesterday is not to paralyze today, it seems test to permit each generation to take care of itself.

The Orissa Medical services Association got its reorganization by the Government of Orissa in the Year 1946 under Mem. No. 5309/POLL Dated 29th June, 1946. Consequently a constitution was framed to govern the procedural and substantial matters on the actions and activities of the Association and its members. Attempts were made in the past to remove some glaring lacunae and incongruities appearing in the constitution but these were of no avail to the association and its member. Rather more complexity to the objectives of the Association was noticed. For example, the constitution was first amended in an Extra-Ordinary General Body Meeting of the Association held on 19.02.1984 at S.C.B. Medical College and then on 41st Annual GB Meeting at SCB Medical College on 25.06.88. On a plain reading of such amended clauses, it is evident that such, amendments do not go consistent with the original constitution but bring ameliorating grievances to all. It is also learnt that a controversy relating to the election of the office bearers of the Association was dragged to the court of law where the present constitution could not satisfy the test. Moreover after the separation of cadres into OMS (Orissa Medical Service) cadre, and OMES (Orissa Medical Education Service) cadre and the Govt. of Orissa Home Department Memo No. 643 Assn. (R) 52/91/dated 4.1.92 banning dual membership between OMSA (Orissa Medical Services Association) and OMTA (Orissa Medical College Teachers Association) the amendment to the present constitution became a necessity. Then the constitution was amended in the 51st Annual General Body held at Suchana Bhawan on 29.04.98, 57th Annual General Body held at Sambalpur, 58th General Body Meeting held at Jaydev Bhawan, Bhubaneswar on 22.04.05 and 59th General Body Meeting held at Jaydev Bhawan, Bhubaneswar on 03.05.06. 62nd general body held at sahid bhavan cuttack on 21.1.11 . There remains only one way to change the outlook by gaining experiences from the past and that is by way of enacting the constitution afresh and substituting the same in place of the old one.

The latest amendment in the 60th Annual G.B. meeting held at Jeypore Kalyan Mandap, Jeypore, Koraput on 19.05.2008 has made this Constitution up to date.

PART -1

CLAUSES:

1. Short title, extent an commencement :-

This constitution may be called "The constitution of Orissa Medical Services Association. (OMSA)".

It extends to the whole state of Orissa.

It shall be deemed to have come into force on the 29th June, 1946 when the OMSA got reorganization by the Govt. of Orissa and Constitution to that effect was first enacted.

2. Definitions: In this Constitution unless the context otherwise requires :

"Association" means Orissa Medical Services Association in other words OMSA and for all purpose includes its Branches.

"Association year" - from 1st April to March 31st next calendar year and is also termed as "financial year".

"Office" means Office of the Association which shall be in any place in the State of Orissa where the State General Secretary of the association is posted and in case of any Branch of the Association it shall be in any place where the Secretary of such Branch is



posted.

"Branch" shall mean and include different branches of the Association as have been specified in clause 4 of Part -1 of this Constitution.

"Member" shall mean a person whose name appears in the Register of members of the Association in accordance with clause 5. (b) of Part - II of this constitution.

Explanation: - The Expression "member" shall include "Annual Member", "Life Member" and "Associate Member" of the Association.

"OMSA District" : The C.D.M.O. will be the Chairman of O.M.S.A. District where more than one branch exists in the district & will be responsible for co-coordinating & organizing the sub-divisional branches. The President and the Secretary-cum-Treasurer of the Sub-Divisional Branches will form the Co-ordination Committee of OMSA District. A Convener of the Co-ordination Committee will be elected by the member of the Co-ordination Committee. In a district with single OMSA Branch CDMO may be the president of that Branch.

The objectives of the Association shall be :

To promote brotherly feelings amongst its members

To protect the common interests of the members in relation to their service under the Government of Odisha.

To improve the conditions and efficiency of service in the best interest of the suffering humanity.

To maintain the honour and dignity and to uphold the interest of the medical profession.

To promote an advance medical and allied sciences in all the different branches and to promote the improvement of medical, public health and allied services.

To promote Co-operation and to achieve equality amongst all the members,

To publish journal and bulletin of scientific and professional interest,

To hold periodical meetings, seminars, conference of professional interest.

To organise medical relief camp and health education campaign.

To protect the interest of past members who have retired from their respective services under the Govt. of Odisha and to do all such other activities as one cognate to the objects of the Association or are incidental or conducive to the attainment of the above objectives.

Branches : The Association, shall have Sixty branches. All these branches of the Association shall be called as.

Central Zone

OMSA Balasore, OMSA Nilagiri, OMSA Bhadrak, OMSA Cuttack, OMSA Banki, OMSA Athagarh, OMSA Kendrapara, OMSA Jagatsinghpur, OMSA Jajpur, OMSA SCB Medical College & Hospital, Cuttack, OMSA Bhubaneswar, OMSA Puri, OMSA Khordha, OMSA Nayagarh, OMSA Basanta Manjari Swasthya Niwas, Chandpur

OMSA Dhenkanal, OMSA Hindol, OMSA Kamakhyanagar, OMSA Angul, OMSA Pallahara, OMSA Athamalik, OMSA Talcher, OMSA Mayurbhanj, OMSA Udala, OMSA Karanjia, OMSA Rairangpur, OMSA Keonihar, OMSA Anandpur & OMSA Champua.

West Zone

OMSA Bolangir, OMSA Patnagarh, OMSA Titlagarh, OMSA Sonepur, OMSA Sambalpur, OMSA Rairakhol, OMSA Kuchinda, OMSA VSS Medical College & Hospital, Burla, OMSA Bargarh, OMSA Padmapur, OMSA Deogarh

OMSA Sundargarh, OMSA Bonai, OMSA Panposh (GH-Rourkela), OMSA Jharsuguda.

South Zone

OMSA Ganjam, OMSA Chhatrapur, OMSA Bhanjanagar, OMSA MKCG Medical College & Hospital, Berhampur

OMSA Paralakhemundi (Gajapati), OMSA Phulbani, OMSA Baliguda, OMSA Boudh, OMSA Koraput, OMSA Jeypore, OMSA Malkangiri, OMSA Rayagada, OMSA Gunupur, OMSA Nawarangpur, OMSA Nuapada, OMSA Kalahandi.

In addition to the above branches any new branch may be formed by the General Body of the Association in any place of the State.

PART - II

5.(a)The Association shall consist of Members, the membership of which shall be open to all in service Doctors/Medical Officers (Modern Medical Science) including Dental Surgeons serving under the Govt. of Odisha under Odisha Medical Services Cadre.

Explanation :



Doctors/Medical Officers (Modern Medical Science) serving in Labour, Home, Education, Quasi Govt. Organisation like Municipality, Notified Area Council and in any other undertakings/ Corporations of the Govt. of Odisha, are eligible to become the Members.

(b) There shall be a Register in which the names of all the members of the Association according to the categories to which they belong, shall be entered with their qualifications and addresses.

(c) The membership shall continue until such member is retired from Govt. service and/or unless otherwise decided by the General Body.

(d) There shall be members of three categories, namely Members, Life members and Associate members. Persons who are eligible for membership as per clause 5 (a) of this constitution shall be called :-

MEMBER: - Each of whom has one year of service to retire shall pay an annual subscription of Rs.100 or as would be decided by the General Body from time to time

LIFE MEMBER: - Members who pay a lump sum amount of Rs.1500 (out of which Rs.1000 is the Central share and Rs.500 is the Branch share) to be kept as fixed deposit in Nationalized Banks in respective OMSA Account or as decided by the General Body from time to time shall be called "Life Members" and shall be provided with a permanent serial number and a life membership card for identity.

Explanation: - In computing the extent of period of Membership of a Life Member, the In-service period of such member till the date of his/her retirement from Govt. service shall be construed to be the period of Life Membership

ASSOCIATE MEMBER: - Members after retirement from Govt. service, shall be deemed to be Associate Members unless desired otherwise by such members and/or decided otherwise by the General Body.

6. RIGHTS AND PRIVILEGES OF MEMBERS:

Each member has a right to attend the General body meetings of the Association apart from attending and taking part in any conferences, seminars, Relief camps, or such other specified occasions organized by the Association from time to time.

Every member except the Associate Member has the right to vote on any motion.

Every member except the Associate Member has the right to contest for any one of the post of the office bearers of the Association as laid down in part VI clause 29 C of constitution.

Associate Members may form a forum to discuss any specific problems of retired members of the Association regarding retirement benefits and social schemes and Association may pursue the opinion and recommendation if any submitted in writing by such forum.

7. DISQUALIFICATIONS

The following shall make a member disqualified to enjoy the rights and privileges mentioned in clause 6 to the constitution.

If annual membership /life membership fees of the Association is not paid.

If expelled by the General Body.

If misappropriated the funds of the Association.

For misconduct, bringing disreputation to the Association & profession, and

If dismissed / discharged from the Govt. service and / or / convicted by any court of law, for any criminal charges.

PART - III

GENERAL BODY, MANAGEMENT & COMMITTEES OF THE ASSOCIATION

8. GENERAL BODY & MEETINGS:

The General Body of the Association is the supreme authority to take any decision in the Interest of the Association.

9. ANNUAL GENERAL BODY MEETING:

1. a) There shall be an Annual General Body Meeting to be held, preferably before 15 (fifteen) days of the expiry of every Association year.

b) The date, time and venue of the Annual General Body Meeting shall be decided in the previous Annual General Body Meeting.



c) The Annual General Body Meeting shall be hosted by CWC or any of the branches of the Association with the approval of previous Annual General Body Meeting.

d) All General Body Meeting shall be presided by the State President or one of the Zonal Vice Presidents in absence of the State President of the Association or by any member of the Association to be nominated from amongst the members present in the meeting in absence of both, the State President and Zonal Vice Presidents.

e) Annual Conference of OMSA will be for 2 (two) days out of which one day will be kept for 'Scientific Session' and must be done in the month of April.

2. a) One tenth of the total members but not less than **200 (two hundred)** members of the Association shall form the **Quorum for the Annual General Body Meeting**.

b) Due to lack of quorum the General Body Meeting may be adjourned for a period not more than one month (30 days).

10. EXTRAORDINARY GENERAL BODY MEETING:

a) An Extraordinary General Body Meeting may be called on emergent circumstances to discuss specific matters. No other matter except the one specified shall be discussed in such meeting.

b) An Extraordinary General Body Meeting shall be called with a minimum of 7 (seven) days notice to all the branches of the Association. Such notice shall also be published in the popular daily newspapers circulating in the state which shall be deemed to be seven days notice and by Short Messaging Service (SMS).

c) A minimum 100 (one hundred) members shall constitute the quorum for such Extraordinary General Body Meeting.

d) Due to lack of quorum such meeting may be adjourned for not more than 48 (forty eight) hours.

11. REQUISITION GENERAL BODY MEETING:

a) A requisition General Body meeting may be called on any specific issue if requisitioned in writing by not less than 200 (two hundred) members of the Association duly signed and sent to the State President and the State General Secretary with 30 (thirty) days notice.

b) Minimum 10 (ten) members of the Central Executive Committee may also sent requisition for holding such meeting on any specific issue with thirty days notice.

c) Once a meeting is requisitioned in accordance with clause -11 [a] or [b] of this Constitution, it must be called, by the State General Secretary and in his absence, by the State President.

d) No other matter shall be discussed in such meeting other than one for which the meeting is requisitioned.

e) A minimum of 200 (two hundred) members shall constitute the quorum for such requisition meeting.

f) The requisition meeting shall not be adjourned for lack of quorum and as such case it shall be treated as cancelled.

12. POWERS OF GENERAL BODY

Unless otherwise specified in this constitution, the General Body of the Association shall have the following powers :-



- a) To consider and pass the annual accounts and reports presented by the Treasurer and State General Secretary respectively.
- b) To fix up and/ or alter the annual and life membership subscription amount.
- c) To request the members for donations, if necessary.
- d) To expel any member from the Association in conformity with clause 7 of this constitution but subject to the recommendation of the Central Executive Committee.
- e) To elect the office bearers of the Association and the members to such Committees as have been specified in this Constitution.
- f) To form any Committee and Sub-Committee whenever necessary.
- g) To amend the Constitution whenever necessary.
- h) To transact any other business and discuss the matters proposed either by any Committee, Branch or Member of the Association.
- i) To dissolve any Committee or terminate the office of any office bearer of such Committee, if moved and passed with no-confidence motion in conformity to Clause 23 of Part-IV of this Constitution.
- j) To define and alter the Policy of the Association whenever required.
- k) To dissolve the Association if passed by 3/4th Majority of members on roll.

13. MANAGEMENT

The General Control, management, direction of policies and affairs of the Association shall be vested in a body styled as the Central Executive Committee (CEC).

14. COMPOSITION OF CENTRAL EXECUTIVE COMMITTEE

The Central Executive Committee shall be composed of the following members of the Association -

- i) The State President.
- ii) Immediate past State President.
- iii) Three Zonal Vice-Presidents - One each to be elected from each zone which comprises Central Zone (undivided districts of Cuttack, Puri, Dhenkanal, Balasore, Mayurbhanj, Keonjhar), West Zone (undivided districts of Sambalpur, Sundargarh, Bolangir) & South Zone (undivided districts of Ganjam, Koraput, Phulbani, Kalahandi).
- iv) The State General Secretary.
- v) Immediate Past State General Secretary.
- vi) State Treasurer
- vii) Three Zonal Joint Secretaries - one each to selected from each zone which comprises Central Zone (undivided districts of Cuttack , Puri, Dhenkanal, Balasore, Mayurbhanj, Keonjhar), West Zone (Undivided districts of Sambalpur, Sundargarh, Bolangir) & South Zone (undivided districts of Ganjam, Koraput, Phuibani, Kalahandi).
- viii) Three CWC members elected by and from the General Body.



ix) **Managing Editor of the Journal "OMSA VOICE".**

x) **Secretaries of all branches.**

xi) **One member nominated by the Bhubaneswar Branch, Bhubaneswar.**

15. POWERS AND FUNCTIONS OF CENTRAL EXECUTIVE COMMITTEE (CEC):-

a) POWERS

i) It shall **administer the affairs of the Association in accordance with the provisions of this Constitution.**

ii) It shall **take decisions in matters not covered by the provisions of the constitution which shall be ratified subsequently by the General Body, provided that such decision, if any, does not go inconsistent with any of the provisions of the constitution.**

iii) It shall have power **to constitute committees and sub-committees to deal with matters required to be dealt by such committee; and in consequence thereof may delegate all or some of its powers for such particular purpose.**

iv) It shall have powers **to issue directives and instructions to the branches.**

b) FUNCTIONS

i) **Minimum of 20 (twenty) members shall form the quorum for the Central Executive Committee meeting.**

ii) **Central Executive Committee Meeting shall be held on 21st of June, September, December & March of each year. If that day is a Govt. holiday, the next working day CEC meeting will be held. It shall not be adjourned in any circumstances expect for want of quorum but not exceeding 15 days.**

iii) **A Central Executive Committee Meeting shall always be held before every Annual General Body meeting in order to discuss and final the agenda for the Annual General Body meeting.**

iv) **Central Executive Committee shall take up matters for discussion brought forward by the Central Working Committee.**

16. EMERGENCY CENTRAL EXECUTIVE COMMITTEE (CEC) MEETING

a) **An Emergency Central Executive Committee meeting may be called, with a minimum of 7 (seven) days notice after consultation with the Central Working Committee.**

b) **A minimum of 20 (twenty) executive members of the Central Executive Committee shall requisition such meeting for a specific purpose.**

c) **Requisition Central Executive Committee meeting shall always be made in writing to the State President or State General Secretary of the Association along with an agenda duly prepared and signed by all the executive members submitting such requisition.**

17. CENTRAL WORKING COMMITTEE (CWC)

There shall be a Central Working Committee consisting of all the directly elected members from General Body. They are State President, three Zonal Vice Presidents, State General Secretary, State Treasurer, three Zonal Joint Secretaries, three CEC members, Managing editor "OMSA voice". The tenure of the office bearers/CWC members of the Association is for **two completed consecutive "Association years"** unless **extended** for a specific purpose for **not more than 30 days** by Central Executive Committee.



18. POWERS AND FUNCTIONS OF CENTRAL WORKING COMMITTEE

a) POWERS

- i) It shall manage the day to day affairs of the Association and shall be responsible to the Central Executive Committee.
- ii) It shall take decisions which are required urgently and also in the case of emergent situation, to be ratified subsequently by the Central Executive Committee.
- iii) It shall have power to constitute sub-committee for any specific purpose, if such committee is not already been formed by the Central Executive Committee.
- iv) It shall have powers to issue directives and instructions to the branches, to be ratified subsequently by the Central Executive Committee.

b) FUNCTIONS

- i) Minimum of 5 (five) members shall form the quorum for a Central Working Committee Meeting.
- ii) Central Working Committee shall hold its meeting on 21st day of each month. If that day is a Govt. holiday, the next working day CWC meeting will be held. It may be called with one week notice and at no time it shall be delayed for more than 60 (sixty) days.
- iii) A Central Working Committee Meeting shall always be held before each meeting of the Central Executive Committee.
- iv) Central Working Committee shall take up matters for discussion brought forward by any branch of the Association or by any member of the Central Executive Committee and all such matters along with the opinions of the Central Working Committee shall be forwarded and placed before the Central Executive Committee for decision.

19. EMERGENCY CENTRAL WORKING COMMITTEE MEETING

An Emergency Central Working Committee meeting may be called either by the State President or by the three Zonal Vice-Presidents or by any five members of the Central Working Committee.

20. Any member of the association may be invited as Invited member to any of the meetings held by Central Executive Committee or Central Working Committee, but he /she shall have no voting right

PART - IV

DUTIES & POWERS OF THE OFFICE BEARERS

21. a) STATE PRESIDENT

- i) The State President shall preside over all OMSA meetings of the General Body, the Central Executive Committee and the Central Working Committee as the case may be except such meeting which is specially requisitioned against the State President.
- ii) shall regulate the proceedings of all such meetings,
- iii) Shall guide and control the activities of the Association.



iv) **shall interpret provisions of the constitution,**

v) shall have a casting vote in case of equality of votes,

vi) **shall rule over and take decisions in all the meetings which shall be final, and**

vii) **may take decision in advance on behalf of the Association subject to the ratification by the Central Executive Committee.**

b) STATE ZONAL VICE-PRESIDENTS

i) The State Zonal Vice-President shall help in organisation of the branches,

ii) One amongst the three, as decided by CEC, shall preside over the meetings of the General Body, the Central Executive Committee and the Central Working Committee as the case may be in absence of the State President and such other meetings which the State President can not conduct, and

iii) one amongst the three as decided by CEC, shall discharge all the duties of the State President in his absence.

c) STATE GENERAL SECRETARY

i) The State General Secretary shall be incharge of all the records and documents of the Association.

ii) shall record all the proceedings in the minute book and take actions on resolutions.

iii) shall be responsible for all correspondences including press communications in relation to the matters of the Association,

iv) shall maintain a correct and up-to-date register containing the particulars of all the members of the Association, branch-wise and shall prepare the electoral roll after receiving the list from the Branch secretaries under clause 25 (b) of part V of this constitution.

v) shall organise, arrange and convene meetings, conferences, lectures and demonstrations,

vi) Shall inform meetings of General body, the central Executive Committee, the Central working Committee and other meetings as per the provisions of this constitution other consolation with the state president.

vii) shall be a member of every delegation,

viii) shall visit different branches for strengthening the organization,

ix) shall enter into any agreement on behalf of the Association, whenever necessary, and

x) shall be liable to sue and to be sued on behalf of the Association.

d) STATE TREASURER



- i) shall be the custodia of association money.
- ii) The State Treasurer will keep the detail account of various income and expenditures in a cashbook in appropriate manner and get it audited by a Chartered Accountant annually to be presented in the Annual General Body each year.
- iii) The Treasurer shall audit the financial account of all branches whenever necessary, annually,
- iv) shall receive funds from different branches, donations and grants.
- v) The State Treasurer while presenting the financial statements the Governing body should mentioned total number of money receipts printed with numbers and they are distribution to the branch secretary and members concern with mention of non return of receipts for verification after each financial year.

e) ZONAL JOINT SECRETARIES

- i) All the three Zonal Joint Secretaries shall assist the State General Secretary to discharge his duties.
- ii) one amongst the three as decided by the CEC shall discharge all the duties and responsibilities of the State General Secretary in his absence,
- iii) shall be responsible for any work entrusted to any one of them by the Central Executive Committee or Central Working Committee as the case may be.

f) POSTING OF STATE PRESIDENT, STATE GENERAL SECRETARY, CWC & CEC MEMBER OF OMSA

The State President and the State General Secretary of OMSA will be posted at Cuttack/Bhubaneswar. The members of the Central Working Committee of OMSA and the members of the C.E.C. from the branches will be posted in convenient place: in their area respectively.

22. TERMINATION OF OFFICE

Any Office bearer or member of the Central Executive Committee who remain absent from attending three consecutive meetings without sufficient reasons shall automatically cease to be the member of the Central Executive Committee in which case the Central Executive Committee shall nominate an alternate member in consultation with Central Working Committee and such newly nominated member shall be deemed to be a rapidly elected member as in case of the other whose membership got ceased.

23. VOTE OF NO CONFIDENCE

- a) A vote of no confidence motion in writing may be brought against any office bearer of the Association maintaining specific charges against such person, duly signed by two hundred members and in any such case, it shall be sent to the State General Secretary for its circulation to all the branches and discussion in the Central Executive Committee.

Explanation - The charges shall mean and include misappropriation of Association fund and sabotaging in any manner in attainment of the objective of the Association



b) Any such motion shall be placed and discussed in requisitioned General Body meeting to be called for in accordance with Clause -11 of this Constitution but not later than sixty days from the date of receipt of such motion by the State General Secretary.

c) Such motion shall be held to have been dropped against whom it has been brought, if not passed by 50% of the eligible members on the roll having voting rights.

24. RESOLUTION

Any resolution which is to be discussed in the Annual General Body Meeting should reach the State General Secretary at least one month before the Annual General Body Meeting after being discussed and passed in the concerned Branch. The State General Secretary shall place it before the Central Executive Committee and subsequently before the General Body along with the recommendations, if any by such Committee.

PART - V

FUNDS, ACCOUNTS AND JOURNAL OF THE ASSOCIATION

25. FUNDS

a) The Funds of the Association shall be derived from the following sources.

i) Annual and life membership subscription from members.

ii) Special Contribution or donations raised directly or through the Branches.

iii) Any grant /aid available to the Association, and

iv) Such other sources as may be authorised by the Central Executive Committee.

b) Central share of Membership fees collected by the branches shall be deposited with the State Treasurer, and a list of members (those who have contributed and those who have defaulted) to be submitted by the Branch Secretaries, on or before 15th day of November each calendar year to State General Secretary.

c) The funds the Association shall be deposited in any Nationalized Bank as approved by the Central Executive Committee. The State General Secretary and State Treasurer OMSA shall operate such account on behalf of the Association jointly.

d) The State General Secretary and State Treasurer of OMSA are authorized to withdraw money from Savings Bank A/C to the extent of Rs. 5000/- (Rupees five thousand) only. Any withdrawal above Rs. 5000/- (Rupees five thousand) shall require prior approval of the State President of OMSA.

26. ACCOUNTS

a) All the books and records, such as Cash Book, Receipt Book or any other document relating to deposit and withdrawal of funds shall be maintained by the State Treasurer.



b) The audited statement of accounts shall be placed before the Central Executive Committee for approval before the Annual General Body and the approved statement of income and expenditure and the balance sheet shall be printed in the OMSA VOICE.

27. TRAVELLING ALLOWANCES

a) Members attending Central Executive Committee meeting and Central Working Committee shall be paid traveling allowances.

b) Directly elected members to the Central Working Committee and members of Central Working Committee and other office bearers of the association shall be paid actual to and fro fare for the traveling by the State Treasurer from and out of the funds of the association.

c) Members from the branches shall be paid their traveling allowances from their respective Branch Secretaries-cum-Treasurer for and out of the funds of such branches.

28. JOURNAL OF THE ASSOCIATION

a) There shall be a journal of the association which shall be called as OMSA VOICE.

b) It shall be managed by an Editorial Board consisting of five members of whom one would be elected by the General Body as the Managing Editor. State President of the Association shall nominate one member on the recommendation of the Managing Editor. Three members shall be nominated by the Central Executive Committee in its first meeting.

c) The journal shall be published annually or as decided by CEC. Supplementary issues or bulletins, if any, may be published periodically.

d) The Managing Editor shall be responsible for collection of funds through donations, advertisements and sale proceeds of the journal.

e) A joint account in the name of Managing Editor, OMSA VOICE and State Treasurer OMSA to be opened in a Nationalized Bank and shall be operated jointly.

f) The Managing Editor is primarily responsible for timely publication of the journal, say within 3 months from the date of election of the office bearers of the Association for every Association year.

g) The Editorial Board of the journal shall fix the price of the journal or bulletin etc. as the case may be.

h) The Editorial Board shall be responsible to the Central Executive Committee and shall submit accounts to such Committee two months prior to the Annual General Body meeting.

i) The funds of the journal shall be raised from advertisement, donations and sale proceeds for the journal, deficit, if any, shall be borne by the Association.

PART - VI

PROCEDURES



29. PROCEDURE FOR ELECTION OF OFFICE BEARERS:

a) CENTRAL ELECTION COMMITTEE

i) The Central Executive Committee shall constitute and appoint an Election Committee, called as Central Election Committee consisting of three members.

ii) It shall have a convener and two members, who shall not be eligible to contest any post of office bearers or for direct membership to the Central Executive Committee of the Association.

iii) It shall conduct the election and declare the result of the election in the manner herein described.

iv) Constitution and appointment of Central Election Committee shall always be made on or before 30th day of November of the election year.

v) The tenure of the office bearers of the executives will be for a period of 2 (Two) years, unless extended for a specific purpose not more than 30 days by Central Executive Committee.

vi) The Convener of Central Election Committee will appoint one returning Officer in each branch to conduct the election. The Returning Officer preferably in the rank of CDMO, CMO, SDMO and Superintendent.

b) FILING OF NOMINATION

i) Soon after the Central Election Committee is appointed, the Convener shall call for nominations for the election of office bearers of the Association.

ii) The notice inviting nominations shall be published by affixing it at the office of the Association and at a conspicuous place in the office of the branch where the election is proposed to be held.

iii) Apart from other instructions and directions, the notice must contain the date on which, the place at which and the hours between which, nominations should be presented.

iv) The nomination of every candidate shall be made by means of a nomination paper in the prescribed form available free of cost from the office of the Association.

v) Nominations duly certified by the Branch Secretary, shall be presented by the candidate in person or by Regd. Post or by courier to the Convener.

vi) While issuing notice inviting nominations, the convener shall see that an interval of at least 3 (three) months being allowed between the last date of presentation of the nomination papers and the date of election.

vii) Each candidate has to deposit Rs 1000/- (Rupees one thousand only) (non refundable) for any post in CWC. The amount will be sent for election work. Nomination will be rejected without this fee. The amount will be deposit by Bank Draft and address to State Treasurer, OMSA. The unutilized amount after election will be deposited in OMSA account after the convener Central Election Committee gives a detailed account of expenditure to the State Treasurer, OMSA

c) ELIGIBILITY OF FILING NOMINATION



- i) Members who have paid their annual/life membership subscriptions.
- ii) Members shall have more than 2 (two) years to retirement from Govt. service from the date of filing nomination.

iii) For CWC election

- a) shall be a branch secretary - one term
- b) shall be a life member
- c) shall have completed ten years of Govt. service.

d) SCRUTINY OF NOMINATION PAPER

i) The Central Election committee shall scrutinize the nominations within 7 (seven) days from the date fixed for presenting the nominations to the Convener or as decided by such Committee and shall prepare a list of eligible candidates to contest for the elections.

ii) The Central Election Committee shall have power to reject any nomination if it finds that the candidate is ineligible to contest for any post in the election as per constitution.

iii) Soon after preparation of the list of eligible candidates, but not more than 7 (seven) days, the Central Election Committee shall issue intimation to the respective candidates and all the branches of the Association regarding its decision along with a copy of the list of eligible candidates.

e) WITHDRAWAL OF NOMINATIONS

Any candidate may withdraw his candidature by a notice in writing signed by him and delivered to the Convener either in person or by regd. post within a period of 15 (fifteen) days from the date of issue of the list of candidates.

f) PREPARATION OF FINAL LIST

After expiry of the period of withdrawal of candidature the Central Election Committee shall immediately prepare the final list of candidates and issue intimation to all the branches about such final list at least 1 (one) month prior to the date fixed for election.

g. VOTING

(i) By SMS (Short message service) from mobile nos pre-register with central election committee by valid members.

h. COUNTING OF VOTES AND DECLARING THE RESULT OF ELECTION

i) The counting of votes shall commence immediately after closing of poll, by or under the supervision of the Returning officer of the branch.



- ii) No other person shall be allowed to be present except such person as the Convener and Returning officer may appoint to assist him in counting votes and no person shall be appointed to assist in counting the votes who has been employed by or on behalf of any candidate for any purpose whatsoever connected with the election.
- iii) A ballot paper shall stand rejected if any, of the instructions provided therein is not followed and acted upon by an elector-member while casting the vote.
- iv) After the process of counting of votes is over, the returning officer of the branch shall record the number of votes against each candidate in every post. It must be signed by the Returning Officer and shall be sent to the Convener Central Election Committee immediately. The votes drawn must be kept under cover and seal and be handed over to the convener Central Election Committee within 15 (fifteen) days by the Returning Officer along with the details account of membership fees collected and expenditure incurred during election process.
- v) The Convener Central Election Committee will make a grand total of the votes against each candidates drawn from each branch and shall declare the result of the election including the name of the winning candidate in favour of whom maximum no. of valid votes has been casted as duly elected, after receipt of all ballot papers from different branches.
- vi) In case of equal votes polled by candidates contesting for the same post, the result shall be decided by lot.
- vii) The decision of the Central election Committee shall be final and binding on the members of the Association.
- viii) Appealing Election Body it is to be constituted in the 1st CEC meeting with one chairman & two members. It will continue to function till the new Central Election Committee takes over.

30. PROCEDURE FOR AMMENDMENT OF CONSTITUTION

- a) The privilege of amending this Constitution as a whole or part thereof shall only be vested with the General Body of the Association by way of addition, variation or repeal of any such provision in accordance with the procedure here-in-after described.
- b) An amendment of this Constitution may be initiated by way of introduction of any proposal for the purpose brought by any member of the Association duly seconded by any other member or members.
- c) The proposal shall always be sent to the State General Secretary at least two months prior to the Annual General Body Meeting.
- d) While proposing the amendment, the existing clause and the proposed amendment shall be mentioned.
- e) The proposal sent by the member shall be discussed thoroughly in the Central Executive Committee meeting and the recommendations, if any of the Central Executive Committee along with such proposal shall be sent to all branches for their opinion and placed before the Annual General Body.
- f) Whenever the Annual General Body decides the question of amendment, it may act upon such proposal & opinion or if necessary for the interest of the Association.



g) Any amendment of the Constitution shall only be passed with 3/4th majority of the total members present in the Annual General Body meeting, where-in-after the constitution shall stand amended.

h) The Constitution so amended shall be made effective immediately.

PART-VII

BRANCHES

31. The Association shall have different branches as provided in Clause-4 of Part-I of the Constitution.

32. a) Each branch shall all have an Executive Body consisting of following office bearers :-

i) Branch President

ii) Branch Vice President

iii) Branch Secretary-cum- treasurer

iv) Branch Joint Secretary

v) Three Branch Executive Committee Members

b) Three Medical College & Hospital Branches of OMSA (SCB Medical College & Hospital, Cuttack, MKCG Medical College & Hospital, Berhampur, VSS Medical College & Hospital, Burla) the Store Medical Officer of respective medical college & hospital branches of OMS cadre may be the statutory State President of the branch. The Branch Secretary-cum-Treasurer will be elected among the OMS cadre doctors posted in the respective medical college branches. Other posts like Branch Vice President-1, Branch Joint Secretary-1 and 3 numbers of EC members may be elected from among the members of branches. (Assistant Surgeons of OMS cadre and in-service P.G. students.)

c) All the above office bearers shall be elected by the Branch General Body from among the eligible members of that Branch. The provision contained in clause-29 of Part-VI of this constitution mutatis-mutandis apply to this provision.

d) All branches of OMSA to open a joint account in the name of State President and Branch Secretary-cum-Treasurer in local Nationalized Bank to be operated jointly, where all the branch share money like Rs. 40/- out of Rs. 100/- as Annual membership fee for members who have only one year of service to retire and Rs. 500/- out of Rs. 1500/- as one time life membership fee to be collected from members are to be kept. Branch Secretary-Cum-Treasurer shall keep the detailed account of money collected and expended in an appropriate manner in a cashbook to be audited by State Treasurer or any competent member of the branch as decided by the branch members, annually.

33. POWERS OF THE OFFICE BEARERS

a) BRANCH PRESIDENT

i) The Branch President shall preside over the Executive Committee Meeting and General Body Meeting of the Branch.

ii) Shall give his/her ruling in Constitutional matters.



iii) Shall sign all resolutions to be placed before the Central Executive Committee.

iv) Shall take decision on any matter or question raised in the General Body meeting of that Branch.

b) SECRETARY-CUM TREASURER

i) Secretary-cum- Treasurer shall be responsible for all correspondence and accounts of that Branch.

ii) Shall maintain the list of all members who have paid their subscription by the due date and the rest of the members who have defaulted in such payment, and in consequence thereof submit the list of such members to the State General Secretary of the Association on or before 15th day of November of each calendar year.

iii) Shall be responsible to call for periodical meetings of the branch in fixed Date, Time & Place (D.T.P.).

iv) Shall communicate all decisions/directions/instructions received from the General Body, Central Executive/Working Committee, Central Election Committee, as the case may be to each member of the branch.

v) Shall intimate the members any communications received from the State General Secretary.

vi) Shall get the account of the branch audited once in a year and submit the report to the STATE-TREASURER after getting in passed by the General Body of the branch.

vii) Shall conduct the election of the office bearers of the branch by secret ballot as per Constitution.

viii) Shall hold OMSA Health Camps separately or in collaboration with other social organizations under the banner of OMSA.

ix) Shall direct the members of the branch to carry out the mandates provided in the constitution.

34. FUNDS

The funds of the branch shall be branch share from the membership fees collected from the members of the Branch. That apart, the funds may be raised through donations/contributions/grants or aids or through such other source as may be authorized by the Central Executive Committee.



35. APPEALING BODY

Appealing body of OMSA is not above the Central Executive Committee (CEC) and General body (GB) of OMSA. It is only next to Central Executive Committee (CEC). It is conciliatory body and its role is to allow both the consting parties to represent their case and try to bring out an amicable solution. No matter can go to court of law without the permission of appealing body. It comprises 7 (seven) members – Chairman (Director of Health Services), Convener (Senior most Zonal Vice-State President of OMSA), Members five (5): Immediate Ex-State Gen. Secretary, CMO, Capital Hospital, Bhubaneswar, CDMOs of Cuttack, Khurda & Puri Districts.

36. REPEAL

- i) On the coming into force of this Constitution the old one shall stand repealed.
- ii) Notwithstanding with the expiration of the old constitution, anything done, any action taken, any order passed, any appointment made, any proceedings instituted shall be deemed to have been done, taken, made or issued under this constitution and, as the case may be, shall be deemed to have been instituted under this constitution as if this were done, action was taken, order, appointment rule were made, notification was issued or proceeding were instituted.

STRENGTHEN OMSA TO HELP YOU



OUR ASSOCIATION LOGO

Dr Shubhanshu Mohan Sahu

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OMSA (ODISHA MEDICAL SERVICES ASSOCIATION) is a service association for members belonging to Odisha Medical and health services(OMHS) cadres , is recognised by Govt of Odisha vide its memo no 5309/ POLL dated 29th June 1946.

The members are providing preventive and curative healthcare services through the public healthcare facilities starting from the PHC(N) level through CHC, SDH, DHH and Medical Colleges and Hospitals established in all 30 districts and also at outreach areas of our state , round the clock whether it's festival time or even at natural disaster sites as and when required.

We manage many national health programs running under Nation Health Mission and also state health programs. All the state run blood banks are managed by OMSA members.



This is the currently used logo of OMSA. It has no sharp features and any definite theme. Viewers of OMSA website and OMSA letter head adversely comment on the present logo with regard to it's clarity and purpose. This stimulates me to think about a clear and meaningful logo. Being an active member of such a novel organisation I Dr Shubhanshu Mohan Sahu Graduate MBBS from MKCG Medical College and Hospital, Berhampur has tried my best to create a New Logo for OMSA with a great encouragement from Dr Narayan Raut , State OMSA President and with valuable suggestions from all CWC members of OMSA.

FEW WORDS ABOUT OUR "OMSA LOGO" NEWLY PROPOSED

The NEWLY PROPOSED LOGO of OMSA is having a unique design depicting it's Origin, History, Services for the mankind and Dignity of all the members of OMSA family.

1. It is very legible in a multi coloured fashion.
2. It has a light brownies cream colour "Konark Wheel" which is the chief identity and pride of our state Odisha.
3. Over this Konark Wheel our "Caduceus Logo" in maroon colour. It is a symbol having a pole with a rounded head and narrow pointed tail , surrounded by two wings and with two serpents coiling around it.
4. Over the Caduceus Logo "ଓଡ଼ିଶା" is written with Odiya alphabet in red colour, with a golden glaze around the letters.
5. Surrounding this "Laurel Wreath" in green colour , which refers to a victory.
6. Below that it is written "Established in 1946" in a curved manner in red colour and above that a flamed Lamp for enlightening the World.
7. A blue colour "Circle" encircling all these above features
8. Surrounding this Circle "ODISHA MEDICAL SERVICES ASSOCIATION" with it's abreivation "OMSA" is written in red colour capital letter in a circular manner.
9. Surrounding that there is a "Umbrella having written OMSA in capital letter using a dark colour 30times" . 30 times writing represent the 30 districts of our state.
10. Finally this symbol is surrounded and guarded by 30 number of the "Logo of Rod of Asclepius is the one with a single snake" which are blue in colour representing the 30 districts of our state as we provide medicine and health care services to all districts of our state.
11. At the bottom most part written "ସର୍ବେ ସନ୍ତୁ ନିରାମୟଃ" which means "May all be happy, May all be free from illness" written in brown colour in curved manner inside a curved bottom wing fish tailed ribbon.





ଓମ୍ ସା ସଙ୍ଗୀତ

ଡାକ୍ତର ଅନ୍ତର୍ଯ୍ୟାମି ତ୍ରିପାଠୀ
ଗୋଷ୍ଠୀ ସ୍ୱାସ୍ଥ୍ୟକେନ୍ଦ୍ର, ଜଟଣୀ,
ଜି. ଖୋର୍ଦ୍ଧା

ଯିବାକୁ ଅଛି ବହୁତ ଦୂର
ପାଦରେ ପାଦ ମିଶା....
ଓମ୍ ସା ମନ୍ତ୍ର ଗାଇବା ବନ୍ଧୁ
ସୁରରେ ସୁର ମିଶା.....
ଜୟ ଜୟ ଓମ୍ ସା ... ଜୟ ଜୟ ଓମ୍ ସା ...

ସିଦ୍ଧି ବୁଦ୍ଧି ବିଦ୍ୟା ସେବାର ପ୍ରତୀକ
ସାଧନାର ପଥେ ଅକ୍ଳାନ୍ତ ପଥକ
ଜଗତ କଲ୍ୟାଣେ ନିସ୍ୱାର୍ଥ ସେବକ
ବିଶାଳ ହୃଦୟ ଉଦାର ବିବେକ
ମାନବେ ମାଧବ ସେବା ବା ପାଇଁ
ହାତ ରେ ହାତ ମିଶା.....
ଜୟ ଜୟ ଓମ୍ ସା ... ଜୟ ଜୟ ଓମ୍ ସା ...

ଶୁଣ ଓମ୍ ସାର ବନ୍ଧୁ ଆହ୍ୱାନ
ପ୍ରକୃଳିତ କରି ଆତ୍ମ ସ୍ୱାଭିମାନ
ଭୁଲି ଯେତେ ସବୁ ମାନ ଅଭିମାନ
ଏକତା ରଞ୍ଜରେ ହୋଇ ବନ୍ଧନ
ଟେକ ରଖିବାକୁ ଓମ୍ ସା ର
ମନରେ ମନ ମିଶା
ଜୟ ଜୟ ଓମ୍ ସା ... ଜୟ ଜୟ ଓମ୍ ସା ...

ଓମ୍ ସା ସଙ୍ଗୀତର ରଚୟିତା ଡାକ୍ତର ଅନ୍ତର୍ଯ୍ୟାମି ତ୍ରିପାଠୀଙ୍କ ଦୁହେଁର ବାଣୀ

I have been associated with OMSA since long and in all meetings of OMSA I felt the absence of an inspiring song which acts as an organizational cement. That inspired me to write the OMSA sangeet. "The words were flooded in my mind since long but I have written it in one instance on the way to my work place few months before. Shared the lyric with our Khordha branch Secretary Dr Saroj Nayak and who later on brought the song to the knowledge of OMSA president Dr Narayan Rout. Surprisingly I came to know that the song written by me was sang in Independence day 2021 at the state level OMSA ceremony and got a lot of appreciations. "We thought to record the song as a permanent asset of OMSA. "One of the frontline odia and hindi Music director Basant Mishra is a very good friend of mine. We have made many music albums in odia and hindi together. Most of the renowned singers of Odisha have voiced our song (in my lyrics with direction of Basant Mishra) including our most famous Hindi bhajan sang by Padmashree Anup Jalota ji. "On my request Basant composed beautifully the music for my Lyric of OMSA sangeet. We choosed the famous Odia Singer Rudra Mohanty singing the song for us keeping in mind the upmost energy level of the song and our prediction came true. Rudra Mohanty gave due jaustice to the song. The Recordist Mr Ashok Sahoo is well known to me and Basant. Music arrangement was done by both of us. "The video picturization is done under my direction involving our cadres and support artists. "The main theme of the song is to reflect the dedication and hardships of our cadres and the support and care of OMSA organization. "Through the song I have tried to incolcated the spirit in our cadres to be unified and work together for OMSA. "Jay OMSA.. Jay Jay OMSA.

◆◆◆



କାହିଁକି ଏମିତି ହୁଏ ?

ଡା. ଜ୍ୟୋତ୍ସ୍ନା ପ୍ରଧାନ

ଶାଖା ସମ୍ପାଦିକା, ଓମ୍‌ସା କୁଚିଣ୍ଡା
ଉପଖଣ୍ଡ ଚିକିତ୍ସାଳୟ, କୁଚିଣ୍ଡା, ସମ୍ବଲପୁର

କାହିଁକି ଏମିତି ହୁଏ କାହିଁକି ଏମିତି ହୁଏ ?
 ଡାକ୍ତର ବିଦ୍ୟାର୍ଥୀଟିଏ ସେଦିନ ଶପଥ କରିଥିଲା
 ମାନବ ସେବା ହେବ ମୋ କର୍ମ
 ରୋଗୀ ସେବା ହେବ ମୋ ପରମ ଧର୍ମ ॥

ତା ମନରେ ଥିଲା ଅସୁମାରି ଆଶା
 ଥିଲା ଅସୁମାରି ସ୍ୱପ୍ନ
 ସେବାକରି ଜଗତରେ ସେ
 ଲଭିବ ସମ୍ମାନ ॥

ପ୍ରତ୍ୟେକ ହୃଦୟେ ପ୍ରଭୁ ବିରାଜମାନ
 ମନ୍ଦିର, ପ୍ରତିମାରେ ନଥାନ୍ତି ଭଗବାନ
 ଏହା ଜାଣି ସଭିଙ୍କୁ ସେବା କରିବା ପ୍ରଦାନ ॥
 ଚିକିତ୍ସା କରି ରୋଗୀଙ୍କୁ ସେ ଦିଅନ୍ତି
 ନୂଆଁ ଜୀବନ
 ସେଥିପାଇଁ ଜ୍ଞାନୀ ଗୁଣୀ ବୋଲନ୍ତି
 ଡାକ୍ତର ଦ୍ୱିତୀୟ ଭଗବାନ ॥

ଡାକ୍ତର କୁହନ୍ତି ମୁଁ ନୁହେଁ ଭଗବାନ
 ସେବା ପାଇ ରୋଗୀ ଦେଖେ
 ଆଶାର ଆଲୋକ
 ମନେ ମନେ ପୂଜା କରେ
 ଜୀବନ ଯାକ ॥

ଜୀବନ ଜୀବିକା ପାଇଁ
 କରନ୍ତି ଚାକିରି
 ରୋଗୀ ସେବାରେ
 କେବେବି ହେଲା ନ କରି ॥

ତଥାପି ଡାକ୍ତରଙ୍କୁ କିଛି ନର
 କରନ୍ତି ଯେ ଅପମାନ
 ତାର କେ କରେ ବିଚାର ॥

ମନରେ ପ୍ରଶ୍ନ ଆସେ
 କାହିଁକି ଏମିତି ହୁଏ କାହିଁକି ଏମିତି ହୁଏ ?

ଭୁଲ୍ ଠିକ୍ ର ସମାଧାନ ଖୋଜୁ ଖୋଜୁ
 ପାଇଲି ମୋ ପ୍ରଶ୍ନୋତ୍ତର
 ରହୁନି ଏକତା ଆମ ସମସ୍ତଙ୍କର ॥
 ନିଜ ଭିତରେ କରି ପ୍ରତିଯୋଗିତା
 ଅଣ୍ଟି ଛୁରି ତଣ୍ଟି କାଟେ ପରି ରହୁନି ଏକତା ॥

ପିଡିତା /ପିଡିତ ଟିଏ ନ୍ୟାୟ ପାଇବା ପାଇଁ
 ଦୌଡୁଥାଏ ଏଦୁଆର ସେ ଦୁଆର
 ଆମ ଭିତରେ ଯଦି ଥାଆନ୍ତା ଏକତା
 ଦୌଡିବାକୁ ପଡୁନଥାନ୍ତା ବାରମ୍ବାର ॥

କେତେ ଯେ କଷ୍ଟ, କେତେ ଯେ ବ୍ୟଥା
 ବଖାଣି ହୁଏନି କାହାକୁ ସେ କଥା ॥
 କବିତାକୁ ପଢି ବୁଝିଯିବେ ବୋଲି
 କବିତା ଭିତରେ ଲେଖୁଛି ମୋ ଅନୁଭବ ଖାଲି ॥

ମନେପଡେ ସେ ଦିନର
 ସେ ପୁରୁଣା କଥା
 ଭାବିଲେ ମନରେ ଖାଲି
 ଲାଗଇ ବ୍ୟଥା ॥

ଭାଇ ଭଉଣୀ ପରି ଚଳିବା ଆମେ
 ରାଗରୋଷ, ମାନ ଅଭିମାନ ନରଖୁ ମନେ ॥
 ଆସନ୍ତୁ ଆଜି ଆମେ ପୁଣି ଥରେ
 ଶପଥ ନେବା
 ମିଳିମିଶି କି ସମସ୍ତେ
 କାର୍ଯ୍ୟକରିବା ॥

ଓମ୍‌ସା କୁ ପୁଣିଥରେ କରିବା ସୁଦୃଢ଼
 ଶତ୍ରୁ ଚାଲିଯିବେଟି ତିଳେ ନାହିଁ ସନ୍ଦେହ ॥
 ଏଣୁ ସବୁ ବନ୍ଧୁ ମାନଙ୍କୁ କରୁଛି ନିବେଦନ
 ଆମ ଭିତରେ ରଖୁ ଏକତା ରଖୁବା ଆମର ସମ୍ମାନ ॥
 “କରୁଥିବା ଓମ୍‌ସା ର ଜୟଗାନ
 କରୁଥିବା ଓମ୍‌ସା ର ଜୟଗାନ”





ଓମ୍ସା ଭବନ

ଡାକ୍ତର ନାରାୟଣ ରାଉତ, ଏମ୍.ଏସ୍.

ଓମ୍ସା ରାଜ୍ୟ ସଭାପତି

୧୯୯୭ ରେ ମୁଁ ଥାଏ କଟକ ଜିଲ୍ଲାର ମାଣିଆଁବନ୍ଧ ଗୋଷ୍ଠୀ ସ୍ଵାସ୍ଥ୍ୟ କେନ୍ଦ୍ରରେ । ଗୋଟାଏ ଦିନେ ମୁଁ ଅର୍ଫିସ୍ ରୁମ୍ରେ ବସିଥାଏ । ପ୍ରାୟ ଦିବା ୧ଟାରେ ହ୍ୟାଣ୍ଡବ୍ୟାଗ ଧରି ଜଣେ ବୟସ୍କ ଲୋକ ପହଞ୍ଚିଲେ । ମୁଁ ପଚାରିଲି “ଆପଣ କିଏ ଓ କୁଆଡ଼େ ଆସିଛନ୍ତି” ସେ କହିଲେ, “ମୁଁ ହେଉଛି ଡା: ଅମିକା ପରିଜା ଓମ୍ସାର ରାଜ୍ୟ ସଂପାଦକ, କଟକରୁ ଆସିଛି ଆପଣମାନଙ୍କୁ ଭେଟିବା ପାଇଁ” । ତା ଭିତରେ ଓମ୍ସା କ’ଣ ମୁଁ ବୁଝିଗଲି । ପଚାରିଲି କାମ କ’ଣ କୁହନ୍ତୁ ? ସେ କହିଲେ, “ମୁଁ ବସ୍ରେ ଆସିଛି ସବୁ ହସ୍ପିଟାଲକୁ ଯିବି, ଓମ୍ସାର ଗୁଡାଏ ଦାବି ପୂରଣ ହେଉନି ତେଣୁ ଆମେ ସମୁଦ୍ର ଇସ୍ତଫା ଦେବା । ସେଥିପାଇଁ ଏହି ଚାକିରୀରୁ ଇସ୍ତଫା ଫର୍ମରେ ଦସ୍ତଖତ ଦିଅନ୍ତୁ ଓ ଟ.୧୫୦.୦୦ fees ଦିଅନ୍ତୁ” । ମୁଁ ଦସ୍ତଖତ ଦେଲି ଓ ସାଙ୍ଗେ ସାଙ୍ଗେ ଟ.୧୫୦.୦୦ ଦେଲି ! ଡା: ପରିଜା ଚାଲିଗଲେ ତା’ ପରେ ଓମ୍ସା ଉପରେ ମୋର ଗବେଷଣା ଚାଲିଲା । ସଂଗଠନକୁ ସେହିଦିନଠାରୁ ବହୁତ ଭଲ ପାଇଛି । ବିଚରା ଡାକ୍ତର ପରିଜା କଟକରୁ ବସ୍ରେ ଆସି ସଂଗଠନ ପାଇଁ ପ୍ରତି ପ୍ରାଥମିକ ସ୍ଵାସ୍ଥ୍ୟ କେନ୍ଦ୍ରକୁ ପାଦରେ ଚାଲି ଚାଲି ଯାଉଛନ୍ତି । କି ବ୍ୟକ୍ତିତ୍ଵ ଓ ଆଭିମୁଖ୍ୟ । ଏହା ପରେ ୪ ବର୍ଷ ବିତିଗଲା, ମୁଁ Asst. Surgeon ହିସାବରେ ଜୁନ୍ ୨୦୦୧ ମସିହାରେ Capital Hospital ରେ ଯୋଗ ଦେଲି । ଓମ୍ସା ବିଷୟରେ Capital Hospital ରେ ଅଳ୍ପ ବହୁତ ଆଲୋଚନା ହେଉଥାଏ । ୧୯୯୨ ରେ IRC Village ରେ ଆମକୁ (60’x40’) ପ୍ଲଟ ଖଣ୍ଡେ ମିଳିଥାଏ ଓମ୍ସା ଘର କରିବା ପାଇଁ । Premium ₹1,10,193/- ଦିଆ ଯାଇଥିଲା । OMSA House ହେବା ପାଇଁ ଭୂମି ପୂଜା ହେଲା ଓ ସେଠାରେ ମୁଁ ମଧ୍ୟ ଉପସ୍ଥିତ ଥାଏ । ଡାକ୍ତର ଶିଶିର କୁମାର ମହାପାତ୍ର ଥାନ୍ତି ରାଜ୍ୟ ସଭାପତି ଓ ଡାକ୍ତର ପରିଜା ଥାନ୍ତି ରାଜ୍ୟ ସମ୍ପାଦକ । ଶ୍ରୀଯୁକ୍ତ ପ୍ରଫୁଲ୍ଲ ଚନ୍ଦ୍ର ଘଡ଼ାଳ ଥାନ୍ତି ସ୍ଵାସ୍ଥ୍ୟମନ୍ତ୍ରୀ ଓ ସେ ଭୂମିପୂଜା ଉଦ୍ଘାଟନ କଲେ । ତା’ପରେ ଘର କରିବା କଥା ସମସ୍ତେ ଭୁଲିଗଲେ । ଆଲୋଚନା ହେଲା ସେ ଯାଗାରେ ଘର ହେଲେ ସେଠାକୁ ବେଶି ଲୋକ ଯିବେ ନାହିଁ ଓ ଜାଗାମଧ୍ୟ ଛୋଟ, ତା’ପରେ ଡାକ୍ତର ଭରତ ଚନ୍ଦ୍ର ପାଣିଗ୍ରାହୀ ହେଲେ ରାଜ୍ୟ ସଭାପତି ଓ ଡାକ୍ତର ପ୍ରମୋଦ ମହାନ୍ତି ହେଲେ ସଂପାଦକ । ନିର୍ବାଚନ ୨୦୦/୩୦୦ ଲୋକଙ୍କୁ ନେଇ ହେଉଥାଏ । ଏହି ସମୟରେ ଡାକ୍ତର ପ୍ରମୋଦ ସାମନ୍ତରାୟଙ୍କ ସହ ଦେଖାହୁଏ ଜଣେ R.I. ମାଝିବାରୁଙ୍କ ସହ । ସେ ଉପଦେଶ ଦେଲେ ଜାଗା exchange (ବଦଳା)କରି ଦିଅନ୍ତୁ । Capital Hospital ପଛପଟେ ଓ OHSDF ଅର୍ଫିସ୍ ସାମନାରେ ଏକ ସରକାରୀ ଯାଗା ଅଛି ସେ ସମୟରେ Mr. S. Srinivasan Special Secretary GA ରେ ଥାନ୍ତି ଓ ସେ ବହୁତ ସାହାଯ୍ୟ କଲେ ଓ ବର୍ତ୍ତମାନ ଯେଉଁଠି ଓମ୍ସା ଭବନ ଛିଡ଼ା ହୋଇଛି ତାହା ସେହି exchange land । ଡାକ୍ତର ମଧୁସୁଦନ ମିଶ୍ର ଥାନ୍ତି ରାଜ୍ୟ ସଭାପତି ଓ ଡାକ୍ତର ଶିବ ପ୍ରସାଦ ସିଂ ଥାନ୍ତି ରାଜ୍ୟ ସଂପାଦକ । ଜାଗାର occupancy ନିଆଗଲା ଓ ସେତେବେଳେ କିଛି ଟଙ୍କା ଦିଆ ଯାଇଥିଲା । ବାକି ଟଙ୍କା ଦେଲେ ଜାଗା registration ହେବା କଥା କିନ୍ତୁ ତା’ପରେ ସମସ୍ତେ ସବୁ ଭୁଲିଗଲେ । ତା’ପରେ ମଧୁ ମିଶ୍ରଙ୍କ ନେତୃତ୍ଵରେ ୨୦୦୮ରେ OMHS cadre ର ପୁନଃଗଠନ ଓ DACP ପାଇଁ କାର୍ଯ୍ୟବନ୍ଧ ଆନ୍ଦୋଳନ ହେଲା । ପାଖାପାଖି ୨୨ ଜଣ ଡାକ୍ତରଙ୍କର Capital Hospital ରୁ ବାହାରକୁ ବଦଳି କରାଗଲା । ୨୦୦୯-୨୦୧୦ ରେ ଡାକ୍ତର ଚନ୍ଦନ ଗଡ଼ନାୟକ ହେଲେ ଅସ୍ଥାୟୀ ରାଜ୍ୟ ସଭାପତି ଓ Dr. J.K. Biswal ଓ ପରେ Dr. Kishore Chandra Mishra ହେଲେ ରାଜ୍ୟ ସଂପାଦକ । ସଂଗଠନ କ୍ଷତ ବିକ୍ଷତ ହେଲା ଓ ଡାକ୍ତରଙ୍କ ମନରେ ଭୟ ସୃଷ୍ଟି ହେଲା । ମୁଁ ଡେଲାଙ୍ଗ CHC ରେ August 2011 ରେ ଯୋଗ ଦେଲି । ମୋର ସଚିବାଳୟକୁ regular pass ଥାଏ । ସେ ସମୟରେ ତାକିଲି Dr. Chandan Garnaik, Dr. J.P. Biswal ଓ Dr. Kishore Mishra କୁ G.A. ର Director Sri Prasant Kumar Senapati କୁ ଯାହାଙ୍କ ସହ ମୋର ବ୍ୟକ୍ତିଗତ ସମ୍ପର୍କ ଥିଲା ଭେଟିବା ପାଇଁ । ଆମେ ସମସ୍ତେ ଭେଟିଲୁ ଓ ସେ କହିଲେ new rate ଅନୁଯାୟୀ land cost ₹ 84 lakhs । ଏହାଦେଲେ OMSA ନା ରେ land ହୋଇପାରିବ । ଏହା ହେଉଛି ୨୦୧୦ ମସିହା କଥା । ତା’ପରେ ଯିଏ ଯୁଆଡ଼େ ଚାଲିଗଲେ । ମୁଁ କିନ୍ତୁ ଓମ୍ସା land ପାଇଁ ଲାଗି ପଡ଼ିଲି । ପ୍ରାୟ ପ୍ରତିସପ୍ତାହରେ GA Department କୁ ଯିବାକୁ ପଡ଼ିଛି । ପିଅନ, କିରାଣୀ, land officer, law officer ଓ GA ର Director କୁ ପାଖକୁ ଅନେକ ଥର ଯାଇଛି । OMSA land ର ଫାଇଲ୍ ଚିରିଯାଇଥିଲା ।



ତାକୁ new file କରି lamination କରିବାକୁ ପଡ଼ିଲା । ପ୍ରତି level ରେ ଓମ୍ପା land ପାଇଁ request କରିବାକୁ ପଡୁଥାଏ । ଓ କିଛି କିଛି ପଇସା ଖର୍ଚ୍ଚ ହେଉଥାଏ । land file ଅନୁମୋଦନ ପାଇଁ ମାନନୀୟ ମୁଖ୍ୟ ମନ୍ତ୍ରୀଙ୍କ ପାଖକୁ ଗଲା । ଯାହା ହେଉ ୨୦୧୪ ମସିହା May ମାସରେ ଜଗନ୍ନାଥଙ୍କ ଆଶିର୍ବାଦରୁ ମୁଖ୍ୟମନ୍ତ୍ରୀଙ୍କ ଦକ୍ଷତାରେ OMSA land ଖଣ୍ଡିକ sanction ହେଲା ଓ ୩୦ ଦିନ ଭିତରେ ₹ 6,78,018/- ଦେଇ land registration ପାଇଁ ଚିଠି ଆସିଲା ଓ ୩ ବର୍ଷ ଭିତରେ ଘର complete କରିବା ପାଇଁ ନିର୍ଦ୍ଦେଶ ଥିଲା । ସେଦିନ ମୋର ପାଦ ତଳେ ପଡୁନାଥା କି ଖୁସିରେ ଭୋକ ହେଉ ନ ଥାଏ । ପ୍ରଥମେ ଯାଇ ଖବର ଦେଲି ସ୍ୱର୍ଗତଃ Dr. Bhabani Shankar Balaଙ୍କୁ ଡାକ ବସାରେ ଯେ ଆଜି ଆମ ପାଖରେ ନାହାନ୍ତି ଯେ କି କରୋନାରେ 13/09/21ରେ ଆରପାରିକୁଟାଳିଗଲେ । ତାକିଲି ଚନ୍ଦନଭାଇ, କିଶୋର, ନିହାର ଓ ଭବାନି ଭାଇଙ୍କୁ । ପଇସା ପାଇଁ ଚିନ୍ତା ବଢ଼ିଲା । ନିରାକାର ଭାଇ ଥିଲେ State Treasurer ଡାକ ପାଖରେ ବ୍ରହ୍ମପୁରରେ ଥାଏ OMSAର ଏକ TDR of Rs.12 lakhs । OUAT SBI Managerଙ୍କ ଠାରୁ ବୁଝି ତାହା Berhampur ରୁ Transfer ହେଲା OUAT branch କୁ Dr. Garnaik ଓ Dr. Kishore Mishra ମୋତେ demand draft ଦେଲେ ₹ 6,78,018/-ର ଓ ମୁଁ ତାହା ନେଇ GA deptରେ deposit କରି ଓ ତାହାର କେତେଦିନ ପରେ land registration ପାଇଁ ଚିଠି ଆସିଲା । ଚନ୍ଦନ ଭାଇ ଓ Kishore registration କରି ପାରିଲେନି କାରଣ OMSA ନିର୍ବାଚନ ପ୍ରଚାର ହୋଇଗଲା । ତାପରେ Dr. Nirakar Bhatt ହେଲେ State President ଓ Dr. Kishore Chandra Mishra ହେଲେ ରାଜ୍ୟ ସାଧାରଣ ସଂପାଦକ ୨୦୧୫-୨୦୧୭ ପାଇଁ ଓ Dr. Binod Bihari Rath ହେଲେ State Treasurer । ଯାହା ହେଉ December 2015ରେ land registration ହୋଇଗଲା । GA ଦେଇଥିଲା 36 months ଘର ସମ୍ପୂର୍ଣ୍ଣ କରିବା ପାଇଁ ନଚେତ land GA କୁ return ହୋଇଯିବ । ତା ପରେ OMSA Bhawan କଥା କେହି ଭାଲିଲେନି । ଏହି ସମୟ ଭିତରେ ମୁଁ ଖୋର୍ଦ୍ଧା Hospitalକୁ ଚାଲିଯାଇ ଥାଏ । କିଛି ଦିନ ପରେ June 20, 2014 ରେ ମୁଁ Capital hospital କୁ transfer ହୋଇ ଆସିଲି ଓ ଓମ୍ପା ଭବନ ବିଷୟରେ ପୁଣି ଭାବିଲି । କେହି ଦାୟିତ୍ୱ ନ ନେବାରୁ ଓମ୍ପା land ସାମନାରେ ଗୁଡ଼ାଏ କେବିନ୍ ଦୋକାନ ଓ ଝୁପୁଡ଼ି hotel ଖୋଲିଗଲା । ଏପରିକି land ମଝିରେ ଏକ ନଳକୂପ ଖୋଳାଗଲା ଓ ଗୋଟିଏ ଢାବା ହୋଟେଲ ଖୋଲିଲା । ସେଥିପାଇଁ ବ୍ୟକ୍ତିଗତ ଭାବରେ ମୁଁ FIR police station ରେ ଦେଇଥିଲି । ତା' ପରେ ୨୦୧୭ ରୁ ୨୦୧୯ Dr. Bhattାହେଲେ State President ଓ Dr. Punyaslok Das ହେଲେ ରାଜ୍ୟ ସମ୍ପାଦକ । କେବଳ ଭୂମିପୂଜା ଓ ପାଚେରୀ କରି ରହିଗଲେ । ୨୦୧୯ - ୨୦୨୧ ପାଇଁ ମୁଁ ହେଲି ରାଜ୍ୟ ସଭାପତି ତ : ବିଶ୍ୱଜିତ୍ ସାମଲ ହେଲେ ରାଜ୍ୟ ସଂପାଦକ ଓ ତ : କ୍ଷୀରୋଦ ପାଲ ହେଲେ State Treasurer । ଆମର Election Agenda ଥିଲା OMSA Bhawan Construction ଏବଂ DACP ଏହା ଭିତରେ ଦେଖାଦେଲା ଭୟଙ୍କର କରୋନା ମହାମାରୀ, 62 ରୁ 65 ବର୍ଷକୁ ଚାକିରୀ ବୟସ ବୃଦ୍ଧି, Cadre ପୂର୍ନଗଠନ ଏବଂ କାର୍ଯ୍ୟ ସ୍ଥଳରେ ଚିକିତ୍ସକଙ୍କ ସୁରକ୍ଷା ସମସ୍ୟା ।

ଏ ସମସ୍ତ ଝଡ଼ ଝଞ୍ଜା ମଧ୍ୟରେ ଗତ ୨୩/୦୭/୨୦୨୦ ପବିତ୍ର ରଥଯାତ୍ରା ଦିନ ଜଗନ୍ନାଥଙ୍କ ଆଜ୍ଞାମାଳ ନେଇ ଭିତ୍ତିପ୍ରସ୍ତର ସ୍ଥାପନ ହେଲା ବହୁ ସଂଖ୍ୟକ ଭାଗୁରଙ୍କ ଉପସ୍ଥିତିରେ । ସେଥିରେ ପ୍ରମୁଖ ଅଂଶ ଗ୍ରହଣକାରୀଙ୍କ ମଧ୍ୟରେ Dr. Chandan Garnaik, Dr. Kishore Mishra, Dr. Madhu Mishra, Dr. Nilakantha Mishra, Dr. L. N. Sethi, Dr. Bhabani S. Bala, Dr. Nihar Samal, Dr. Dhananjay Das, Dr. Birendra Narayan Barik, Dr. Punyaslok Dash, Dr. Subhendu Mohanty, Dr. Saroj Ranjan Naik, Dr. Sriram Das, Dr. Biswajit Samal, Dr. Sanjay Swain, Dr. Nilakantha Mishra, Dr. Krishna Prasad and Dr. Prasant Kumar Mohapatra, ଏମିତି ଅନେକ ଗଭୀର ଉତ୍ସାହର ସହ ଉପସ୍ଥିତ ଥିଲେ ।

ଗତ ଗଣେଶ ଚତୁର୍ଥୀ ୨୩/୦୭/୨୦୨୦ ଦିନ Foundation layout ହେଲା ଓ borewell ଖୋଳାହେଲା । ୨୫/୦୮/୨୦୨୦ ରେ Pillar କାମ ଆରମ୍ଭ ହୋଇ ୧୦/୦୯/୨୦୨୦ ରେ ସଂପୂର୍ଣ୍ଣ ହେଲା । ତା'ପରେ ଘର କାମ ବଢ଼ି ଚାଲିଲା ଓ ୧୭/୦୮/୨୦୨୧ ସୁଦ୍ଧା ତୃତୀୟ ମହଲା ଛାତକାମ ସଂପୂର୍ଣ୍ଣ ହେଲା । ଗୃହ ପ୍ରବେଶ ପୂଜା ତା ୧୦.୦୯.୨୦୨୧ ଶୁକ୍ରବାର ଦିନ ପ୍ରୟ ୬୦ଜଣ ଓମ୍ପାପ୍ରେମୀଙ୍କ ଉପସ୍ଥିତିରେ ସମ୍ପାଦିତ ହେଲା ।

ଏ ସବୁର ଦାୟିତ୍ୱ ନେଲେ Birama Construction, Bhubaneswar ର Contractor Mr. Hemant Kumar Parida, OMSA Bhawan Plan ଦେଲେ Architect Mr. Arjit Panda, Bapuji Nagar, Structural Engineer ହେଲେ Er. Umakanta



Jena & Electrical Engineer ହେଲେ Er. Subhash Ch. Sahoo ।

ପ୍ରତି floor ଛାତ ପାଇଁ କଷ୍ଟେ ମଷ୍ଟେ ୨୦ ଲକ୍ଷ ଟଙ୍କା ଦିଆଯାଇ ଥାଏ । ଆର୍ଥିକ ଅନଟନ ସତ୍ତ୍ୱେ ଜଗନ୍ନାଥଙ୍କ କୃପାରୁ କାର୍ଯ୍ୟ ଆଗକୁ ଆଗକୁ ବଢ଼ି ଚାଲିଲା । ଆଶା ଥାଏ ୮୭୧୯ କ୍ୟାଡ଼ର ମଧ୍ୟରୁ ୫୩୫୦ ଡାକ୍ତର କାର୍ଯ୍ୟ କ୍ଷେତ୍ରରେ ଥିଲେ ମଧ୍ୟ ଜଣକେ Rs.5,000/- ଦେଲେ ୨.୫ ରୁ ୩ କୋଟି ଟଙ୍କା ଦାନ ଆର୍ଥିକ ସାହାଯ୍ୟ ମିଳିଯିବ କିନ୍ତୁ ମାନସିକତା ଅଭାବରୁ ବର୍ତ୍ତମାନ ସୁଦ୍ଧା ମାତ୍ର ୧୨୦୦ ଡାକ୍ତର ଓମ୍ପସା ଭବନ ପାଇଁ ଚିନ୍ତା କରିଛନ୍ତି ।

ସମସ୍ତ State Executive କୁ ନେଇ “ଶାଖା ଚାଳ ଅଭିଯାନ” କରି ଆମେ ୩୦ ଜିଲ୍ଲା ପ୍ରାୟ ୨୨ ଦିନରେ ବୁଲିଛୁ । ସମସ୍ତ ଯାଗାରେ ସମସ୍ତ Cadre ଓ CDMO ମାନେ ସହଯୋଗର ହାତ ବଢ଼େଇ ନୂଆ ଅଧ୍ୟାୟ ସୃଷ୍ଟି କରିଥିଲେ । ବହୁତ ଆଶା ଥିଲା donation ବଢ଼ିବ । ଡାକ୍ତର ଆର୍ତ୍ତବନ୍ଧୁ ନାଏକ, CDMO ରାୟଗଡ଼ାଙ୍କ ଉଦ୍ୟମରେ Utkal Alumina Pvt. Ltd. ରୁ ଓମ୍ପସା ଭବନ ପାଇଁ ₹ 50,000/- ମିଳିଲା । ଏହା ଭିତରେ ଘାତ ପ୍ରତିଘାତକୁ ନେଇ ପ୍ରଥମଥର ପାଇଁ OMSA Bhawan ରେ GB Meeting, Independence Day Flag Hosting, Ganesh Puja ଓ ଗୃହ ପ୍ରତିଷ୍ଠା କାମ ହୋଇଯାଇଛି ।

ବିଭିନ୍ନ ବାଧାବିଘ୍ନ, ଘାତ ପ୍ରତିଘାତ, ଆଲୋଚନା ସମାଲୋଚନା ମଧ୍ୟରେ ଶୁଭଦିନ 24th November, 2021 ବୁଧବାର ସ୍ଥିର ହେଲା ଯେ ଓମ୍ପସା ଭବନ ଉଦ୍ଘାଟନ ହେବ ମାନ୍ୟବାର ରାଜ୍ୟପାଳ ପ୍ରଫେସର ଗଣେଶୀ ଲାଲଙ୍କ କରକମଳରେ । ଏହାପରେ ଆମର 68th Annual Conference (OMSACON-2021) । Contractor କୁ ସହ OMSAର agreement ଥିଲା ୮ ମାସରେ ଘର ସମ୍ପୂର୍ଣ୍ଣ କରିବା ପାଇଁ । କିନ୍ତୁ ଆର୍ଥିକ ଅନାଟନରୁ ତାହା ହୋଇ ପାରିଲାନି । କେବଳ G+3 ଛାତ ପଡ଼ିଗଲା ଏବଂ ଓମ୍ପସା ଭବନରେ Association ର ସମସ୍ତ ପ୍ରକାରର day to day activity କରିବା ପାଇଁ Ground floor, Conference Hall & Front view ବହୁତ କଷ୍ଟରେ କୌଣସି ମତେ ହୋଇଗଲା । ଆପଣମାନଙ୍କ ଉପରେ ଭରଷା ରଖି Contractor ମହୋଦୟ 32 lakh negative balance ରେ କାମ କରୁଛନ୍ତି । ଓମ୍ପସା ପ୍ରତିଷ୍ଠା ହେବାର ଦୀର୍ଘ ୭୪ ବର୍ଷ ପରେ OMHS Cadre ୮୭୧୯ ଡାକ୍ତରଙ୍କ ପାଦ ଥାପିବା ପାଇଁ ଆଜି OMSA Bhawanର gate ଉନ୍ମୁଳ୍ଲ । ଆପଣମାନଙ୍କୁ ଅନୁରୋଧ ଆପଣ ମାନେ ସମସ୍ତେ ଆଗକୁ ମାଡ଼ି ଆସନ୍ତୁ, ହାତକୁ ହାତ ମିଶାନ୍ତୁ, କାନ୍ଧକୁ କାନ୍ଧ ମିଶାନ୍ତୁ, ପାଦକୁ ପାଦ ମିଶାନ୍ତୁ, ଓମ୍ପସାଭବନ ଓ ନିଜରସଂଗଠନ ବିଷୟରେ ଭାବନ୍ତୁ ଓ ନିଜର ଭୂମିକାକୁ ନିର୍ଣ୍ଣୟ କରନ୍ତୁ । ଏଠାରେ ସାମୟିକ ଭାବେ ରୁହନ୍ତୁ, ସଭାସମିତି କରନ୍ତୁ, get-together -କରନ୍ତୁ ନାଚ ଗୀତ କରନ୍ତୁ ଓ ଏହାକୁ ସମ୍ପୂର୍ଣ୍ଣ କରିବା ପାଇଁ ପ୍ରୟାସ ଜାରିରଖନ୍ତୁ । ଓମ୍ପସା ପାଇଁ ଗର୍ବ କରନ୍ତୁ ଓ ଏହାର ଜୟ ଜୟ ଗାନ କରନ୍ତୁ ।

ଏକତାହିଁ ବଳ
 ଫାଟ ସୃଷ୍ଟି କରନ୍ତୁ ନାହିଁ
 ଜୟ ଜଗନ୍ନାଥ
 ଜୟ ଓମ୍ପସା, ଓମ୍ପସା ଦୀର୍ଘଜୀବୀ ହେଉ - Long live OMSA
 ଜୟ ଉତ୍କଳ ଜନନୀ

◆◆◆
ଓମ୍ପସା ସପ୍ତପଦୀ
 (ଦଶାକ୍ଷରୀ ଛନ୍ଦ)

ଆଗକୁ ପାଦ ବଢ଼ାଇ ଚାଲ
 ରୋଗୀ ସେବାକୁ ଆମେ ପାଗଳ ।୧ ।
 ଜୟ ଓମ୍ପସା ଜୟ ଓମ୍ପସା
 ଜୟ ଜୟ ଜୟ ହେ ଓମ୍ପସା (ଘୋଷା)
 ସାରା ଓଡ଼ିଶା ଆମରି ଘର
 କେଉଁ ଜିଲ୍ଲାକୁ ନ ମଣ୍ଡ ପର ।୨ ।
 ଜୟ ଓମ୍ପସା

ରୋଗ ଶୋକ ଦୁର୍ଘଟଣା ଦେଖୁ
 ସଭିଏଁ ଯେଉଁଠି ଯା'ନ୍ତି ଶଙ୍କି ।୩ ।
 ଓମ୍ପସା ଯୋଦ୍ଧା ଆଗେଇ ଆସେ
 ପ୍ରାଣପଣ କରି ଲଢ଼ଇଁ ସେ ।୪ ।
 ଜୟ ଓମ୍ପସା ..
 ସଭିଙ୍କ ପରି ଆମେ ମଣିଷ
 ଈଶ୍ୱରେ ମାଗୁ ତୁମ ଆୟୁଷ ।୫ ।
 ଜୟ ଓମ୍ପସା

ଚିକିତ୍ସା ବୃତ୍ତି ଆମ ଜୀବିକା
 ସେବା କରୁଛୁ ନ ରଖୁ ଦକା ।୬ ।
 ଜୟ ଓମ୍ପସା
 ଓଡ଼ିଶା ଚିକିତ୍ସା ସେବା ସର୍ବ
 ଚିକିତ୍ସକଙ୍କ ଧରିଛି ମଙ୍ଗ ।୭ ।
 ଜୟ ଓମ୍ପସା



STATE TREASURERS REPORT

Dr. Kshirod Chandra Paul

State Treasurer : 2019-21

Greeting to all my OMSA brothers and sisters !

At the outset I must thank you all to give me the opportunity to serve OMSA as State Treasurer by electing me for the post in the last OMSA election : 2019-21.

It was a challenging task for me to streamline the past accounts of OMSA by the available records. Of course the audited account of OMSA for 2017-19 tenure presented by past State Treasurer Dr. Lalatendu Nayak helped me to some extent to have a modest beginning. I targeted for transparent digital payment for Life membership registration, contribution towards OMSA Bhawan and OMSA welfare account. Today I am presenting the major accounts of income & expenditure during my tenure as follows:-

CASH BALANCE AS ON 4.12.19 RS.2,14,175.00 (Rs. Two Lakhs Fourteen Thousand One Seventy Five)					
date	OMSA BHABAN SBI A/C 10173719306	Cadres Deposits	Date	HEADS OF EXPENDITURE	
04.12.19	Opening Balance	214175			
25.12.19	Interest Credited	1555			
Jan-20	Digi & Cheque Deposits	618606			
	less CD Charges				
Feb-20	Digi & Cheque Deposits	457193			
	Cheque bounce charges 950259				
Mar-20	Digi & Cheque Deposits	429917			
	Interest Credited		27.05.20	Paid to Build Group (Architecture Omsa Bhaban)	30000
Apr-20	Digi & Cheque Deposits	58661	27.05.20	Paid to BMC for Building Plan Approval application F	6710
May-20	Digi & Cheque Deposits	613414			36710
	Less CDM Charges				
Jun-20	Digi & Cheque Deposits	914579			
	Less CDM Charges		08.07.20	Paid to BMC for Building Plan Approval	200140
	Interest Credited			Paid to Build Group (Struct Engineer design)	30000
Jul-20	Digi & Cheque Deposits	444232			
Aug-20	Digi & Cheque Deposits	463066	29.08.20	BIRAMA CONSTRUCTION	2000000
Sep-20	Digi & Cheque Deposits	241281	Sep-20	EXPENDITURE-- NIL	
Oct-20	Digi & Cheque Deposits	306006			
Nov-20	Digi & Cheque Deposits	318000	Nov-20	BIRAMA CONSTRUCTION CH NO- 675218	2000000
				OTHER EXPENSES DR N ROUT CH- 675215	38500
Dec-20	Digi & Cheque Deposits	1208747	Dec-20	OTHER EXPENSES DR K CH PAUL CH- 675217	27496
					27698
					202
Jan-21	Digi & Cheque Deposits	1174555	Jan-21	BIRAMA CONSTRUCTION CH NO- 675219	2000000
				CDM CHARGES	50
Feb-21	Digi & Cheque Deposits	432276			
Mar-21	Digi & Cheque Deposits	251146	Mar-21	BIRAMA CONSTRUCTION CH NO- 675220	1000000
Apr-21	Digi & Cheque Deposits	164555			
May-21	Digi & Cheque Deposits	135500			
Jun-21	Digi & Cheque Deposits	130121			
Jul-21	Digi & Cheque Deposits	28500			
Aug-21	Digi & Cheque Deposits	250500			
Sep-21	Digi & Cheque Deposits	238019	Sep-21	BIRAMA CONSTRUCTION CH NO- 675221/28.08.21	1200000
	CDM CHARGES -84				
Oct-21	Digi & Cheque Deposits	45000			
Nov-21	Deposits till 11th Nov	40000	Nov-21	BIRAMA CONSTRUCTION CH NO- 675220 via K.Ch Paul	500000
	TOTAL DEPOSITS	91,79,604.00		TOTAL DEBIT- EXPENDITURE	90,69,808.00

Rs NINETY ONE LAKHS Seventy Nine Thousand Six Hundred Four Only
Rs. NINETY LAKHS SIXTYNINE THOUSAND EIGHT Hundred Eight Only



	OMSA BHABAN CONSTRUCTION DETAILS TILL DATE	Foundation on 23.06.20 SRI GUNDICHA	
	OMSA BHABAN PLOT AREA== == 4800 Sq Feet	60Feets X 80 Feets	4800 Sq Feet
	APPROVED BY BMC For Construction=== == 3500 Sq Feet	50 feet X 70 Feet	3500 Sq Feet
27.05.20	Paid to BMC for Building Plan Approval application Fee	6710	
08.07.20	Paid to BMC for Building Plan Approval	227636	
	BMC Plan APPROVAL EXPENSES		234346
27.05.20	Paid to Build Group (Architecture Omsa Bhaban)	30000	
30.07.21	Paid to Build Group (Struct Engineer design)	30000	
Nov-21	Paid to Electrical Engineer for Electrification lay out	30000	
	FOR ARCHITECT, ENGINEER (CIVIL & ELECTRICAL)		90000
	Name of the Agreement Holder for Construction-- BIRAMA CONSTRUCTION, Rasulgarh @ Rs 1500 per Sq Feet		
	3500 Sq Feet X 4 Floors	14000Sq Feet	
	TOTAL ESTIMATED COST OF COMPLETE OMSA BHABAN BUILDING	1500 X 14000	21000000
	Estimated Total Cost ==	Rs. TWO CRORES TEN LAKHS PLUS	
	Total Paid To TO BIRAMA CONSTRUCTION	Rs.1,17,00,000.00	11700000
29.08.20	BIRAMA CONSTRUCTION	2000000	
Nov-20	BIRAMA CONSTRUCTION CH NO- 675218	2000000	
Jan-21	BIRAMA CONSTRUCTION CH NO- 675219	2000000	
Mar-21	BIRAMA CONSTRUCTION CH NO- 675220	1000000	
Apr-21	BIRAMA FROM OMSA LM Account Ch-376470	1000000	
Jun-21	BIRAMA FROM OMSA LM Account Ch-376473	500000	
Jul-21	BIRAMA FROM OMSA LM Account Ch-376476	1500000	
Sep-21	BIRAMA CONSTRUCTION CH NO- 675221/28.08.21	1200000	
Nov-21	BIRAMA CONSTRUCTION CH NO- 675220 via K Ch Paul	500000	
	Total Paid To TO BIRAMA CONSTRUCTION		11700000
	FUNDS NEEDED FOR COMPLETION OF OMSA BHABAN		1 CRORE



CASH BALANCE AS ON 27.11.2019 RS.10,91,203.00 (Rs. Ten Lakhs Ninety One Thousand Two hundred Three)				
date	A/C-10173713293, SBIN0003341	DEPOSITS		HEADS OF EXPENDITURE
27.11.19	Opening Balance	1091203		
Nov-19	Digi & Cheque Deposits	4000		
Dec-19	ALL DEPOSITS	133050		
Jan-20	ALL DEPOSITS	214031		
Feb-20	Digi & Cheque Deposits	75000		
Mar-20	Digi & Cheque Deposits	25674		
Apr-20	Digi & Cheque Deposits	1919095		
May-20	Digi & Cheque Deposits	292300	01.05.20	PAID TO COVID---- CMRF FUND-----
Jun-20	Digi & Cheque Deposits	284001	Jun-20	MISC EXPENDIYURE
Jul-20	Digi & Cheque Deposits	189000		
Aug-20	Digi & Cheque Deposits	183000		
Sep-20	Digi & Cheque Deposits	57500		
Oct-20	Digi & Cheque Deposits	84500		
Nov-20	Digi & Cheque Deposits	76500	Dec-20	CHEQUE WDL- TFR--376466
Dec-20	Digi & Cheque Deposits	119958		
Jan-21	Digi & Cheque Deposits	144000	Jan-21	KHURDA BRANCH SHARE
Feb-21	Digi & Cheque Deposits	82000		
Mar-21	Digi & Cheque Deposits	60452	Mar-21	COSOLIDATED BRANCH SHARE- CHQ- 376467
Apr-21	Digi & Cheque Deposits	27000	Apr-21	CHEQUE WDL- TFR--376468
			Apr-21	CHEQUE WDL-CHEQUE TRANSFER TO--376469
			Apr-21	BIRAMA FROM OMSA LM Account Ch-376470
			Apr-21	VICTOR TECHNOLOGY--376471
May-21	Digi & Cheque Deposits	43001	Jun-21	BIRAMA FROM OMSA LM Account Ch-376473
Jun-21	Digi & Cheque Deposits	45304		RTGS CHARGES
Jul-21	Digi & Cheque Deposits	54000		
Aug-21	Digi & Cheque Deposits	39200		OMSA JHARSUGUDA BRANCH SHARE- CH-376474
Sep-21	Digi & Cheque Deposits	51432	Jul-21	RTGS CHARGES
Oct-21	Digi & Cheque Deposits	42001		
Nov-21	Digi & Cheque Deposits		Nov-21	BIRAMA FROM OMSA LM Account Ch-376476
	TILL 17/11/21	18000	Nov-21	RTGS CHARGES
		5383794		
		Rs. 53,83,794.00		
Total Deposits == Rs. Fifty Three Lakhs Eightythree Thousand Seven Hundred Ninety			Total Expenditure = Rs. Forty Nine Lakhs Forty Thousand Forty Only	